
QUALITY ASSESSMENT AND IMPROVEMENT: ANNUAL STATEWIDE REPORT

Pennsylvania Office of Developmental Programs

Fiscal Year (FY) 2018-2019

Table of Contents

Executive Summary.....	4
About the QA&I Process	4
About the Full Reviews	4
About Selecting Focus Areas	5
About the Findings	5
Statewide Focus Areas' Results.....	6
FOCUS AREA #1 – ISAC Recommendation #9: Improve Quality.....	6
Quality Management (QM) Plans Reflect ODP's Mission, Vision and Values	6
Entities Review and Evaluate Performance Data in Selecting Priorities for QM Plans	6
Entities Revise QM Plans at Least Every Three Years.....	7
AEs Measure Progress towards Achieving Identified QM Plan Goals & Objectives.....	8
Entities Complete QA&I Self-Assessments by the Due Date.....	8
Independent Monitoring for Quality (IM4Q) Process is Implemented	9
Quality Focus Area Recommendations	9
FOCUS AREA #2 – ISAC Recommendation #3: Increase Employment	10
Promoting Employment & Identifying Employment Leads.....	10
Individual Support Plans (ISPs) Reflect Individuals' Interests & Goals Related to Employment.....	10
SCs Provide Education & Information to Individuals about Employment at Annual ISP Meetings	11
Providers Support Individuals Interested in Employment	12
Employment Focus Area Recommendations	13
FOCUS AREA #3 – ISAC Recommendation #1: Assure Effective Communication	14
Payment of Communication Assistance as Required	14
SCOs Support Individuals who are Deaf or Hard of Hearing	14
SCs Explore with Individuals Options for Communication Assistance and Support Individuals to Choose	15
Providers Support Individuals with Communication Needs.....	16
Communication Focus Area Recommendations	17
Additional Areas of Statewide Success and Opportunities for Systemic Quality Improvement.....	18
Person-Centered Planning and Service Delivery	18
Individuals are supported in developing the ISP, including Involvement of People Chosen by the Individual	18
Individuals' Assessed Needs are addressed in ISPs.....	19
Individuals' ISPs are Completed and Updated Timely	20
SCs Monitor Individuals' Service Delivery	21
Individuals Receive Services as Authorized.....	22
Recommendations on Person-Centered Service Planning and Delivery.....	23

Self-Direction, Choice, and Control (ISAC Recommendation #2)	24
Individual Rights are Respected	24
Recommendations on Self-Direction, Choice, and Control	26
Increase Community Participation (ISAC Recommendation #11)	27
Supports for Community Activities of the Individual's Choice are Incorporated in ISPs	27
SCs Foster Community Participation	28
Recommendations on Community Participation	30
Promote Health, Wellness and Safety (ISAC Recommendation #5)	31
AEs Promote Wellness	31
Individuals' Identified Health Care Needs are Addressed	31
Recommendations on Promoting Health and Wellness	32
Individuals Receive Information on how to Identify and Report Abuse, Neglect, and Exploitation	32
Providers and SCOs Protect Individuals' Health, Safety, and Rights through Incident Management	33
Restrictive Procedures are Monitored and Managed	36
Recommendations on Health and Safety	37
Support People with Complex Needs (ISAC Recommendation #6)	38
AEs and SCs Support Individuals with Complex Needs	38
Recommendations on Supporting People with Complex Needs	39
Develop and Support Qualified Staff (ISAC Recommendation #7)	40
Providers have Annual Training Plans that Meet All Requirements	40
Providers Ensure Training Requirements are Met	41
SCOs Ensure Training Requirements are Met	42
Recommendations on Developing and Supporting Qualified Staff	44
Conclusion	45
APPENDIX A: ADMINISTRATIVE ENTITY (AE) FULL REVIEWS	46
APPENDIX B: SUPPORTS COORDINATION ORGANIZATION (SCO) FULL REVIEWS	54
APPENDIX C: SERVICE PROVIDER FULL REVIEWS	64

Executive Summary

About the QA&I Process

The Office of Developmental Programs' (ODP) Quality Assessment and Improvement (QA&I) process, launched on July 1, 2017, is one tool ODP uses to evaluate how well the current system of supports performs and to identify ways to improve our 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; and
- Use data to manage the service delivery system with a continuous quality improvement approach.

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

This report includes a summary and analysis of statewide data collected for ODP's Consolidated, P/FDS and Community Living waivers, collectively referred to as the Intellectual Disability/Autism (ID/A) waivers. It includes Full Reviews completed during Cycle1, Year2 (C1Y2) by ODP staff, for the AEs and SCOs, in addition to Full Reviews of Providers conducted by AEs. (ODP delegates the Full Reviews of Providers to AEs.) See Table 1.1 below.

Table 1.1 - Number of Entities Engaged in ODP's FY18-19 (C1Y2) QA&I Full Review Process					
	Central	Northeast	Southeast	Western	Statewide
AEs	7	2	1	6	16
SCOs	8	3	1	6	18
Providers	65	35	119	72	291

AE = Administrative Entity SCO = Supports Coordination Organization

About the Full Reviews

The QA&I Full Review is the process during which all AEs, SCOs and Providers must complete a Self-Assessment and *also* undergo a desk and onsite review. During the desk review part of the process, ODP or AE reviewers complete an examination of available documentation related to key performance metrics and quality outcomes for individuals. The desk review is then followed by an onsite review during which staff from ODP and/or the AE conduct an in-person visit of the entity to assess performance in all areas associated with the QA&I process.

September 2019

pg. 4

After the Full Review, each entity receives a comprehensive report and may be required to complete remediation, corrective action and quality improvement activities.

Entities are selected for a Full Review at least once every 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 are determined based on the individuals selected by ODP for the randomized Core Sample. Providers are selected for the Full Review based on the last digit of the Provider's MPI number: when the last digit ends with 0-2, the Full Review takes place during the first year of the current QA&I cycle, Master Provider Index (MPI) numbers ending with 3-5 receive the Full Review during the second year of the cycle, and MPI numbers ending with 6-9 are reviewed during the third year of the cycle.

About Selecting Focus Areas

For each year of the QA&I cycle, critical focus areas are selected by ODP in alignment with the Information Sharing and Advisory Committee (ISAC) Recommendations for system improvement. ISAC members develop these Recommendations to guide ODP and stakeholders in achieving the important goals put forth in *Everyday Lives*.

Areas of focus for QA&I, C1Y2, were:

- ISAC Recommendation #1, Assure Effective Communication;
- ISAC Recommendation #3, Increase Employment; and
- ISAC Recommendation #9, Improve Quality.

This report then highlights additional areas of statewide success and opportunities for systemic quality improvement discovered during analysis of QA&I Full Reviews data. Positive results, as well as opportunities for improvement, were found in areas including:

- Person-Centered Planning and Service Delivery;
- Promoting Self-Direction, Choice, and Control;
- Increasing Community Participation;
- Promoting Health, Wellness, and Safety;
- Supporting People with Complex Needs; and
- Developing and Supporting Qualified Staff.

About the Findings

Findings are presented by entity type and sorted by geographic region. Where data are available, C1Y1 and C1Y2 Full Review performance results and C1Y2 Self-Assessment data are presented for comparison purposes. It is notable that in some cases, an estimated 1% margin of error can be attributed to data entry inconsistency.

Statewide Focus Areas' Results

FOCUS AREA #1 – ISAC Recommendation #9: Improve Quality



Together we must plan and deliver services and supports that adhere to our values, measure person-centered outcomes, and continuously improve an individual's quality of life. All stakeholders must be engaged in the process of measuring how well services assist people in achieving an everyday life.

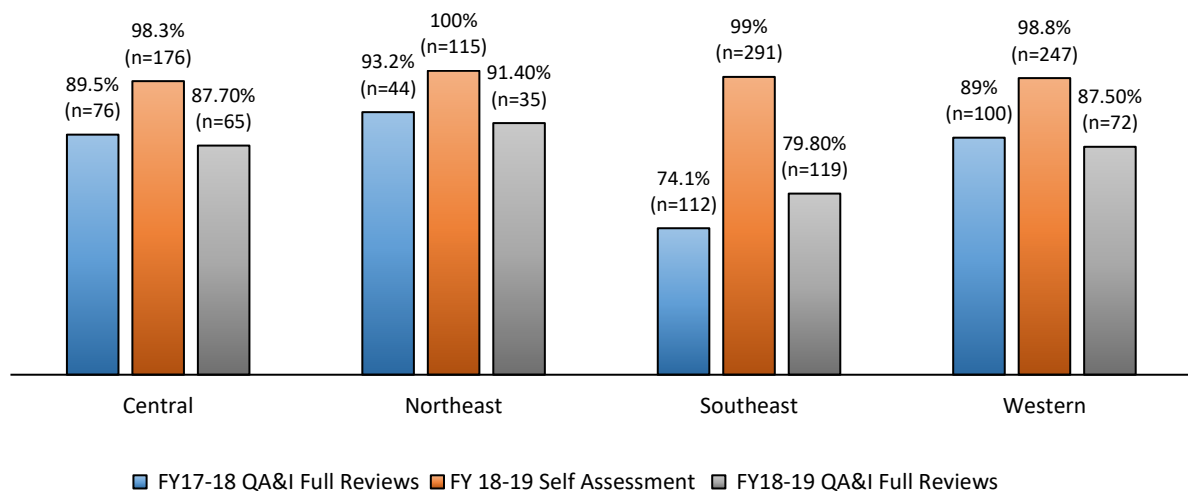
Quality Management (QM) Plans Reflect ODP's Mission, Vision and Values

[AE Q4 | SCO Q5 | Provider Q8]

During C1Y2 Full Reviews, 16 (100%) of 16 AEs and 17 (94.4%) of 18 SCOs in the sample were found to have QM Plans developed in alignment with ODP's Mission, Vision and Values. Full Reviews of Providers by AEs during C1Y2 determined that 247 (84.9%) of their QM Plans reflected the Mission, Vision and Values. Graph 2.1 focuses on Providers only for C1Y2.

Graph 2.1 - The Providers Quality Management Plan (QMP) reflects ODP's Mission, Vision and Values

Statewide FY18-19 QA&I Full Reviews (84.9%; n=291)



Entities Review and Evaluate Performance Data in Selecting Priorities for QM Plans

[AE Q6 | SCO Q7 | Provider Q10]

For C1Y2 Full Reviews, as shown in Table 2.1, 14 (87.5%) of 16 AEs, 13 (72.2%) of 18 SCOs, and 159 (73.3%) of 217 Providers were found to evaluate performance data in selecting priorities for QM Plans. Table 2.1 also compares the findings from Full Reviews during C1Y1 and C1Y2, along with C1Y2 Self-Assessment data, by region and statewide.

Table 2.1 - Entities Review and Evaluate Performance Data in Selecting Priorities for the QM Plan											
		Central		Northeast		Southeast		Western		Statewide	
AEs	C1Y1 Full Reviews	100%	4/4	100%	3/3	100%	2/2	100%	7/7	100%	16/16
	C1Y2 Self-Assessments	92.9%	13/14	100%	10/10	100%	5/5	100%	19/19	97.9%	47/48
	C1Y2 Full Reviews	85.7%	6/7	100%	2/2	100%	1/1	83.3%	5/6	87.5%	14/16
SCOs	C1Y1 Full Reviews	100%	4/4	66.7%	2/3	100%	4/4	100%	10/10	95.2%	20/21
	C1Y2 Self-Assessments	100%	15/15	100%	11/11	100%	16/16	100%	28/28	100%	70/70
	C1Y2 Full Reviews	87.5%	7/8	100%	3/3	0%	0/1	50%	3/6	72.2%	13/18
Providers	C1Y1 Full Reviews	88.9%	56/63	88.9%	32/36	61.9%	39/63	89.4%	59/66	81.6%	186/228
	C1Y2 Self-Assessments	98.2%	160/163	100%	105/105	99.6%	258/259	99.1%	223/225	99.2%	746/752
	C1Y2 Full Reviews	78.2%	43/55	89.7%	26/29	59.5%	47/49	79.6%	43/54	73.3%	159/217

AE = Administrative Entity SCO = Supports Coordination Organization

Entities Revise QM Plans at Least Every Three Years

[AE Q5 | SCO Q6 | Provider Q9]

During C1Y2 Full reviews, as applicable, 16 (100%) of 16 AEs, 17 (100%) of 17 SCOs, and 165 (89.2%) of 185 Providers were found to be revising their QM Plans at least every three years. Table 2.2 compares the findings from Full Reviews of Providers during C1Y1 and C1Y2, along with C1Y2 Self-Assessment data, by region and statewide.

Table 2.2 - Providers Revise QM Plans at Least Every Three Years			
	C1Y1 Full Reviews	C1Y2 Self-Assessments	C1Y2 Full Reviews
Central	98.2% (55/56)	99.4% (157/158)	95.2% (40/42)
Northeast	93.8% (30/32)	99.1% (107/108)	91.7% (22/24)
Southeast	75.9% (44/58)	100% (242/242)	80.3% (57/61)
Western	94.8% (55/58)	100% (210/210)	95.8% (46/48)
Statewide	90.2% (184/204)	99.7% (716/718)	89.2% (165/185)

AEs Measure Progress towards Achieving Identified QM Plan Goals & Objectives

[AE Q7]

During C1Y2 Full Reviews, 13 (81.3%) of 16 AEs were found to be measuring progress routinely, compared to 15 (93.3%) of 16 AEs during C1Y1 Full Reviews. Table 2.3 compares the findings from Full Reviews of AEs during C1Y1 and C1Y2, along with C1Y2 Self-Assessment data, by region and statewide.

Table 2.3 - AEs Measure Progress Towards Achieving Identified QM Plan Goals and Objectives										
	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
C1Y1 Full Reviews	100%	4/4	100%	3/3	100%	2/2	85.7%	6/7	93.3%	15/16
C1Y2 Self-Assessments	78.6%	11/14	90%	9/10	100%	5/5	94.7%	18/19	89.6%	43/48
C1Y2 Full Reviews	85.7%	6/7	100%	2/2	100%	1/1	66.7%	4/6	81.3%	13/16

AE = Administrative Entity

Entities Complete QA&I Self-Assessments by the Due Date

[AE Q72 | SCO Q86 | Provider Q68]

During C1Y2, 16 (100%) of 16 AEs, 18 (100%) of 18 SCOs and 266 (91.4%) of 291 Providers completed the Self Assessments by the August 31st due date. Table 2.4 compares the findings from Full Reviews of AEs, SCOs and Providers during C1Y2, by region and statewide.

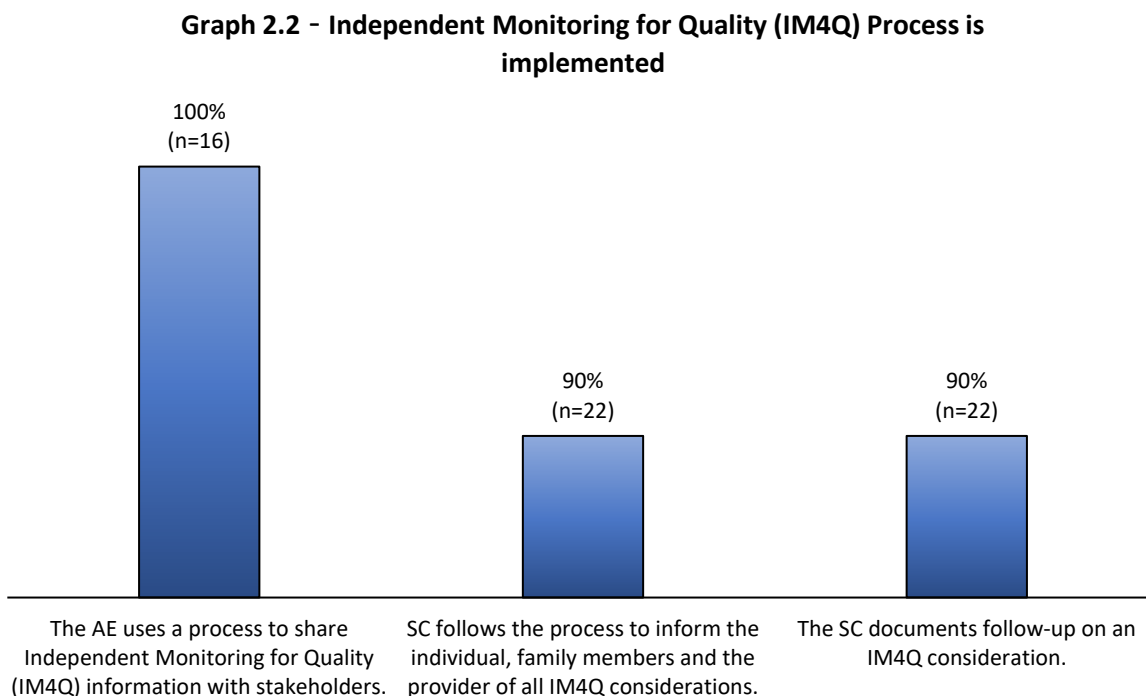
Table 2.4 - Entities Complete QA&I Self-Assessment by August 31st										
	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable
AEs	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
SCOs	100%	8/8	100%	3/3	100%	1/1	100%	6/6	100%	18/18
Providers	92.3%	60/65	85.7%	30/35	89.1%	106/119	97.2%	71/72	97.4%	266/291

AE = Administrative Entity SCO = Supports Coordination Organization

Independent Monitoring for Quality (IM4Q) Process is Implemented

[AE Q13 / SCO Q27, Q28]

During C1Y2, 16 (100%) of 16 AEs used a process to share IM4Q information with stakeholders. In addition, 20 (90%) of SCOs serving participants with IM4Q considerations were found to be following the ODP process to inform the individual, family members, and the provider of those considerations. In contrast, 96% of 24 SCs with considerations were found by ODP to complete this process during C1Y1 Full Reviews. Graph 2.2 shows the IM4Q process questions' results from Full Reviews of AEs and SCOs during C1Y2.



Quality Focus Area Recommendations

ODP commends efforts of all entities to develop QM Plans and Action Plans in alignment with ODP's Mission, Vision, and Values, and to use a data-based approach to identify priorities for quality improvement. Specific opportunities for improvement in the area of Improving Quality include:

- All are encouraged to align QM Plan Goals and Desired Outcomes with ODP's Mission, Vision and Values;
- ODP will continue working with AEs and Providers to analyze Provider performance in developing QM Plans that reflect ODP's Mission, Vision and Values, reviewing and evaluating performance data in selecting priorities for QM plans, and analyzing and revising QM Plans at least every three years, then develop strategies for improvement in all three areas;
- AEs are reminded of the requirement for at least one member of the QA&I Provider Review Team to become QM Certified, and to ensure the current ODP QM Certified staff recertify every two years.

FOCUS AREA #2 – ISAC Recommendation #3: Increase Employment



Employment is a centerpiece of adulthood and must be available for every person. The benefits of employment for people with disabilities are significant and are the same as for people without disabilities.

Promoting Employment & Identifying Employment Leads

[AE Q24 | AE Q25 | Exploratory SCO Q11]

During C1Y2's Full Reviews, 16 (100%) of 16 AEs were found to promote employment as a priority for individuals with developmental disabilities. In addition, all AEs and SCOs are expected to designate Employment Leads to promote Employment First activities. During C1Y2, this expectation was met by 16 (100%) of 16 AEs and 17 (94.4%) of 18 SCOs. Table 3.1 compares the findings from Full Reviews of AEs and SCOs, during C1Y2, by region and statewide.

Table 3.1 - AEs and SCOs Promote Employment and Designate Employment Leads

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
AEs Promote Employment	100%	7/7	100%	2/2	100	1/1	100%	6/6	100%	16/16
AE has an Employment Lead	100%	7/7	100%	2/2	100	1/1	100%	6/6	100%	16/16
SCO has an Employment Lead	100%	8/8	100%	3/3	100%	1/1	83.3%	5/6	94.4%	17/18

AE = Administrative Entity SCO = Supports Coordination Organization.

Individual Support Plans (ISPs) Reflect Individuals' Interests & Goals Related to Employment

[Exploratory SCO Q40]

During C1Y2's Full Reviews of SCOs, 311 individual record reviews revealed that the individual had interests and goals related to employment. ODP found that 309 (99.4%) of those individual's ISPs reflected those interests and goals. Table 3.2 compares the findings for SCOs, during C1Y2, by region and statewide.

Table 3.2 - SCs Develop ISPs that Reflect Individuals' Interests and Goals Related to Employment

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
Individuals' ISPs	99.2%	130/131	100%	56/56	100%	45/45	98.7%	78/79	99.4%	309/311

SC = Supports Coordinator ISP = Individual Support Plan

SCs Provide Education & Information to Individuals about Employment at Annual ISP Meetings

[Exploratory SCO Q78]

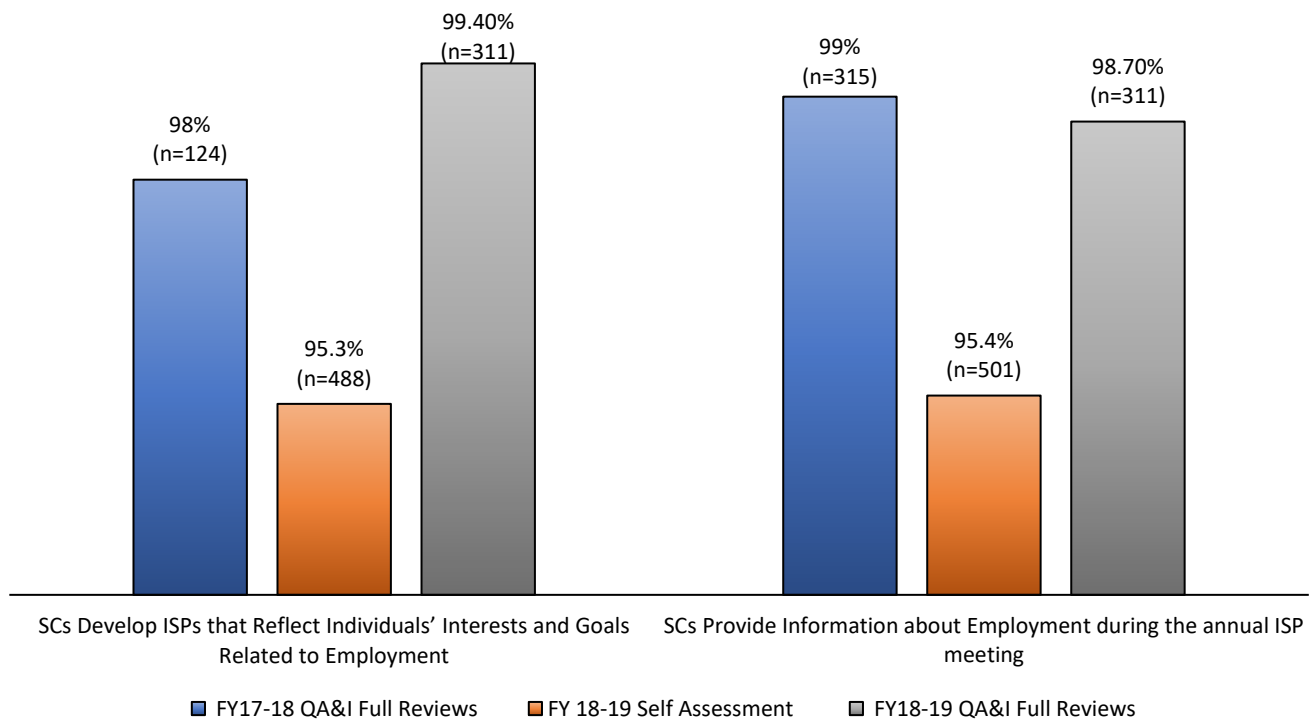
During C1Y2's Full Reviews of SCOs, it was found that SCs provided education and information to individuals about employment services that can result in Competitive Integrated Employment (CIE) at annual ISP meetings, for 307 (98.7%) of 311 of individuals. Table 3.3 compares the findings by region and statewide. Graph 3.1 displays ODP's findings regarding SC support during the planning process for individuals to become employed during C1Y2 Full Reviews compared to C1Y1 Full Reviews and Self Assessments.

Table 3.3 - SCs Provide Education and Information to Individuals about Employment at Annual ISP Meetings

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
SCs provide information on employment during annual ISP meetings	100%	131/131	100%	56/56	95.6%	43/45	97.5%	77/79	98.7%	307/311

SC = Supports Coordinator ISP = Individual Support Plan

Graph 3.1 - SCs Support Individuals to Become Employed



Providers Support Individuals Interested in Employment

[Exploratory Provider Q19, Q20, and Q52; Provider Q48, Q49, Q50, and Q53]

During C1Y2 Full Reviews, 41 (95.3%) of 43 Employment Providers were found to be providing services in integrated home and community-based settings and 26 (96.3%) of 27 Small Group Employment and Transitional Work Providers had policies in place to ensure individuals are supported when transitioning to CIE. In addition, 26 (100%) of 26 individuals were supported in exploring employment opportunities through job development and career assessment, 16 (88.9%) of 18 individuals were found to be supported in obtaining employment through job interviewing, and 58 (100%) of 58 individuals were supported to maintain employment through job support and follow-along services. Providers were found to have documented fading plans for 35 (81.4%) of 43 individuals receiving ongoing Job Coaching and Support as part of Supported Employment. For Residential Providers 22 (95.7%) of 23 individuals were found to be receiving transportation related to employment services. Table 3.4 compares these findings by region and statewide.

Table 3.4 - Providers Support Individuals Interested in Employment

	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable
Employment Providers render services in integrated home and community-based settings	100%	11/11	100%	5/5	93.8%	15/16	90.9%	10/11	95.3%	41/43
Small Group Employment & Transitional Work Providers have policies supporting individuals to transition to CIE	87.5%	7/8	100%	5/5	100%	6/6	100%	8/8	96.3%	26/27
Individuals are supported in exploring employment opportunities through job development and career assessment	100%	4/4	100%	1/1	100%	12/12	100%	9/9	100%	26/26
Individuals are supported in obtaining employment through job interviewing	33.3%	1/3	100%	1/1	96.7%	11/11	100%	3/3	88.9%	16/18
Individuals are supported in maintaining employment through job support and follow-along services	100%	8/8	100%	6/6	100%	25/25	100%	19/19	100%	58/58

Table 3.4 - Providers Support Individuals Interested in Employment

	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable
Fading plans are documented for individuals receiving ongoing Job Coaching and Support	25%	1/4	100%	5/5	100%	23/23	54.5%	6/11	81.4%	35/43
Individuals are supported to maintain employment by residential providers' facilitating transportation	100%	5/5	N/A	N/A	100%	5/5	92.3%	12/13	95.7%	22/23

Employment Focus Area Recommendations

ODP commends AEs, SCOs, and Providers for their demonstrated efforts to promote Employment First and support individuals to obtain and sustain integrated employment in their communities and encourages these efforts to continue.

Opportunities for improvement include:

- ODP encourages Small Group Employment & Transitional Work Providers to develop policies supporting individuals to transition to CIE;
- All SCOs are encouraged to designate Employment Leads to promote and coordinate Employment First efforts within each entity and across stakeholders;
- SCs are encouraged to continue to identify individuals' interests and goals related to employment and ensure ISPs reflect person-centered steps to achieve these interests and goals;
- Providers should ensure Individuals are supported in obtaining employment through job interviewing;
- ODP encourages Providers to analyze their performance in ensuring fading plans are developed and implemented for individuals receiving ongoing Job Coaching and Support, then strategize for improvement and track progress.

FOCUS AREA #3 – ISAC Recommendation #1: Assure Effective Communication



Every person has an effective way to communicate in order to express choice and ensure his or her health and safety. All forms of communication should consider and include the individual's language preferences and use of current technology.

Payment of Communication Assistance as Required

[AE Q28 and Q29]

During C1Y2 Full Reviews, 15 (100%) of 15 AEs were found to pay for communication assistance as required and 14 (100%) of 14 AEs for whom this requirement applied paid for communication assistance when individuals required this type of support in order to interact with their SCs. Table 4.1 compares these findings by region and statewide.

Table 4.1 - Payment of Communication Assistance as Required

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
AEs pay for communication assistance as required	100%	7/7	100%	1/1	100%	1/1	100%	6/6	100%	15/15
AEs pay for communication assistance for SC service	100%	6/6	100%	1/1	100%	1/1	100%	6/6	100%	14/14

AE = Administrative Entity

SCOs Support Individuals who are Deaf or Hard of Hearing

[Exploratory SCO Q12]

During C1Y2 Full Reviews 17 (94.4%) of 18 SCOs were found to have available staff or contractors certified to communicate with people who are deaf or hard of hearing and were rated Intermediate Plus in American Sign Language. Table 4.2 compares these findings by region and statewide.

Table 4.2 - SCOs Support Individuals who are Deaf or Hard of Hearing

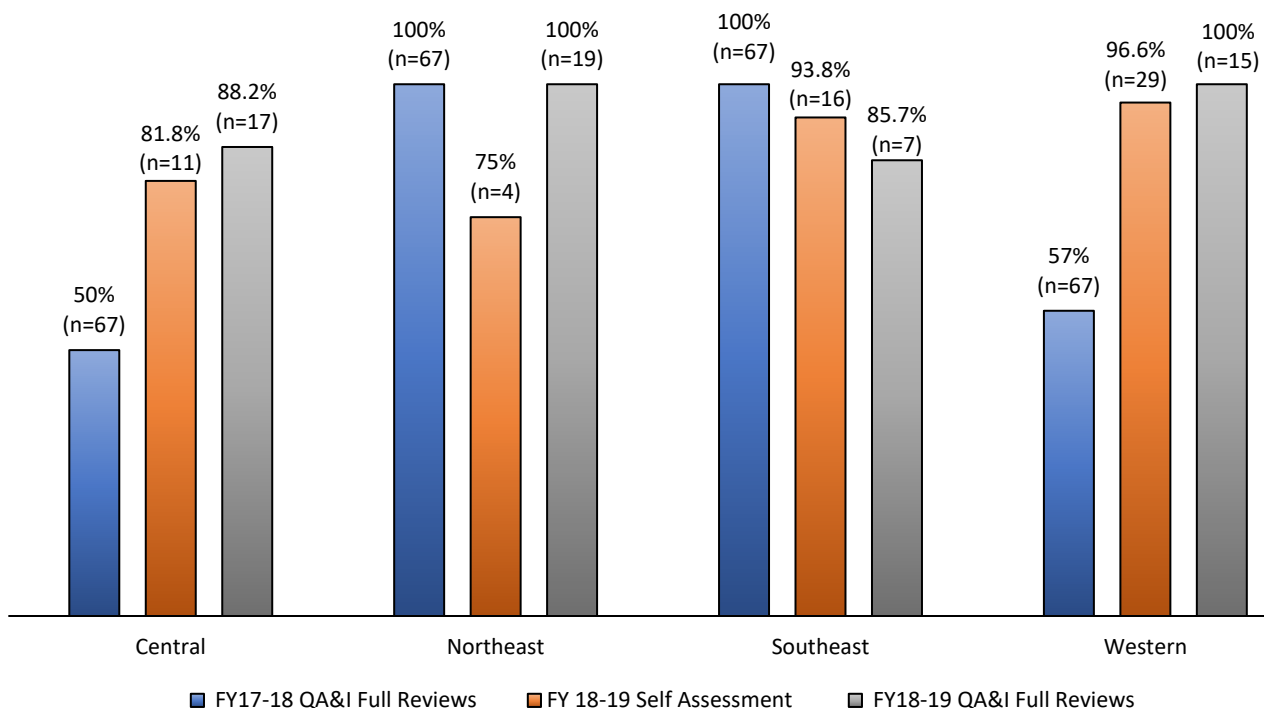
	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
SCOs have staff or available contractors certified to communicate with people who are deaf or hard of hearing	100%	8/8	100%	3/3	100%	1/1	83.3%	5/6	94.4%	17/18

SCO = Supports Coordination Organization

SCs Explore with Individuals Options for Communication Assistance and Support Individuals to Choose [SCO Q53]

During C1Y2 Full Reviews, for 55 (94.8%) of 58 individuals, SCs were found to have explored options for communication assistance when appropriate and to support the individual to choose. Graph 4.1 displays a comparison between SCOs' C1Y1 Full Reviews, and C1Y2 Full Reviews and Self-Assessments results, by region.

Graph 4.1 - SCs Explore Options for Communication Assistance
FY18-19 QA&I Full Reviews (94.8%; n=58)



Providers Support Individuals with Communication Needs

[Provider Q43, Q44, Q45 and Q46]

During C1Y2 Full Reviews, 8 (53.3%) of 15 Providers serving a deaf participant had staff who served that individual who had completed ODP's required training specific to the individual's communication needs. In addition, 58 (78.4%) of 74 Providers were found to implement communication strategies as indicated in the ISP, while 43 (72.9%) of 59 Providers had staff trained on the individual's communication plan and/or formal communication system. Finally, 39 (81.3%) of 48 Providers were found to be documenting the individual's progress related to their communication outcomes in progress notes. Table 4.3 compares these findings by region and statewide.

Table 4.3 - Providers Support Individuals with Communication Needs

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
Provider staff who serve a deaf participant(s) have viewed and completed ODP's required training	100%	2/2	N/A	N/A	20%	1/5	62.5%	5/8	53.3%	8/15
Providers implement communication strategies as indicated in ISPs	100%	6/6	100%	13/13	60%	24/40	100%	15/15	78.4%	58/74
Staff are trained on the individual's communication plan and/or formal communication system	100%	8/8	100%	12/12	31.8%	7/22	94.1%	16/17	72.9%	43/59
Providers document individuals' progress related to communication outcomes in progress notes	83.6%	5/6	100%	15/15	46.2%	6/13	92.9%	13/14	81.3%	39/48

ISP = Individual Support Plan

Communication Focus Area Recommendations

Results in the Communication Focus Area indicate strength in providing financial support to address communication needs where warranted and in offering communication support to individuals in need of assistance when receiving SC services.

Opportunities for improvement also exist, and include:

- ODP will continue to work with Providers to analyze Provider performance in maintaining staff or available contractors who are certified to communicate with people who are deaf or hard of hearing, then strategize for improvement and tracking progress;
- When a need for communication assistance is identified, SCs should explore options for communication assistance with individuals when appropriate and support individuals to choose;
- Providers are encouraged to continue to ensure staff are trained on each individual's communication plan and/or formal communication system;
- Providers should ensure that individuals' progress notes related to communication outcomes include progress measured on one or more of the communication indicators established.

Additional Areas of Statewide Success and Opportunities for Systemic Quality Improvement

Person-Centered Planning and Service Delivery

Individuals are supported in developing the ISP, including Involvement of People Chosen by the Individual [SCO Q79, Q81 and Q82 | Provider Q57]

During C1Y2 Full Reviews of SCOs, findings reflect that 305 (98.1%) of 311 individuals attended their ISP meetings, 299 (96.5%) of 310 individuals required team members were present for the ISP meeting, and 213 (89.1%) of 239 individuals had people chosen by them included in ISP development and meetings. During C1Y2 Full Reviews, Providers were found to be participating in the development of ISPs for 770 (92.8%) of 830 individuals. Graph 5.1 displays findings of C1Y2 Full Reviews in these areas. Table 5.1 shows these results by region and statewide.

Graph 5.1 - Individuals are Supported to Develop Person-Centered ISPs

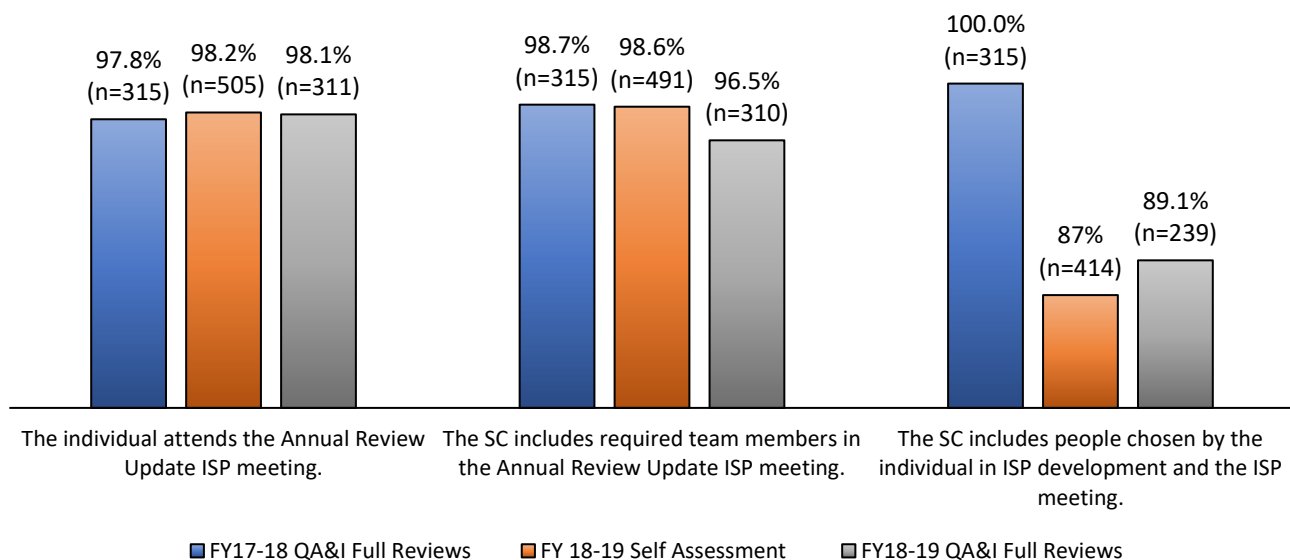


Table 5.1 - Individuals are Supported to Develop Person-Centered ISPs

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
Individuals attend Annual Review Update ISP meetings	99.2%	130/131	94.6%	53/56	100%	45/45	97.5%	77/79	98.1%	305/311
SCs include required team members in Update ISP meetings	99.2%	129/130	100%	56/56	84.4%	38/45	96.2%	76/79	96.5%	299/310
SCs include people chosen by the individual in ISP development and ISP meetings	86.3%	101/117	100%	56/56	77.8%	35/45	100%	21/21	89.1%	213/239
The Provider participates in development of the ISP	95.9%	187/195	100%	78/78	86.3%	276/320	96.6%	229/237	92.8%	770/830

SC = Supports Coordinator ISP = Individual Support Plan

Individuals' Assessed Needs are addressed in ISPs

[SCO Q34, Q35, Q37 and Q39]

During C1Y2 Full Reviews, SCOs were found to be addressing all assessed needs in ISPs for 291 (93.6%) of 311 individuals reviewed. While risk assessments were documented for 310 (99.7%) of 311 individuals, risk mitigation strategies were found to be incorporated for 308 (99%) of 311 individuals. During C1Y1 Full Reviews, ODP found risk assessments documented in 315 (100%) of 315 records, and risk mitigation strategies incorporated of for 290 (92%) of 315 individuals. Table 5.2 compares the C1Y2 findings by region and statewide.

Table 5.2 - Individuals' Needs are Addressed in ISPs

	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable
Risk assessments documented	99.2%	130/131	100%	56/56	100%	45/45	100%	79/79	99.7%	310/311
Risk mitigation strategies incorporated	98.5%	129/131	100%	56/56	100%	45/45	98.7%	78/79	99%	308/311
ISPs address all assessed needs	93.9%	123/131	100%	56/56	93.3%	42/45	88.6%	70/79	93.6%	291/311
ISPs support the outcomes throughout the entire plan	100%	131/131	100%	56/56	100%	45/45	100%	79/79	100%	311/311

SC = Supports Coordinator ISP = Individual Support Plan

Individuals' ISPs are Completed and Updated Timely

[SCO Q36 / AE Q62]

During C1Y2 Full Reviews, SCOs were found to submit ISPs for approval and authorization at least 30 days prior to the Annual Review Update Date (ARUD) for 249 (80.1%) of 311 individuals. AEs were found to approve 188 (95.4%) of 197 ISPs within 365 days of the previous ARUD. Table 5.3 compares these findings by region and statewide.

Table 5.3 - Individuals' ISPs are Completed and Updated Timely

	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable
SCs submit ISPs for approval at least 30 days prior to the ARUD	84%	110/131	94.6%	53/56	42.2%	19/45	84.8%	67/79	80.1%	249/311
AEs approve ISPs within 365 days of prior Annual ISP	97.5%	77/79	100%	56/56	69.2%	9/13	93.9%	46/49	95.4%	188/197

SC = Supports Coordinator ISP = Individual Support Plan AE = Administrative Entity ARUD = Annual Review Update Date

SCs Monitor Individuals' Service Delivery

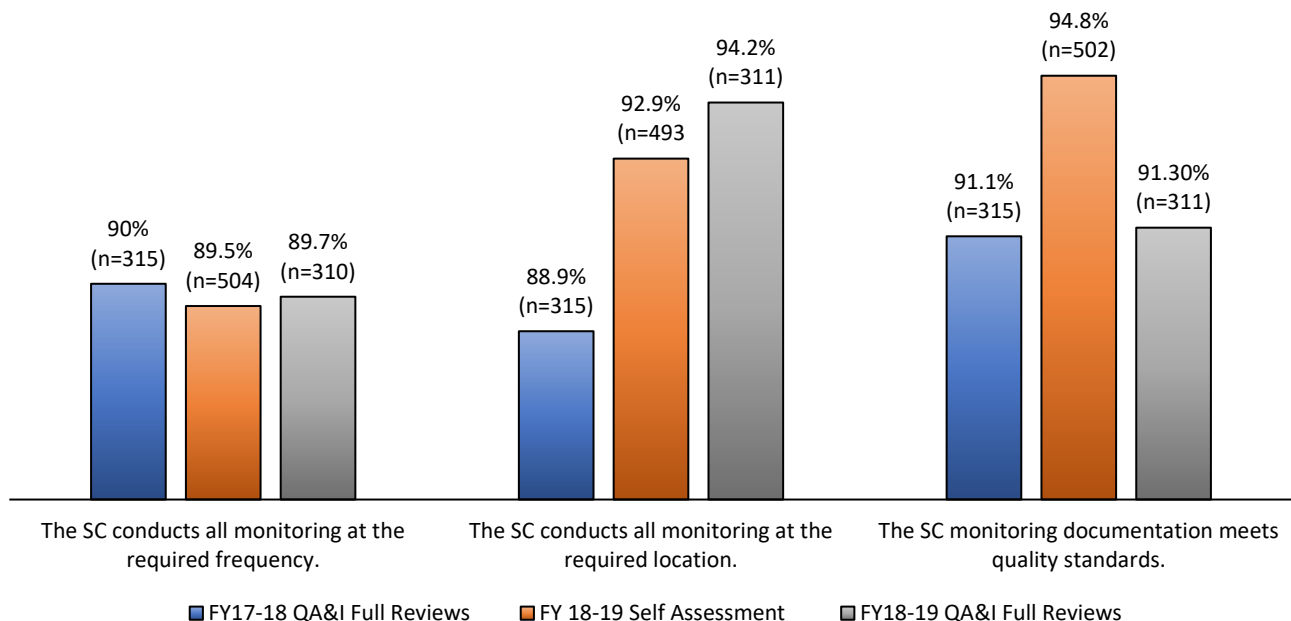
[SCO Q41, Q42, and Q43]

During C1Y2 Full Reviews, SCs were found to be performing their essential function of monitoring service delivery at the required frequency for 278 (89.7%) of 310 individuals and at the required location for 293 (94.2%) of 311 individuals. In addition, monitoring documentation met quality standards for 284 (91.3%) of 311 individuals. Performance by region is displayed in Table 5.4. A comparison of the findings of C1Y1 Full Reviews with C1Y2 Full Reviews and Self-Assessments is shown in Graph 5.2.

	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/# Applicable	Results	#Meeting Criteria/# Applicable	Results	#Meeting Criteria/# Applicable	Results	#Meeting Criteria/# Applicable	Results	#Meeting Criteria/# Applicable
SCs conduct monitoring at the required frequency	87%	114/131	96.4%	54/56	80%	36/45	94.9%	74/78	89.7%	278/310
SCs conduct monitoring at the required location	93.9%	123/131	96.4%	54/56	95.6%	43/45	92.4%	73/79	94.2%	293/311
SCs' monitoring documentation meets quality standards	94.7%	124/131	100%	56/56	77.8%	35/45	87.3%	69/79	91.3%	284/311

SC = Supports Coordinator

Graph 5.2 - SCs monitor Service Delivery



Individuals Receive Services as Authorized

[SCO Q44 and Q45]

During C1Y2 Full Reviews of SCOs, 300 (96.5%) of 311 individuals reviewed received services in the type, scope, amount, duration and frequency defined in their ISPs. When it was found that services were not provided as authorized, SCs documented justification for 18 (90%) of 20 individuals. Regional performance in this area is shown in Table 5.5. Comparison of the findings of C1Y1 Full Reviews with C1Y2 Full Reviews and Self-Assessments results is shown in Table 5.6.

Table 5.5 - Individuals Receive Services as Authorized

	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/# Applicable	Results	#Meeting Criteria/# Applicable	Results	#Meeting Criteria/# Applicable	Results	#Meeting Criteria/# Applicable	Results	#Meeting Criteria/# Applicable
Individuals receive services as authorized	95.4%	125/131	98.2%	55/56	100%	45/45	94.9%	75/79	96.5%	300/311
If service is not justification is documented	90%	9/10	0%	0/1	100%	1/1	100%	8/8	90%	18/20

Table 5.6 - Individuals Receive Services as Authorized

	Individuals receive services in the type, scope, amount, duration and frequency defined in the ISP			If service is not provided as authorized, the SC documents justification of services not being provided		
	C1Y1 Full Reviews	C1Y2 Self-Assessments	C1Y2 Full Reviews	C1Y1 Full Reviews	C1Y2 Self-Assessments	C1Y2 Full Reviews
Central	97.6%	97.1%	95.4%	100%	91.7%	90%
Northeast	96.2%	94.3%	98.2%	90%	90.9%	0%
Southeast	98.4%	95%	100%	100%	76.9%	100%
Western	88.2%	95.3%	94.9%	91.7%	60%	100%
Statewide	92.7%	95.5%	96.5%	90%	75.4%	90%

SC = Supports Coordinator ISP = Individual Support Plan

Recommendations on Person-Centered Service Planning and Delivery

ODP recognizes AEs, SCOs, and Providers for consistent efforts to include individuals and people important to them in developing ISPs, ensuring all assessed needs are addressed in ISPs, and updating ISPs in a timely manner. Recommendations for improvement in the area of Person-Centered Service Planning and Delivery include:

- All SCOs should continue to ensure risk mitigation strategies are incorporated into ISPs when risks are identified to support individuals' health and safety;
- ODP will work with SCOs to focus efforts on including people of the individual's choice in the ISP process, improving monitoring of service delivery at the required frequency, and ensuring that justification of services not being provided as authorized is documented;
- AEs and SCOs should continue to work collaboratively to ensure ISPs are approved within 365 days of prior Annual ISP.

Self-Direction, Choice, and Control (ISAC Recommendation #2)



Personal choice and control over all aspects of life must be supported for every person. Choice about where to live, whom to live with, what to do for a living, and how to have fun all are key choices in life, as are seemingly small choices: such as what to eat, what to wear, when to wake up in the morning, and when to go to bed. It is important to be able to trust the people who provide assistance, to feel confident that they respect you and your right to manage your life, and to enjoy each other's company.

Self-direction works when individuals have clear and understandable information, opportunities to exercise choice, and assistance with making decisions when needed. Self-direction is only possible when family, friends, and people who provide supports respect the individual's preferences and their right to make mistakes and facilitate the implementation of the individual's decisions.

Individual Rights are Respected

[Provider Exploratory Q12 - Q16]

During C1Y2 Full Reviews, 98 (60.5%) of 162 In-home and Community Support (IHCS) or Supported Living Providers were found to have policies that ensure all individuals receiving these services are allowed freedom to move about their home and community, consistent with non-Medicaid recipients in the same and/or similar settings. In addition, 89 (55.6%) of 160 Providers had policies in place to ensure that individuals have access to food at any time during the provision of services, and 98 (61.3%) of 160 had policies ensuring all individuals are afforded the opportunity to regularly update their activities, consistent with non-Medicaid recipients in a similar or same setting. When independent living technology or remote monitoring was used at a Provider's service location, 6 (35.3%) of 17 were found to have a policy to ensure a consent form is obtained from each impacted individual and is on file. Finally, 45 (71.4%) of 63 Behavioral Support Providers reported having policies that ensure individual rights are supported. Table 6.1 compares these findings by region and statewide.

Table 6.1 - Individuals Rights are Supported

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
IHCS or Supported Living Providers' policies ensure individuals have freedom to move about their home and community	70%	21/30	100%	14/14	41.8%	33/79	76.9%	30/39	60.5%	98/162
IHCS or Supported Living Providers' policies ensure individuals have access to food at any time during the provision of services	56.7%	17/30	92.9%	13/14	39.7%	31/78	73.7%	28/38	55.6%	89/160
IHCS or Supported Living Providers' policies ensure individuals have opportunity to regularly update their activities	72.4%	21/29	92.3%	12/13	43%	34/79	79.5%	31/39	61.3%	98/160
If independent living technology or remote monitoring is used, Providers' policies ensure consent forms to use independent living technology are obtained and filed	100%	1/1	100%	2/2	15.4%	2/13	100%	1/1	35.3%	6/17
Behavioral Support Service Providers have policies ensuring individual rights are supported	90%	9/10	100%	5/5	53.3%	16/30	83.3%	15/18	71.4%	45/63

IHCS = In-home and Community Support

Recommendations on Self-Direction, Choice, and Control

ODP incorporated these exploratory questions in order to track performance and encourage Providers to continue to develop and implement policies that ensure individual rights are respected. Providers should review the use of independent living technology or remote monitoring and follow up to establish and implement policies ensuring the applicable consent forms are obtained and on file.

Increase Community Participation (ISAC Recommendation #11)



Being involved in community life creates opportunities for new experiences and interests, the potential to develop friendships, and the ability to make a contribution to the community. An inter-dependent life, where people with and without disabilities are connected, enriches all of our lives.

Supports for Community Activities of the Individual's Choice are Incorporated in ISPs

[AE Q26, Q70 and Q71]

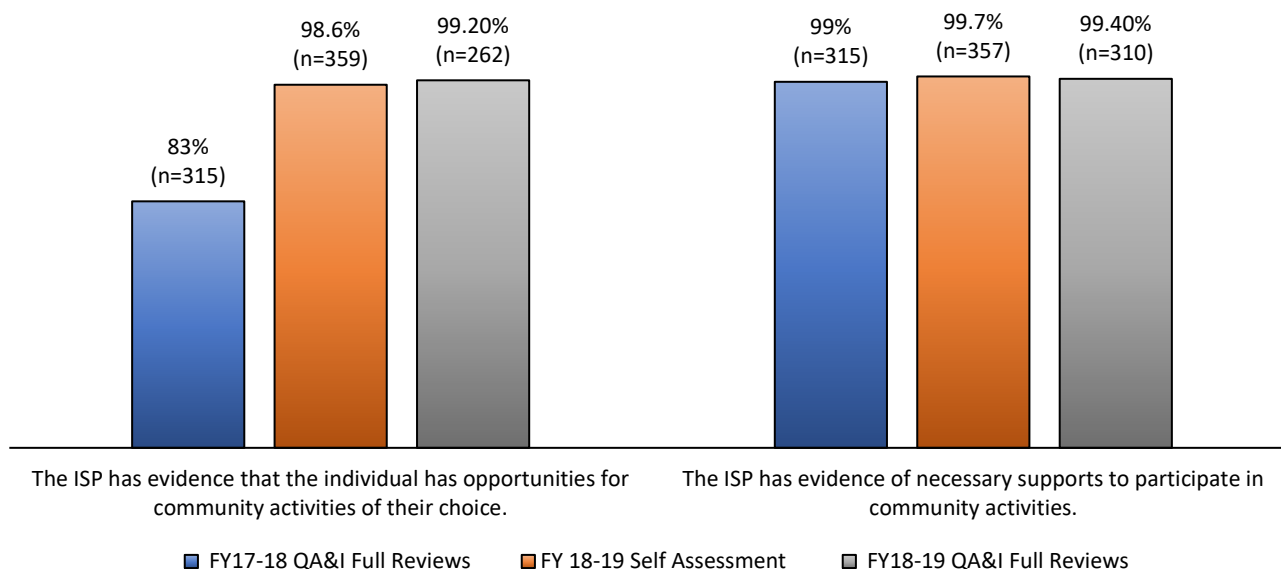
During C1Y2 Full Reviews, 16 (100%) of 16 AEs were found to promote the same degree of community access and choices as enjoyed by individuals who are similarly situated in the community who do not have a disability and who do not receive Home and Community Based Services (HCBS). Individuals' ISPs included community activities of their choice for 260 (99.2%) of 262 individuals, and necessary supports for community activities were found in ISPs for 308 (99.4%) of 310 individuals. Performance results by region, in addition to comparison between C1Y1 Full Reviews and C1Y2 Full Reviews and Self Assessments can be found in Graph 7.1.

Table 7.1 - Supports for Community Activities of the Individual's Choice are Incorporated in ISPs

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
AEs promotes community access as defined in the CMS Final Rule	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
Individuals' ISPs include community activities of their choice	98.9%	91/92	100%	56/56	100%	35/35	98.7%	78/79	99.2%	260/262
Individuals' ISPs include necessary supports for community activities	99.2%	129/130	100%	56/56	100%	45/45	98.7%	78/79	99.4%	308/310

ISP = Individual Support Plan AE = Administrative Entity CMS = Centers for Medicare and Medicaid Services

Graph 7.1 - Supports for Community Activities of the Individual's Choice are Incorporated in ISPs



SCs Foster Community Participation

[Exploratory SCO Q48, Q49, and Q50]

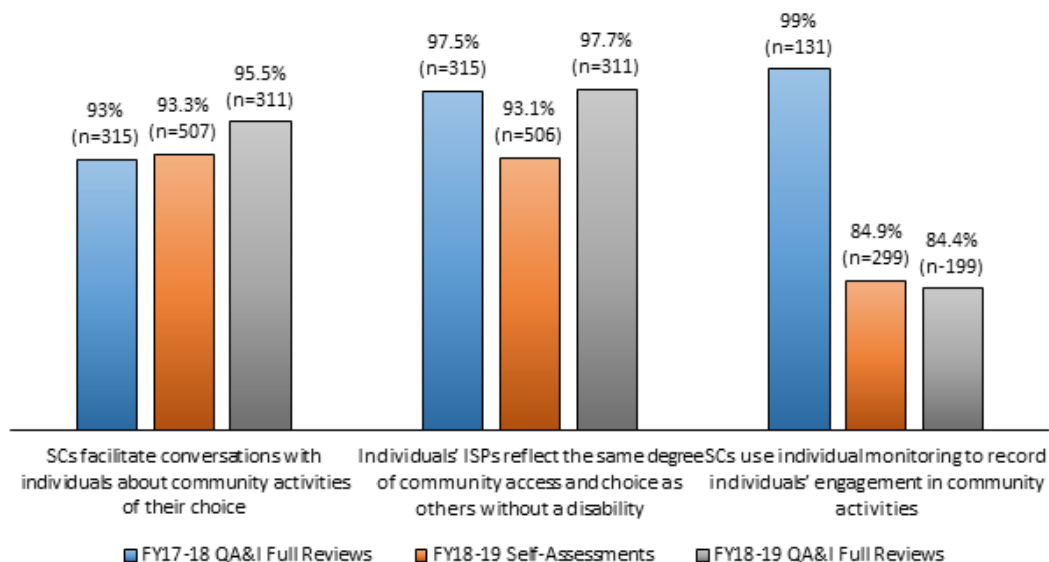
During C1Y2 Full Review of SCOs, SCs were found to be facilitating conversations about receiving ongoing opportunities and support necessary to participate in community activities of the person's choice for 297 (95.5%) of 311 individuals. In addition, these individuals were afforded the same degree of community access and choice as individuals who are similarly situated in the community who do not have a disability and who do not receive HCBS for 304 (97.7%) of 311 individuals. SCOs reported SCs use the individual monitoring tool to record if individuals who are receiving community participation supports are engaged in community activities aligned with their preferences for 168 (84.4%) of 199 of individuals. Table 7.2 compares these findings by region and statewide. Graph 7.2 shows a comparison of the results obtained during C1Y1 Full Reviews and C1Y2 Full Reviews and Self-Assessments.

Table 7.2 - SCs Foster Community Participation

	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable
SCs facilitate conversations with individuals about community activities of their choice	91.6%	120/131	100%	56/56	95.6%	43/45	98.7%	78/79	95.5%	297/311
Individuals' ISPs reflect the same degree of community access and choice as others without a disability	95.4%	125/131	100%	56/56	100%	45/45	98.7%	78/79	97.7%	304/311
SCs use individual monitoring to record individuals' engagement in community activities	92.5%	86/93	100%	31/31	65.4%	17/26	69.4%	34/49	84.4%	168/199

SC = Supports Coordinator ISP = Individual Support Plan

Graph 7.2 - SCs Foster Community Participation



Recommendations on Community Participation

ODP commends AEs and SCOs for initiating conversations with individuals about community activities of their choice, including necessary supports for those activities in ISPs, working to ensure the same degree of community access and choice for individuals who are served as others without a disability enjoy, and monitoring individuals' experience to ensure community participation occurs.

- ODP encourages stakeholders to ensure that community activities are incorporated into person-centered ISPs for all individuals;
- SCOs should ensure the individual monitoring tool is used to record if the individual, who is receiving community participation supports, is engaged in community activities aligned with their preferences at the rate identified in their ISPs and in accordance with the waiver.

Promote Health, Wellness and Safety (ISAC Recommendation #5)



Promote physical and mental health, wellness, and personal safety for every individual and his or her family. Promoting physical and mental health means providing information about health and wellness, emotional support, and encouragement. Tools that help every individual adopt a healthy lifestyle — including good nutrition, healthy diets, physical activity, and strategies to reduce and manage stress and protect oneself from all types of abuse and exploitation — must be provided.

AEs Promote Wellness

[Exploratory AE Q33 | Exploratory Provider Q27]

During C1Y2 Full Reviews, 16 (100%) of 16 AEs were found to be identifying resources within the area that support wellness and then shared that information with Providers and SCOs. During this same period, 216 (74.2%) of 291 Providers identified resources within the individual's area to support wellness and shared that information with individuals and families. Table 8.1 compares these findings by region and statewide.

Table 8.1 - AEs and Providers Promote Wellness

	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable
AEs identify resources that support wellness and share the information with Providers and SCOs	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
Providers identify resources that support wellness and share the information with individuals and families	73.8%	48/65	100%	35/35	63.9%	76/119	79.2%	57/72	74.2%	216/291

SCO = Supports Coordination Organization AE = Administrative Entity

Individuals' Identified Health Care Needs are Addressed

[SCO Q46 and Q60 | Provider Q66]

During C1Y2 Full Reviews, SCOs were found to be documenting individuals' medical contacts for 309 (99.4%) of 311 and individuals' health care needs were addressed for 308 (99%) of 311 individuals. In addition, Providers of residential or in-home community support services completed all health care appointments, screenings and follow-up, as prescribed, for 264 (92.6%) of 285 individuals. Table 8.2 compares these findings by region and statewide.

Table 8.2 - Individuals' Health Care Needs are Addressed										
	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
Individuals' medical contacts seen in the review period are identified	98.5%	129/131	100%	56/56	100%	45/45	100%	79/79	99.4%	309/311
Individuals' health care needs are addressed	97.7%	128/131	100%	56/56	100%	45/45	100%	79/79	99%	308/311
Providers ensure individuals complete all health care appointments	98.4%	61/62	100%	14/14	87.1%	81/93	93.1%	108/116	92.6%	264/285

Recommendations on Promoting Health and Wellness

ODP recognizes AEs, SCOs, and Providers for their efforts to promote wellness and to respond to individuals' needs for wellness supports when they are identified.

Opportunities for improvement in this area include:

- Providers should identify resources that support wellness and share the information with individuals and families;
- Providers of residential or in-home community support services should ensure that 100% of individuals complete all health care appointments, screenings and follow-up as prescribed;
- SCOs should review results for addressing health care needs and investigate and close any gaps to ensure continuous improvement.

Individuals Receive Information on how to Identify and Report Abuse, Neglect, and Exploitation

[SCO Q59]

During C1Y2 Full Reviews, SCs shared information with individuals about how to identify and report abuse, neglect, and exploitation for 68 (89.1%) of 311 individuals. In addition, this information was shared by the SC in a setting that afforded privacy for the individuals. Performance by region is displayed in Table 8.3. A comparison between C1Y2 Full Reviews, C1Y1 Full Reviews and Self Assessments is displayed in Table 8.4.

Table 8.3 - Individuals Receive Information on how to Identify and Report Abuse, Neglect, and Exploitation					
	Central	Northeast	Southeast	Western	Statewide

	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results
Individuals receive information on how to identify and report abuse, neglect and exploitation	92.4%	121/131	83.9%	47/56	91.1%	41/45	86.1%	68/79	89.1%	277/311

Table 8.4 - Individuals Receive Information on how to Identify and Report Abuse, Neglect, and Exploitation			
	C1Y1 Full Reviews	C1Y2 Self-Assessments	C1Y2 Full Reviews
Central	75.6%	86.8%	92.4%
Northeast	65.4%	96.6%	83.9%
Southeast	77%	86%	91.1%
Western	64.6%	90.5%	86.1%
Statewide	68.6%	89.7%	89.1%

Providers and SCOs Protect Individuals' Health, Safety, and Rights through Incident Management

[Provider Q29, Q30, Q31, Q32, Q62 and Q63 | SCO Q65]

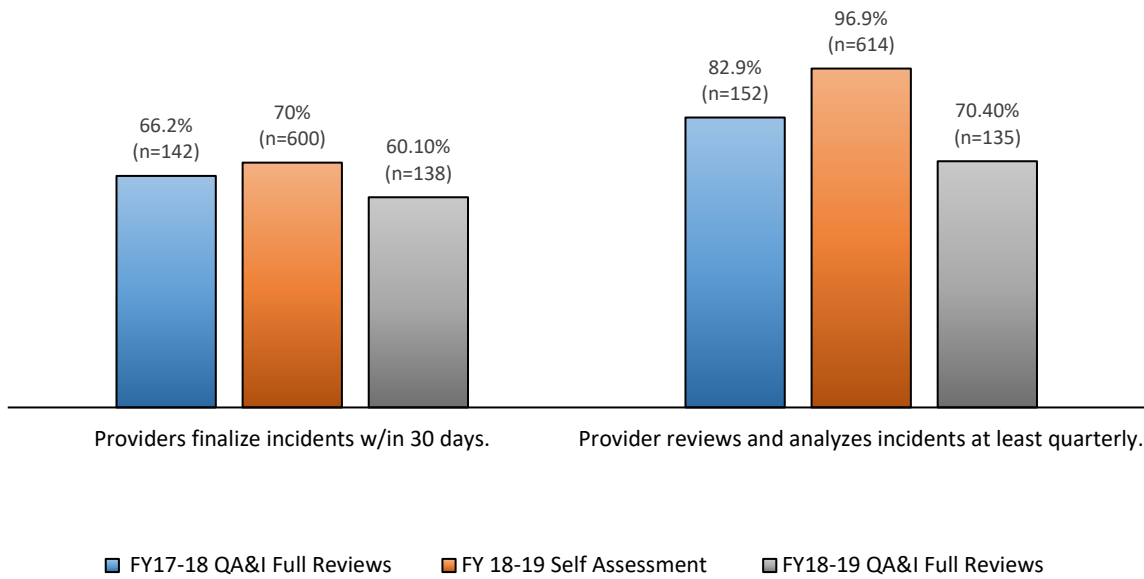
During C1Y2 Full Reviews, 200 (90.9%) of 220 Providers were found to be documenting all reportable incidents in Enterprise Incident Management (EIM) and Providers followed-up on corrective actions for 157 (87.7%) of 179 individuals with incidents. SCs monitored implementation of corrective actions for 43 (71.7%) of 60 incidents. In addition, 83 (60.1%) of 138 Providers finalized incidents within 30 days, and 95 (70.4%) of 135 Providers were found to review and analyze incidents at least quarterly; 65 (61.3%) of 106 Providers completed and documented their Certified Investigator peer review process; 59 (72.8%) of 81 implemented follow-up recommendations from the peer review process, and; 103 (93.6%) of 110 Providers' Department-certified investigators completed required investigations. Incident Management results are displayed in Table 8.5 and comparisons between Providers' C1Y1 and C1Y2 Full Review results and C1Y2 Self Assessments are displayed in Graphs 8.1 and 8.2. A comparison between SCOs' C1Y1 and C1Y2 Full Review results and C1Y2 Self Assessments are displayed in Table 8.6.

Table 8.5 - Providers and SCOs Protect Individuals' Health, Safety, and Rights					
	Central	Northeast	Southeast	Western	Statewide

	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results
All reportable incidents are documented in EIM	78.9%	45/57	100%	9/9	94.4%	67/71	95.2%	79/83	90.9%	200/220
The Provider follows up on corrective action as necessary	81.8%	45/55	100%	4/4	82.5%	52/63	98.2%	56/57	87.7%	157/179
SCs monitor implementation of corrective actions	66.7%	16/24	81%	17/21	44.4%	4/9	100%	6/6	71.7%	43/60
Providers finalize incidents w/in 30 days	48.6%	17/35	46.7%	7/15	64.4%	29/45	69.8%	30/43	60.1%	83/138
Provider reviews and analyzes incidents at least quarterly	64.7%	22/34	75%	12/16	64.4%	29/45	80%	32/40	70.4%	95/135
The Provider's peer review process was completed and documented	59.3%	16/27	73.3%	11/15	50%	16/32	68.8%	22/32	61.3%	65/106
Providers implement follow-up recommendations from the Certified Investigator peer review process	75%	15/20	90%	9/10	53.8%	14/26	84%	21/25	72.8%	59/81
Required investigations are completed by a Department-certified investigator	97.4%	38/39	100%	6/6	97.1%	34/35	83.3%	25/30	93.6%	103/110

EIM = Enterprise Incident Management SC = Supports Coordinator

Graph 8.1 - Providers Review and Finalize Incidents



Graph 8.2 - Provider Manages Investigations

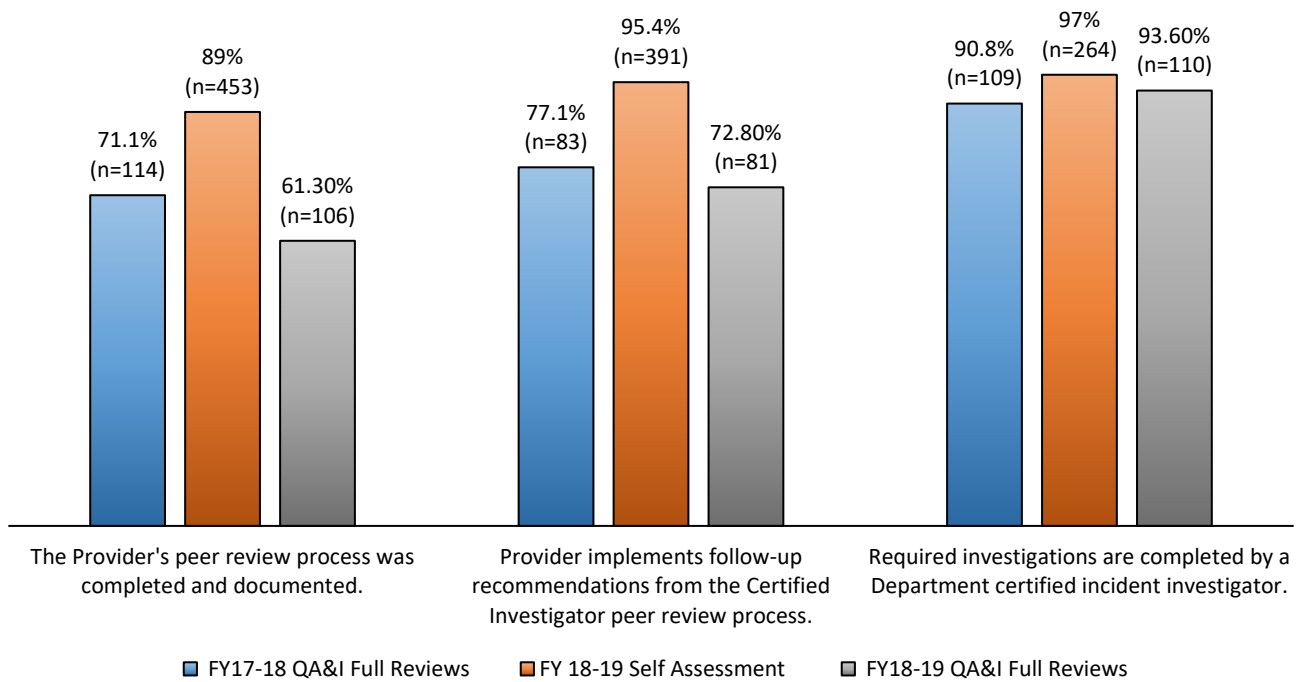


Table 8.6 - SCs Monitor Implementation of Corrective Actions

	C1Y1 Full Reviews	C1Y2 Self-Assessments	C1Y2 Full Reviews
Central	66.7%	80%	66.7%
Northeast	100%	76.2%	81%
Southeast	100%	100%	44.4%
Western	61.9%	47.4%	100%
Statewide	78%	72%	71.7%

SC = Supports Coordinator

Restrictive Procedures are Monitored and Managed

[Provider Q28 and Exploratory Q11 | AE Q35]

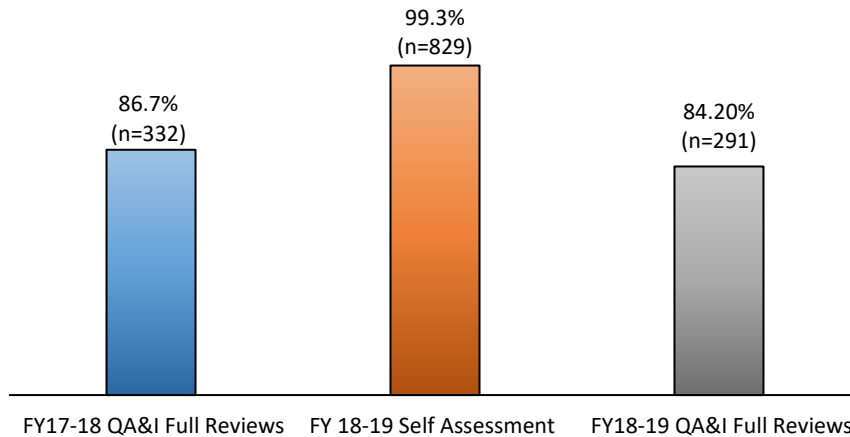
During C1Y2 Full Reviews, 245 (84.2%) of 291 Providers were found to have policies in place that address restrictive interventions, including behavioral emergencies and crises, while 106 (66.7%) of 159 IHCS or Supported Living Providers have policies regarding approved restrictive procedure plans for any individual for whom there is a restrictive procedure. In addition, 15 (93.8%) of 16 AEs under review were found to have Human Rights Committees (HRC) protocols that include all ODP-required elements. Restrictive Procedures results can be found in Table 8.7. Graph 8.3 compares C1Y1 and C1Y2 Provider Full Review and C1Y2 Self Assessments with regard to policies that address restrictive interventions.

Table 8.7 - Restrictive Procedures are Monitored and Managed

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results
Providers have policies that address restrictive interventions	84.6%	55/65	97.1%	34/35	78.2%	93/119	87.5%	63/72	84.2%	245/291
IHCS or Supported Living Providers have policies re approved restrictive procedure plans	82.8%	24/29	100%	16/16	44.6%	33/74	82.5%	33/40	66.7%	106/159
The AE HRC has a protocol that includes all ODP required elements.	85.7%	6/7	100%	2/2	100%	1/1	100%	6/6	93.8%	15/16

IHCS = In-home and Community Support AE = Administrative Entity HRC = Human Rights Committee

Graph 8.3 - Providers have policies that address restrictive interventions




Recommendations on Health and Safety

ODP encourages Providers to continue efforts to ensure all reportable incidents are entered into EIM, follow-up on corrective actions, and review and analyze incidents at least quarterly.

Opportunities for improvement in the area of Health and Safety remain and include:

- ODP will continue to analyze SCO performance in assuring all individuals receive information about how to identify and report abuse, neglect, and exploitation and know the steps to take to protect themselves;
- ODP will continue its efforts to support Providers to finalize incidents within 30 days by monitoring and evaluating Provider performance ongoing, implementing information system improvements that facilitate the process, and updating incident management policies and practices;
- SCOs should review their performance data, practices and procedures for following up on corrective actions, then develop and implement strategies for improvement using QM Plans and Action Plans;
- Providers should ensure the incident management peer review process is completed and documented and QM Plans and Action Plans should be implemented when warranted.
- All AEs should ensure the HRC has a protocol in place that includes all ODP-required elements. The HRC is to:
 - conduct a systemic review to ensure use of restraints and restrictive interventions is appropriate and necessary;
 - verify strategies exist and are achieved to reduce or eliminate the need for the use of a restraint or restrictive intervention;
 - conduct technical assistance to Provider agencies in developing positive intervention or strategy alternatives to eliminate or reduce the need for restraint and restrictive procedures; and
 - analyze systemic concerns including a review of policies, procedures, trends and patterns, individual situations and plans that authorize the use of interventions that have the potential to impact an individual's rights.

Support People with Complex Needs (ISAC Recommendation #6)


 People with disabilities who have both physical and behavioral health needs receive the medical treatment and supports needed throughout their lifespans. People are more able to live an everyday life when individuals, families, and providers plan and prepare to provide and modify supports as needs and challenges change. Opportunities for a full community life are dependent on adequate supports and the commitment to build capacity within the larger human service delivery system.

AEs and SCs Support Individuals with Complex Needs

[Exploratory AE Q31 and Q32 | Exploratory SCO Q14, Q68, Q70, and Q71]

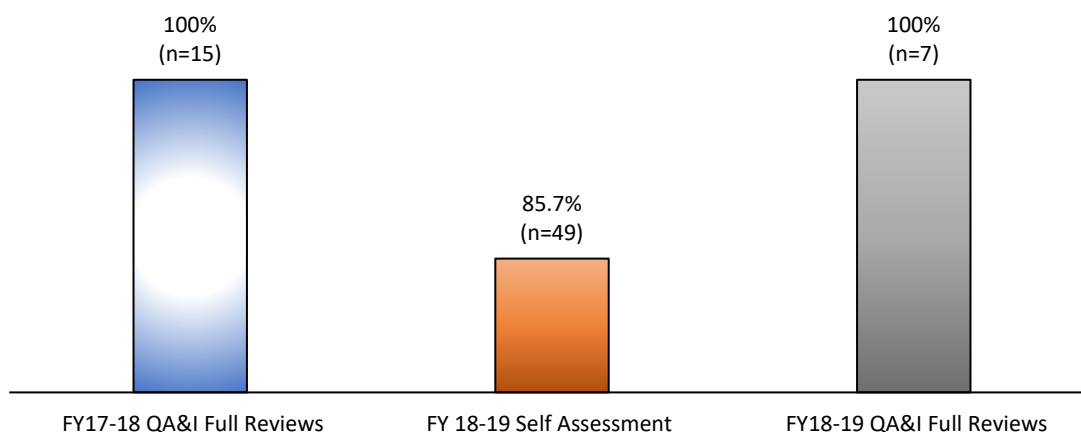
During C1Y2 Full Reviews, 16 (100%) of 16 AEs were found to be providing assistance to SCOs and Providers to support individuals with complex needs and to be identifying areas of need in the community and the resources available. In addition, 17 (94.4%) of 18 SCOs were found to have processes in place to identify criteria triggers for higher frequency monitoring for individuals. SCO individual record reviews showed that 242 (99.2%) of 244 individuals with complex needs had plans in place to address those needs. SCs addressed issues identified via monitoring, if there is a complex need identified for the individual, for 195 (99%) of 197 individuals and for individuals who have experienced a crisis period, SCs completed additional monitoring to resolve the crisis for 7 (100%) of 7 individuals. Results across regions and statewide are displayed in Table 9.1. Graph 9.1 displays a comparison between results of C1Y1 and C1Y2 Full Reviews and C1Y2 Self Assessments regarding SC monitoring of individuals with complex needs.

Table 9.1 - AEs and SCs support Individuals with Complex Needs										
	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results
AEs provide SCOs & providers assistance to support people with complex needs	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
AEs identify areas of need in the community & resources available	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
SCOs have processes to identify criteria triggers for higher frequency monitoring for individuals	87.5%	7/8	100%	3/3	100%	1/1	100%	6/6	94.4%	17/18

SCs ensure plans are in place to address complex needs	99.1%	112/113	100%	15/15	97.7%	43/44	100%	72/72	99.2%	242/244
SCs address issues identified via monitoring for individuals with complex needs	98.6%	73/74	100%	11/11	97.8%	44/45	100%	67/67	99%	195/197
SCs completed additional monitoring during a crisis period to resolve the crisis	100%	5/5	n/a	0/0	100%	1/1	100%	1/1	100%	7/7

SC = Supports Coordinator SCO = Supports Coordination Organization AE = Administrative Entity

Graph 9.1 - The SC Completed Additional Monitoring during a Crisis Period in Order to Resolve the Crisis



Recommendations on Supporting People with Complex Needs

SCOs should continue to ensure they have processes in place to identify criteria triggers for higher frequency monitoring for individuals and plans to address individuals' complex needs.

Develop and Support Qualified Staff (ISAC Recommendation #7)

People with disabilities receiving services benefit when staff who support them are well trained. Values, ethics, and person-centered decision-making can be learned and used in daily practice through mentorship and training. Providing professional training that strengthens relationships and partnerships between individuals, families, and direct support professionals will improve the quality of support.

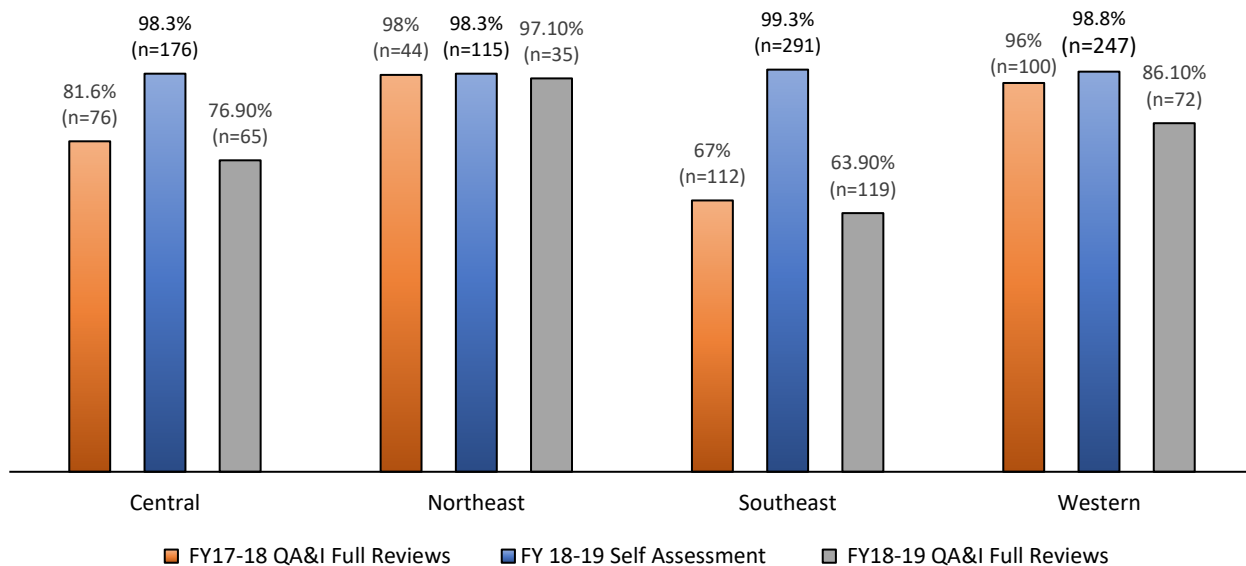


Providers have Annual Training Plans that Meet All Requirements

[Provider Q37]

During C1Y2 Full Reviews, 222 (76.3%) of 291 Providers had annual training plans that met the requirements to include these topics: 1) DHS policy on intellectual disability principles and values; 2) meeting the needs of a participant as identified in the ISP; 3) QM Plans; 4) identification and prevention of abuse, neglect and exploitation of a participant; 5) recognizing, reporting and investigating an incident; 6) participant grievance resolution; 7) DHS-issued policies and procedures; and, 8) accurate billing and documentation of HCBS delivery. Graph 10.1 shows results by region and comparison with C1Y1 Full Reviews and C1Y2 Full Reviews and Self Assessments.

Graph 10.1 - Provider Annual Training Plans Meet All Requirements



Providers Ensure Training Requirements are Met

[Provider Q33-Q36 and Q38-Q40]

During C1Y2 Full Reviews, 188 (76.1 %) of 247 Providers' staff received annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring participants are safe. Providers' staff completed training on the Provider's Emergency Disaster Response plan for 179 (72.8%) of 246 individuals and 93 (85.3%) of 109 Providers' staff who render Community Participation Support (CPS) completed required training on CPS. For new-hire staff, 77 (91.7%) of 84 who rendered CPS completed the required training within 60 days of hire. During C1Y2 Full Reviews, 179 (61.5%) of 291 Providers' staff completed Annual Training that included required core courses. In addition, 185 (80.1%) of 231 Providers' staff received training to meet the needs of individuals they support as identified in the approved ISP before providing services to the individual, while 160 (82.1%) of 195 Providers' new-hire staff completed this training before providing services to individuals. Results across regions and statewide are displayed in Table 10.1.

	Central		Northeast		Southeast		Western		Statewide	
	Results	Meeting Criteria/ Applicable	Results	# Meeting Criteria/ # Applicable	Results	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results
Staff receive annual incident management training	78.3%	47/60	97%	32/33	62.6%	57/91	82.5%	52/63	76.1%	188/247
Staff complete training on the Provider's Emergency Disaster Response plan	79.7%	47/59	90%	30/33	55.6%	50/90	81.3%	52/64	72.8%	179/246
Staff who render CPS complete Department-approved training on CPS	75%	18/24	93.3%	14/15	76.7%	23/30	95%	38/40	85.3%	93/109
New hire staff complete Department-approved training on CPS within 60 days of hire	87.5%	14/16	100%	11/11	81%	17/21	97.2%	35/36	91.7%	77/84
Staff complete Annual Training including required core courses	63.1%	41/65	80%	28/35	48.7%	58/119	72.2%	52/72	61.5%	179/291

Staff receive training to meet needs of individuals they support as identified in the ISP before delivering services to the individual	75.9%	44/58	96.8%	30/31	71.4%	60/84	87.9%	51/58	80.1%	185/231
New hire staff receive training to meet needs of individuals they support as identified in the ISP before delivering services to the individual	86.4%	38/44	100%	27/27	65.2%	43/66	89.7%	52/58	82.1%	160/195

CPS = Community Participation Support ISP = Individual Support Plan

SCOs Ensure Training Requirements are Met

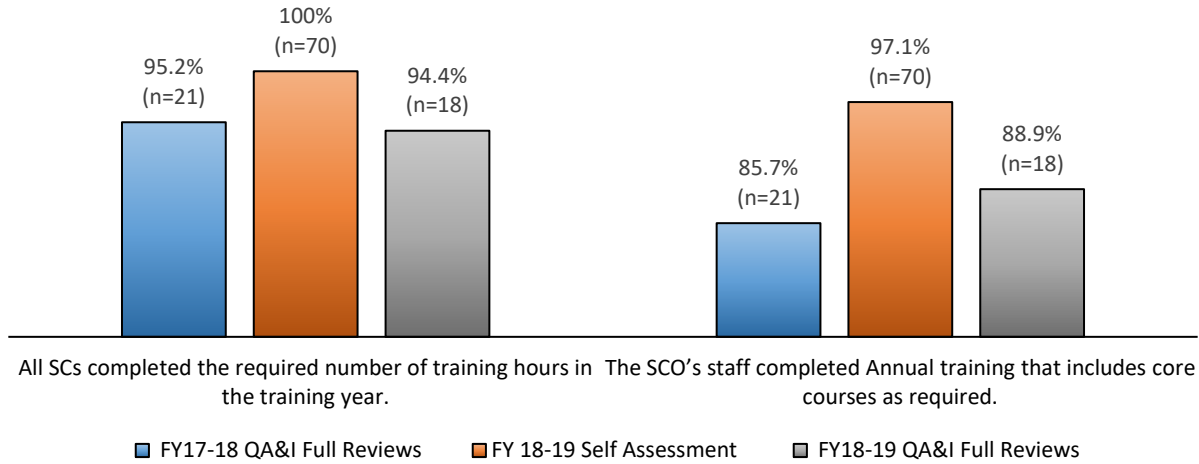
[SCO Q17 – Q21 and Q57]

During C1Y2 Full Reviews, 17 (94.4%) of 18 SCOs ensured that the required 24 annual training hours for SCs were completed. SC Supervisors with a caseload completed the annual training for 10 (94.4%) of 11 SCOs. In addition, 16 (88.9%) of 18 SCOs were found to be compliant with the requirement that staff completed required core courses as part of annual training. For new-hire staff, 16 (94.1%) of 17 SCOs were found to ensure that staff completed the required number of hours of orientation and the training on required topics within the first year of employment. Finally, 16 (94.1%) of 17 SCOs reported new SCs completed required orientation training prior to working independently with individuals. Table 10.2 shows results by region and statewide. Graph 10.2 displays a comparison between C1Y1 and C1Y2 Full Reviews and C1Y2 Self Assessments.

Table 10.2 - SCOs Ensure Training Requirements are Met										
	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
SCs completed required number of training hours (24/year)	100%	8/8	100%	3/3	100%	1/1	83.3%	5/6	94.4%	17/18
SC Supervisors with a caseload completed ODP-required trainings in the training year	100%	8/8	100%	3/3	100%	1/1	83.3%	5/6	94.4%	17/18
SCO's staff completed annual training including core courses	100%	8/8	100%	3/3	100%	1/1	66.7%	4/6	88.9%	16/18
New SCO staff completed required # of hours of orientation and required # topics in the first year	100%	8/8	100%	3/3	100%	1/1	80%	4/5	94.1%	16/17
New SCs completed required ODP SC orientation prior to working independently with waiver participants	100%	8/8	100%	3/3	100%	1/1	83.3%	4/5	94.1%	16/17
SCs completed all required training within 30 days of an individual who is deaf or hard of hearing being added to their caseloads	100%	7/7	100%	3/3	N/A	0/0	0/1	90.9%	94.4%	10/11

SC = Supports Coordinator SCO = Supports Coordinator Organization.

Graph 10.2 - SCO's Staff Training



Recommendations on Developing and Supporting Qualified Staff

Opportunities for improvement include:

- Providers should review their performance to ensure all staff receive all required training, including in incident management, Emergency Disaster Response plan and CPS;
- Providers should ensure staff receive training on the needs of individuals they support, prior to service delivery, as identified in their approved ISPs;
- SCOs should review their performance and ensure mandatory training requirements are met annually.

Conclusion

All entities should engage in a process of review of statewide results followed by a review of their regional, AE, SCO, or Provider-specific data and performance. After studying results across performance areas and measures, ODP and each entity should prioritize the areas in need of improvement, then develop, revise or enhance processes that support success.

ODP encourages the use of the data obtained through the QA&I process 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 QM Plans and supporting Action Plans. When appropriate, ODP staff, AEs, SCOs, and Providers should collaborate to develop and implement QM Plans and Action Plans for improvement.

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

- Inform its understanding of how well strategies for improvement identified by the ISAC are working;
- 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.

ODP's QA&I process continues to evolve and improve. In general, adjustments to the data collection strategy supporting the C1Y2 process yielded a greater volume of accurate data results compared to C1Y1. Further improvements in the data collection strategy will continue to add to the volume of available, accurately reported responses to specific questions, using the desired units of analysis. In addition, stabilization of core questions in the survey tools going forward will allow ODP, AEs, SCOs, and Providers to gain further insights into performance by enabling the trending of data results over time.

APPENDIX A: ADMINISTRATIVE ENTITY (AE) FULL REVIEWS
Summary of Results for Fiscal Year 2018-2019

Q#	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
QUALITY MANAGEMENT										
AE has a Quality Management Plan (QMP) that implements the Departments QM Strategy.										
4	AE has a Quality Management Plan that reflects ODP's Mission, Vision and Values.									
	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
5	The AE revises the QMP at least every three years.									
	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
6	The AE reviewed and evaluated performance data in selecting priorities for the QMP.									
	85.7%	6/7	100%	2/2	100%	1/1	83.3%	5/6	87.5%	14/16
7	The AE measures progress towards achieving identified QMP goals and objectives.									
	85.7%	6/7	100%	2/2	100%	1/1	66.7%	4/6	81.3%	13/16
QUALIFIED PROVIDERS										
Qualification of waiver providers is conducted using qualification criteria as outlined in the current approved waiver. The reviewer selects 4 providers qualified by that AE by choosing (1) an Agency with Choice (AWC), then (2) a large provider (50 or more individuals) and (3) a small provider (less than 50 individuals) and (4) a Community Participation Support provider.										
8	The AE qualifies AWC utilizing ODP standardized procedures.									
	50%	1/2	100%	1/1	N/A		100%	2/2	80%	4/5
9	The AE qualifies PROVIDER 1 utilizing ODP standardized procedures.									
	85.7%	6/7	100%	2/2	100%	1/1	100%	5/5	93.3%	14/15
10	The AE qualifies PROVIDER 2 utilizing ODP standardized procedures.									
	100%	6/6	100%	2/2	100%	1/1	100%	3/3	100%	12/12
11	The AE qualifies a Community Participation Supports Provider utilizing ODP standardized procedures.									
	100%	5/5	100%	2/2	100%	1/1	100%	3/3	100%	11/11
QUALITY MONITORING										
Provider Monitoring is conducted using the standard tool and monitoring processes.										
12	The AE conducts the QA&I Process using the standard tool and monitoring processes.									
	100%	6/6	100%	2/2	100%	1/1	80%	4/5	92.9%	13/14

Q#	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
QUALITY MONITORING (continued)										
The AE's IM4Q process is implemented.										
13	The AE uses a process to share Independent Monitoring for Quality (IM4Q) information with stakeholders.									
	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
14	An improvement plan resulting from the previous QA&I process is fully implemented.									
	100%	1/1	N/A		N/A		N/A		100%	1/1
OBRA RESPONSIBILITIES										
The County completes Omnibus Budget Reconciliation Act (OBRA) related responsibilities in accordance with Federal requirements.										
15	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. (NS)									
	7/7		2/2		1/1		5/5		15/15	
16	The commitment screen in HCSIS reflects the OBRA Determination on Need for Nursing Home Services.									
	100%	6/6	100%	2/2	100%	1/1	33.3%	1/3	83.3%	10/12
17	The County has identified the need for a specialized service other than supports coordination. (NS)									
	2/7		1/2		0/1		2/5		5/15	
18	The County authorizes the specialized services as identified in the OBRA Determination on Need for Specialized Services.									
	85.7%	6/7	100%	2/2	100%	1/1	100%	5/5	93.3%	14/15
19	All services as identified in the Determination on Need for Specialized Services were received.									
	85.7%	6/7	100%	2/2	0%	0/1	100%	5/5	86.7%	13/15
ADMINISTRATIVE AUTHORITY										
The AE reviews the PUNS report on a monthly basis to ensure individuals have a determination of urgency of need.										
20	The AE reviews the Priority of Urgency of Need for Services (PUNS) report on a monthly basis.									
	85.7%	6/7	100%	2/2	100%	1./1	100%	6/6	93.8%	15/16
PERSON-CENTERED PLANNING, SERVICES DELIVERY & OUTCOMES										
The AE has Auto-authorization Protocols required in the Operating Agreement.										
21	The AE has Auto-authorization protocol as required in the Operating Agreement.									
	100%	7/7	100%	2/2	100%	1/1	83.3%	5/6	93.8%	15/16

Q#	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
PERSON-CENTERED PLANNING, SERVICES DELIVERY & OUTCOMES (continued)										
The AE offers choice of willing and qualified providers at initial enrollment.										
22	The AE has a policy for offering choice of Supports Coordination Organization (SCOs) to the individual/family upon initial enrollment that includes documenting the offering of choice.									
	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
The AE initiates recruitment of provider activities when there is an absence of choice of willing and qualified Providers.										
23	The AE provides ongoing technical support to providers. (NS)									
	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
The AE promotes experiences and services that enables individuals to obtain and benefit from competitive integrated employment.										
24	The AE promotes employment as a priority. (NS)									
	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
25	The AE has a designated employment lead.									
	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
The AE reviews and authorizes plans that have evidence that the individual is provided with on-going opportunities and support necessary to participate in community activities necessary to participate in community activities of person's choice.										
26	The AE promotes community access as defined in the CMS Final Rule.									
	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
The AE reviews and authorizes plans that have evidence that the individual is provided with on-going opportunities and support necessary to participate in community activities necessary to participate in community activities of person's choice.										
27	The AE identifies a need for technical assistance related to HCBS setting rule to providers, individuals, and families.									
	7		2		0		6		15	
The AE is responsible to provide and fund communication assistance as needed. The Administrative Entity is responsible to implement their communication protocol(s) as directed in written policies and procedures, Departmental decision, and the Operating Agreement.										
28	The AE pays for communication assistance as required.									
	100%	7/7	100%	1/1	100%	1/1	100%	6/6	100%	15/15
29	The AE pays for communication assistance for the performance of Support Coordination Service.									
	100%	6/6	100%	1/1	100%	1/1	100%	6/6	100%	14/14
The AE has a policy which provides information and resources to individuals and families upon intake/eligibility and ongoing.										
30	The AE provides information and resources to individuals and families upon intake/eligibility and ongoing.									
	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16

Q#	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
HEALTH & WELFARE										
The AE supports people with complex needs.										
31	The AE provides the SCO and providers with assistance to support people with complex physical and behavioral needs. (NS)									
	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
32	The AE identifies the areas of need in the community and the resources available. (NS)									
	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
The AE works with Providers and SCO to ensure wellness resources are available.										
33	The AE identifies resources that support wellness and shares the information with Providers and SCOS. (NS)									
	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
The AE identifies systemic issues with services. Identifying systemic issues and promoting quality services from Providers and SCOs.										
34	The AE has a mechanism to identify systemic issues that span all Providers and SCOs (NS)									
	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
The AE Human Rights Committee (HRC) reviews and authorizes all restraint and restrictive interventions.										
35	The AE HRC has a protocol that includes all ODP required elements.									
	85.7%	6/7	100%	2/2	100%	1/1	100%	6/6	93.8%	15/16
ADMINISTRATIVE AUTHORITY										
Individuals/representatives must receive notice of due process rights and instructions for filing an appeal: at waiver enrollment and upon notification of a denial, reduction or termination of waiver services.										
36	The AE provides notification of Due Process Rights at waiver enrollment (during the last FY).									
	100%	8/8	100%	3/3	100%	2/2	100%	2/2	100%	15/15
37	The individual has an identified change in need. (NS)									
	27		2		8		26		63	
38	Due process rights information was provided to the individuals with a change in service need.									
	96.3%	26/27	100%	2/2	100%	8/8	92.9%	25/26	96.8%	61/63
LEVEL OF CARE (LOC) DETERMINATION										
Level of Care (LOC) determinations are completed according to ODP policies and procedures.										
39	The individual was newly enrolled (IN THE LAST FISCAL YEAR) in the waiver. (NS)									
	86		30		33		45		194 Individuals	

Q#	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
LEVEL OF CARE (LOC) DETERMINATION (continued)										
40	The AE completed the initial level of care (LOC) evaluation and determination prior to entry into the waiver.									
	96.5%	83/86	100%	30/30	100%	33/33	97.8%	44/45	97.9%	190/194
41	Certification of Need for ICF/ID or ICF/ORC LOC DP 250 completed (signed and dated).									
	98.8%	85/86	100%	30/30	100%	33/33	100%	45/45	99.4%	193/194
42	The AE ensures that the program diagnosis corresponds with the correct criteria of LOC.									
	96.5%	83/86	100%	30/30	100%	33/33	91.1%	41/45	96.4%	187/194
The Medical evaluation includes a recommendation for an ICF/ID or ICF/ORC LOC.										
43	The medical evaluation includes a recommendation for an ICF/ID or ICF/ORC LOC.									
	96.5%	83/86	100%	30/30	100%	33/33	97.8%	44/45	97.9%	190/194
The Medical evaluation occurs within the 365-day period prior to the QDDP signature on the LOC DP 250 Form.										
44	The medical evaluation occurs within the 365-day period prior to the Qualified Developmental Disabilities Professional signature on the LOC DP 250 Form.									
	98.8%	85/86	100%	30/30	100%	33/33	100%	45/45	99.4%	193/194
The Psychological evaluation includes the results of a standardized general intelligence test that certifies the individual has a diagnosis of intellectual disability/significantly sub-average intellectual functioning.										
45	The psychological evaluation meets ODP standards.									
	95.3%	82/86	100%	30/30	96.9%	32/33	95.6%	43/45	96.4%	187/194
46	A QDDP certifies that the individual has impairments in adaptive behavior based on the results of a standardized assessment of adaptive functioning.									
	96.5%	83/86	100%	30/30	96.9%	32/33	95.6%	43/45	96.9%	188/194
47	The record contains evidence that the intellectual disability manifested during the developmental period which is from birth up to the individual's 22nd birthday.									
	97.7%	84/86	100%	30/30	96.9%	32/33	100%	45/45	98.5%	191/194
FINANCIAL ACCOUNTABILITY										
The AE maintains documentation of financial eligibility for waiver services.										
48	The AE maintains documentation of financial eligibility for waiver services.									
	98.8%	85/86	100%	30/30	100%	33/33	100%	45/45	99.4%	193/194

Q#	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
PERSON-CENTERED PLANNING, SERVICES DELIVERY & OUTCOMES										
Waiver services are initiated within forty-five (45) calendar days. (For newly enrolled individuals only.)										
49	Waiver services are initiated within forty-five (45) calendar days.									
	59.3%	51/86	70%	21/30	90.9%	30/33	77.8%	35/45	70.6%	137/194
LEVEL OF CARE (LOC) DETERMINATION										
The Annual Recertification of Need for ICF/ID or ICF/ORC Level of Care (DP 251) is completed.										
50	The DP 251 form is complete.									
	99.2%	122/123	100%	53/53	100%	43/43	100%	77/77	99.7%	295/296
51	The DP 251 is timely.									
	95.9%	118/123	100%	53/53	100%	43/43	96.1%	74/77	97.3%	288/296
52	The medical evaluation includes a recommendation for an ICF/ID or ICF/ORC LOC.									
	100%	62/62	N/A		100%	43/43	100%	74/74	100%	179/179
53	The medical evaluation occurs within the 365-day period prior to the QDDP signature on the DP 251 Form.									
	100	30/30	100%	1/1	100%	4/4	100%	62/62	100%	97/97
54	The AE used the Waiver reevaluation tool to complete the reevaluation process.									
	95.1%	116/122	100%	53/53	100%	41/41	88.3%	68/78	94.9%	278/293
55	The annual reevaluation date is entered into HCSIS.									
	87.6%	106/121	100%	51/51	100%	44/44	93.6%	73/78	93.2%	274/294
The AE provided individuals and families information in language understood by the individual/family/designee.										
56	The individual's primary language is English. (NS)									
	99.2%	130/131	98.2%	55/56	97.8%	44/45	98.7%	78/79	98.7%	307/311
57	The AE provided individuals and families information in language understood by the individual/family/designee.									
	100%	131/131	100%	56/56	97.8%	44/45	98.7%	78/79	99.4%	309/311
ISP addresses all assessed needs through waiver-funded services or other funding sources.										
60	All assessed needs are addressed in the ISP.									
	96.9%	127/131	100%	56/56	95.6%	43/45	88.6%	70/79	95.2%	296/311

Q#	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
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES (continued)										
The AE approved and authorized the ISP within 365 days of the prior annual ISP.										
61	An Annual ISP (Annual Review Update) exists in HCSIS for this individual.									
	130		55		44		79		308	
62	Annual ISP (Annual Review Update) approved and authorized within 365 days of the prior Annual ISP.									
	97.5%	77/79	100%	56/56	69.2%	9/13	93.9%	46/49	95.4%	188/197
The AE authorizes services consistent with the service definitions.										
63	The AE authorizes services consistent with the service definitions.									
	100%	131/131	100%	56/56	100%	45/45	100%	79/79	100%	311/311
65	Individuals/families are offered choice (Service Delivery Preference) at registration.									
	N/A		N/A		100%	1/1	100%	2/2	100%	3/3
The AE promotes experiences and services that enable individuals to obtain and benefit from competitive integrated employment.										
66	The individual is authorized for supported employment services. (NS)									
	17		2		4		7		30	
67	The individual is authorized for Community Participation Supports (CPS) in a prevocational setting. (NS)									
	15		3		N/A		8		26	
68	The letter of eligibility/ineligibility from OVR is in the individual's record for those ISPs with Supported Employment/CPS in a prevocational setting.									
	100%	7/7	N/A		100%	4/4	100%	2/2	100%	13/13
69	If yes, the service is eligible for waiver funding.									
	100%	5/5	N/A		100%	4/4	100%	2/2	100%	11/11
The AE reviews and authorizes plans that have evidence that the individual is provided with on-going opportunities and support necessary to participate in community activities necessary to participate in community activities of person's choice.										
70	The ISP has evidence that the individual has opportunities for community activities of their choice.									
	98.9%	91/92	100%	56/56	100%	35/35	98.7%	78/79	99.2%	260/262
71	The ISP has evidence of necessary supports to participate in community activities.									
	99.2%	129/130	100%	56/56	100%	45/45	98.7%	78/79	99.4%	308/310

Q#	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
QA&I SELF ASSESSMENT										
The AE self-assessment is completed annually. The AE shall conduct a self-assessment as outlined in the ODP's QA&I process.										
72	The AE completed the annual self-assessment using the ODP specified tool by August 31st.									
	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16
73	The AE self-assessment is completed every year of the QA&I cycle.									
	100%	7/7	100%	2/2	100%	1/1	100%	6/6	100%	16/16

APPENDIX B: SUPPORTS COORDINATION ORGANIZATION (SCO) FULL REVIEWS
Summary of Results for Fiscal Year 2018-2019

Q#	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
QUALITY MANAGEMENT										
5	The SCO has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.									
	100%	8/8	100%	3/3	100%	1/1	83.3%	5/6	94.4%	17/18
6	The SCO revises the QMP at least every three years.									
	100%	8/8	100%	3/3	100%	1/1	83.3%	5/6	94.4%	17/18
7	The SCO reviews and evaluates performance data in selecting priorities for the QMP.									
	87.5%	7/8	100%	3/3	0%	0/1	50%	3/6	72.2%	13/18
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES										
The SCO is responsive to the individuals' needs and identified issues.										
8	The SCO has an escalation process for issues that need to be sent to the AE for assistance in resolution. (NS)									
	100%	8/8	100%	3/3	100%	1/1	83.3%	5/6	94.4%	17/18
The SCO is responsive to the individuals' employment goals.										
9	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. (NS)									
	100%	8/8	100%	3/3	100%	1/1	100%	6/6	100%	18/18
10	The SCO identifies how they collaborate with OVR and the school district for transition age youth and employment. (NS)									
	100%	8/8	100%	3/3	100%	1/1	100%	6/6	100%	18/18
11	The SCO has an employment lead. (NS)									
	100%	8/8	100%	3/3	100%	1/1	83.3%	5/6	94.4%	17/18
The SCO assesses and addresses communication needs for the individual.										
12	The SCO currently has staff or available contractors/language services who are trained to communicate with people who are deaf or hard of hearing (certified intermediate plus in ASL). (NS)									
	100%	8/8	100%	3/3	100%	1/1	100%	6/6	100%	18/18
The SCO provides information to address family support needs.										
13	The SCO promotes information sharing with families. (NS)									
	100%	8/8	100%	3/3	100%	1/1	83.3%	5/6	94.4%	17/18

Q#	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
HEALTH & WELFARE										
The SCO assesses and addresses the need for additional monitoring.										
14	The SCO has a process to identify criteria triggers for higher frequency monitoring for individuals. (NS)									
	87.5%	7/8	100%	3/3	100%	1/1	100%	6/6	94.4%	17/18
The SCO assesses need for Nursing Home Care.										
15	The SCO receives the Preadmission Screening and Resident Review (PASRR) information for individuals. (NS)									
	75%	6/8	100%	3/3	100%	1/1	66.7%	4/6	77.8%	14/18
The SCO has a certified investigator.										
16	The SCO maintains a certified investigator.									
	100%	8/8	100%	3/3	100%	1/1	83.3%	5/6	94.4%	17/18
QUALIFIED SCO STAFF										
The SCO ensures training requirements are met.										
17	All SCs completed the required number of training hours in the training year.									
	100%	8/8	100%	3/3	100%	1/1	83.3%	5/6	94.4%	17/18
18	All SC Supervisors with a caseload (or who submitted billable service notes) completed the required number of training hours in the training year.									
	100%	8/8	100%	3/3	100%	1/1	83.3%	5/6	94.4%	17/18
19	The SCO's staff completed Annual training that includes core courses as required.									
	100%	8/8	100%	3/3	100%	1/1	66.7%	4/6	88.9%	16/18
20	All new SCO staff have completed the required number of hours of orientation and required topics within the first year of employment.									
	100%	8/8	100%	3/3	100%	1/1	80%	4/5	94.1%	16/17
21	All new SCs completed the required ODP SC Orientation prior to working independently with waiver participants.									
	100%	8/8	100%	3/3	100%	1/1	80%	4/5	94.1%	16/17

Q#	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
ADMINISTRATIVE AUTHORITY										
22	There is an active Prioritization of Urgency of Need for Services (PUNS) for the individual. (NS)									
	95.2%	20/21	100%	5/5	100%	8/8	100%	11/11	97.7%	44/45
23	The SC completes a PUNS for the individual that reflects the individual's needs.									
	80%	16/20	100%	5/5	100%	8/8	100%	11/11	90.9%	40/44
The SC works with the individual to address all identified needs.										
24	The individual had an identified change in need. (NS)									
	100%	29/29	100%	4/4	100%	8/8	100%	29/29	100%	70/70
25	The individual's ISP is updated timely when a change in need is identified.									
	96.6%	28/29	100%	4/4	100%	8/8	89.7%	26/29	94.3%	66/70
QUALITY MANAGEMENT										
The SC works with the individual to address IM4Q considerations.										
26	There is an Independent Monitoring for Quality (IM4Q) consideration for the individual.									
	100%	7/7	100%	7/7	100%	7/7	100%	2/2	100%	22/22
27	SC follows the process to inform the individual, family members and the provider of all IM4Q considerations.									
	85.7%	6/7	100%	6/6	85.7%	6/7	100%	2/2	90%	20/22
28	The SC documents follow-up of an IM4Q consideration.									
	71.4%	5/7	100%	6/6	100%	7/7	100%	2/2	90%	20/22
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES										
The SC accurately documents information in the individuals' records.										
29	The Service Notes (SNs) meet quality standards.									
	99.2%	130/131	100%	56/56	91.1%	41/45	96.2%	76/79	97.4%	303/311
The SC is responsive to the individuals' needs and identified issues.										
30	There were identified issues documented.									
	100%	61/61	100%	6/6	100%	17/17	100%	52/52	100%	136/136

Q#	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
ADMINISTRATIVE AUTHORITY										
31	The SC documents follow-up on issues identified.									
	96.7%	59/61	100%	6/6	100%	17/17	98%	50/51	97.8%	133/136
32	There are unresolved issues where the SCO/SC notified the Provider but no action was taken by the Provider. (NS)									
	100%	2/2	N/A		N/A		N/A		100%	2/2
33	If there were issues that were unresolved by the Provider, there is documentation that the SCO/SC notified the AE of the unresolved issue.									
	N/A		N/A		N/A		N/A		N/A	
The SC identifies and addresses risk for the individual.										
34	The SC documents a risk assessment.									
	99.2%	130/131	100%	56/56	100%	45/45	100%	79/79	99.7%	310/311
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES										
The SC identifies and addresses risk for the individual.										
35	The SC incorporates risk mitigation strategies into the ISP.									
	98.5%	129/131	100%	56/56	100%	45/45	98.7%	78/79	99%	308/311
The SC assures a person-centered ISP is completed.										
36	The SC submits the annual review ISP for approval and authorization at least 30 days prior to the Annual Review Update Date (ARUD).									
	84%	110/131	94.6%	53/56	42.2%	19/45	84.8%	67/79	80.1%	249/311
The AE has a policy which provides information and resources to individuals and families upon intake/eligibility and ongoing. Families need support in order to make an everyday life possible. Families need information, resources, and training. They need connections with other families and support services.										
37	The SC develops a person-centered ISP to address all assessed needs.									
	93.9%	123/131	100%	56/56	93.3%	42/45	88.6%	70/79	93.6%	291/311
38	The SC documents service frequency for all services in the ISP.									
	96.9%	127/131	100%	56/56	100%	45/45	96.2%	76/79	97.7%	304/311
39	An ISP is developed that supports the outcomes throughout the entire plan.									
	100%	131/131	100%	56/56	100%	45/45	100%	79/79	100%	311/311

Q#	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
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES (continued)										
40	The SC develops an ISP that reflects the person's interests and goals related to employment.									
	99.2%	130/131	100%	56/56	100%	45/45	98.7%	78/79	99.4%	309/311
The SC monitors service delivery.										
41	The SC conducts all monitoring at the required frequency.									
	87%	114/131	96.4%	54/56	80%	36/45	94.9%	74/79	89.7%	278/311
42	The SC conducts all monitoring at the required location.									
	93.9%	123/131	96.4%	54/56	95.6%	43/45	92.4%	73/79	94.2%	293/311
43	The SC monitoring documentation meets quality standards.									
	94.7%	124/131	100%	56/56	77.8%	35/45	87.3%	69/79	91.3%	284/311
44	The individual received services in type, scope, amount, duration and frequency as defined in the ISP.									
	95.4%	125/131	98.2%	55/56	100%	45/45	94.9%	75/79	96.5%	300/311
45	If service is not being provided as authorized, the SC documents justification of service not being provided.									
	90%	9/10	0%	0/1	100%	1/1	100%	8/8	90%	18/20
HEALTH & WELFARE										
The SC monitors health, safety and welfare.										
46	The individual's identified health care needs are addressed.									
	97.7%	128/131	100%	56/56	100%	45/45	100%	79/79	99%	308/311
The SC monitors the individual's health and welfare.										
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.									
	66.7%	2/3	100%	1/1	N/A		100%	1/1	80%	4/5
The SC offers and monitors an active life in the community for the individual.										
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)									
	91.6%	120/131	100%	56/56	95.6%	43/45	98.7%	78/79	95.5%	297/311

Q#	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
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES										
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. (NS)									
	95.4%	125/131	100%	56/56	100%	45/45	98.7%	78/79	97.7%	304/311
50	The SC uses the individual monitoring tool to record if the individual, who is receiving community participation supports, is engaged in community activities aligned with their preferences at the rate identified in their ISP and in accordance with the waiver. (NS)									
	92.5%	86/93	100%	31/31	65.4%	17/26	69.4%	34/49	84.4%	168/199
The SC assesses and addresses communication needs for the individual.										
51	There is a communication need for this individual. (NS)									
	18		20		7		17		62	
52	The ISP includes information about communication supports and services the individual needs based on their communication assessment/reassessment.									
	94.1%	16/17	100%	19/19	85.7%	6/7	100%	16/16	96.6%	57/59
53	The SC explores with the individual options for communication assistance and supports the individual to choose.									
	88.2%	15/17	100%	19/19	85.7%	6/7	100%	15/15	94.8%	55/58
54	The SCO offers communication assistance when providing direct supports coordination services.									
	94.1%	16/17	100%	18/18	85.7%	6/7	100%	16/16	96.6%	56/58
55	The individual is identified as deaf or hard of hearing. (NS)									
	8		9		1		1		19	
56	The SC appropriately identifies the individual as a Harry M class member.									
	100%	3/3	0%	0/1	N/A		100%	1/1	80%	4/5
57	The SC is trained in all required training within 30 days of an individual who is deaf or hard of hearing being added to their caseload.									
	100%	7/7	100%	3/3	N/A		0%	0/1	90.9%	10/11
The SC ensures that the individual is aware of how to identify and report Abuse, Neglect and Exploitation.										
59	The individual receives information on how to identify and report abuse, neglect and exploitation.									
	92.4%	121/131	83.9%	47/56	91.1%	41/45	86.1%	68/79	89.1%	277/311

Q#	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
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES (continued)										
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.									
	98.5%	129/131	100%	56/56	100%	45/45	100%	79/79	99.4%	309/311
The SC ensures reportable incidents are reviewed and corrective action is completed.										
61	All reportable incidents are documented in Enterprise Incident Management (EIM) as required.									
	92.4%	61/66	100%	25/25	93.3%	14/15	100%	37/37	95.8%	137/143
62	The SCO/SC notified the Provider of the need to report the incident as per ODP guidelines.									
	55.6%	5/9	66.7%	10/15	0%	0/1	100%	1/1	61.5%	16/26
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									
	83.3%	45/54	81%	17/21	75%	12/16	62.2%	23/37	75.8%	97/128
64	If there is a critical incident in EIM, the SC reviews the incident and documents in HCSIS.									
	68%	17/25	81%	17/21	66.7%	6/9	100%	6/6	75.4%	46/61
65	The SC monitors the implementation of corrective action.									
	66.7%	16/24	81%	17/21	44.4%	4/9	100%	6/6	71.7%	43/60
66	The SC follows up on corrective action as necessary.									
	64.7%	11/17	81%	17/21	50%	2/4	100%	5/5	74.5%	35/47
HEALTH & WELFARE										
The SC ensures that restrictive procedures are followed-up.										
67	For incidents reported by the SCO in which unauthorized restrictive interventions or restraints were used, the Human Rights Committee was notified. (NS)									
	0%	0/1	100%	1/1	N/A		N/A		50%	1/2

Q#	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
HEALTH & WELFARE (continued)										
The SC provides Due Process Rights information to the individual.										
68	For individuals who have experienced a crisis period, the SC completed additional monitoring during that crisis period in order to resolve the crisis. (NS)									
	100%	5/5	N/A		100%	1/1	100%	1/1	100%	7/7
69	The individual has complex needs. (NS)									
	100%	110/110	100%	15/15	100%	44/44	100%	72/72	100%	241/241
70	If the individual has complex needs, the SC ensures there is a plan in place to address those needs.									
	99.1%	112/113	100%	15/15	97.7%	43/44	100%	72/72	99.2%	242/244
71	If there is a complex need identified for the individual, the SC addresses issues identified via monitoring related to support for the person.									
	98.6%	73/74	100%	11/11	97.8%	44/45	100%	67/67	99%	195/197
The SC ensures wellness resources are available.										
72	Where wellness needs have been identified for the person, the SC worked with the team to ensure resources are available for the individual. (NS)									
	100%	85/85	100%	16/16	97.7%	42/43	100%	72/72	99.5%	215/216
73	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. (NS)									
	100%	85/85	100%	16/16	97.7%	42/43	100%	72/72	99.5%	215/216
ADMINISTRATIVE AUTHORITY										
The SC provides Due Process Rights information to the individual.										
74	The SC provides due process rights information at the annual ISP meeting.									
	100%	131/131	100%	56/56	93.3%	42/45	98.7%	78/79	98.7%	307/311
75	Choice of providers was offered to the individual/family.									
	100%	131/131	100%	56/56	100%	45/45	100%	79/79	100%	311/311
76	Choice of services was offered to the individual/family.									
	100	131/131	100%	56/56	100%	45/45	100%	79/79	100%	311/311

Q#	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
ADMINISTRATIVE AUTHORITY (continued)										
77	SC provides the individual information on participant directed service (PDS) options annually.									
	99.2%	130/131	100%	56/56	97.8%	44/45	96.2%	76/79	98.4%	306/311
78	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”). (NS)									
	100%	131/131	100%	56/56	95.6%	43/45	97.5%	77/79	98.7%	307/311
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES										
The SC works with the individual in the planning and development of supports and services.										
79	The individual attends the Annual Review Update ISP meeting.									
	99.2%	130/131	94.6%	53/56	100%	45/45	97.5%	77/79	98.1%	305/311
80	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.									
	0%	0/1	100%	3/3	N/A		100%	1/1	80%	4/5
81	The SC includes required team members in the Annual Review Update ISP meeting									
	99.2%	129/130	100%	56/56	84.4%	38/45	96.2%	76/79	96.5%	299/310
82	The SC includes people chosen by the individual in ISP development and the ISP meeting.									
	86.3%	101/117	100%	56/56	77.8%	35/45	100%	21/21	89.1%	213/239
The SC offers employment first.										
83	The individual is under 25 years of age. (NS)									
	20		9		7		8		44	
84	The individual is authorized for Community Participation Supports in a prevocational setting. (NS)									
	100%	12/12	100%	9/9	N/A		100%	8/9	100%	29/29
85	The SC ensures that a new Community Participation Supports 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%	6/6	100%	2/2	N/A		100%	1/1	100%	9/9

Q#	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
SELF-ASSESSMENT										
SELF-ASSESSMENT – The SCO completes an annual QA&I self-assessment.										
86	The SCO completed the annual self-assessment using the ODP specified tool by August 31st.									
	100%	8/8	100%	3/3	100%	1/1	100%	6/6	100%	18/18
87	The SCO self-assessment is completed every year of the QA&I cycle.									
	100%	8/8	100	3/3	100%	1/1	100%	6/6	100%	18/18

APPENDIX C: SERVICE PROVIDER FULL REVIEWS
Summary of Results for Fiscal Year 2018-2019

Q#	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
QUALITY MANAGEMENT										
The Provider demonstrates continuous quality improvement.										
8	The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.									
	87.7%	57/65	91.4%	32/35	79.8%	95/119	87.5%	63/72	84.9%	247/291
9	The Provider revises the QMP at least every three years.									
	95.2%	40/42	91.7%	22/24	80.3%	57/61	95.8%	46/48	89.2%	165/185
10	The Provider reviews and evaluates performance data in selecting priorities for the QMP.									
	78.2%	43/55	89.7%	26/29	59.5%	47/79	79.6%	43/54	73.3%	159/217
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES										
11	The In-home and Community Support (IHCS) or Supported Living Provider has a policy regarding approved restrictive procedure plans for any individual for whom there is a restrictive procedure.									
	82.8%	24/29	100%	16/16	44.6%	33/74	82.5%	33/40	66.7%	106/159
12	The IHCS 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									
	70%	21/30	100%	14/14	41.8%	33/79	76.9%	30/39	60.5%	98/162
13	The IHCS 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.									
	56.7%	17/30	92.9%	13/14	39.7%	31/78	73.7%	28/38	55.6%	89/160
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.									
	72.4%	21/29	92.3%	12/13	43%	34/79	79.5%	31/39	61.3%	98/160
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%	1/1	100%	2/2	15.4%	2/13	100%	1/1	35.3%	6/17
16	The Behavioral Support Service Provider has a policy which ensures that individual rights are supported.									
	90%	9/10	100%	5/5	53.3%	16/30	83.3%	15/18	71.4%	45/63

Q#	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
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES (continued)										
17	The IHCS or Supported Living Provider ensures the service is provided in an integrated service location									
	100%	30/30	100%	13/13	88.3%	53/60	96.6%	28/29	93.9%	123/132
18	The Therapy Provider renders the service in a home and community location.									
	100%	2/2	100%	2/2	100%	3/3	100%	1/1	100%	8/8
19	The Employment Service Provider renders services in integrated home and community based settings.									
	100%	11/11	100%	5/5	93.8%	15/16	90.9%	10/11	95.3%	41/43
20	The Provider has a policy which ensures that individuals are supported to transition to competitive integrated employment.									
	87.5%	7/8	100%	5/5	100%	6/6	100%	8/8	96.3%	26/27
21	The transportation trip Provider has a process to ensure that there is an aide on the vehicle when transporting more than six individuals.									
	93.3%	14/15	100%	3/3	75%	3/4	100%	7/7	93.1%	27/29
22	The Provider documents grievances in accordance with regulation.									
	100%	13/13	100%	7/7	60%	15/25	100%	11/11	82.1%	46/56
23	The Provider utilizes a policy/procedure to screen employees and contractors.									
	86.2%	56/65	82.9%	29/35	58.8%	70/119	68.1%	49/72	70.1%	204/291
24	The Provider transitioned individuals.									
	100%	18/18	100%	10/10	100%	25/25	100%	11/11	100%	64/64
25	The Provider provided written notice to all required parties within the required time frames.									
	76.9%	10/13	83.3%	5/6	45%	9/20	70%	7/10	63.3%	31/49
26	The Provider continued to provide the authorized services to ensure continuity of care during transition.									
	100%	16/16	87.5%	7/8	78.3%	18/23	100%	7/7	88.9%	48/54
HEALTH AND WELFARE										
The Provider works with individuals and families to ensure wellness resources are available.										
27	The Provider identifies the resources within the area that support wellness and shares the information with individuals and families.									
	73.8%	48/65	100%	35/35	63.9%	76/119	79.2%	57/72	74.2%	216/291

Q#	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
HEALTH AND WELFARE (continued)										
The Provider assures health, safety and welfare for the individuals.										
28	The Provider has a policy that addresses restrictive interventions including behavioral emergencies and crises.									
	84.6%	55/65	97.1%	34/35	78.2%	93/119	87.5%	63/72	84.2%	245/291
29	The Provider finalizes incidents within 30 days.									
	48.6%	17/35	46.7%	7/15	64.4%	29/45	69.8%	30/43	60.1%	83/138
30	The Provider reviews and analyzes incidents at least quarterly.									
	64.7%	22/34	75%	12/16	64.4%	29/45	80%	32/40	70.4%	95/135
31	The Provider's peer review process to review the quality of investigations was completed and documented.									
	59.3%	16/27	73.3%	11/15	50%	16/32	68.8%	22/32	61.3%	65/106
32	The Provider implements follow-up recommendations from the Certified Investigator peer review process.									
	75%	15/20	90%	9/10	53.8%	14/26	84%	21/25	72.8%	59/81
QUALIFIED PROVIDER STAFF										
The Provider ensures training requirements are met.										
33	Staff receive annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring a participant is safe.									
	78.3%	47/60	97%	32/33	62.6%	57/91	82.5%	52/63	76.1%	188/247
34	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.									
	79.7%	47/59	90%	30/33	55.6%	50/90	81.3%	52/64	72.8%	179/246
35	Provider staff who render Community Participation Support completed the Department approved training on Community Participation Support.									
	75%	18/24	93.3%	14/15	76.7%	23/30	95%	38/40	85.3%	93/109
36	New hire staff of a Provider who renders Community Participation Support completed the Department approved training on Community Participation Support within 60 days of hire.									
	87.5%	14/16	100%	11/11	81%	17/21	97.2%	35/36	91.7%	77/84
37	The Provider has an Annual training plan that meets all requirements.									
	76.9%	50/65	97.1%	34/35	63.9%	76/119	86.1%	62/72	76.3%	222/291
38	The Provider's staff completed Annual training that includes core courses as required.									
	63.1%	41/65	80%	28/35	48.7%	58/119	72.2%	52/72	61.5%	179/291

Q#	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
QUALIFIED PROVIDER STAFF (continued)										
39	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.									
	75.9%	44/58	96.8%	30/31	71.4%	60/84	87.9%	51/58	80.1%	185/231
40	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.									
	86.4%	38/44	100%	27/27	65.2%	43/66	89.7%	52/58	82.1%	160/195
41	The Provider ensures that the Provider's administrative staff have viewed and completed ODP's required training.									
	94.1%	32/34	91.3%	21/23	68.8%	22/32	97.5%	39/40	88.4%	114/129
PERSON-CENTERED PLANNING, SERICE DELIVERY & OUTCOMES										
The Provider actively supports the communication needs of the individual.										
42	The Provider serves one or more Consolidated or P/FDS Waiver participants who are deaf.									
	4.9%	3/61	0%	0/13	3.4%	4/118	6.8%	8/118	4.8%	15/310
43	Provider staff who serve a deaf participant(s) have viewed and completed ODP's required training.									
	100%	2/2	N/A		20%	1/5	62.5%	5/8	53.3%	8/15
44	The Provider implements communication strategies as indicated in the ISP.									
	100%	6/6	100%	13/13	60%	24/40	100%	15/15	78.4%	58/74
45	Staff are trained on the individual's communication plan and/or formal communication system.									
	100%	8/8	100%	12/12	31.8%	7/22	94.1%	16/17	72.9%	43/59
46	The Provider documents the individual's progress related to their communication outcomes into the progress notes.									
	83.3%	5/6	100%	15/15	46.2%	6/13	92.9%	13/14	81.3%	39/48
The Provider supports employment first for the individual.										
47	The individual receives employment supports from the Provider.									
	47.2%	17/36	50%	7/14	24%	30/125	40.7%	22/54	33.2%	76/229
48	The individual is supported in exploring employment opportunities through job development and career assessment.									
	100%	4/4	100%	1/1	100%	12/12	100%	9/9	100%	26/26
49	The employment Provider supports the individual in obtaining employment through job interviewing.									
	33.3%	1/3	100%	1/1	100%	11/11	100%	3/3	88.9%	16/18

Q#	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
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES (continued)										
50	The employment Provider supports the individual in maintaining employment through job support and follow-along services.									
	100%	8/8	100%	6/6	100%	25/25	100%	19/19	100%	58/58
51	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%	0/1	N/A		100%	3/3	N/A		75%	3/4
52	There is documentation of a fading plan for the individual's ongoing use of Job Coaching and Support as part of Supported Employment.									
	25%	1/4	100%	5/5	100%	23/23	54.5%	6/11	81.4%	35/43
53	The residential Provider supports the individual to maintain employment by facilitating transportation.									
	100%	5/5	N/A		100%	5/5	92.3%	12/13	95.7%	22/23
The Provider supports the individual.										
54	In residential habilitation, the individual has a current signed department-approved room and board contract on file.									
	100%	51/51	100%	13/13	88.3%	68/77	90.7%	98/108	92.4%	230/249
55	In residential habilitation, the department-approved room and board contract is completed annually.									
	93.8%	45/48	100%	11/11	91.9%	68/74	93.9%	92/98	93.5%	216/231
56	The Provider ensures the replacement of an individual's lost or damaged property in accordance with regulation.									
	100%	3/3	100%	1/1	100%	9/9	100%	11/11	100%	24/24
The Provider participates in the development of the ISP.										
57	The Provider participates in the development of the ISP.									
	95.9%	187/195	100%	78/78	86.3%	276/320	96.6%	229/237	92.8%	770/830
58	The Provider documents delivery of services in the type, scope, amount, frequency and duration specified in the ISP.									
	85.8%	187/218	93.8%	75/80	65.4%	225/344	92.3%	241/261	80.6%	728/903
59	The Provider's progress notes indicate actions taken to address lack of progress in achieving a desired outcome.									
	78.9%	56/71	86.4%	19/22	52%	78/150	76.5%	104/136	67.8%	257/379
60	The Provider implements the individual's back-up plan as specified in the ISP.									
	85.7%	18/21	100%	5/5	90.4%	85/94	91.2%	31/34	90.3%	139/154

Q#	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
PERSON-CENTERED PLANNING, SERVICE DELIVERY & OUTCOMES (continued)										
61	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).									
	75%	3/4	N/A		72.7%	8/11	60%	3/5	70%	14/20
The Provider ensures reportable incidents are reviewed and corrective action is completed.										
62	All reportable incidents are documented in EIM as required.									
	78.9%	45/57	100%	9/9	94.4%	67/71	95.2%	79/83	90.9%	200/220
63	All required investigations are completed by a Department certified incident investigator.									
	97.4%	38/39	100%	6/6	97.1%	34/35	83.3%	25/30	93.6%	103/110
64	The Provider offered victim's assistance to the individual as appropriate.									
	98.1%	51/52	100%	5/5	96.9%	31/32	100%	43/43	98.5%	130/132
65	The Provider follows up on corrective action as necessary.									
	81.8%	45/55	100%	4/4	82.5%	52/63	98.2%	56/57	87.7%	157/179
HEALTH & WELFARE										
The Provider supports the individual in obtaining healthy outcomes.										
66	The Provider ensures the individual completes all health care appointments, screenings and follow-up as prescribed.									
	98.4%	61/62	100%	14/14	87.1%	81/93	93.1%	108/116	92.6%	264/285
67	If the individual has a dual diagnosis, all the needs of the individual are being met as specified in the ISP.									
	100%	56/56	100%	14/14	94.4%	51/54	99%	104/105	98.3%	225/229
QA&I SELF-ASSESSMENT										
The Provider completes an annual QA&I self-assessment.										
68	The Provider completed the annual self-assessment using the ODP specified tool by August 31st.									
	92.3%	60/65	85.7%	30/35	89.1%	106/119	97.2%	70/72	91.4%	266/291
69	The Provider self-assessment is completed every year of the QA&I cycle.									
	95.4%	62/65	97.1%	34/35	98.3%	117/119	98.6%	71/72	97.6%	284/291