
QUALITY ASSESSMENT AND IMPROVEMENT: ANNUAL STATEWIDE REPORT

Pennsylvania Office of Developmental Programs

Cycle 1 - Fiscal Years (FY)

2017-2018

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Executive Summary

About the QA&I Process

The Office of Developmental Programs' (ODP) Quality Assessment and Improvement (QA&I) process, which launched on July 1, 2017, is one tool that ODP uses to evaluate the current system of supports and to identify ways to improve the service system for all individuals. As part of ODP's Quality Management Strategy, the QA&I process is designed to:

- Follow an individual's experience throughout the system,
- Measure progress toward implementing *Everyday Lives: Values in Action*,
- Gather timely and useable data to manage system performance,
- Use data to manage the service delivery system with a continuous quality improvement (CQI) approach, and
- Assess compliance with Centers for Medicare and Medicaid Services (CMS) performance measures and 55 Pa. Code Chapter 6100 regulations.

Through the QA&I process, a comprehensive quality management review is conducted of all county programs, Administrative Entities (AEs), Supports Coordination Organizations (SCOs), and providers who deliver services and supports to individuals with intellectual disabilities and autism spectrum disorders. While compliance with requirements is part of the QA&I process, the main objective is to emphasize quality and quality improvement.

In 2016, following the publication of *Everyday Lives: Values in Action*, the Information Sharing and Advisory Committee (ISAC) became ODP's Stakeholder Quality Council and went on to create a detailed series of recommendations, strategies, and performance measures used to guide ODP and evaluate progress in achieving important goals put forth in *Everyday Lives*. Data and findings from the QA&I process are used to measure and inform progress toward achieving the desired outcomes stated in multiple ISAC recommendation areas, including but not limited to Assuring Effective Communication, Increasing Employment, and Supporting Families Throughout the Lifespan.

ODP's ultimate goal in developing the QA&I process is to foster a statewide focus on quality improvement and the experience of individuals, building collaborative partnerships toward that end, and engaging in technical assistance and shared learning.

About the Findings

This report includes a summary analysis of statewide data collected during the first three-year cycle of QA&I for ODP's Consolidated, Person/Family Directed Support (P/FDS) and Community Living waivers, which are collectively referred to as the Intellectual Disability/Autism (ID/A) waivers. The inaugural cycle of QA&I included the following fiscal years (FYs):

- FY 17-18 or Cycle 1, Year 1 (C1Y1)
- FY 18-19 or Cycle 1, Year 2 (C1Y2)
- FY 19-20 or Cycle 1, Year 3 (C1Y3)

For ease of use, select findings across Cycle 1 are presented in separate sections identified by entity type: AEs, SCOs and providers. Results are underscored in subsections entitled "Reasons to Celebrate" and "Highlighting Opportunities." The intent of the latter is to encourage entities to target these low performing areas with quality improvement activities.

In addition to highlighting select findings in the body of this report, all findings from C1Y3 are provided in the appendix. For comparison purposes, if there were stark differences between self-assessment data and full review data, both sets of answers are highlighted in yellow in the appendix.

About the Full Reviews

A QA&I full review is the process during which all AEs, SCOs and providers must complete a self-assessment *and* undergo a desk and onsite review. During the desk review, ODP or AE reviewers complete an examination of available documentation related to key performance metrics and quality outcomes for individuals. An onsite review follows the desk review and includes staff from ODP and/or the AE who conduct an in-person visit to assess performance in all areas reviewed with the QA&I process. After the review, each entity receives a comprehensive report and may be required to complete remediation, corrective action and quality improvement activities.

During Cycle 1, all entities were selected for a full review at least once, over the three years. Each year, the AE selection for onsite review is based on alphabetic order, while ensuring that all geographical regions are represented. The SCO onsite reviews were determined based on the individuals selected by ODP for the randomized Core Sample. Providers were selected for a full review based on the last digit of their Master Provider Index (MPI) number as follows: last digit ends with 0-2, the full review took place during Year 1, MPI numbers ending with 3-5 received the full review during Year 2, and MPI numbers ending with 6-9 were reviewed during Year 3. The tables on the following page provide the full review breakdowns by entity, by cycle year, by region, and statewide.

Number of AEs Engaged in QA&I, Cycle 1, Full Review Process					
	Central	Northeast	Southeast	Western	Statewide
C1Y1	4	3	2	7	16
C1Y2	7	2	1	6	16
C1Y3	3	5	2	6	16
TOTAL	14	10	5	19	48

Number of SCOs Engaged in QA&I, Cycle 1, Full Review Process					
	Central	Northeast	Southeast	Western	Statewide
C1Y1	4	4	7	11	26
C1Y2	8	3	1	6	18
C1Y3	3	5	11	10	29
TOTAL	15	12	19	27	73

Number of Providers Engaged in QA&I, Cycle 1, Full Review Process					
	Central	Northeast	Southeast	Western	Statewide
C1Y1	76	44	112	100	332
C1Y2	65	35	119	72	291
C1Y3	71	53	148	112	384
TOTAL	212	132	379	284	1,007

How to Use this Data

All entities should engage in a process of review of statewide results followed by a review of their regional, entity-specific data and performance. After studying these results, ODP encourages the use of the information to inform and track quality improvement activities at all levels within the organization. In instances where results are below 86%, staff at all levels should evaluate the need for systemic improvement and include these areas in their Quality Management (QM) plans and supporting action plans. When appropriate, ODP staff, AEs, SCOs, and providers should collaborate to develop and implement QM plans.

ODP continues to use information discovered during the QA&I process to:

- Update policies and procedures
- Identify and respond to needs for training and technical assistance
- Develop and implement QM plans and action plans where performance improvements are needed statewide and/or specific to a region

Section 1: Administrative Entities (AEs)

Summary of Question Categories

The table below summarizes the categories for all 69 questions asked in the AE QA&I tool during C1Y3 and shows the “Category Codes” for the questions.

QA&I Tool Question Categories	Category Code	Number of Questions	Percentage of Questions
Administrative Authority	AA	4	6%
Financial Accountability	FA	1	1%
Health & Welfare	HW	7	10%
Level of Care	LC	18	26%
OBRA	OB	5	7%
Person-Centered Planning	PC	19	28%
Provider & Participant Monitoring	PM	4	6%
Quality Management	QM	4	6%
Qualified Providers	QP	4	6%
Self-Assessment	SA	3	4%

Reasons to Celebrate

Statewide, there were many areas monitored by ODP via QA&I, where AEs are maintaining very positive scores. The 12 questions in the table below scored 100% across all 3 years. An additional 26 questions scored above 95% and another 16 questions scored between 86% and 94%. In total, scores for 54 of the 69 AE tool questions were at or above the 86% compliance threshold for all years.

CATEGORY	QUESTION (Question number is for C1Y3.)
QM	4. The AE has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision & Values.
QM	6. The AE revises the QMP at least every three years.
QP	10. The AE qualifies Provider 2 utilizing ODP standardized procedures.
OB	16. The County submitted an OBRA preliminary report, together with the County's concurrence/non-concurrence to the Regional Office of Developmental Programs within the last six months.
PC	24. The AE provides ongoing technical support to Providers.
PC	25. The AE promotes competitive integrated employment as a priority.
PC	26. The AE has an assigned employment staff point person.

CATEGORY	QUESTION (Question number is for C1Y3.) <i>Continued from previous page.</i>
PC	29. The AE pays for communication assistance as required.
PC	30. The AE pays for communication assistance for the performance of Supports Coordination service.
PC	31. The AE provides information and resources to individuals and families upon intake/eligibility and ongoing.
HW	34. The AE identifies resources that support wellness and shares the information with Providers and SCOs.
SA	77. The AE self-assessment is completed every year of the QA&I cycle.

Highlighting Opportunities

ODP found 3 areas in need of improvement, as the average across three years indicates less than 86% compliance. These areas are highlighted in the table below.

CATEGORY	QUESTION (Question number is for C1Y3.)	C1Y1	C1Y2	C1Y3	3-YEAR AVG
OB	17. The commitment screen in HCSIS reflects the OBRA Determination of Need for Nursing Home Services.	69.0%	83.3%	100%	84.1%
AA	41. Due process rights information was provided to the individuals with a change in service need.	90.0%	96.8%	63.5%	83.4%
PC	52. Waiver services are initiated within forty-five (45) calendar days.	100%	70.6%	82.4%	84.3%

The OBRA Determination for Need for Nursing Home Services (question 17) remediation data is unavailable for C1Y1, but for C1Y2, the question applied to 12 AEs and 10 of the 12 were found to be compliant. The two AEs found to be out of compliance, both in the Western Region, were provided technical assistance to ensure future compliance.

Regarding provision of due process rights information to individuals with a “change in service need” (question 41), during C1Y3, 3 AEs in the Northeast Region remediated the finding by developing a new policy to ensure due process rights information is provided to the individuals as appropriate. For the other 3 regions, 16 individual findings of noncompliance were remediated by retroactively sharing due process rights with the individuals, as appropriate. ODP initiated a review of the QA&I process for identifying noncompliant findings for this question and discovered some discrepancies regarding how “change in service need” is defined. In response, a clear definition of “change in service need” will be utilized for future reviews to ensure reviewer consistency statewide.

Section 2: Supports Coordination Organizations (SCOs)

Summary of Question Categories

The table below summarizes the categories of all 82 questions asked in the SCO QA&I tool for C1Y3 and shows the “Category Codes” for the questions.

QA&I Tool Question Categories	Category Code	Number of Questions	Percentage of Questions
Administrative Authority	AA	21	26%
Health & Welfare	HW	11	13%
Person-Centered Planning	PC	37	45%
Quality Management	QM	4	5%
Qualified Providers	QP	4	5%
Self-Assessment	SA	3	4%
Participant Monitoring (IM4Q)	PM	2	2%

Reasons to Celebrate

Statewide, SCOs are maintaining positive scores in some of the areas monitored by ODP via QA&I. These areas include, but are not limited to, QM plans, SCO supervisor training, supporting opportunities related to the individual's skills and interests, addressing complex needs, ensuring health needs are met, and continued focus on competitive integrated employment. The 3-year average for these 26 SCO questions below scored between 95% and 100%.

CATEGORY	QUESTION (Question number is for C1Y3.)	C1Y1	C1Y2	C1Y3	3-YEAR AVG
QM	5. The SCO has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	100%	94.4%	93.1%	95.8%
QM	8. The SCO revises the QMP at least every three years.	100%	94.4%	100%	98.1%
PC	10. The SCO supports the SCs to offer appropriate opportunities related to the individual's skills and interests, and encourage the individual to seek competitive, integrated employment at the annual ISP meeting.	99.0%	100%	100%	99.7%
HW	17. The SCO maintains a certified investigator.	100%	94.4%	96.6%	97.0%
QP	19. All SC Supervisors with a caseload (or who submitted billable service notes) completed the required number of training hours in the training year.	100%	94.4%	93.1%	95.8%
PC	36. The SC incorporates risk mitigation strategies into the ISP.	92.0%	99.0%	94.4%	95.1%

CATEGORY	QUESTION (Question number is for C1Y3.) <i>Continued from previous page.</i>	C1Y1	C1Y2	C1Y3	3-YEAR AVG
PC	39. An ISP is developed that supports the outcomes throughout the entire plan.	98.7%	100%	95.7%	98.1%
PC	40. The SC develops an ISP that reflects the person's interests and goals related to employment.	98.0%	99.4%	98.2%	98.5%
PC	44. The individual received services in type, scope, amount, duration and frequency as defined in the ISP.	92.7%	96.5%	91.3%	93.5%
HW	46. The individual's identified health care needs are addressed.	97.0%	99.0%	90.8%	95.6%
PC	60. The SC identifies any current medical personnel such as doctors, dentists, psychiatrists, therapists/counselors, allied health professionals, specialists, etc. seen in the review period.	99.0%	99.4%	92.5%	97.0%
HW	67. For individuals who have experienced a crisis period, the SC completed additional monitoring during that crisis period in order to resolve the crisis.	100%	100%	88.9%	96.3%
HW	69. If the individual has complex needs, the SC ensures there is a plan in place to address those needs.	100%	99.2%	93.4%	97.5%
HW	70. If there is a complex need identified for the individual, the SC addresses issues identified via monitoring related to support for the person.	100%	99.0%	94.4%	97.8%
HW	71. Where wellness needs have been identified for the person, the SC worked with the team to ensure resources are available for the individual.	100%	99.5%	94.5%	98.0%
HW	72. Where wellness needs have been identified for the person, the SC worked with the team to create a plan to use the identified resources to support wellness goals.	100%	99.5%	91.8%	97.1%
AA	73. The SC provides due process rights information at the annual ISP meeting.	99.7%	98.7%	94.5%	97.6%
AA	74. Choice of Providers was offered to the individual/family.	99.7%	100%	96.8%	98.8%
AA	75. Choice of services was offered to the individual/family.	99.7%	100%	96.8%	98.8%
AA	76. SC provides the individual information on participant directed service (PDS) options annually.	99.0%	98.4%	96.0%	97.8%
AA	77. At the annual ISP meeting, the SC provides education and information to the individual about employment services (i.e., competitive, integrated employment, OVR services, benefits counseling or the "Guidance for Conversations about Employment").	99.0%	98.7%	96.8%	98.2%
AA	78. The individual attends the Annual Review Update ISP meeting.	97.8%	98.1%	96.0%	97.3%

CATEGORY	QUESTION (Question number is for C1Y3.) <i>Continued from previous page.</i>	C1Y1	C1Y2	C1Y3	3-YEAR AVG
AA	80. The SC includes required team members in the Annual Review Update ISP meeting.	98.7%	96.5%	93.9%	96.4%
AA	84. The SC ensures that a new Community Participation Support in a prevocational setting service for an individual who is under 25 years of age is permitted only after a referral is made to OVR and a determination from OVR that the individual is ineligible or closes the case.	100%	100%	100%	100%
SA	87. The SCO completed the annual self-assessment using the ODP specified tool by August 31st.	100%	100%	100%	100%
SA	88. The SCO self-assessment is completed every year of the QA&I cycle.	100%	100%	100%	100%

Highlighting Opportunities

ODP found 13 areas in need of improvement as the average across three years indicates less than 86% compliance. These areas are highlighted in the table below.

CATEGORY	QUESTION (Question number is for C1Y3.)	C1Y1	C1Y2	C1Y3	3-YEAR AVG
QM	6. The SCO reviewed and used performance data in developing the QMP.	95.2%	72.2%	85.2%	84.2%
QP	20. The SCO's staff completed Annual training that includes core courses as required.	85.7%	88.9%	69.0%	81.2%
PC	43. The SC monitoring documentation meets quality standards.	91.0%	91.3%	69.8%	84.0%
PC	45. If service is not being provided as authorized, the SC documents justification of service not being provided.	90.0%	90.0%	55.9%	78.6%
PC	47. The SCO maintains records that they notified the AE/Regional Program Manager (RPM) if there was imminent risk to the health & welfare of the individual.	50.0%	80.0%	63.6%	64.5%
PC	53. The SC explores with the individual options for communication assistance and supports the individual to choose.	67.0%	94.8%	79.5%	80.4%
PC	59. The individual receives information on how to identify and report abuse, neglect and exploitation.	68.6%	89.1%	92.8%	78.9%
PC	62. The SCO/SC notified the Provider of the need to report the incident as per ODP guidelines.	100.0%	61.5%	78.7%	80.1%

CATEGORY	QUESTION (Question number is for C1Y3.) <i>Continued from previous page.</i>	C1Y1	C1Y2	C1Y3	3-YEAR AVG
PC	64. If there is a critical incident in EIM, the SC reviews the incident and documents in HCSIS.	80.0%	75.4%	69.4%	74.9%
PC	65. The SC monitors the implementation of corrective action.	78.0%	71.7%	59.4%	69.7%
PC	66. The SC follows up on corrective action as necessary.	31.3%	74.5%	56.9%	54.2%
AA	79. If the individual did not attend the ARU ISP meeting, the SC reviews the results of the meeting with the individual and provides documentation of the review.	100%	80.0%	14.3% *	64.8%
AA	81. The SC includes people chosen by the individual in ISP development and the ISP meeting.	100%	89.1%	52.9%	80.7%

****Note that a potential contributing factor to some lower scores may be related to a small sample size.***

ODP continues to monitor areas in need of improvement and provide technical assistance to SCOs as appropriate. For example, a statewide quality improvement (QI) plan has been implemented to address low compliance with training requirements for SCs. In addition, enhancements to the Enterprise Incident Management (EIM) system and a new Incident Management Bulletin (00-21-02) were released in June of 2021 and were accompanied by many trainings and resources to improve incident recognition and assist with implementation of the revised policy. For SCOs specifically, enhancements to EIM were made that streamlined incident communication capabilities between the SCO who reviews incidents, and the management review entities. Additionally, enhancements were made that generate alert notifications to SCOs and management reviewers when certain high severity incidents are reported and to ensure that the incident record is more comprehensive and includes information not previously required.

Note that an additional 18 SCO questions were not included in this analysis because ODP collected less than 3 years of data for those questions. Complete results for C1Y3 can be found in the appendix.

Section 3: Providers

Summary of Question Categories

The table below summarizes the categories of all 65 questions asked in the Provider QA&I tool for C1Y3 and shows the “Category Codes” for the questions.

QA&I Tool Question Categories	Category Code	Number of Questions	Percentage of Questions
Health & Welfare	HW	10	15%
Person-Centered Planning	PC	40	62%
Quality Management	QM	3	5%
Qualified Providers	QP	9	14%
Self-Assessment	SA	3	5%

Reasons to Celebrate

ODP’s providers scored well in several areas monitored by QA&I during C1Y2 and C1Y3. These areas included, but are not limited to, supporting individuals to maintain employment, ensuring required investigations are completed by an ODP-certified investigator, and meeting the needs established in the ISP for those individuals who are dually diagnosed. The 24 questions in the table below scored between 90-100% across 2 years. Note that due to reliability issues with the first year of data collected for QA&I (C1Y1), this data was not included in the average calculations displayed in the table.

CATEGORY	QUESTION (Question number is for C1Y3.)	C1Y2	C1Y3	2-YEAR AVG
QM	10. The Provider revises the QMP at least every three years.	89.2%	92.1%	90.7%
PC	17. The I-HCS or Supported Living Provider ensures the service is provided in an integrated service location.	93.9%	94.3%	94.1%
PC	18. The Therapy Provider renders the service in a home and community location.	100%	100%	100%
PC	19. The Employment Service Provider renders services in integrated home and community based (HCBS) settings.	95.3%	93.8%	94.6%
PC	21. The transportation trip Provider has a process to ensure that there is an aide in the vehicle when transporting more than six individuals.	93.1%	92.7%	92.9%
PC	22. The Provider documents grievances in accordance with regulation.	82.1%	97.9%	90.0%
QP	44. The Provider ensures that the Provider's administrative staff have viewed and completed ODP's required training.	88.4%	94.8%	91.6%

CATEGORY	QUESTION (Question number is for C1Y3.) <i>Continued from previous page.</i>	C1Y2	C1Y3	2 YEARS AVG
PC	52. The individual is supported in exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); or through Discovery and Job Acquisition (Advanced Supported Employment).	100%	98.2%	99.1%
PC	53. The employment Provider supports the individual in obtaining employment through Job Finding or Development (Supported Employment) or Job Acquisition (Advanced Supported Employment).	88.9%	98.0%	93.4%
PC	54. The employment Provider supports the individual in maintaining employment through Job Coaching and Support (Supported Employment) or Job Retention (Advanced Supported Employment).	100%	98.5%	99.2%
PC	57. The residential Provider supports the individual to maintain employment by facilitating transportation.	95.7%	98.1%	96.9%
PC	58. In Residential Habilitation and Life Sharing, the individual has a current signed department-approved room and board contract on file.	92.4%	96.5%	94.5%
PC	59. In Residential Habilitation, the department-approved room and board contract is completed annually.	93.5%	96.4%	95.0%
PC	61. The individual receiving Community Participation Support, Residential Habilitation or Life Sharing services are offered opportunities for, and provided support to, participate in integrated community activities consistent with the individual's preferences, choices and interests.	NA	94.2%	94.2%
PC	63. The Provider ensures the replacement of an individual's lost or damaged property in accordance with regulation.	100%	100%	100%
PC	64. The Provider participates in the development of the ISP.	92.8%	93.6%	93.2%
PC	67. The Provider implements the individual's back-up plan as specified in the ISP.	90.3%	91.6%	90.9%
PC	69. All reportable incidents are documented in EIM as required.	90.9%	95.1%	93.0%
PC	70. All required investigations are completed by a Department certified incident investigator.	93.6%	96.7%	95.2%
PC	71. The Provider offered victim's assistance to the individual as appropriate.	98.5%	96.9%	97.7%
HW	73. The Provider ensures the individual completes all health care appointments, screenings, and follow-up as prescribed.	92.6%	95.4%	94.0%
HW	74. If the individual has a dual diagnosis, all the needs of the individual are being met as specified in the ISP.	98.3%	96.6%	97.4%
SA	100. The Provider selects the QA&I self-assessment sample as established in the ODP QA&I Process.	NA	93.2%	93.2%
SA	101. The Provider completed the annual self-assessment using the ODP specified tool by August 31st.	91.4%	93.0%	92.2%

Highlighting Opportunities

ODP found 31 areas in need of improvement, as the average across 2 years indicates less than 86% compliance. These areas are included in the table below.

CATEGORY	QUESTION (Question number is for C1Y3.)	C1Y2	C1Y3	2-YEAR AVG
QM	9. The Provider reviewed and used performance data in developing the Quality Management Plan (QMP).	73.3%	81.0%	77.2%
PC	11. The In-Home and Community Support (I-HCS) or Supported Living Provider has a policy regarding approved restrictive procedures plans for any individual for whom there is a restrictive procedure.	66.7%	73.8%	70.3%
PC	12. The I-HCS or Supported Living Provider has a policy which ensures that all individuals receiving this service are allowed the freedom to move about their home and community consistent with non-Medicaid recipients in same and/or similar settings.	60.5%	66.3%	63.4%
PC	13. The I-HCS or Supported Living Provider has a policy which ensures that all individuals receiving this service have access to food at any time during the provision of services consistent with non-Medicaid recipients in the same and/or similar settings.	55.6%	60.9%	58.2%
PC	14. The I-HCS or Supported Living Provider has a policy which ensures that all individuals receiving this service are afforded the opportunity to regularly update their activities, consistent with non-Medicaid recipients in a similar or same setting.	61.3%	67.1%	64.2%
PC	15. If independent living technology or remote monitoring is used at any service location, the Provider has a policy which ensures that a consent form to use independent living technology was obtained from each impacted individual and is on file.	35.3%	73.3%	54.3%
PC	16. The Behavioral Support Service Provider has a policy which ensures that individual rights are supported.	71.4%	89.1%	80.2%
PC	20. The Provider has a policy which ensures that individuals are supported to transition to competitive integrated employment.	96.3%	71.4%	83.9%
PC	23. The Provider utilizes a policy/procedure to screen employees and contractors.	70.1%	73.2%	71.6%
PC	25. The Provider provided written notice to all required parties within the required time frames [for transitioning individuals].	63.3%	79.3%	71.3%
HW	28. The Provider identifies resources that support wellness and shares the information with individuals and families.	74.2%	82.6%	78.4%
HW	32. The Provider finalizes incidents within 30 days.	60.1%	55.8%	57.9%
HW	33. The Provider reviews and analyzes incidents at least quarterly.	70.4%	74.8%	72.6%
HW	34. The Provider's peer review process to review the quality of investigations was completed and documented.	61.3%	64.3%	62.8%

CATEGORY	QUESTION (Question number is for C1Y3.) <i>Continued from previous page.</i>	C1Y2	C1Y3	2-YEAR AVG
HW	35. The Provider implements follow-up recommendations from the Certified Investigator peer review process.	72.8%	68.5%	70.7%
QP	36. Staff receive annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring a participant is safe.	76.1%	86.4%	81.2%
QP	37. The Provider's staff completed training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communication and/or operational procedures.	72.8%	83.1%	77.9%
QP	38. Provider staff who render Community Participation Support (CPS) completed the Department approved training on Community Participation Support.	85.3%	85.1%	85.2%
QP	40. The Provider has an annual training plan that meets all requirements.	76.3%	89.1%	82.7%
QP	41. The Provider's staff completed Annual training that includes core courses as required.	61.5%	74.2%	67.9%
QP	42. Staff receive training to meet the needs of the individual they support as identified in the approved Individual Support Plan (ISP) before providing services to the individual.	80.1%	82.3%	81.2%
QP	43. All new hired staff received training to meet the needs of the individual they support as identified in the approved ISP before providing services to the individual.	82.1%	84.1%	83.1%
PC	46. Provider staff who serve a deaf participant(s) have viewed and completed ODP's required training.	53.3%	70.3%	61.8%
PC	47. Staff are trained on the individual's communication profile and/or formal communication system.	72.9%	85.5%	79.2%
PC	48. The Provider implements communication strategies as indicated in the ISP.	78.4%	75.9%	77.1%
PC	50. The Provider documents in progress notes the implementation of communication strategies and the progress made toward the communication outcomes.	81.3%	71.9%	76.6%
PC	55. If an individual receiving Supported Employment requires Career Assessment activities in excess of 6 consecutive months, there is documentation of an explanation of the reason why the activities are needed for an extended period of time.	75.0%	42.9%	58.9%
PC	56. There is documentation of a fading plan for the individual's ongoing use of Job Coaching and Support as part of Supported Employment.	81.4%	58.8%	70.1%
PC	65. The Provider documents delivery of services in the type, scope, amount, frequency and duration specified in the ISP.	80.6%	84.6%	82.6%
PC	66. The Provider's progress notes indicate actions taken to address lack of progress in achieving a desired outcome.	67.8%	72.4%	70.1%
PC	68. If an individual's back-up plan is not implemented as specified in the ISP, an incident report of neglect was submitted into Enterprise Incident Management (EIM).	70.0%	77.3%	73.6%

A review of results from provider monitoring during C1Y2 and C1Y3 revealed several categorical areas where opportunities for improvement were noted. As previously mentioned in the SCO section, the new Incident Management Bulletin and enhancements to the EIM system are expected to make a positive impact in these areas. For example, communication about an incident between the reporting and oversight entities has been streamlined to improve data integrity and ensure adherence to regulatory standards and compliance with program requirements. Additionally, a second round of EIM enhancements in September 2021 focuses on Quality Management (QM) activities by introducing tools that assist providers with data trending and monitoring.

It is important to note that in some cases, the strategy for collecting and reporting QA&I data did not always yield results that accurately reflected provider performance in the field, due to the use of an “all-or-nothing” approach. For example, an all-or-nothing approach used to assess provider compliance with incident management and/or staff training can result in a provider with a single finding of noncompliance to be considered noncompliant overall. This strategy negatively skews compliance results and does not appear to provide a truly accurate measurement of performance.

An internal QM plan is in place to address the data collection and reporting approach for some of these problematic areas and in FY 20-21, ODP requested and was approved for CMS technical assistance (TA) to develop a new strategy to support QA&I reviewer fidelity, including a training package, processes, protocols, and measurement of efficacy.

QA&I FULL REVIEW MONITORING RESULTS

Fiscal Year (FY) 19-20, QA&I Cycle 1 Year 3 (C1Y3)

All results for statewide full reviews of AEs, SCOs and service providers, collectively known as “entities,” can be found on the following pages.

ABOUT THE DATA

- ❖ When there is a marked difference between the full review and self-assessment compliance percentages, the self-assessment data has been included and highlighted in yellow. This difference is being highlighted to indicate that ODP expectations are not being met across that entity type, for that question, and that entities may need to ensure a more accurate self-assessment is completed in those areas.

- ❖ Some questions and answers from the full reviews are not included because they are non-scored and meant to collect demographic information only.

- ❖ In some cases, the order of the numbered questions does not follow the order in the monitoring tools. The organization of questions and results is by category of questions, e.g., Health and Welfare.

APPENDIX A: ADMINISTRATIVE ENTITIES

Central		Northeast		Southeast		Western		Statewide	
Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample
<i>Results in YELLOW rows are for self-assessment results and included for comparison purposes.</i>									
QUALITY MANAGEMENT									
4. The AE has a Quality Management Plan that reflects ODP's Mission, Vision and Values.									
100%	3/3	100%	5/5	100%	2/2	100%	6/6	100%	16/16
5. The AE reviewed and used performance data in developing the QMP.									
100%	3/3	100%	5/5	100%	2/2	100%	6/6	100%	16/16
6. The AE revises the QMP at least every three years.									
100%	3/3	100%	5/5	100%	2/2	100%	6/6	100%	16/16
7. The AE measures progress towards achieving identified QMP goals and objectives.									
100%	3/3	80.0%	4/5	100%	2/2	100%	6/6	93.8%	15/16
QUALIFIED PROVIDERS									
8. The AE qualifies AWC FMS Provider utilizing ODP standardized procedures.									
N/A	0/0	100%	1/1	N/A	0/0	100%	1/1	100%	2/2
9. The AE qualifies PROVIDER 1 utilizing ODP standardized procedures.									
100%	3/3	100%	3/3	100%	2/2	100%	5/5	100%	13/13
10. The AE qualifies PROVIDER 2 utilizing ODP standardized procedures.									
100%	3/3	100%	3/3	100%	2/2	100%	2/2	100%	10/10
11. The AE qualifies a Community Participation Support utilizing ODP standardized procedures.									
100%	2/2	100%	3/3	100%	2/2	100%	3/3	100%	10/10
OMNIBUS BUDGET RECONCILIATION ACT (OBRA) RESPONSIBILITIES									
16. The County submitted an OBRA preliminary report, together with the County's letters of concurrence/non-concurrence to the Regional Office of Developmental Programs w/in the last 6 months.									
100%	3/3	100%	5/5	100%	2/2	100%	4/4	100%	14/14
17. The commitment screen in HCSIS reflects the OBRA Determination on Need for Nursing Home Services.									
100%	3/3	100%	5/5	100%	2/2	100%	4/4	100%	14/14
18. The County has identified the need for a specialized service other than Supports Coordination.									
100%	2/2	20.0%	1/5	0%	0/2	75.0%	3/4	46.2%	6/13

Central		Northeast		Southeast		Western		Statewide	
Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample
<i>Results in YELLOW rows are for self-assessment results and included for comparison purposes.</i>									
19. The County authorizes the specialized services as identified in the OBRA Determination on Need for Specialized Services.									
100%	2/2	80.0%	4/5	100%	2/2	100%	4/4	92.3%	12/13
20. All services as identified in the Determination on Need for Specialized Services were received.									
100%	2/2	80.0%	4/5	100%	2/2	100%	4/4	92.3%	12/13
ADMINISTRATIVE AUTHORITY & FINANCIAL ACCOUNTABILITY									
21. The AE reviews the Priority of Urgency of Need for Services (PUNS) report on a monthly basis.									
100%	3/3	100%	5/5	100%	2/2	100%	6/6	100%	16/16
39. The AE provides notification of Due Process Rights at waiver enrollment (during the last FY).									
83.3%	5/6	100%	4/4	100%	6/6	100%	1/1	94.1%	16/17
41. Due process rights information was provided to the individuals with a change in service need.									
80.0%	4/5	47.4%	9/19	67.6%	23/34	80.0%	4/5	63.5%	40/63
95.2%	20/21	92.3%	12/13	57.1%	4/7	92.1%	35/38	89.9%	71/79
51. The AE maintains documentation of financial eligibility for waiver services.									
100%	5/5	100%	4/4	50.0%	3/6	100%	2/2	82.4%	14/17
100%	15/15	100%	18/18	100%	9/9	100%	26/26	100%	68/68
PERSON-CENTERED PLANNING, SERVICES DELIVERY & OUTCOMES									
22. The AE has Auto-authorization protocol as required in the Operating Agreement.									
100%	3/3	80.0%	4/5	50.0%	½	100%	6/6	87.5%	14/16
23. The AE has a policy for offering choice of Supports Coordination Organizations (SCOs) to the individual/family upon initial enrollment that includes documenting the offering of choice.									
100%	3/3	60.0%	3/5	100%	2/2	100%	6/6	87.5%	14/16
24. The AE provides ongoing technical support to providers.									
100%	3/3	100%	5/5	100%	2/2	100%	6/6	100%	16/16
25. The AE promotes competitive integrated employment as a priority.									
100%	3/3	100%	5/5	100%	2/2	100%	6/6	100%	16/16
26. The AE has an assigned employment staff point person.									
100%	3/3	100%	5/5	100%	2/2	100%	6/6	100%	16/16

Central		Northeast		Southeast		Western		Statewide	
Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample
Results in YELLOW rows are for self-assessment results and included for comparison purposes.									
27. The AE promotes community access as defined in the CMS Final Rule.									
100%	3/3	80.0%	4/5	100%	2/2	100%	6/6	93.8%	15/16
28. The AE identifies a need for technical assistance related to HCBS setting rule to providers, individuals, and families.									
100%	3/3	80.0%	4/5	N/A%	0/0	100%	5/5	92.3%	12/13
29. The AE pays for communication assistance as required.									
100%	3/3	100%	2/2	100%	2/2	100%	5/5	100%	12/12
30. The AE pays for communication assistance for the performance of Support Coordination Service.									
100%	3/3	100%	3/3	100%	2/2	100%	6/6	100%	14/14
31. The AE provides information and resources to individuals and families upon intake/eligibility and ongoing.									
100%	3/3	100%	5/5	100%	2/2	100%	6/6	100%	16/16
52. Waiver services are initiated within forty-five (45) calendar days.									
100%	5/5	25.0%	1/4	100%	6/6	100%	2/2	82.4%	14/17
81.8%	9/11	100%	11/11	100%	9/9	92.3%	24/26	93.0%	53/57
60. The AE provided individuals and families information in language understood by the individual/family/designee.									
100%	46/46	100%	56/56	98.8%	160/162	100%	51/51	99.4%	313/315
63. All assessed needs are addressed in the ISP.									
93.5%	43/46	89.3%	50/56	71.6%	116/162	96.1%	49/51	81.9%	258/315
99.1%	107/108	100%	75/75	100%	49/49	94.9%	130/137	97.8%	361/369
64. An Annual ISP (Annual Review Update) exists in HCSIS for this individual.									
100%	46/46	100%	56/56	99.4%	161/162	98.0%	50/51	99.4%	313/315
65. Annual ISP (Annual Review Update) approved and authorized within 365 days of the prior Annual ISP.									
89.5%	34/38	88.9%	16/18	76.7%	23/30	100%	20/20	87.7%	93/106
66. The AE authorizes services consistent with the service definitions.									
100%	46/46	100%	56/56	97.5%	158/162	100%	51/51	98.7%	311/315
69. The individual is authorized for Supported Employment or Advanced Supported Employment.									
100%	5/5	100%	5/5	100%	20/20	100%	7/7	100%	37/37

Central		Northeast		Southeast		Western		Statewide	
Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample
Results in YELLOW rows are for self-assessment results and included for comparison purposes.									
70. The individual is authorized for Community Participation Supports (CPS) in a prevocational setting.									
100%	1/1	100%	2/2	100%	9/9	100%	5/5	100%	17/17
71. The letter of eligibility/ineligibility from OVR is in the individual's record for those ISPs with Supported Employment/CPS in a prevocational setting.									
66.7%	2/3	50.0%	1/2	77.8%	7/9	100%	2/2	75.0%	12/16
72. If yes, the service is eligible for waiver funding.									
66.7%	2/3	0%	0/2	77.8%	7/9	N/A	0/0	64.3%	9/14
100%	10/10	100%	4/4	100%	9/9	95.8%	23/24	97.9%	46/47
73. The ISP has evidence that the individual has opportunities for community activities of their choice.									
100%	39/39	100%	27/27	100%	30/30	100%	30/30	100%	126/126
74. The ISP has evidence of necessary supports to participate in community activities.									
100%	39/39	100%	27/27	100%	30/30	100%	30/30	100%	126/126
HEALTH & WELFARE									
32. The AE provides the SCO and providers with assistance to support people with complex physical and behavioral needs.									
100%	3/3	80.0%	4/5	100%	2/2	100%	6/6	93.8%	15/16
33. The AE identifies the areas of need in the community and the resources available.									
100%	3/3	80.0%	4/5	80.0%	2/2	100%	6/6	93.8%	15/16
34. The AE identifies resources that support wellness and shares the information with Providers and SCOs.									
100%	3/3	100%	5/5	100%	2/2	100%	6/6	100%	16/16
35. The AE has a mechanism to identify systemic issues that span all Providers and SCOs.									
100%	3/3	80.0%	4/5	100%	2/2	100%	6/6	93.8%	15/16
36. The AE Human Rights Committee (HRC) has a protocol that includes all ODP required elements.									
100%	3/3	100%	5/5	100%	2/2	100%	6/6	100%	16/16
37. The AE has a Human Rights Committee (HRC).									
100%	3/3	100%	5/5	100%	2/2	100%	6/6	100%	16/16
38. The AE has a Provider risk screening process.									
100%	3/3	80.0%	4/5	100%	2/2	100%	6/6	93.8%	15/16
57.1%	8/14	70.0%	7/10	100%	2/2	100%	6/6	71.9%	23/32

Central		Northeast		Southeast		Western		Statewide	
Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample
<i>Results in YELLOW rows are for self-assessment results and included for comparison purposes.</i>									
43. The AE completed the initial LOC evaluation and determination prior to entry into the waiver.									
100%	5/5	100%	4/4	83.3%	5/6	100%	2/2	94.1%	16/17
LEVEL OF CARE (LOC) DETERMINATION									
44. Certification of Need for ICF/ID or ICF/ORC LOC DP 250 completed (signed and dated).									
100%	5/5	100%	4/4	100%	6/6	100%	2/2	100%	17/17
45. The AE ensures that the program diagnosis corresponds with the correct criteria of LOC.									
100%	5/5	50.0%	2/4	83.3%	5/6	100%	2/2	82.4%	14/17
46. The medical evaluation includes a recommendation for an ICF/ID or ICF/ORC LOC.									
100%	5/5	100%	4/4	100%	6/6	100%	2/2	100%	17/17
47. The medical evaluation occurs within the 365-day period prior to the Qualified Developmental Disabilities Professional (QDDP) signature on the LOC DP 250 Form.									
80	4/5	100	4/4	83.3	5/6	100	2/2	88.2	15/17
48. The psychological evaluation meets ODP standards.									
100%	5/5	100%	4/4	66.7%	4/6	100%	2/2	88.2%	15/17
49. A QDDP certifies that the individual has impairments in adaptive behavior based on the results of a standardized assessment of adaptive functioning.									
100%	5/5	100%	4/4	100%	6/6	100%	2/2	100%	17/17
50. The record contains evidence that the intellectual disability manifested during the developmental period which is from birth up to the individual's 22nd birthday.									
100%	5/5	100%	4/4	100%	6/6	100%	2/2	100%	17/17
53. The DP 251 form is complete.									
97.4%	38/39	96.2%	50/52	98.7%	154/156	100%	50/50	98.3%	292/297
54. The DP 251 is timely.									
92.5%	37/40	96.2%	50/52	80.8%	126/156	100%	49/49	88.2%	262/297
55. The medical evaluation includes a recommendation for an ICF/ID or ICF/ORC LOC.									
N/A	0/0	100%	1/1	100%	7/7	100%	7/7	100%	15/15
56. The medical evaluation occurs within the 365-day period prior to the QDDP signature on the DP 251.									
100%	1/1	N/A%	0/0	100%	7/7	100%	1/1	100%	9/9
57. The AE used the Waiver reevaluation tool to complete the reevaluation process.									
82.5%	33/40	100%	52/52	97.4%	148/152	100%	49/49	96.2%	282/293

Central		Northeast		Southeast		Western		Statewide	
Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample
<i>Results in YELLOW rows are for self-assessment results and included for comparison purposes.</i>									
58. The annual reevaluation date is entered into HCSIS.									
95.2%	40/42	100%	52/52	99.4%	158/159	98.0%	49/50	98.3%	298/303
QA&I MONITORING									
12. The AE conducts the QA&I Process using the standard tool and monitoring processes.									
100%	3/3	100%	2/2	100%	2/2	100%	4/4	100%	11/11
13. The AE utilizes the Providers' self-assessment entries when discussing findings during the Provider QA&I reviews.									
100%	3/3	100%	2/2	100%	2/2	100%	4/4	100%	11/11
INDEPENDENT MONITORING FOR QUALITY (IM4Q)									
14. The AE uses a process to share IM4Q information with stakeholders.									
100%	3/3	100%	5/5	100%	2/2	100%	6/6	100%	16/16
15. An improvement plan resulting from the previous QA&I process is fully implemented.									
N/A	0/0	N/A	0/0	N/A	0/0	100%	1/1	100%	1/1
QA&I SELF-ASSESSMENT									
75. The AE selects the QA&I self-assessment sample as established in the ODP QA&I process.									
100%	3/3	80.0%	4/5	100%	2/2	100%	6/6	93.8%	15/16
76. The AE completed the annual self-assessment using the ODP specified tool by August 31st.									
100%	3/3	100%	5/5	50.0%	1/2	100%	6/6	93.8%	15/16
77. The AE self-assessment is completed every year of the QA&I cycle.									
100%	3/3	100%	5/5	100%	2/2	100%	6/6	100%	16/16

APPENDIX B: SUPPORTS COORDINATION ORGANIZATIONS

Central		Northeast		Southeast		Western		Statewide	
Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample
<i>Results in YELLOW rows are for self-assessment results and included for comparison purposes.</i>									
QUALITY MANAGEMENT									
5. The SCO has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.									
100%	3/3	100%	5/5	81.8%	9/11	100%	10/10	93.1%	27/29
6. The SCO reviewed and used performance data in developing the QMP.									
100%	3/3	80.0%	4/5	100%	9/9	70.0%	7/10	85.2%	23/27
100%	16/16	100%	11/11	93.8%	15/16	100%	27/17	98.6%	69/70
7. The SCO measures progress towards achieving identified QMP goals and objectives.									
100%	3/3	100%	5/5	100%	7/7	100%	10/10	100%	29/29
8. The SCO revises the QMP at least every three years.									
100%	3/3	100%	5/5	100%	7/7	100%	10/10	100%	29/29
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES									
9. The SCO has an escalation process for issues that need to be sent to the AE for assistance in resolution.									
100%	3/3	100%	5/5	100%	11/11	100%	10/10	100%	29/29
10. The SCO supports the SCs to offer appropriate opportunities related to the individual's skills and interests, and encourage the individual to seek competitive, integrated employment at the annual ISP meeting.									
100%	3/3	100%	5/5	100%	11/11	100%	10/10	100%	29/29
11. The SCO identifies how they collaborate with OVR and the school district for transition age youth and employment.									
100%	3/3	100%	5/5	100%	11/11	100%	10/10	100%	29/29
12. The SCO has an employment lead.									
100%	3/3	100%	5/5	100%	11/11	100%	10/10	100%	29/29
13. The SCO currently has staff or available contractors/language services who are trained to communicate with people who are deaf or hard of hearing.									
100%	3/3	100%	5/5	100%	11/11	100%	10/10	100%	29/29

Central		Northeast		Southeast		Western		Statewide	
Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample
Results in YELLOW rows are for self-assessment results and included for comparison purposes.									
14. The SCO promotes information sharing with families.									
100%	3/3	100%	5/5	100%	11/11	100%	10/10	100%	29/29
30. The Service Notes (SNs) meet quality standards.									
58.7%	27/46	94.6%	53/56	68.9%	122/177	84.1%	58/69	74.7%	260/348
96.6%	112/116	100%	88/88	97.9%	141/144	96.3%	184/191	97.4%	525/539
31. There were identified issues documented.									
22		43		131		25		221	
32. The SC documents follow-up on issues identified.									
90.9%	20/22	86%	37/43	77.1%	101/131	84.0%	21/25	81.0%	179/221
100%	53/53	97.1%	34/35	96.8%	90/93	98.6%	69/70	98.0%	246/251
33. There are unresolved issues where the SCO/SC notified the provider, but no action was taken by the provider.									
NA	0/0	100%	3/3	100%	12/12	NA	NA	100%	15/15
34. If there were issues that were unresolved by the provider, there is documentation that the SCO/SC notified the AE of the unresolved issue.									
NA	0/0	0%	0/3	8.3%	1/12	NA	0/0	6.7%	1/15
35. The SC documents a risk assessment.									
100%	46/46	100%	56/56	98.3%	174/177	95.7%	66/69	99.7%	342/348
36. The SC incorporates risk mitigation strategies into the ISP.									
100%	46/46	98.2%	55/56	90.6%	155/171	97.1%	67/69	94.4%	323/342
37. The SC develops a person-centered ISP to address all assessed needs.									
97.8%	45/46	89.3%	50/56	70.6%	125/177	81.2%	56/69	79.3%	276/348
100%	116/116	100%	88/88	100%	144/144	99.5%	187/188	99.8%	535/536
38. The SC documents service frequency for all services in the ISP.									
95.7%	44/46	91.1%	51/56	82.5%	146/177	98.6%	68/69	88.8%	309/348
100%	114/114	100%	88/88	98.6%	137/139	98.5%	194/197	99.1%	533/538

Central		Northeast		Southeast		Western		Statewide	
Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample
Results in YELLOW rows are for self-assessment results and included for comparison purposes.									
39. An ISP is developed that supports the outcomes throughout the entire plan.									
100%	46/46	98.2%	55/56	92.7%	164/177	98.6%	68/69	95.7%	333/348
40. The SC develops an ISP that reflects the person's interests and goals related to employment.									
93.5%	43/46	98.2%	55/56	96.6%	171/177	94.2%	65/69	98.2%	321/327
41. The SC conducts all monitoring at the required frequency.									
67.4%	31/46	83.9%	47/56	81.9%	145/177	79.7%	55/69	79.9%	278/348
89.7%	104/116	94.1%	80/85	95.0%	134/141	91.0%	171/188	92.3%	489/530
42. The SC conducts all monitoring at the required location.									
71.7%	33/46	83.9%	47/56	81.9%	145/177	81.2%	56/69	80.7%	281/348
98.9%	98/109	89.4%	76/85	94.9%	130/137	94.1%	174/185	92.6%	478/516
43. The SC monitoring documentation meets quality standards.									
73.9%	34/46	82.1%	46/56	60.5%	107/177	81.2%	56/69	69.8%	243/348
44. The individual received services in type, scope, amount, duration and frequency as defined in the ISP.									
84.8%	39/46	75.0%	42/56	77.4%	137/177	89.9%	62/69	91.3%	280/348
45. If service is not being provided as authorized, the SC documents justification of service not being provided.									
100%	7/7	64.3%	9/14	47.5%	19/40	42.9%	3/7	55.9%	38/68
47. The SCO maintains records that they notified the AE/Regional Program Manager (RPM) if there was imminent risk to the health and welfare of the individual.									
66.7%	2/3	50.0%	1/2	66.7%	4/6	0	NA	63.6%	7/11
100%	6/6	100%	6/6	100%	21/21	100%	18/18	100%	51/51
48. The SC includes evidence in the record that they facilitated conversations with the individual about receiving on-going opportunities and support necessary to participate in community activities of the person's choice. (NS)									
95.7%	44/46	100%	56/56	85.3%	151/177	100%	69/69	92.0%	320/348
49. The SC reflects in the ISP that the individual is afforded the same degree of community access and choice as an individual who is similarly situated in the community who does not have a disability and who does not receive an HCBS.									
97.8%	45/46	100%	56/56	99.4%	176/177	100%	69/69	99.4%	346/348

Central		Northeast		Southeast		Western		Statewide	
Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample
Results in YELLOW rows are for self-assessment results and included for comparison purposes.									
50. The SC uses the Individual Monitoring Tool to record if the individual, who is receiving Community Participation Support, is engaged in community activities aligned with their preferences at the rate identified in their ISP and in accordance with the waiver.									
75.0%	15/20	76.3%	29/38	50.9%	55/108	93.3%	42/45	66.8%	141/211
78.0%	39/50	100%	53/53	91.4%	64/70	86.7%	78/90	89.0%	234/263
52. The ISP includes information about communication supports and services the individual needs based on their communication assessment/reassessment.									
100%	7/7	94.7%	18/19	83.0%	44/53	100%	8/8	88.5%	77/87
53. The SC explores with the individual options for communication assistance and supports the individual to choose.									
80.0%	4/5	94.4%	17/18	71.2%	37/52	100%	8/8	79.5%	66/83
100%	11/11	56.3%	9/16	100%	26/26	100%	23/23	91.0%	69/76
54. The SCO offers communication assistance when providing direct supports coordination services.									
100%	6/6	100%	18/18	78.4%	40/51	100%	8/8	86.7%	72/83
56. The SC appropriately identifies the individual [who is deaf] as a Harry M class member.									
N/A	0/0	100%	1/1	100%	2/2	100%	2/2	100%	5/5
100%	1/1	100%	3/3	16.7%	1/6	100%	1/1	54.4%	6/11
57. The SC has completed the required Harry M. training within 30 days of an individual who is deaf being added to their caseload.									
N/A	0/0	0%	0/1	100%	2/2	100%	2/2	80.0%	4/5
100%	2/2	100%	3/3	16.7%	1/6	100%	3/3	64.3%	9/14
58. There is evidence that the SC offers information about services and resources to the family.									
100%	40/40	92.7%	38/41	91.2%	125/137	96.8%	61/63	94.0%	264/281
59. The individual receives information on how to identify and report abuse, neglect and exploitation.									
95.7%	44/46	94.6%	53/56	93.2%	165/177	88.4%	61/69	92.8%	323/348
66.4%	77/116	67.0%	59/88	83.3%	120/144	90.2%	179/194	79.5%	431/542
60. The SC identifies any current medical personnel such as doctors, dentists, psychiatrists, therapists/counselors, allied health professionals, specialists, etc. seen in the review period.									
89.1%	41/46	100%	56/56	90.4%	160/177	94.2%	65/69	92.5%	322/348

Central		Northeast		Southeast		Western		Statewide	
Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample
Results in YELLOW rows are for self-assessment results and included for comparison purposes.									
61. All reportable incidents are documented in Enterprise Incident Management (EIM) as required.									
92.3%	24/26	91.7%	22/24	75.0%	24/32	100%	27/27	89.0%	97/109
100%	42/42	100%	30/30	100%	58/58	100%	61/61	100%	191/191
62. The SCO/SC notified the Provider of the need to report the incident as per ODP guidelines.									
75.0%	3/4	88.2%	15/17	68.2%	15/22	100%	4/4	78.7%	37/47
100%	13/13	100%	12/12	84.4%	27/32	100%	38/38	94.7%	90/95
63. If there is a reported incident in EIM, the SC documents review of the initial incident report (including medication error and restraints incidents) for evidence that the individual's health, safety and rights were safeguarded.									
73.1%	19/26	52.0%	13/25	63.4%	45/71	67.9%	19/28	64.0%	96/150
83.3%	30/36	89.3%	25/28	80.0%	44/55	93.4%	57/61	86.7%	156/180
64. If there is a critical incident in EIM, the SC reviews the incident and documents in HCSIS.									
68.4%	13/19	72.7%	8/11	65.0%	26/40	80.0%	12/15	69.4%	59/85
83.3%	15/18	94.1%	16/17	82.1%	32/39	93.3%	28/30	87.5%	91/104
65. The SC monitors the implementation of corrective action.									
50.0%	8/16	37.5%	3/8	58.6%	17/29	81.3%	13/16	59.4%	41/69
81.8%	18/22	95.2%	20/21	83.7%	41/49	94.4%	34/36	88.3%	113/128
66. The SC follows up on corrective action as necessary.									
50.0%	8/16	37.5%	3/8	59.1%	13/22	75.0%	9/12	56.9%	33/58
84.6%	22/26	100%	16/16	84.4%	38/45	94.6%	35/37	98.5%	111/124
78. The individual attends the Annual Review Update ISP meeting.									
100%	46/46	96.4%	54/56	97.2%	172/177	89.9%	62/69	96.0%	334/348
79. If the individual did not attend the ARU ISP meeting, the SC reviews the results of the meeting with the individual and provides documentation of the review.									
N/A		50.0%	1/2	0%	0/5	14.3%	1/7	14.3%	2/14

Central		Northeast		Southeast		Western		Statewide	
Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample
Results in YELLOW rows are for self-assessment results and included for comparison purposes.									
80. The SC includes required team members in the Annual Review Update ISP meeting.									
100%	45/45	89.3%	50/56	94.3%	166/176	92.8%	64/69	93.9%	325/346
81. The SC includes people chosen by the individual in ISP development and the ISP meeting.									
58.1%	25/43	6.5%	3/46	56.0%	98/175	72.5%	50/69	52.9%	176/333
82. The individual is under 25 years of age.									
3		12		20		25		60	
83. The individual is authorized for Community Participation Supports in a prevocational setting.									
0		0		2		3		5	
84. The SC ensures that a new Community Participation Support in a prevocational setting service for an individual who is under 25 years of age is permitted only after a referral is made to OVR and a determination from OVR that the individual is ineligible or closes the case.									
N/A		N/A		100%		2/2		100%	
85. The SC ensures that the individual seeking or receiving Community Participation Support in a prevocational setting has a competitive integrated employment outcome included in their service plan.									
75.0%	3/4	85.7%	6/7	86.5%	32/37	100%	9/9	87.7%	50/57
INDEPENDENT MONITORING FOR QUALITY (IM4Q)									
27. There is an IM4Q consideration for the individual.									
0		3		18		7		28	
28. SC follows the process to inform the individual, family members and the provider of all IM4Q considerations.									
N/A	0/0	66.7%	2/3	66.7%	15/18	85.7%	6/7	82.1%	23/28
29. The SC documents follow-up of an IM4Q consideration.									
N/A	0/0	100%	3/3	77.8%	14/18	85.7%	6/7	82.1%	23/28
QUALIFIED SCO STAFF									
18. All SCs completed the required number of training hours in the training year.									
100%	3/3	100%	5/5	90.9%	10/11	90.0%	9/10	93.1%	27/29
19. All SC Supervisors with a caseload (or who submitted billable service notes) completed the required number of training hours in the training year.									
100%	3/3	100%	5/5	90.9%	10/11	90.0%	9/10	93.1%	27/29

Central		Northeast		Southeast		Western		Statewide	
Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample
Results in YELLOW rows are for self-assessment results and included for comparison purposes.									
20. The SCO's staff completed Annual training that includes core courses as required.									
100%	3/3	100%	5/5	63.6%	7/11	50.0%	5/10	69.0%	20/29
93.8%	15/16	90.9%	10/11	87.5%	14/16	100%	28/28	94.4%	67/71
21. All new SCO staff have completed the required number of hours of orientation and required topics within the first year of employment.									
100%	3/3	50.0%	2/4	70.0%	7/10	75.0%	6/8	72.0%	18/25
100%	15/15	100%	10/10	100%	16/16	100%	22/22	100%	63/63
22. All new SCs completed the required ODP SC Orientation prior to working independently with waiver and TSM individuals.									
100%	3/3	75.0%	3/4	60.0%	6/10	62.5%	5/8	68.0%	17/25
93.8%	15/16	100%	10/10	100%	16/16	100%	22/22	98.4%	63/64
23. There is an active Prioritization of Urgency of Need for Services (PUNS) for the individual.									
85.7%	6/7	100%	4/4	91.7%	22/24	100%	18/18	94.3%	50/53
24. The SC completes a PUNS for the individual that reflects the individual's needs.									
71.4%	5/7	100%	4/4	91.7%	22/24	83.3%	15/18	86.8%	46/53
91.3%	21/23	100%	22/22	100%	49/49	98.9%	88/89	98.4%	180/183
25. The individual had an identified change in need.									
20		40		97		22		179	
26. The individual's ISP is updated timely when a change in need is identified.									
85.0%	17/20	95.0%	38/40	66.0%	64/97	95.5%	21/22	78.2%	140/179
HEALTH & WELFARE									
15. The SCO has a process to identify criteria triggers for higher frequency monitoring for individuals.									
100%	3/3	100%	5/5	100%	11/11	100%	10/10	100%	29/29
16. The SCO receives the Preadmission Screening & Resident Review (PASRR) information for individuals.									
100%	3/3	80.0%	4/5	9.1%	1/11	100%	10/10	62.1%	18/29
81.3%	13/16	100%	11/11	81.3%	13/16	85.7%	24/28	85.9%	61/71
17. The SCO maintains a certified investigator.									
100%	3/3	80.0%	4/5	100%	11/11	100%	10/10	96.6%	28/29

Central		Northeast		Southeast		Western		Statewide	
Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample
Results in YELLOW rows are for self-assessment results and included for comparison purposes.									
46. The individual's identified health care needs are addressed.									
97.8%	45/46	94.6%	53/56	87.6%	155/177	91.3%	63/69	90.8%	316/348
67. For individuals who have experienced a crisis period, the SC completed additional monitoring during that crisis period in order to resolve the crisis.									
100%	1/1	100%	3/3	89.5%	17/19	75.0%	3/4	88.9%	24/27
68. The individual has complex needs.									
36		50		139		63		288	
69. If the individual has complex needs, the SC ensures there is a plan in place to address those needs.									
100%	36/36	98.0%	49/50	88.5%	123/139	96.8%	61/63	93.4%	269/288
70. If there is a complex need identified for the individual, the SC addresses issues identified via monitoring related to support for the person.									
100%	36/36	100%	50/50	89.2%	124/139	98.4%	62/63	94.4%	272/288
71. Where wellness needs have been identified for the person, the SC worked with the team to ensure resources are available for the individual.									
95.7%	22/23	97.8%	44/45	94.1%	143/152	91.4%	32/35	94.5%	241/255
72. Where wellness needs have been identified for the person, the SC worked with the team to create a plan to use the identified resources to support wellness goals.									
95.7%	22/23	97.8%	44/45	89.5%	136/152	91.4%	32/35	91.8%	234/255
ADMINISTRATIVE AUTHORITY									
73. The SC provides due process rights information at the annual ISP meeting.									
97.8%	45/46	98.2%	55/56	94.4%	167/177	89.9%	62/69	94.5%	329/348
74. Choice of providers was offered to the individual/family.									
100%	46/46	100%	56/56	97.2%	172/177	91.3%	63/69	96.8%	337/348
75. Choice of services was offered to the individual/family.									
100%	46/46	100%	56/56	97.2%	172/177	91.3%	63/69	96.8%	337/348
76. SC provides the individual information on participant directed service (PDS) options annually.									
100%	46/46	98.2%	55/56	96.0%	170/177	91.3%	63/69	96.0%	334/348
77. At the annual ISP meeting, the SC provides education and information to the individual about employment services (i.e. competitive, integrated employment, OVR services, benefits counseling or the "Guidance for Conversations about Employment").									
100%	46/46	98.2%	55/56	97.2%	172/177	91.3%	63/69	96.8%	337/348

QA&I SELF-ASSESSMENT

86. The SCO selects the QA&I self-assessment sample as established in the ODP QA&I process.

100%	3/3	100%	5/5	100%	11/11	100%	10/10	100%	29/29
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87. The SCO completed the annual self-assessment using the ODP specified tool by August 31st.

100%	3/3	100%	5/5	100%	11/11	100%	10/10	100%	29/29
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88. The SCO self-assessment is completed every year of the QA&I cycle.

100%	3/3	100%	5/5	100%	11/11	100%	10/10	100%	29/29
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APPENDIX C: SERVICE PROVIDERS

Central		Northeast		Southeast		Western		Statewide	
Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample
<i>Results in YELLOW rows are for self-assessment results and included for comparison purposes.</i>									
QUALITY MANAGEMENT									
8. The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.									
87.3%	62/71	94.3%	50/53	86.5%	128/148	88.4%	99/112	88.3%	339/348
100%	185/185	99.2%	121/122	99.7%	319/320	99.6%	248/249	99.7%	873/876
9. The Provider reviewed and used performance data in developing the QMP.									
79.4%	54/68	88.2%	45/51	78.8%	78/99	80.6%	75/93	81.0%	252/311
100%	176/176	100%	111/111	99.6%	284/285	99.6%	228/229	99.8%	799/801
10. The Provider revises the QMP at least every three years.									
84.9%	45/53	95.2%	40/42	94.4%	68/72	93.2%	69/74	92.1%	222/241
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES									
11. The In-Home and Community Support (I-HCS) or Supported Living Provider has a policy regarding approved restrictive procedure plans for any individual for whom there is a restrictive procedure.									
83.3%	35/42	86.7%	26/30	67.3%	72/107	72.6%	53/73	73.8%	186/252
98.1%	103/105	100%	67/67	98.5%	200/203	96.6%	143/148	98.1%	513/523
12. The I-HCS or Supported Living Provider has a policy which ensures that all individuals receiving this service are allowed the freedom to move about their home and community consistent with non-Medicaid recipients in same and/or similar settings.									
68.3%	28/41	90.3%	28/31	56.4%	62/110	70.0%	49/70	66.3%	167/252
91.5%	97/106	94.7%	72/76	98.7%	220/223	93.3%	152/163	95.2%	541/568
13. The I-HCS or Supported Living Provider has a policy which ensures that all individuals receiving this service have access to food at any time during the provision of services consistent with non-Medicaid recipients in the same and/or similar settings.									
63.4%	26/41	90.3%	28/31	53.6%	59/110	57.7%	41/71	60.9%	154/253
90.4%	94/104	94.6%	70/74	97.6%	206/211	92.5%	148/160	94.4%	518/549
14. The IHCS or Supported Living Provider has a policy which ensures that all individuals receiving this service are afforded the opportunity to regularly update their activities, consistent with non-Medicaid recipients in a similar or same setting.									
73.2%	30/41	93.3%	28/30	60.0%	66/110	63.4%	45/71	67.1%	169/252

Central		Northeast		Southeast		Western		Statewide	
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15. If independent living technology or remote monitoring is used at any service location, the Provider has a policy which ensures that a consent form to use independent living technology was obtained from each impacted individual and is on file.									
100%	3/3	50.0%	1/2	50.0%	2/4	83.3%	5/6	73.3%	11/15
88.2%	15/17	93.8%	15/16	96.8%	30/31	93.8%	30/32	93.8%	90/96
16. The Behavioral Support Service Provider has a policy which ensures that individual rights are supported.									
90.9%	20/22	94.1%	16/17	82.5%	33/40	93.5%	29/31	89.1%	98/110
100%	49/49	100%	51/51	98.3%	116/118	100%	88/88	99.3%	304/306
17. The I-HCS or Supported Living Provider ensures the service is provided in an integrated service location.									
100%	39/39	96.6%	28/29	90.6%	77/85	94.8%	55/58	94.3%	199/211
18. The Therapy Provider renders the service in a home and community location.									
100%	2/2	100%	4/4	100%	5/5	100%	4/4	100%	15/15
19. The Employment Service Provider renders services in integrated home and community-based settings.									
100%	12/12	100%	2/2	93.1%	27/29	90.9%	20/22	93.8%	61/65
20. The Provider has a policy which ensures that individuals are supported to transition to competitive integrated employment.									
N/A	0/0	50.0%	1/2	77.3%	17/22	66.7%	12/18	71.4%	30/42
87.5%	28/32	89.3%	25/28	95.2%	60/63	88.2%	60/68	90.6%	173/191
21. The transportation trip Provider has a process to ensure that there is an aide in the vehicle when transporting more than six individuals.									
81.3%	13/16	100%	9/9	100%	3/3	100%	13/13	92.7%	38/41
22. The Provider documents grievances in accordance with regulation.									
100%	9/9	100%	10/10	95.0%	19/20	100%	8/8	97.9%	46/47
23. The Provider utilizes a policy/procedure to screen employees and contractors.									
84.5%	60/71	94.3%	50/53	71.6%	106/148	58.0%	65/112	73.2%	281/384
98.4%	182/185	99.2%	121/122	98.4%	315/320	99.2%	247/249	98.7%	865/876
24. The Provider transitioned individuals.									
13		7		27		21		68	

Central		Northeast		Southeast		Western		Statewide	
Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample
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25. The Provider provided written notice to all required parties within the required time frames.									
70.0%	7/10	85.7%	6/7	79.2%	19/24	82.4%	14/17	79.3%	46/58
94.3%	50/53	96.3%	26/27	96.2%	100/104	96.7%	87/90	96.0%	263/274
26. The Provider continued to provide the authorized services to ensure continuity of care during transition.									
90.0%	10/11	100%	6/6	76.0%	19/25	88.9%	16/18	85.0%	51/60
95.5%	63/66	97.4%	33/39	98.1%	105/107	97.8%	91/93	97.4%	297/305
27. Enter the number of individuals who have transitioned from prevocational services to competitive integrated employment during the review period.									
2		0		12		34		48	
45. The Provider serves one or more Consolidated Waiver participants who are deaf.									
11		1		7		22		41	
46. Provider staff who serve a deaf participant(s) have viewed and completed ODP's required training.									
62.5%	5/8	100%	1/1	50.0%	3/6	77.3%	17/22	70.3%	26/37
100%	85/85	100%	31/31	100%	83/83	100%	81/81	280/280	100%
47. Staff are trained on the individual's communication profile and/or formal communication system.									
92.3%	48/52	74.1%	20/27	67.5%	27/40	96.7%	58/60	85.5%	153/179
48. The Provider implements communication strategies as indicated in the ISP.									
65.2%	30/46	64.3%	18/28	71.1%	32/45	94.5%	52/55	75.9%	132/174
100%	311/311	100%	232/232	97.6%	443/454	98.0%	394/402	98.6%	1380/1399
50. The Provider documents in progress notes the implementation of communication strategies and the progress made toward the communication outcomes.									
73.2%	30/41	60.0%	18/30	63.4%	26/41	85.4%	41/48	71.9%	115/160
51. The individual receives employment services from the Provider.									
29		2		32		56		119	
52. The individual is supported in exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); or through Discovery and Job Acquisition (Advanced Supported Employment).									
100%	16/16	N/A	0/0	96.0%	24/25	100%	14/14	98.2%	54/55
53. The employment Provider supports the individual in obtaining employment through Job Finding or Development (Supported Employment) or Job Acquisition (Advanced Supported Employment).									
100%	16/16	N/A	0/0	95.2%	20/21	100%	12/12	98.0%	48/49

Central		Northeast		Southeast		Western		Statewide	
Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample	Results	# Meeting Criteria/ # Applicable in Sample
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54. The employment Provider supports the individual in maintaining employment through Job Coaching and Support (Supported Employment) or Job Retention (Advanced Supported Employment).									
100%	21/21	N/A	0/0	95.5%	21/22	100%	23/23	98.5%	65/66
55. If an individual receiving Supported Employment requires Career Assessment activities in excess of 6 consecutive months, there is documentation of an explanation of the reason why the activities are needed for an extended period of time.									
0%	0/2	N/A	0/0	60.0%	3/5	N/A	0/0	42.9%	3/7
56. There is documentation of a fading plan for the individual's ongoing use of Job Coaching and Support as part of Supported Employment.									
40.7%	11/27	N/A	0/0	68.0%	17/25	75.0%	12/16	58.8%	40/68
57. The residential Provider supports the individual to maintain employment by facilitating transportation.									
100%	4/4	100%	6/6	94.7%	18/19	100%	24/24	98.1%	52/53
58. In Residential Habilitation and Life Sharing, the individual has a current signed department-approved room and board contract on file.									
97.3%	36/37	93.7%	59/63	98.4%	124/126	96.0%	168/175	96.5%	387/401
59. In residential habilitation, the department-approved room and board contract is completed annually.									
91.7%	33/36	93.0%	53/57	96.6%	112/116	98.7%	154/156	96.4%	352/365
60. The individual receiving services in an unlicensed Residential Habilitation or unlicensed Life Sharing home has the right to lock their bedroom door.									
N/A	0/0	100%	4/4	50.0%	5/10	87.5%	7/8	72.7%	16/22
61. The individual receiving Community Participant Support, Residential Habilitation or Life Sharing services are offered opportunities for, and provided support to, participate in integrated community activities consistent with the individual's preferences, choices and interests.									
89.7%	87/97	97.5%	115/118	91.9%	181/197	96.2%	230/239	94.2%	613/651
62. Select the frequency with which the individual is offered opportunities to participate in integrated community activities consistent with the individual's preferences, choices and interests.									
93		121		198		194		616	
63. The Provider ensures the replacement of an individual's lost or damaged property in accordance with regulation.									
100%	2/2	100%	8/8	100%	3/3	100%	4/4	100%	17/17
64. The Provider participates in the development of the ISP.									
92.2%	214/232	92.2%	166/180	90.2%	349/387	98.3%	399/406	93.6%	1128/1205

Central		Northeast		Southeast		Western		Statewide	
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65. The Provider documents delivery of services in the type, scope, amount, frequency and duration specified in the ISP.									
86.9%	232/267	91.2%	176/193	80.5%	330/410	84.1%	375/446	84.6%	1113/1316
66. The Provider's progress notes indicate actions taken to address lack of progress in achieving a desired outcome.									
90.6%	58/64	73.8%	62/84	78.7%	210/267	54.8%	92/168	72.4%	422/583
67. The Provider implements the individual's back-up plan as specified in the ISP.									
92.0%	23/25	100%	38/38	85.0%	68/80	94.9%	56/59	91.6%	185/202
68. If an individual's back-up plan is not implemented as specified in the ISP, an incident report of neglect was submitted into Enterprise Incident Management (EIM).									
100%	2/2	100%	7/7	62.5%	5/8	60.0%	3/5	77.3%	17/22
69. All reportable incidents are documented in EIM as required.									
94.3%	50/53	93.7%	74/79	95.0%	95/100	96.5%	110/114	95.1%	320/346
70. All required investigations are completed by a Department certified incident investigator.									
100%	31/31	93.3%	42/45	96.3%	52/54	98.1%	52/53	96.7%	177/183
71. The Provider offered victim's assistance to the individual as appropriate.									
97.0%	32/33	95.5%	21/22	94.1%	32/34	98.6%	71/72	96.9%	156/161
72. The Provider follows up on corrective action as necessary.									
94.9%	37/39	96.2%	50/52	90.4%	66/73	87.4%	90/103	91.0%	243/267
HEALTH & WELFARE									
28. The Provider identifies resources that support wellness and shares the information with individuals and families.									
73.8%	48/65	95.6%	43/45	75.0%	90/120	91.3%	94/103	82.6%	275/333
29. The Provider has a policy on sexual health, personal relationships, and sexuality consistent with the guidelines.									
74.6%	53/71	90.6%	48/53	72.3%	107/148	75.0%	84/112	76.0%	292/384
30. The Provider has a written process regarding individual choice when sharing a bedroom with another individual.									
66.7%	2/3	100%	7/7	45.8%	11/24	64.7%	11/17	60.8%	31/51

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31. The Provider has a policy that addresses restrictive interventions including behavioral emergencies and crises.									
88.7%	63/71	92.5%	49/53	90.5%	134/148	90.2%	101/112	90.4%	347/384
32. The Provider finalizes incidents within 30 days.									
50.0%	19/38	59.4%	19/32	55.9%	38/68	57.1%	40/70	55.8%	116/208
75.5%	108/143	72.4%	71/98	79.1%	183/230	72.2%	143/198	75.3%	504/669
33. The Provider reviews and analyzes incidents at least quarterly.									
65.9%	27/41	83.9%	26/31	72.3%	47/65	78.3%	54/69	74.8%	154/206
99.3%	143/144	93.8%	91/97	98.3%	226/230	98.5%	194/197	97.9%	654/668
34. The Provider peer review process to review the quality of investigations was completed/documentated.									
46.9%	15/32	75.0%	21/28	63.6%	35/55	69.8%	37/53	64.3%	108/168
88.0%	103/117	91.7%	66/72	96.3%	156/162	92.7%	139/150	92.6%	464/501
35. The Provider implements follow-up recommendations from the Certified Investigator peer review process.									
52.0%	13/25	75.0%	18/24	67.5%	27/40	76.3%	29/38	68.5%	87/127
96.0%	97/101	91.0%	61/67	99.8%	135/138	97.0%	129/133	96.1%	422/439
73. The Provider ensures the individual completes all healthcare appointments, screenings, and follow-up as prescribed.									
97.6%	80/82	94.5%	69/73	92.3%	132/143	97.0%	196/202	95.4%	477/500
74. If the individual has a dual diagnosis, all the needs of the individual are being met as specified in the ISP.									
100%	72/72	100%	61/61	90.8%	109/120	98.1%	155/158	96.6%	397/411
QUALIFIED PROVIDER STAFF									
36. Staff receive annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring a participant is safe.									
91.5%	65/71	92.2%	47/51	81.4%	105/129	86.1%	93/108	86.4%	310/359
95.1%	174/183	99.2%	117/118	98.3%	290/295	96.7%	235/243	97.3%	816/839
37. The Provider's staff completed training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communication and/or operational procedures.									
84.5%	60/71	92.2%	47/51	76.9%	100/130	85.2%	92/108	83.1%	299/360
95.6%	172/180	97.4%	111/114	96.3%	286/297	96.3%	234/243	96.3%	803/834

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38. Provider staff who render Community Participation Support (CPS) completed the Department approved training on Community Participation Support.									
78.1%	25/32	96.0%	24/25	73.9%	34/46	91.0%	71/78	85.1%	154/181
39. New hire staff of a Provider who renders CPS completed the Department approved training on CPS within 60 days of hire.									
84.4%	27/32	87.5%	21/24	71.8%	28/39	94.9%	74/78	86.7%	150/173
40. The Provider has an annual training plan that meets all requirements.									
83.1%	59/71	98.1%	52/53	85.8%	127/148	92.9%	104/112	89.1%	342/384
41. The Provider's staff completed Annual training that includes core courses as required.									
70.4%	50/71	83.0%	44/53	71.6%	106/148	75.9%	85/112	74.2%	285/384
94.6%	175/185	98.4%	120/122	95.3%	305/320	94.0%	234/249	95.2%	834/876
42. Staff receive training to meet the needs of the individual they support as identified in the approved Individual Support Plan (ISP) before providing services to the individual.									
84.8%	56/66	83.3%	40/48	77.5%	86/111	85.4%	88/103	82.3%	270/328
96.1%	174/181	97.4%	113/116	96.6%	286/296	94.5%	224/237	96.0%	797/830
43. All new hired staff received training to meet the needs of the individual they support as identified in the approved ISP before providing services to the individual.									
83.0%	44/53	80.4%	37/46	83.5%	81/97	86.9%	86/99	84.1%	248/295
98.2%	164/167	97.3%	109/112	97.2%	273/281	96.0%	218/227	97.1%	764/787
44. The Provider ensures that the Provider's administrative staff have viewed and completed ODP's required training.									
93.0%	40/43	100%	39/39	87.9%	51/58	97.8%	89/91	94.8%	219/231
QA&I SELF-ASSESSMENT									
100. The Provider selects the QA&I self-assessment sample as established in the ODP QA&I Process.									
95.8%	68/71	88.7%	47/53	90.5%	134/148	97.3%	109/112	93.2%	358/384
101. The Provider completed the annual self-assessment using the ODP specified tool by August 31st.									
97.2%	69/71	84.9%	45/53	90.5%	134/148	97.3%	109/112	93.0%	357/384
102. The Provider self-assessment is completed every year of the QA&I cycle.									
98.6%	70/71	96.2%	51/53	99.3%	147/148	100%	112/112	99.0%	380/384