Quality Assessment & Improvement Interim Review Process FY 20-21

QA&I Interim Review Process

- As a result of the COVID-19 pandemic, ODP received CMS approval in the 2nd amendment of Appendix K to develop an interim process set to begin Sept. 1, 2020

- Modifications were made to the QA&I process for FY 19/20 including all reviews will be conducted virtually.

- QA&I Cycle 2, Year 1 will begin July 1, 2021

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 20/21 will be implemented based on a random sample of waiver participants. The interim process will include a desk review to collect CMS performance measure data, telephone/remote individual interviews to ensure health and safety, and COVID-19 specific questions. ODP plans to implement the full QA&I process beginning July 1, 2021.

Purpose of QA&I

Designed to conduct a comprehensive quality management review of County Programs, AEs, SCOs and Providers

- Follows an individual's experience throughout the system
- Measure progress toward implementing "Everyday Lives: Values in Action
- Gather timely and useable data to manage system performance
- Use data to manage the service delivery system with a continuous quality improvement approach

Used to demonstrate outcomes in the following areas:

- CMS Performance Measures

- ISAC Recommendations

- Health and Welfare

- ODP Priorities

- Individual experience of system support through pandemic

- Validation of an entity's adherence with federal and state requirements

QA&I Interim Process - Sampling

- For the interim process, ODP pulled a random core sample of individuals receiving services and supports using the proportionate random representative sampling methodology as described in the Intellectual Disability/Autism Waivers and the Adult Autism Waivers

- AEs, SCOs and Providers to be reviewed are based on the individual's selected in the core sample (described above)

AEs, SCOs and Providers will **not** complete a self-assessment during the interim review process

- Self-assessments will resume next year during Cycle 2, Year 1

- ODP and/or AEs will conduct a desk review for each individual part of the core sample to identify evidence of compliance with key performance metrics and quality outcomes

  - ODP conducts desk reviews of AEs and SCOs

  - AEs conduct desk reviews of Providers

- For each question, the review period will be July 1, 2019 through February 29, 2020

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- The desk review process uses all available data sources, which may include 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

  ➤ Enterprise Incident Management (EIM) – incident reports

  ➤ Documentation – progress notes, policies and procedures, and training records

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During the interim review, all QA&I reviews will occur virtually. No face-to-face meetings will be conducted.

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- At the conclusion of the desk review, a virtual conference of the QA&I team and entity leadership will occur to discuss findings and recommendations from the interim review as well as the entity's quality improvement priorities, successes and challenges.

- The virtual conference replaces the entrance and exit conferences typically scheduled during the QA&I review process.

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 remotely by the IM4Q local programs.

    - Includes individual's part of the core samples as well as individuals enrolled in Base and SC services only
    - Interview questions will focus on experience of support through the pandemic

- There is one tool for each entity:
  - AEs
  - SCOs
  - Providers

- Tools were based on the Cycle 1, Year 3 tools with a few changes
  - Less questions
  - Modified review period
  - Revised criteria on all training questions

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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

When there are instances of entities not meeting the standard of a question or series of questions, ODP expects that corrective action for specific instances of non-compliance (aka remediation) will occur within 30 days of notification unless there are concerns for health and safety where remediation must occur immediately.

Plan to Prevent Recurrence

A Plan to Prevent Recurrence (PPR) is required when the compliance score for the requirement is less than 86%.

- Verification of evidence of remediation and PPR completion submitted by the entity.

- Entities are responsible for submitting evidence of remediation and PPRs. Evidence should support the remediation option chosen and the PPR described in the Corrective Action Plan (CAP). This may include documents such as staff training records, updated policies, etc.

Directed Corrective Action Plans

- Directed Corrective Action Plans (DCAPs) are issued when an entity fails to respond to the CAP from ODP or the AE, as appropriate.

- DCAPs can be issued if the revisions to the CAP are not approved.

- Interim Process will not include entity level comprehensive reports

- A copy of the completed 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 review for the entity is complete.

- The summary of results from the interim review will be included in the Statewide QA&I Report.

QA&I Interim Process Timeline

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8/3/20	• ODP provides a listing of all entities selected for the Interim Review
8/15/20	• ODP notifies AEs of the Providers and individual sample records
9/1/20	• ODP and AEs begin contacting entities included in the Interim Review to request required documentation
9/15/20	• Individual Interviews & Desk Reviews begin
10/1/20	• QuestionPro links available for data entry
12/31/20	• Deadline for ODP to complete all Individual Interviews • Deadline for ODP and AEs to complete all Desk Reviews and virtual conference
1/31/21	• Deadline for ODP and AEs reviewers to issue remediation and PPR activities for review and completion
2/28/21	• Deadline for all entities to complete remediation & respond to CAP detailing remediation actions taken & PPRs
3/31/21	• Deadline for ODP to enter all Individual Interview data into QuestionPro • Deadline for ODP and AEs to enter all Desk Review data into QuestionPro
4/15/21	• ODP begins development of Statewide QA&I report