

# **ODP Quality Assessment & Improvement FY 21-22 Interim Year 2 Review Process July 19, 2021**



## QA&I Interim Year 2 Review Process (Interim Year 2)

- As a result of the COVID-19 pandemic, ODP received CMS approval to conduct a second interim review process set to begin July 2021
- Modifications were made to the QA&I process for FY 21/22
- QA&I Cycle 2, Year 1 will begin July 1, 2022

**The Office of Developmental Programs' Quality Assurance and Improvement (QA&I) process is being modified to account for the impact of the COVID-19 pandemic on the statewide service delivery system.**

### **QA&I**

**An interim QA&I process for FY 21/22 will be implemented based on a random sample of waiver participants. The interim process will include a modified self assessment, desk and onsite reviews to collect performance measure data, and in-person individual interviews to ensure health and safety. ODP plans to implement the full QA&I process beginning July 1, 2022.**

## Purpose of the QA&I Interim Year 2 Review (Interim Year 2)

The QA&I interim review process will be used to demonstrate outcomes in the following areas:

- Individual experience of system support through the pandemic
- ISAC Recommendations
- CMS Performance Measures
- Health and Welfare
- ODP Priorities
- Validation of an entity's adherence with federal and state requirements.

## Interim Year 2: Core Sample

- ODP pulled a core sample of individuals receiving services and supports using the proportionate random representative sampling methodology as described in the Intellectual Disability/Autism (ID/A) Waivers and the Adult Autism Waiver (AAW).
- For ID/A waivers, AEs identified are based on individuals selected in the core sample.
- For AAW and ID/A waivers, SCOs and Providers identified are based on the individuals selected in the core sample.
- There will be a separate Level of Care (LOC) sample based on new ID/A waiver enrollees who have received an initial LOC assessment.
- There will be a separate Base or SC Services only sample pulled only for individual interviews.

## Interim Year 2 : Sampling Con't

- AEs will not pull their own individual sample based off their Provider sample.
- For Providers included in both samples that are shared across ID/A and AAW services, the Assigned AE will complete the review and include ID/A individual records only.
  - ODP BSASP will complete the review for Providers approved to render services in the AAW.
- Reminder for Providers authorized for services with multiple AEs, the Provider will be contacted by the different AEs requesting information pertinent to individuals in the sample selected.
- In cases where an ID/A Provider is identified to receive a “Record Review Only” on the QA&I FY 21-22 Interim Year 2 Review List, the Assigned AE will complete the individual record reviews virtually.

## Interim Year 2: Modified Self-Assessment

- AEs, SCOs and Providers that do not receive an onsite review will be required to complete and submit a modified self-assessment.
  - This is NOT applicable to AAW only Providers
- The modified self-assessment focuses on CMS Performance Measures where statewide performance fell below the 86% threshold in QA&I Cycle 1, Year 3 (FY19-20).
- ID/A Providers do not need to submit their completed self-assessments to AEs.
- All entities should keep a copy for your records.

## Interim Year 2: Modified Self-Assessment cont.

- For each entity, below are the number of questions included in the modified self-assessment.

Entity	Number of Questions	Subject Area
AEs	10	4 – Administrative Authority 6 – Level of Care
ID/A SCOs	9	3 – Qualified Providers (training) 6 – Service Plan
AAW SCOs	7	6 – Service Plan 1 - Health and Welfare
ID/A Providers	1	1 – Qualified Providers (training)
AWC FMS Provider	1	1 – Qualified Providers (training)

## Interim Year 2: Modified Self-Assessment cont.

- AEs, SCOs and Providers that will receive an onsite review **will not** be required to complete and submit a modified self-assessment.
- Providers who are only approved to render services in AAW will not be required to complete a modified self-assessment because the evaluation of training requirements is completed during the AAW Provider Qualifications process.
- Self-assessments for all entities will resume during FY 22-23, Cycle 2, Year 1.



## Interim Year 2: Modified Self-Assessment Sampling

- AEs will pull their own sample of 10 individual records; 5 of the 10 individual records selected must be newly enrolled in FY 20-21.
  - Individuals selected will be a cross-section of individuals served, waiver funding types, locations and types of service
- SCOs will pull their own sample which will include 1%; minimum of 5 and maximum of 10 records.
  - If the SCO serves less than 5 individuals, 100% of the individual records must be reviewed.
  - Individuals selected will be a cross-section of individuals served, waiver funding types, locations and types of service
- For training questions, ID/A SCOs, Providers and AWC FMS Providers will review 25% of staff with no less than 5 staff and a maximum of 25 staff being reviewed. If an organization has less than 5 staff, 100% of the staff records must be part of the review.

## Interim Year 2: Modified Self-Assessment cont.

- Modified self-assessments must be completed and submitted electronically to ODP no later than October 31, 2021.
- All documentation used to complete the modified self-assessment must be maintained and made available to ODP or the AE upon request.
- Entities required to complete the modified self-assessment that do not complete it will be issued a Directed Corrective Action Plan (DCAP).
- ODP and/or AEs may elect to conduct an unscheduled onsite review any time a self-assessment is not completed by an entity.

## Interim Year 2: Individual Interviews

In order to fully evaluate the individual's experience with services and supports, individual interviews are considered a critical component of the QA&I process.

- Individual Interviews will be conducted in-person by the IM4Q local programs unless the individual or family requests it be completed remotely.
  - \*Reminder, AEs will not be conducting individual interviews.
- Includes all individuals in the Core Samples (ID/A and AAW) as well as a separate sample of individuals enrolled in ID/A Base and SC Services only
- Interview questions will focus on the experience of support through the pandemic.

## Interim Year 2: Desk Review

- ODP and/or AEs will conduct a desk review for each individual selected to collect information that informs key performance metrics and quality outcomes
  - ODP conducts desk reviews of AEs, ID/A and AAW SCOs, and AAW-Only Providers
  - AEs conduct desk reviews of ID/A Providers and shared Providers
- The questions being used for the desk review have been aligned between the ID/A and AAW waivers so there continues to be one tool for SCOs and one tool for Providers.
- For each question, the timeframe under review is 12 months from the date of the review unless otherwise specified within the applicable Interim Year 2 Tool.

## Interim Year 2: Desk Review cont.

- The desk review will use all available data sources, including but not limited to:
  - HCSIS – service notes, monitoring tools, Individual Support Plans (ISPs) Prioritization of Urgency of Need of Services (PUNS), Supports Intensity Scale (SIS), Scales of Independent Behavior Revised (SIB-R), Periodic Risk Assessment (PRE), Quality of Life assessment, Independent Monitoring for Quality (IM4Q) considerations, Health Risk Screening Tool (HRST)
  - Enterprise Incident Management (EIM) – incident reports
  - Documentation – progress notes, policies and procedures, and training records

## Interim Year 2: Desk Review cont.

- Each entity being reviewed during Interim Year 2 will receive a notification that will include details about the individuals included in the sample and a list of documentation that must be organized and submitted electronically to the QA&I team prior to the desk review.
- All required documentation will be submitted to the QA&I team prior to the desk review.

## Interim Year 2: Training Questions

- Only applicable to ID/A SCOs and Providers
  - Please note: there is one training question in the Provider Tool (re: communication profile/system) that is still applicable to the AAW. The remaining training questions are evaluated during AAW Provider Qualification Process.
- Guidance remains aligned between the SCO and Provider Tools
- Questions updated based on Chapter 6100 regulations
- 25% of staff for all questions
- When the overall percentage falls between 0% to 85.9%, the issue must be referred to the regional ODP office for review of further actions.
  - For ID/A Providers, ODP will review referred issues with the AE

## Interim Year 2: Onsite Review

- QA&I reviews will occur onsite.

**\*NOTE: Onsite reviews are subject to change to virtual reviews. ODP will make an informed decision on changing the method of onsite reviews to virtual reviews in alignment with applicable CDC COVID-19 guidance.**

- Each entity will receive a confirmation letter 2 weeks prior to the onsite visit.
- The focus of the onsite review is to gather quality improvement and compliance evidence related to the sample of individuals and other organizational responsibilities and engage the entity in discussion.
- Entities are expected to provide official records and be organized in accordance with the guidance provided prior to the onsite.
- Entities can expect the QA&I team to be onsite no more than 2 full business days.



# COVID Precautions

Follow CDC guidelines when scheduling onsite reviews.

- ODP Announcement 21-048 COVID-19 Update: Guidance for Infection Control and Mitigation for ODP Home and Community Based Services Providers

Recommended Guidance:

- Follow everyday prevention actions
  - When possible, keep at least 6 feet of distance between yourself and others
  - Wear a mask
  - Screening
- 
- ODP will be requesting information on each agencies prevention actions prior to coming onsite so staff know expectations

## COVID Precautions Continued

- Providers may not refuse access to:
  - Department staff including licensing and other regional office staff
  - AE Staff
  - SCs conducting individual monitoring
  
- Access for inspections, investigations and monitoring may not be denied.
  
- Alternatives to mitigate risk may be requested and negotiated including:
  - Requiring masking and screening
  - Asking vaccination status, but response is not required
  - Meeting outdoors for monitoring and interviews
  - Limiting number of external parties on-site at one time
  - Requesting a scheduled start and end time

## Interim Year 2: Entrance Conference

- Onsite reviews will begin with an entrance conference.
- QA&I Team facilitates and provides an overview of the onsite review purpose and expectations while onsite.
- The QA&I team, and entity leadership will discuss the entity's successes, challenges and any instances of non-compliance discovered during the desk review.
- This is an opportunity for the entity to share the agency's mission, vision and quality improvement priorities.

## Interim Year 2: Exit Conference

- Onsite reviews will end with an exit conference.
  - QA&I team shares preliminary summary of findings with the entity leadership.
  - Includes discussion on any opportunities for quality improvement and recognition of promising practices
  - Instances of non-compliance discovered in the review will be noted during the exit conference so that the entity may immediately address
  - QA&I team may elect to share high level trends from the onsite as well as state and regional data from previous years.

*Please note: A virtual conference may replace the entrance/exit conference, if needed*

## What Happens After the Exit Conference?

ODP expects all entities to engage in quality improvement as a result of lessons learned from the QA&I process. This includes the following corrective action activities:

- Remediation
- Plans to Prevent Recurrence (PPR)
- Validation
- Directed Corrective Action Plan (DCAP)

## Remediation

- Required for instances in which an entity has not met the standard of a particular QA&I question or series of questions
- These instances must be corrected within 30 days of receipt of the QA&I spreadsheet unless there are concerns for health and safety where remediation must occur immediately
- The instances for remediation will be documented on the QA&I spreadsheet and include proof of remediation already completed

## Plans to Prevent Recurrence (PPR)

- Required when the compliance score for the requirement is less than 86%
- Outlines actions that will be taken to ensure future instances of non-compliance do not occur.
  - For any activity requiring longer than 3 months to implement, the entity is responsible to provide an update on the progress of such activity(s) within 30 days of the CAP to ODP.

## Validation

- Entities are responsible for submitting evidence of remediation and PPRs to the QA&I Lead. Documents submitted should support the remediation option chosen on the QA&I spreadsheet and the PPR described in the CAP. This may include documents such as staff training records, updated policies, etc.
- If necessary, follow-up meetings or site visits may also be conducted to adequately assure that all remediation and PPR actions have been completed and for ODP or the AE, as appropriate, to provide technical assistance.



## Directed Corrective Action Plan (DCAP)

- A Directed Corrective Action Plan (DCAP) will be issued when an entity fails to respond to the CAP from ODP or the AE, as appropriate.
- In addition, a DCAP will be issued if the revisions to the CAP are not approved.
- The QA&I Lead will require a DCAP to be developed under mandatory technical assistance within 45 calendar days from the date the initial response to the CAP was submitted by the entity.
- The AE must collaborate with the ODP QA&I Lead when issuance of a DCAP is required for a Provider.

## Interim Year 2: Comprehensive Report

- For Interim Year 2, reviewed entities will **not** receive a Comprehensive Report; however, a copy of the completed QA&I spreadsheet along with the CAP (if applicable) will be sent electronically to the entity reviewed.
- The summary of results from the Interim Year 2 review will be included in the Statewide QA&I Report. The development and distribution of the Comprehensive Report will resume with the QA&I activities in Cycle 2, Year 1.
- Reminder, a copy of the approved and validated QA&I spreadsheet along with the CAP (if applicable) will be sent electronically to the entity reviewed. Receipt of this information indicates that the Interim Year 2 review for the entity is complete.

## Interim Year 2 : Statewide QA&I Report

ODP will compile all data collected from Interim Year 2 into a report that represents statewide performance of reviewed AEs, SCOs and Providers and the overall system as it relates to quality of services and supports and promising person-centered practices.

# Interim Year 2: Timeline

July 2021	<ul style="list-style-type: none"> <li>• ODP provides a listing of all entities selected for the Interim Year 2 review</li> <li>• ODP notifies AEs of the Providers and individual sample records</li> <li>• ODP notifies IM4Q of Interim Year 2 individual interview sample</li> <li>• ODP and AEs begin contacting entities included in the Interim Year 2 review to request required documentation</li> <li>• ODP and AEs begin desk reviews</li> </ul>
9/1/21	<ul style="list-style-type: none"> <li>• Self-Assessments begin for all entities who are not a part of Interim Year 2 review</li> <li>• QA&amp;I individual interviews and virtual reviews begin</li> <li>• QuestionPro links to self-assessment and Interim Year 2 review available for data entry</li> </ul>
10/31/21	<ul style="list-style-type: none"> <li>• Completed self-assessment responses submitted electronically into QuestionPro</li> </ul>
12/31/21	<ul style="list-style-type: none"> <li>• Deadline for IM4Q local programs to complete all Interim Year 2 individual interviews</li> <li>• Deadline for ODP and AEs to complete all desk reviews and virtual conferences</li> </ul>
1/31/22	<ul style="list-style-type: none"> <li>• Deadline for IM4Q local programs to enter all Interim Year 2 individual interview data into QuestionPro</li> <li>• Deadline for ODP and AEs reviewers to issue remediation and PPR activities for review and completion</li> </ul>
2/28/22	<ul style="list-style-type: none"> <li>• Deadline for all entities to complete remediation and respond to CAP detailing remediation actions taken and PPR activities</li> </ul>
3/31/22	<ul style="list-style-type: none"> <li>• Deadline for ODP and AEs to enter all Interim Year 2 data into QuestionPro</li> </ul>
4/15/22	<ul style="list-style-type: none"> <li>• ODP begins development of Statewide QA&amp;I report</li> </ul>

### Quality Assessment & Improvement Interim Year 2 Review Process Resources on MYODP:

<https://www.myodp.org/course/view.php?id=976>

QA&I Mailbox: [ra-pwqaiprocess@pa.gov](mailto:ra-pwqaiprocess@pa.gov)

**Please make sure your agency's Primary and Secondary QA&I contacts are up-to-date**

## **QA&I Statewide Leads**

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## **Central Region Team:**

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  - Jessica Drobenak

## **Eastern Region Team:**

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## **Western Region Team:**

- Patrick Keating (Statewide and Regional Lead)
  - Lydia Aney
  - Jennifer Farmerie



- Next Steps
- Closing Thoughts
- Questions

THANK YOU

