



PENNSYLVANIA OFFICE OF DEVELOPMENTAL PROGRAMS

Quality Assessment and Improvement Process



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Pennsylvania Office of Developmental Programs Quality Assessment and Improvement Process

The Office of Developmental Programs (ODP) Quality Assessment and Improvement (QA&I) process is designed to conduct a comprehensive quality management review of county programs, Administrative Entities (AE), Supports Coordination Organizations (SCO), Providers including Agency with Choice (AWC) Financial Management Services (FMS) Providers delivering services and supports to individuals with intellectual disabilities and autism spectrum disorders. Effective July 1, 2019, all Adult Autism Waiver (AAW) Providers and SCOs are expected to comply with all QA&I expectations.

The QA&I process described in this document excludes Intermediate Care Facilities for persons with an Intellectual Disability (ICFs/ID), Vendor Fiscal/Employer Agent (VF/EA) Financial Management Services (FMS) Providers and public transportation Providers.

The mission of ODP is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives. ODP's vision is to continuously improve an effective system of accessible services and supports that are flexible, innovative and person-centered. This QA&I process is one of the tools that ODP uses to evaluate the current system of supports and identify ways to improve it for all individuals.

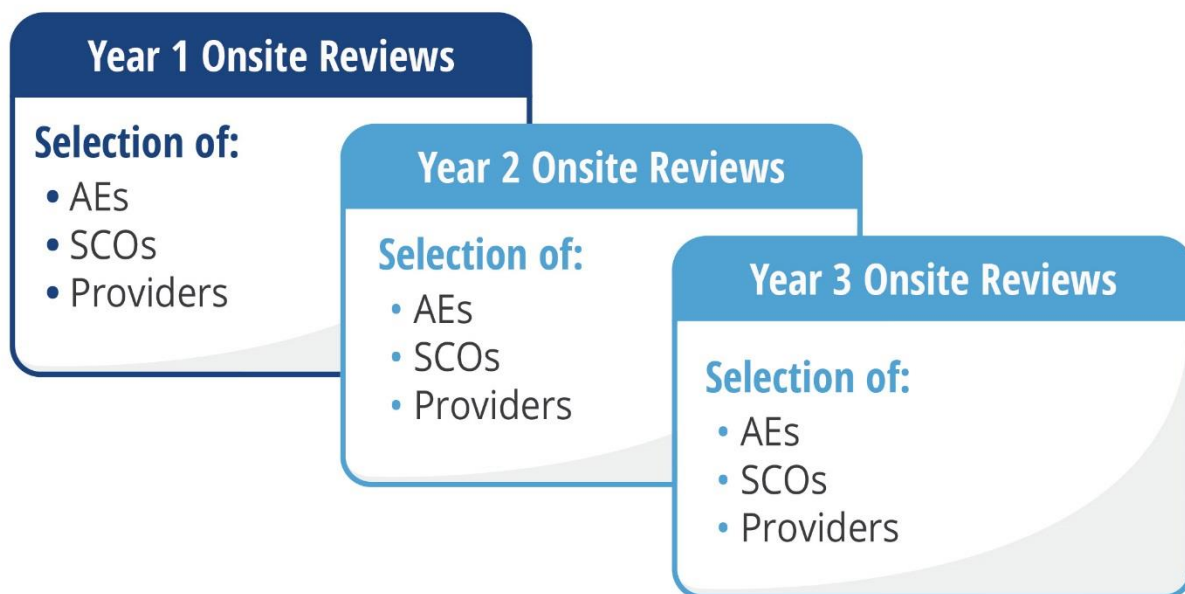
As part of ODP's quality management strategy, this QA&I process has been designed to be comprehensive, standardized and measurable. The QA&I process is intended to:

- 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; and
- Use data to manage the service delivery system with a continuous quality improvement approach.

Additionally, the QA&I process is used to demonstrate AE outcomes in the AE Operating Agreement and collect data for the Consolidated, Community Living, Person/Family Directed Support (P/FDS) and/or Adult Autism waiver performance measures. It also serves to validate that SCOs and Providers comply with 55 Pa. Code Chapter 51 or Chapter 6100 regulations, as promulgated, federal and state requirements and the current *Provider Agreement for Participation in Pennsylvania's Consolidated, Community Living and P/FDS Waivers* (Provider Agreement) or the *Adult Autism Waiver Supplemental Agreement* (Provider Agreement) for the AAW.

ODP maintains responsibility for carrying out the QA&I process for all AEs, SCOs and AAW Providers. ODP delegates the authority to carry out the QA&I process for Intellectual Disability/Autism (ID/A) and AWC FMS Providers to the AEs. The comprehensive quality management review will be accomplished using a combination of self-assessment, desk review, onsite review, individual interviews, remediation, Plan to Prevent Recurrence (PPR) and quality management (QM) plans.

ODP introduced a new approach to conducting QA&I statewide with 100% of AEs, SCOs and Providers, beginning July 1, 2017. The new cycle occurs over a 3-year period with each of the entities receiving a full QA&I review at least once within that period. AAW Providers and SCOs are expected to comply with all QA&I expectations effective July 1, 2019. All QA&I activities stem from the completion of a self-assessment, which is used to inform the desk and onsite review processes as well as improvement and technical assistance activities in the interim review period which are the 2 years of the QA&I cycle when the onsite review does not occur. At the start of each year in the cycle, ODP informs those entities selected for onsite review.



All QA&I activities must be conducted in accordance with the Health Insurance Portability and Accountability Act (HIPAA) requirements. Electronic distribution of materials is permitted, only if the parties involved have the means to distribute, receive and read information in electronic form, and the electronic distribution of the materials is completed in a secure and protected manner in compliance with HIPAA requirements.

All entities are required to have a QA&I contact(s) identified and will ensure that their contact information maintained with ODP is accurate and up to date. The contact information is made public and includes separate tabs for each entity. For entities who are responsible for multiple functions within the QA&I Process, multiple contacts may need to be identified. For example, for AEs – there could be one contact for AE QA&I and additional contacts for ID/A Provider and AWC FMS QA&I reviews. For Providers who render ID/A, AWC FMS and/or AAW services, there could be multiple contacts as well.

Quality Assessment and Improvement Process: Terms & Definitions

The following terms and definitions apply to the ODP QA&I Process:

AE Record Sample: The individual records chosen by the AE to use during the AE QA&I review of a Provider.

Adult Autism Waiver (AAW): The Adult Autism Waiver (AAW) is a 1915(c) Home and Community-Based Services (HCBS) Medicaid waiver designed to provide long-term services and supports for community living, tailored to the specific needs of adults age 21 or older with Autism Spectrum Disorder.

Assigned AE: The AE assigned to monitor and qualify a Provider of ID/A services by ODP. The AE with the most individuals authorized with the Provider is designated as the Assigned AE. If a Provider does not serve any individuals, the Assigned AE is the AE that reviewed the Provider's most recent Provider Qualification (PQ) application.

Claim and Service Documentation Sample: A proportionate random representative sample of paid claims for services in the ID/A and Adult Autism Waivers based on the Providers and SCOs being monitored in the current year of the cycle.

Core Sample: A representative sample of records generated by ODP of individuals receiving Home and Community Based Waiver Services in the ID/A and Adult Autism Waivers. This is the sample that is used to measure statewide performance and report on Waiver performance to the Centers for Medicare & Medicaid Services.

Corrective Action Plan: An attachment to the QA&I Comprehensive Report to catalog those instances in which an entity has not met the standard of a QA&I question or series of questions, requiring remediation and a Plan to Prevent Recurrence (PPR), including a QM Plan when appropriate.

Coverage Period: The time frame for which the QA&I review team will look back over documentation and records to determine compliance with QA&I questions or series of questions. The coverage period is defined for each question in the QA&I review tool. For example, the coverage period may be the prior fiscal year or a point in time.

Desk Review: A review of available documentation prior to the onsite review to inform the overall QA&I process and to determine focus areas for the onsite review.

Directed Corrective Action Plan (DCAP): A plan developed by the entity under mandatory technical assistance by ODP or the AE, as appropriate, when the entity has demonstrated, including but not limited to, failure to respond to imminent risk or chronic non-compliance within the QA&I process.

Entrance Conference: A meeting of the QA&I team and entity leadership at the beginning of the onsite review to discuss the scope and schedule for the visit, including objectives and approximate timeline and the entity's quality improvement priorities, successes and challenges.

Exit Conference: A meeting of the QA&I team and entity leadership at the conclusion of the onsite review to discuss preliminary observations and recommendations from the onsite review.

Full QA&I Review: The year within the QA&I 3-year cycle in which an entity completes a self-assessment, undergoes desk and onsite reviews, receives a comprehensive report, completes corrective action and quality improvement activities and receives technical assistance.

Individual Interview: The process by which individual experience is gauged as part of the QA&I process. Each person in the Core Sample will be offered an individual interview affiliated with the Onsite Review process. AEs are expected to conduct additional interviews with those selected in the sample for the ID/A and AWC FMS Provider Onsite Review processes.

Intellectual Disability/Autism (ID/A) Waivers: The current approved Consolidated, Community Living, and Person/Family Directed Support (P/FDS).

Interim Review Period: The two years when an entity does not undergo an onsite review. This is the period when entities complete the self-assessment, engage in corrective action and quality improvement activities and receive technical assistance.

Level of Care (LOC) Sample: A representative sample of records generated by ODP of the initial LOC Assessments completed by AEs for new enrollees in ID/A Waiver services the prior fiscal year.

Onsite Review: The component of the QA&I process where staff from ODP and/or the AE conduct an in-person visit of the AE, SCO or Provider, as appropriate, to assess the entity's performance in all areas associated with the QA&I process.

- AE selection for onsite review is based on alphabetic order while ensuring that all geographical regions are represented for the year.
- The SCO's onsite review will be determined based on the individuals in the Core Sample.
- Each Provider's onsite review will be determined based on MPI number: last digit ending in 0-2 = Year 1; 3-5 = Year 2; 6-9 = Year 3.

Partnering AE(s): AEs not assigned to conduct Provider QA&I reviews are expected to maintain communication channels with Assigned AEs regarding Provider performance that may impact the QA&I process.

Plan to Prevent Recurrence (PPR): Within an entity's response to the QA&I Comprehensive Report, the actions that will be taken to ensure future instances of non-compliance do not occur and identification of

areas in which a QM plan will be developed. A PPR is required when: 1) the compliance score for the requirement is at or below 85% or 2) when 9 or fewer records were monitored and there are 2 or more instances of non-compliance; and 3) recommendations for QM plans are identified by the entity or made by ODP.

Provider Sample: The sample of ID/A and AWC FMS Providers pulled by ODP based on the last digit of the MPI# to be reviewed by the AEs as part of the onsite review. MPI number: last digit ending in 0-2 = Year 1; 3-5 = Year 2; 6-9 = Year 3.

QA&I Comprehensive Report: A packet of information compiled by ODP or the AE, as appropriate, to summarize the results of the QA&I review. The QA&I Comprehensive Report includes the self-assessment and onsite review results including individual interview responses, the report of findings and recommendations including remediation actions taken and PPRs, if applicable. This packet of information is provided to the AE/SCO/Provider at the end of the remediation and CAP validation and will include information about PPRs and QM Plans.

QA&I Cycle: The cycle which will occur over a 3-year period with each of the AEs, SCOs and Providers receiving a full QA&I review at least once within that period.

QA&I Review: Combination of the desk review and onsite review, which occurs at least once for each AE, SCO and Provider during the QA&I cycle.

QA&I Lead: The person designated as the lead for the QA&I Team.

QA&I Team: The ODP and/or AE staff, as appropriate, assigned to conduct desk and onsite reviews, completing the QA&I Comprehensive Report and necessary follow-up associated with the entity's QA&I process.

QA&I Tool: The document containing the QA&I review and interview questions. The QA&I tool includes guidance for each question as well as references to source documentation for each question.

Quality Management (QM) Plan: The entity's written plan to address systemic opportunities for quality improvement.

Remediation: Corrective action for specific instances of non-compliance.

Review Pool: The group of entities that are included in the year's review cycle to undergo desk and onsite review.

Self-Assessment: The annual process conducted by AEs, SCOs, and Providers to self-evaluate performance in all areas of the QA&I process.

Statewide QA&I Aggregate Report: The annual report compiled by ODP to provide a review and analysis of statewide data on system performance in all areas associated with the QA&I process.

Validation: The QA&I Lead activity completed to verify and accept the evidence of remediation and PPR completion submitted by the entity.

Quality Assessment and Improvement Process: Overview

The following section outlines the various components of the QA&I Process, including approaches to sampling, self-assessment, desk reviews, onsite reviews, individual interviews, corrective action, Plans to Prevent Recurrence, validation, quality management plans and technical assistance.

As stated previously, each AE, SCO and Provider will receive a QA&I review once in a 3-year period. Figure 1 depicts the overall steps in the process for the full QA&I review, whereas Figure 2 depicts the overall steps for the interim review period.

FIGURE 1.

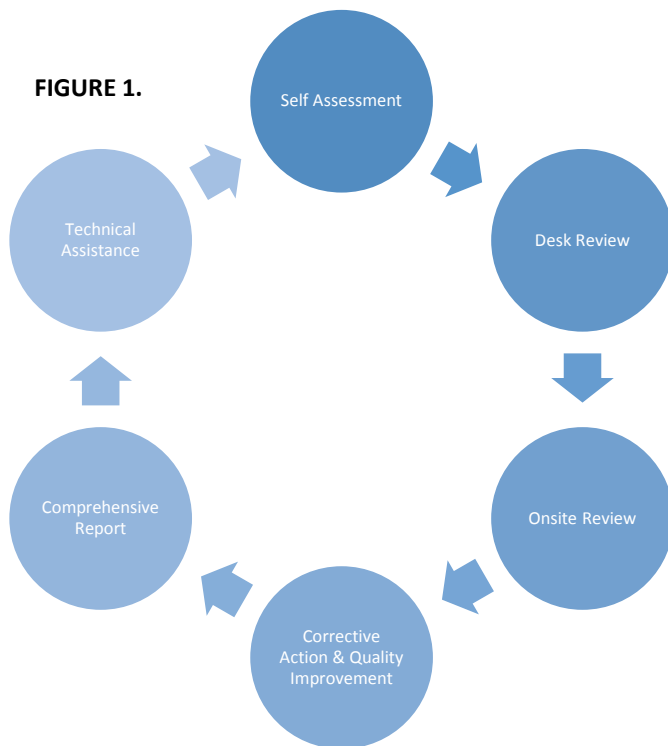
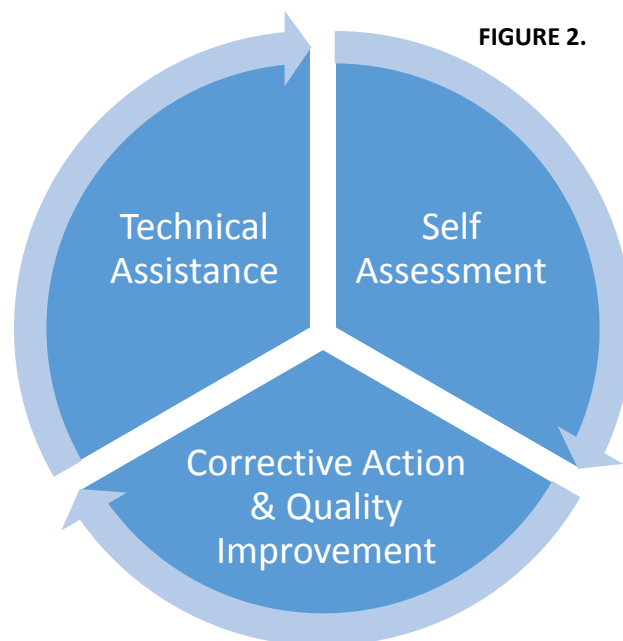


FIGURE 2.



Quality Assessment and Improvement Process: Sampling

Core Sample – ID/A Waiver Enrollees

Each year ODP will draw a Core Sample of individuals receiving services and supports from the ID/A Waivers, using proportionate random representative sampling methodology described in all three Waiver applications.

The Core Sample will be drawn based on AEs that are selected for review that year of the QA&I cycle. The Core Sample will be based on individuals registered within that AE. AEs will be selected alphabetically while ensuring that all regions are represented. Up to four individuals per AE will be included in the sample pull as back-up in the event of an individual death, individual relocation out-of-state, or an individual no longer registered with the AE.

SCOs to be reviewed in the year's QA&I review pool will be identified based on individuals selected in the Core Sample and the SCO that is authorized in the individual's ISP. The number of individuals identified for the AE and SCO will vary with no maximum or minimum.

Any SCO that has not been included in the 1st or 2nd year QA&I review will be automatically included the third year of the QA&I cycle for review. ODP will select 1% with a minimum of 5 and a maximum of 10 individuals for the QA&I review.

If an SCO is selected in more than one year of the QA&I cycle, the records from the sample will be reviewed from that SCO but ODP may or may not elect to do an additional onsite review of that SCO. SCOs will be expected to remediate any findings if included in multiple reviews of the QA&I cycle.

Core Sample—Adult Autism Waiver Enrollees

The Core Sample will be drawn across AAW Providers selected for review that year of the QA&I cycle, drawn in thirds across the QA&I cycle based on the last digit of the MPI number. Providers whose last digit of the MPI number ends in 0, 1 and 2 will be reviewed onsite in Year 1, numbers 3, 4 and 5 will be reviewed onsite in Year 2 and numbers 6, 7, 8 and 9 will be reviewed onsite in Year 3. ODP will notify Providers included in the review at the start of each cycle year.

The Core Sample will be comprised of individuals served by each Provider using proportionate random representative sampling methodology described in the AAW Waiver.

Provider Staff to be reviewed in the year's QA&I review will be identified based on the individuals selected in the Core Sample and the Direct Support Professional(s) who provided the authorized supports and services during the time period under review.

SCOs to be reviewed in the year's QA&I review pool will be identified based on individuals selected in the Core Sample and the SCO that is authorized in the individual's ISP. The number of individuals identified for the Provider and SCO will vary with no maximum or minimum.

Any SCO that has not been included in the 1st or 2nd year QA&I review will be automatically included the third year of the QA&I cycle for review.

If an SCO is selected in more than one year of the QA&I cycle, the records from the sample will be reviewed from that SCO but ODP may or may not elect to do an additional onsite review of that SCO. SCOs will be expected to remediate any findings if included in multiple reviews of the QA&I cycle.

AAW Providers newly enrolled to deliver services will be included in the QA&I review during the next fiscal year. This may not align with the last digit of the MPI#. ODP will provide technical assistance to all AAW Providers who are new to inform them of the QA&I process and all resources available relating to the process.

New AAW Providers may be included in ODP's distribution more than once in a three-year period. ODP may reassign a Provider's QA&I review cycle based on the volume of new Providers that become qualified during a given year. If ODP determines it must reassign a Provider to an alternative review year, ODP will notify the Provider of this reassignment.

Base & Targeted Service Management (TSM) Sample - Base & TSM Enrollees

Each year ODP will draw a sample of individuals enrolled in the base program using a 2% sample including a minimum of 2 and maximum of 5 records per county/joiner. This sample will identify individuals who have TSM during the current Fiscal Year.

Up to four individuals per AE will be included in the sample pull as back-up in the event of an individual death, individual relocation out-of-state, or an individual no longer registered with the AE.

Level of Care Sample – ID/A Waiver Enrollees

Of the AEs selected for the QA&I cycle in a given year, ODP will review a sample of the initial Level of Care (LOC) Assessments done by those AEs for new ID/A waiver enrollees the prior fiscal year. The sample will be obtained using the proportionate, random, representative sampling methodology described in the P/FDS, Community Living and Consolidated Waivers. This review of LOC determinations will be separate from the sample of individuals. The focus of this review will be on the timeliness and accuracy of initial LOC determinations. The review may include sub-question(s) on ICF/ID or Intermediate Care Facilities for persons with Other Related Conditions (ICF/ORC) Level of Care.

Provider QA&I Reviews – ID/A and AWC FMS Providers

ODP will select Providers of ID/A and AWC FMS services for QA&I onsite review, drawn in thirds across the QA&I cycle based on the last digit of their MPI number. ODP will notify AEs of the Providers selected at the start of each cycle year. AEs will conduct onsite reviews each year for the selected pool of Providers. Providers whose last digit of the MPI number ends in 0, 1 and 2 will be reviewed onsite in Year 1, numbers 3, 4 and 5 will be reviewed onsite in Year 2 and numbers 6, 7, 8 and 9 will be reviewed onsite in Year 3.

Providers newly qualified to deliver services will be included in the QA&I review during the next fiscal year. This may not align with the last digit of the MPI#. AEs will provide technical assistance to Providers who are new to inform them of the QA&I process and all resources available relating to the process.

New Providers may be included in ODP's distribution more than once in a three-year period. ODP may reassign a Provider's QA&I review cycle based on the volume of new Providers that become qualified during a given year. If ODP determines it must reassign a Provider to an alternative review year, ODP will notify the Provider and the AE of this reassignment.

AE Record Sample for ID/A and AWC FMS Providers

The AE will select 1% of individuals with a minimum of 5 and a maximum of 10 for individuals who are registered with the Assigned AE and are authorized and actively receiving services from the Provider being reviewed. These will include a cross-section of individuals served, funding/program types, and locations and types of services, including non-licensed settings.

In addition, for AWC FMS Providers, ODP will provide the sample to AEs to review while conducting AWC FMS onsite reviews. The sample will include 1% of the individuals with a minimum of 5 and a maximum of 10 individuals who are registered with the Assigned AE and self-directing at least one service per month.

Claim and Service Documentation Sample

ODP will draw a sample of paid claims for services and supports rendered. The population of claims used for review will coincide with the Providers and SCOs being monitored in the current year of the cycle. The sample is based on the proportionate random representative sampling methodology described in the ID/A and Adult Autism Waivers. ODP will complete the initial review of the annual sample of claims in September of each year.

Quality Assessment and Improvement Process: Self-Assessment

All AEs, SCOs and Providers, are expected to conduct a self-assessment of their performance on the provision of services and supports to individuals annually based on key quality metrics and implementation of *“Everyday Lives: Values into Action.”* The self-assessment tool will mirror the QA&I tool so that a snapshot of performance is obtained prior to the onsite review. AEs, SCOs and Providers who choose to conduct individual interviews as part of their self-assessment must use the QA&I Interview Questions Tool provided by ODP. AWC FMS Providers, who choose to conduct individual interviews as part of their self-assessment, must use the QA&I AWC FMS Interview Questions Tool. Subsequently, the self-assessment will be used to inform and build quality improvement activities for the remainder of the QA&I cycle for each entity. Any areas identified during the self-assessment should be remediated within 30 days.

AEs, SCOs and Providers will pull their own sample which will include 1% with a minimum of 5 and a maximum of 10 records as part of their self-evaluation of performance. If an entity serves less than 5 individuals, 100% of the individual records must be a part of the review. These will include a cross-section of individuals served, funding/program types, and locations and types of services. The self-assessment will be electronically completed and submitted to ODP via the designated web-based platform. In addition, Providers are expected to forward the self-assessment confirmation email which contains the responses to the self-assessment to ODP or their Assigned AE, as appropriate.

AWC FMS Providers will also select an additional 1% of individuals receiving AWC FMS within that Provider, with a minimum of 5 and a maximum of 10, for the self-assessment review. If an entity serves less than 5 individuals, 100% of the individual records must be a part of the review. This sample will include a cross-section of individuals that should at least include: one individual self-directing at least one service per month.

QA&I review teams will use the self-assessment to identify evidence of performance and inform the provision of technical assistance to AEs and SCOs, as ODP or AEs will do with Providers, as appropriate. Organizations not slated for an onsite QA&I review are expected to use their self-assessment results to engage in improvement activities while awaiting the onsite review. Technical assistance by either ODP or AEs will focus on quality improvement. Organizations may request technical assistance at any time.

It is the intention that AEs, SCOs and Providers engage in quality improvement activities during the two-year period between formal QA&I onsite review. AEs, SCOs and Providers are required to review the results of their self-assessments to prioritize QI opportunities.

Entities not completing a self-assessment annually as required will be automatically issued a Directed Corrective Action Plan (DCAP) regarding self-assessment non-compliance. Subsequent failure to complete an annual self-assessment by any entity type will result in a DCAP and additionally may result in sanctions

until completion of the self-assessment is achieved. Any time a self-assessment is not completed by an entity, ODP and/or AEs may elect to conduct an unscheduled onsite review.

All documentation used to complete the self-assessment must be maintained and made available to ODP or the AE, as appropriate, upon request. The inability to produce such documentation will be viewed as non-compliance and will result in further actions by ODP including sanctions.

Statewide Self-Assessment Aggregate Report

Annually, at the completion of the self-assessment process for all entities, ODP will issue an aggregate report of self-assessment results and analysis statewide. This report will be used to inform the QA&I process throughout the year and technical assistance targeted to AEs, SCOs and Providers.

Quality Assessment and Improvement Process: Desk Review

ODP Desk Review of AEs, SCOs and AAW Providers

ODP will conduct a desk review of records from each Core, Base and TSM Sample of individuals selected to identify evidence of compliance with key performance metrics and quality outcomes for individuals. ODP's review of the sample will create an assessment of overall performance related to the individual's service and support experience. This is specifically tied to key quality metrics and implementation of *"Everyday Lives: Values in Action."* The desk review will use all available data sources, which may include but are not limited to:

- HCSIS – service notes, monitoring tools, Individual Support Plans (ISPs) Prioritization of Urgency of Need of Services (PUNS), Supports Intensity Scale (SIS), Scales of Independent Behavior Revised (SIB-R), Periodic Risk Assessment (PRE), Quality of Life assessment, Independent Monitoring for Quality (IM4Q) considerations
- Enterprise Incident Management (EIM) – incident reports
- PROMISe™ - claims submission.

The QA&I tool will be used to record quality outcomes and compliance. The coverage period of the desk review will be defined by the questions in the QA&I tool. Findings from the QA&I desk review may identify areas that will require additional follow-up before or during the onsite review. Results of the desk review will be incorporated into the final QA&I Comprehensive Report for each AE, SCO and AAW Provider.

AE Desk Review of ID/A and AWC FMS Providers

The Assigned AE will conduct a desk review of ID/A and AWC FMS Providers selected for a QA&I onsite review to identify evidence of compliance with key performance metrics and quality outcomes for individuals, including implementation of *"Everyday Lives: Values in Action"*. The desk review will use all available data sources, including but not limited to HCSIS, EIM and IM4Q.

As a part of the review, the Assigned AE will select a number of individuals not overlapping with individuals already selected for the Core Sample review, when possible. The Assigned AE will select 1% of individuals with a minimum of 5 and a maximum of 10 individuals who are registered with the Assigned AE and are authorized and actively receiving services from the Provider being reviewed. These will include a cross-section of individuals served, locations and types of services and will prioritize non-licensed settings. In addition, for AWC FMS Providers, ODP will provide the sample to AEs to review while conducting AWC FMS onsite reviews. The sample will include 1% of the individuals with a minimum of 5 and a maximum of 10 individuals who are registered with the Assigned AE and a cross-section of individuals that should at least include: one individual self-directing at least one service per month.

The QA&I tool will be used to record quality outcomes and compliance. The coverage period will be defined by the questions in the QA&I tool. Findings from the QA&I desk review may identify areas that

will require additional follow-up during the onsite review. Results of the desk review will be incorporated into the Provider's final QA&I Comprehensive Report.

Quality Assessment and Improvement Process: Individual Interviews

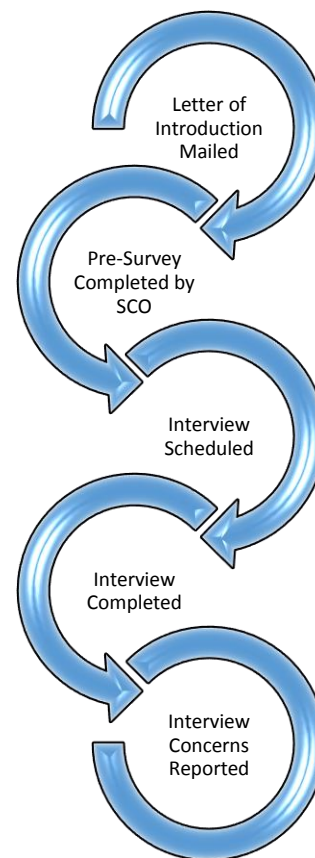
In order to fully evaluate the individual's experience with services and supports, individual interviews are considered a critical component of the QA&I process. Interviews for each Core Sample will be conducted prior to, during, or after the AE, SCO or AAW Provider onsite review. The onsite review will be considered closed once all interviews and the onsite review have been completed. All individual interviews must be completed by December 31st.

Where appropriate, a person familiar with the individual will be asked to assist in the interview. The individual may choose who is present during the interview. In keeping with person-centered practices, the individual may choose not to participate in the interview or can opt to discuss their experience by phone. Interviews for AWC FMS Providers will be conducted with the Managing Employer either by phone or in-person at the Managing Employer's chosen location.

All individuals in each Core Sample will be offered an interview. ODP will interview up to 10 individual interviews per AE in the ID/A Waivers and the remaining interviews will be supported by IM4Q staff as designees of ODP. ODP will conduct all interviews for individuals identified in the Core sample for the AAW.

Individuals to be interviewed from each Core Sample will receive the standard introduction letter prior to scheduling of interviews. The individual pre-survey form will be completed for each individual to be interviewed and returned to the assigned interviewer. ODP, AE or SCO staff involved with scheduling the interviews will use the standard script when calling individuals and/or primary contacts to schedule the interview. ODP and IM4Q staff conducting interviews will use the standard introductory talking points at the opening of the interview, use the Interview Questions Tool, and record all individual interview responses in ODP's designated web-based platform.

Additionally, AEs will engage in personal interviews with individuals to obtain first-hand knowledge of the individuals' overall experience with services and supports. AEs will interview a minimum of 5 and a maximum of 10 people from the sample selected; if the sample size is less than 5, all 100% of the individuals will be interviewed. In addition, all individuals and/or managing employers selected for the AWC FMS Provider sample will be interviewed. AEs will be expected to use the standard introductory



talking points at the opening of the interview, use the Interview Questions Tool and record all individual interview responses in ODP's designated web-based platform.

Any person conducting an interview, whether it be ODP or a designee, must ensure follow-up and reporting, as appropriate, of any issue related to health and safety or service quality. For ID/A Core Sample interviews, ODP regional QA&I coordinators will be responsible for any follow-up required from these interviews. For AAW Core Sample interviews, BAS regional QA&I leads will be responsible for any follow-up required from these interviews. AEs interviewing individuals, and managing employers for AWC FMS services, via the Provider onsite reviews will work with the SCO and Provider to address performance issues discovered through the interview process. ODP or the AEs, as appropriate will collaborate with SCOs to address issues of health and safety that are identified through the interview process. The SCO will document the issue and follow-up actions in the individual's service notes.

Quality Assessment and Improvement Process: Onsite Review

Onsite reviews for AEs, SCOs and AAW Providers will be conducted by a small team of staff from ODP. For efficiency's sake, these reviews may occur on the same day, however the QA&I process for AEs and SCOs is separate and distinct. The ODP QA&I team will consist of the QA&I Lead, the staff person who conducted the desk review and supplemental regional staff, as needed. This team will be responsible for all aspects of the onsite review. The onsite QA&I team may be joined at any time by staff from ODP central office to provide support to the QA&I team and to conduct observation to inform the overall QA&I process. At least one member of the onsite QA&I team will possess ODP Quality Management Certification.

The Assigned AE will conduct onsite reviews for ID/A and AWC FMS Providers. The purpose of the onsite review as part of the overall quality assessment and improvement process is to provide technical assistance to advance promising practices in the service system. The AE QA&I team may be joined at any time by staff from ODP regional or central office to conduct observation that will inform the overall QA&I process. At least one member of the AE QA&I team will possess and maintain ODP Quality Management Certification.

Onsite reviews will begin with an entrance conference. The entrance conference time and location will be established with the entity's leadership at the time the onsite review is scheduled. Each entity will receive a confirmation letter of the onsite review two weeks prior to the visit. The letter will include details about the individuals included in the sample, the timing of the onsite review and instructions about documentation that must be organized and made available to the QA&I team upon arrival for the onsite review. In addition, the confirmation letter will request support from at least one entity staff while the QA&I team is onsite.

The entrance conference will be facilitated by the QA&I Team Lead. This meeting with the entity's organizational leadership is intended to offer introductions of all QA&I team members and entity staff participating in the review process, provide an overview of the onsite review purpose and outline expectations of the QA&I team while onsite. This will also be an opportunity for the entity to share the agency's mission, vision and quality improvement priorities.

While onsite, the QA&I team will focus on gathering quality improvement and compliance evidence related to the sample of individuals and other organizational responsibilities. The entity will be expected to provide the official record of the individuals included in the sample, organized in accordance with guidance provided prior to the onsite review. The QA&I team will also arrange in advance the opportunity to meet face-to-face with individuals included in the sample. QA&I team members will also spend time talking with entity staff while on the premises. Entities can expect the QA&I team to be onsite no more than two full business days. However, mitigating circumstances may dictate additional time onsite which will be communicated with the entity.

At the conclusion of the onsite review, the QA&I team will facilitate an exit conference with entity leadership and staff. ODP encourages entities to invite their leadership to join the exit conference, which will be a verbal, preliminary summary of findings and discussion of how the overall onsite review 'experience' can be improved in the future. Where possible, any opportunities for quality improvement and recognition of promising practices will be shared. In addition, instances of non-compliance discovered in the review will be noted during the exit conference so that the entity may immediately address these items. The QA&I team may elect during the exit conference to share high level trends from QA&I visits as well as state and regional data from the previous QA&I cycle.

Quality Assessment and Improvement Process: Claim and Service Documentation Review

ODP Review of SCO and Provider Claim and Service Documentation

Assurance that payment is made to entities delivering services within the ODP system is an essential component of the QA&I process. ODP will review a sample of claims each year to verify that services were delivered and paid in accordance with policy. SCOs and Providers are expected to submit claims for services rendered in accordance with the rate methodology and billing practices established by ODP.

ODP will select a sample of SCO and Providers from the list of entities identified for a QA&I onsite review each year. The selected SCOs and Providers will receive a notification that they have been selected for a claim and service documentation review. Providers will be requested from ODP to provide supporting documentation for the claim, above and beyond information about the claim that can be validated in HCSIS. Providers are required to submit documentation of all services for which a claim is submitted. SCOs do not have to submit service documentation since all SC service documentation is located in HCSIS. Providers must email the information as instructed by ODP within three (3) weeks of notification. The ODP review will be completed by September 1st. ODP will share the Providers results with Assigned AEs in order for the results to be part of the Provider's Comprehensive Report. ODP will oversee all remediation and corrective action activities.

ODP will review the claims and supporting documentation to determine 1) if the claims are supported by documentation that services were delivered; and 2) if the claim documentation meets the standards outlined in Office of Developmental Programs Bulletin #00-18-04 Claim and Service Documentation Requirements for Providers of Consolidated, Community Living and Person/Family Directed Support Waiver Services and Targeted Services Management (or its successor) and in the AAW claim and service documentation requirements bulletin and guidance.

Providers and SCOs will receive notification of claims documentation review results and the outcomes will be included in the Comprehensive Report. Providers and SCOs with claims identified as non-compliant on any of the evaluation criteria will receive a request for remediation via a Corrective Action Plan (CAP or Directed Corrective Action Plan (DCAP). The entity will respond to the CAP or DCAP within 15 days, providing documentation of claims remediation and PPR, as appropriate. Remediation may include locating documentation to support that services rendered are consistent with claim submission; staff training; and voiding and/or recovering payments. Upon verification that the CAP or DCAP response is acceptable, the Providers and SCOs will receive notification from ODP. Information regarding the approved CAP or DCAP will be provided to the QA&I Lead for inclusion in the entity's Comprehensive Report.

Additional records may be selected by ODP as an expanded review or audit. If indicated, ODP will work with the Assigned AE to conduct further Provider claims review, including remediation activities as appropriate.

ODP may opt to initiate sanctions if the situation warrants. ODP sanctions may range from restricting the entity from serving additional individuals to the termination of the entity's waiver program participation. ODP staff will ensure that payments are adjusted where necessary and determine if the extent of the problem warrants further action. ODP follow-up actions may also include referral to Bureau of Financial Operations (BFO) or Bureau of Program Integrity (BPI).

Quality Assessment and Improvement Process: Comprehensive Report

Following the onsite review, the ODP or AE QA&I team, as appropriate, will compile a written QA&I Comprehensive Report for each reviewed entity. The report will compile the official findings from desk review and onsite review, face-to-face interviews, self-assessments, remediation, corrective action, directed corrective action, Plan to Prevent Recurrences (PPRs) and QM Plans. For each entity, the QA&I Comprehensive Report will:

- Highlight those areas where the AE, SCO or Provider is doing well related to person-centered services delivery and promising practices;
- Analyze performance in ODP's quality focus areas for the current QA&I cycle;
- Compare results of the desk and onsite reviews with the entity's self-assessment;
- Summarize those instances of non-compliance that were remediated during the onsite review;
- Recommend improvement activities to be addressed during the remainder of the QA&I cycle, including systemic quality improvement projects to incorporate into QM Plans; and
- Include evidence of the entity's remediation activities completed within 30 days of discovery, and Plans to Prevent Recurrence, including where QM Plans will be developed

The Comprehensive Report, absent the appendices and/or attachments, will be completed with no individual identifying information in accordance with HIPAA provisions. In the event where an entity did not have any noncompliant findings, the Comprehensive Report must be issued within 30 days of the onsite review and all interviews are completed. Where applicable, the AE must submit the Provider's Comprehensive Report, including appendices and/or attachments, to the QA&I Regional Lead when the report is sent to the Provider. A copy of the Comprehensive Report issued to AEs receiving an onsite review will be sent to the appropriate County Commissioners. All Comprehensive Reports absent the appendices and/or attachments will be posted to the MyODP website.

Quality Assessment and Improvement Process: Remediation, Improvement and QM Plans

A key to the QA&I process is the identification of and action regarding opportunities for improving the overall services and supports for individuals with intellectual disabilities and autism. ODP expects that all entities, including the state agency, engage in quality improvement as a result of the QA&I process.

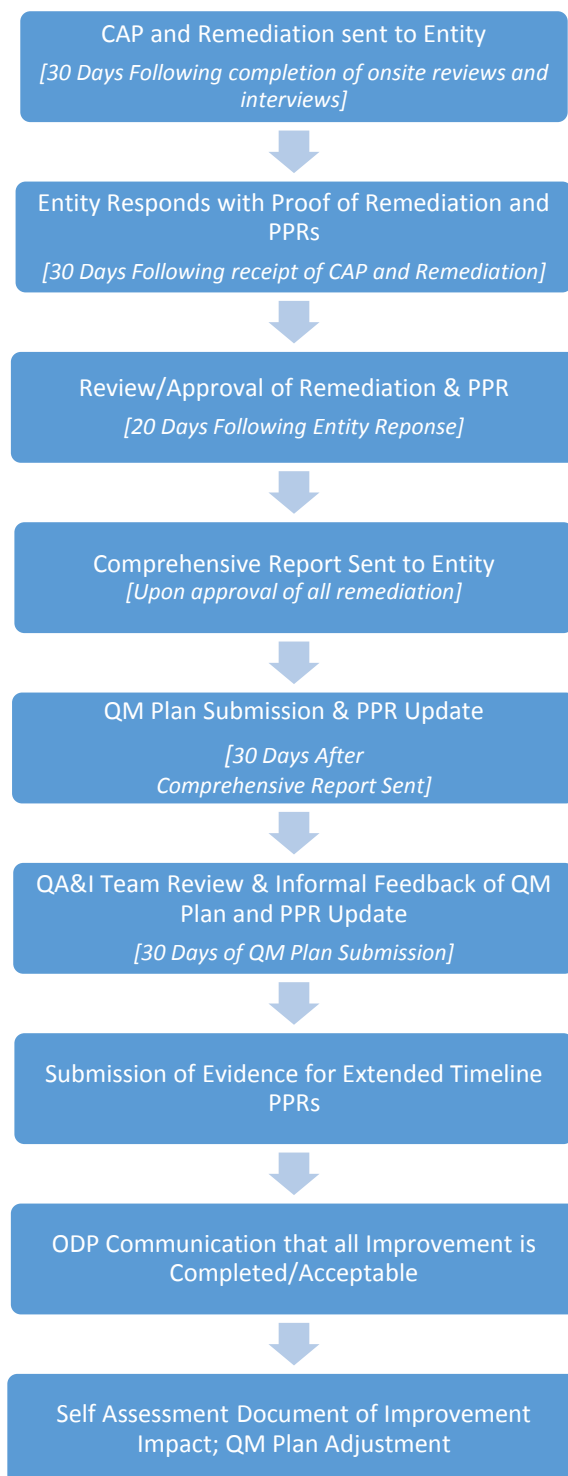
Remediation

The QA&I process may uncover instances in which an entity has not met the standard of a QA&I question or series of questions. There will be occasions when remediation must occur immediately due to concerns for health and safety. Otherwise, remediation must occur within 30 days of discovery, which occurs once the onsite review and all interviews are completed. The instances will be documented in the designated web-based platform for each entity.

Each entity is required to include in its response proof of remediation already completed, including the time frame of completion. If there are no areas of non-compliance, remediation will not be issued. Any exceptions to completion of remediation within 30 days of discovery must be negotiated with ODP or the AE, as appropriate.

Corrective Action Plan

The QA&I Team will use the ODP-approved Corrective Action Plan template to catalog any Plan to Prevent Recurrence (PPR) including identification of instances where a QM Plan will be developed when appropriate. Upon receipt of the CAP, the entity will review the results. If there are no areas where a PPR is required, a CAP will not be issued. If the CAP includes instances of not meeting the standard, the entity must remediate each one and develop a PPR, if applicable. Proof of remediation and a PPR must be submitted to the QA&I Regional Lead within 30 calendar days of receipt of the CAP.



Within 20 calendar days of receipt of the entity's CAP response, including proof of remediation and PPR the ODP or AE QA&I Lead, as appropriate, will either approve the CAP or request further clarification and/or corrections. If further clarification/corrections are required, the QA&I Lead will send the entity's remediation and improvement documentation along with a detailed email providing specific concerns and information. The entity must then submit revised materials within 15 calendar days of receipt. The AE must submit the Provider's Comprehensive Report, including appendices and/or attachments, to the QA&I Regional Lead.

If the revisions are not approved, the QA&I Lead will require a Directed Corrective Action Plan (DCAP) to be developed under mandatory technical assistance within 45 calendar days from the date the initial response to the CAP was submitted by the entity. The AE QA&I Lead must collaborate with the QA&I Regional Lead when issuance of a DCAP is required for a Provider.

If the entity does not submit the CAP response, including required remediation and improvement documentation within 30 calendar days of receipt, the QA&I Lead will follow-up with the entity. If the entity does not respond within 7 calendar days, ODP will determine further action and/or sanctions that will occur.

All PPRs and QM Plans shall be submitted and remediation activities completed by April each year, unless the entity has agreed with ODP or the AE that an extended period for improvement is permitted.

Plan to Prevent Recurrence (PPR)

Within an entity's response to the CAP, the entity will include a PPR outlining actions that will be taken to ensure future instances of non-compliance do not occur. A PPR is required when

- the compliance score for the requirement is at or below 85% OR
- 9 or fewer records were monitored and there are 2 or more instances of non-compliance.

For any PPR activity requiring longer than 3 months to implement, the entity is responsible to provide an update on the progress of such activity(s) within 30 days of the CAP to the QA&I Lead. The QA&I Lead will provide informal feedback within 30 days of the entity's update. Entities are responsible for submitting evidence of PPR implementation at the completion of all associated PPR actions. At that time, the QA&I Lead will acknowledge receipt and acceptability of all completed PPR actions.

QM Plans

When performance is at or below the threshold of 85% or performance is consistently low over time, the entity should evaluate whether the cause for poor performance represents a systemic problem in need of a quality improvement project supported by a QM Plan and Action Plan. ODP or the AE, as appropriate, will offer input and feedback to the entity in identifying such systemic opportunities for improvement.

The QM Plan, updated as a result of the QA&I review, must be submitted within 30 days of the CAP closure.

The entity will evaluate progress on implementing the QM Plan and determining the effectiveness and impact of the interventions taken to improve performance during the annual Self-Assessment. ODP or AEs, as appropriate, will also follow up with the entity on their progress in implementing QM Plans and provide technical assistance as needed during the course of the QA&I Cycle.

Validation

Entities are responsible for submitting evidence of remediation and PPRs to the QA&I Lead. The QA&I Lead will review and approve all remediation and PPR activities prior to developing the QA&I Comprehensive Report.

Additionally, entities will submit evidence to demonstrate that the PPR activities are successfully completed as they occur. Each year in the self-assessment process, entities are expected to address the impact of PPR activities completed within the past year.

If necessary, follow-up site visits may also be conducted to adequately assure that all remediation and PPR actions have been completed as documented in the QA&I Comprehensive Report and for ODP or the AE, as appropriate, to provide technical assistance.

Directed Corrective Action Plan (DCAP)

As part of the QA&I process, ODP or the AE, as appropriate, will require that an entity implement a DCAP under mandatory technical assistance. This will include a plan for ongoing engagement with ODP or the AE, as appropriate, until such issues identified in the DCAP are resolved to the satisfaction of ODP. A DCAP through mandatory technical assistance may be required, at a minimum, when

- the entity fails to respond to imminent risk for one or more individuals;
- the entity demonstrates repeated non-compliance in one or more areas;
- the entity's performance is at or below 85% for 5 or more designated questions, if the sample is greater than 10; or
- performance for one or more designated questions is below 50% performance.

Quality Assessment and Improvement Process: Statewide QA&I Report

Annually, ODP will compile all data collected from the QA&I process into a report that represents statewide performance of AEs, SCOs and Providers and the overall system as it relates to quality of services and supports and promising person-centered practices.

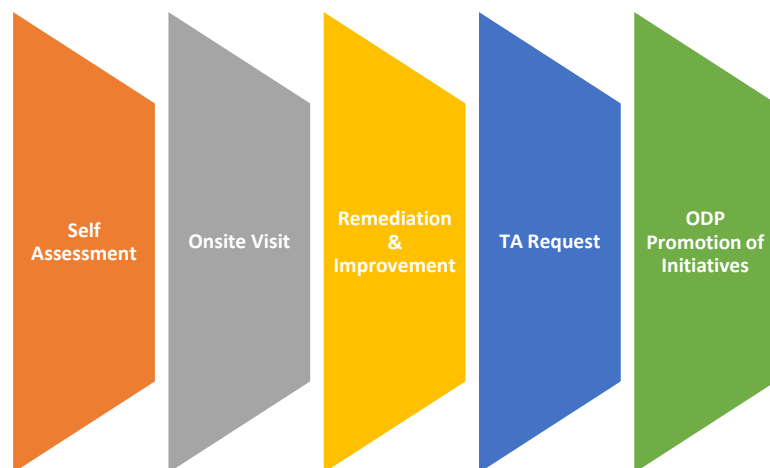
Quality Assessment and Improvement Process: Technical Assistance

Technical Assistance (TA) is available to all entities at any time to support quality improvement efforts system wide. ODP staff in the central and regional offices, along with AE staff, engage in TA as part of the QA&I process because it:

- Results in better outcomes for individuals
- Supports all stakeholders in the provision of quality services to individuals and families
- Fosters continuous improvement throughout the 3-year QA&I cycle through Quality Management planning
- Provides an opportunity to impact performance of stakeholders
- Assures that there is alignment with ODP mission, vision and values
- Offers a clearer picture of how the system is performing overall
- Informs and guides efforts for statewide training initiatives

TA can be provided at any stage of the QA&I process and there is 'no wrong door' to an entity seeking TA supports. There are three defined levels of TA:

- Basic TA requires only one or two steps and occurs when 1) the entity requires support for a quick question & answer; 2) the QA&I team is conducting the regularly scheduled onsite visit; or 3) the entity needs examples of how to accomplish a specific task.
- Intermediate TA requires additional support for the entity when 1) additional time onsite is needed beyond a regularly scheduled QA&I visit; 2) the involvement of a Subject Matter Expert (SME) is necessary; or 3) additional research about a policy question is required. Intermediate TA for Providers can involve the support of ODP as needed. AEs should contact their QA&I Regional Lead if support is needed.
- Intensive TA is a long-term engagement that requires the involvement of ODP Central Office staff and the development of a TA Strategy. Intensive TA may occur when 1) an entity is issued a Directed Correction Action Plan (DCAP), which must be elevated to the ODP regional office for ID/A and AWC FMS Providers reviewed by AEs; 2) an entity is in need of significant organizational change; 3) there is insufficient availability of the AE to deliver TA to an ID/A and/or AWC FMS Provider(s); 4) an entity has serious and/or ongoing issues with ODP quality expectations; or 5) the AE needs support from ODP to deliver TA to multiple ID/A and/or AWC FMS Providers with the same issue.



Ongoing, basic TA for AEs, SCOs and AAW Providers is provided by the ODP regional staff using existing teams and work groups where possible; AEs are responsible for the provision of ongoing, basic TA for ID/A and AWC FMS Providers. This includes TA at the basic and intermediate levels, as described above. AEs

may request TA support from the ODP region at any level, however ODP involvement is required for TA at the Intensive level. Support from Subject Matter Expert(s) (SME) will be arranged by the region or the AE depending on the TA need. ODP and AE staff delivering technical assistance should rely on MyODP as a library of resources to support entities with all aspects of QA&I.

TA at the Basic and Intermediate levels are expected to last no more than 90 days. Longer-term engagements, including those at the Intensive TA level, require approval by ODP. A written TA strategy is *recommended* at the Intermediate TA level and is *required* at the Intensive TA level. ODP's approval of the TA strategy is only required at the Intensive TA level. All written TA strategies should use the template and guidance provided on MyODP.

Intermediate and Intensive TA will be documented in order to track and use the results of all QA&I technical assistance. ODP regional staff will populate a spreadsheet maintained on DocuShare; AEs will submit individual tracking spreadsheets posted to DocuShare. Documentation of TA requests and TA plans will be housed on DocuShare, as well. A summary of technical assistance requested and delivered throughout the year will be included in the ODP Statewide Annual QA&I Report.

Quality Assessment and Improvement Process: Considerations

Assurance of Individual Health and Safety

If individual health and safety concerns are discovered during any aspect of the QA&I process, actions will be taken immediately to assure the welfare of the individual(s). Incidents shall be reported and managed as required by ODP Bulletin #6000-04-01, *Incident Management*, ODP Informational Packet 031-15 Amendments to 55 Pa. Code §6000, ODP Statement of Policy, Subchapter Q as a result of Adult Protective Services and 55 Pa. Code Chapter 51 and the Adult Autism Waiver, appendix G (as applicable).

Onsite Review Refusal

Any entity refusing to participate in the QA&I onsite review process may be sanctioned by ODP. AEs will immediately notify ODP if a Provider refuses to allow an AE to schedule or cooperate with the completion of an onsite review.

Unscheduled QA&I Reviews

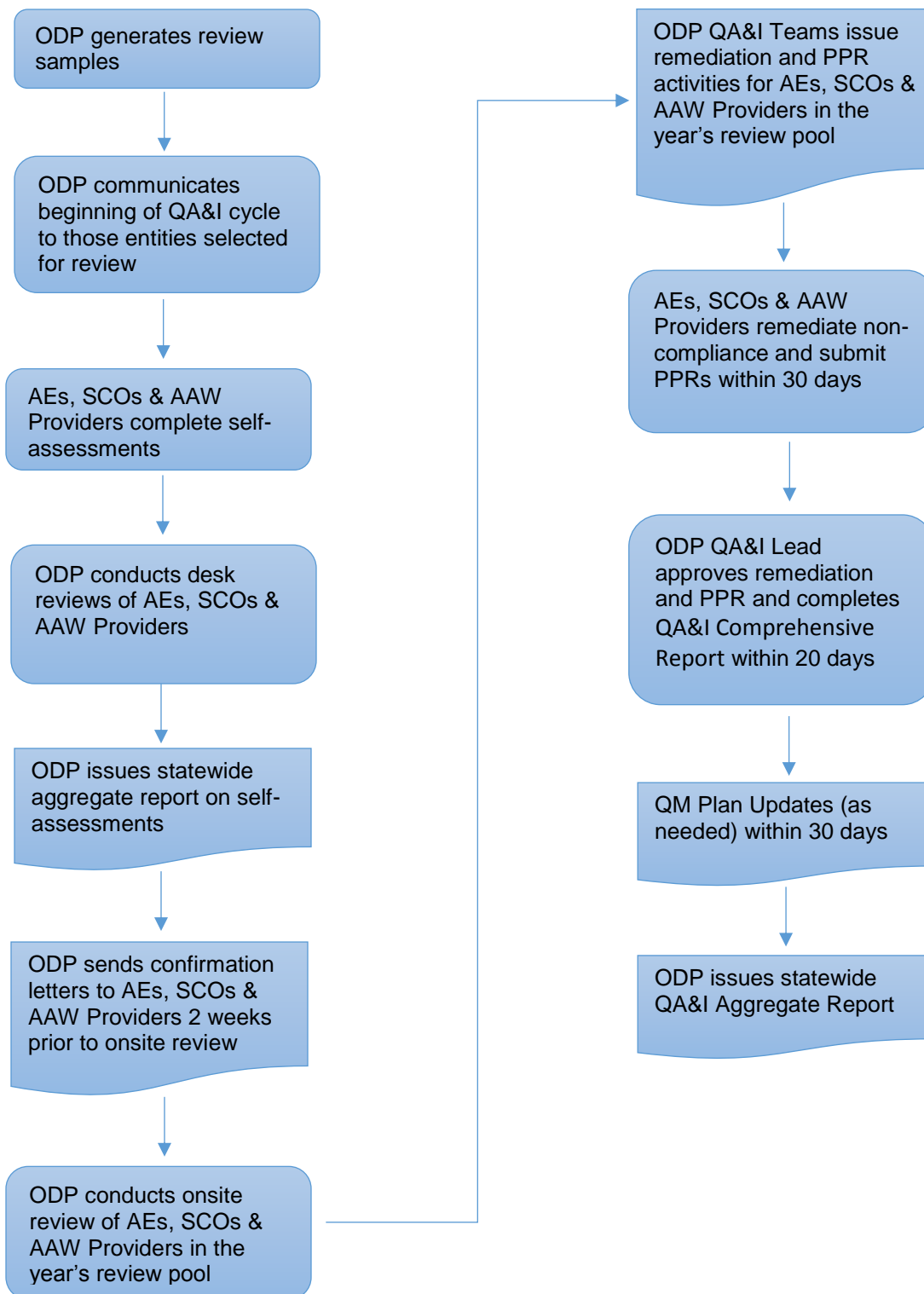
Unscheduled QA&I reviews may be conducted unrelated to the regular QA&I cycle. Unscheduled QA&I reviews will be designed and implemented by ODP or the AE, as appropriate, dependent upon the circumstances prompting the need for an unscheduled review. The AE must communicate with ODP any intentions for conducting unscheduled QA&I reviews of Providers.

Quality Assessment and Improvement Process: Timeline

The following timeline provides a high-level overview of the QA&I process using a Fiscal Year calendar.

Jun 15	<ul style="list-style-type: none"> • ODP finalizes Core Sample
Jul 1	<ul style="list-style-type: none"> • All entities begin self-assessments • ODP begins desk reviews and individual interviews
Jul 31	<ul style="list-style-type: none"> • ODP notifies AEs of ID/A and AWC FMS Provider review pool • ODP notifies AEs of sample records for AWC FMS Providers and AEs begin desk reviews • AEs select ID/A Provider records and begin desk reviews
Aug 1	<ul style="list-style-type: none"> • ODP communicates to all entities selected for review
Aug 31	<ul style="list-style-type: none"> • All entities submit completed self-assessments electronically via web-based platform
Sep 1	<ul style="list-style-type: none"> • ODP begins onsite reviews with AEs, SCOs and AAW Providers • AEs begin onsite reviews and individual interviews with ID/A and AWC FMS Providers • ODP Claim and Service Documentation review complete
Nov 30	<ul style="list-style-type: none"> • ODP issues statewide aggregate report on self-assessments • All desk reviews finalized
Dec 31	<ul style="list-style-type: none"> • All onsite reviews and individual interviews finalized
Jan 31	<ul style="list-style-type: none"> • All remediation and PPR activities are issued for review and completion
Feb 28	<ul style="list-style-type: none"> • All entities complete remediation and respond to CAP detailing remediation actions taken and PPRs
Mar 31	<ul style="list-style-type: none"> • All QA&I Comprehensive Reports are issued and finalized • All web-based platform data entry completed for onsite reviews and individual interviews
Apr 15	<ul style="list-style-type: none"> • ODP begins development of statewide QA&I report
Apr 30	<ul style="list-style-type: none"> • All updated QM Plans are submitted
Aug 31	<ul style="list-style-type: none"> • ODP issues statewide QA&I report

Quality Assessment and Improvement Process: AE, SCO and AAW Provider Flowchart



Quality Assessment and Improvement Process: ID/A and AWC FMS Provider Flowchart

