AUDIENCE: Providers of Consolidated and Person/Family Directed Support (P/FDS) Waiver Services, including Supports Coordination Organizations (SCOs), and Administrative Entities

PURPOSE: The purpose of this informational memo is to identify the Office of Developmental Program’s (ODP) Quality Management Priorities for July 1, 2015 and beyond and to inform all interested parties of the Quality Management resources available on the AE Information Center (AEIC), Provider Information Center (PIC), and SCO Information Center (SCOIC).

BACKGROUND: On 12/3/2012, ODP released Informational Memo 107-12 which provided information regarding the Chapter 51 Regulation Implementation Instructions for Providers, including SCOs, on Quality Management Plans and provided guidance on the development, implementation, and evaluation of provider Quality Management (QM) Plans. The QM Plan is the method used by the Office of Developmental Programs (ODP) for measuring and influencing quality through the achievement of performance outcomes. Methodology for the QM Plan includes a continuous improvement process—a cycle of assessment, analysis and action for improvement.

ODP set QM priorities by considering its mission, vision, and values, input from stakeholders, regulatory requirements and areas that are high-risk, problem-prone or high-volume. These QM priorities align with ODP’s high-level QM priorities. Department priorities were published in the PA Bulletin on December 1, 2012. In a review of waiver service performance over time, ODP recognizes the continued need to focus on these previously identified priorities, particularly in the areas of improving the timeliness of incident management reviews, reducing
psychiatric admissions for dually diagnosed Mental Health/Intellectual Disabilities (MH/ID) individuals, and restraint management. As such, these priorities remain a focus for ODP and should be considered by all stakeholders as QM Plans are updated. The details of QM plans may vary depending on the role each stakeholder plays in achieving successful outcomes. Department priorities are as follows:

- Achieving compliance with the quality improvement strategy sections found in Appendix A, Appendix B, Appendix C, Appendix D, Appendix G, and Appendix I in both the Consolidated Waiver and the P/FDS Waiver at:
- Achieving compliance with incident management policies and procedures established in Bulletin #6000-04-01 “Incident Management” and including review and analysis of incidents as specified in § 51.17 (relating to incident management).
- Improving results of provider and SCO monitoring reviews, and ensuring corrective action plans under § 51.24 (relating to provider monitoring) are successfully implemented.
- Improving waiver participant satisfaction with service provision through review of Independent Monitoring for Quality (IM4Q) data in the Home and Community Services Information System (HCSIS).
- Reviewing and evaluating practices to promote employment and increase the number of individuals with an intellectual disability who are employed.
- Reviewing and evaluating life sharing opportunities and promote an increase in the number of individuals with an intellectual disability who live in life sharing arrangements.
- Reviewing and evaluating practices to reduce and eliminate restraints.
- Reviewing and evaluating practices to increase awareness and ensure reduction in individual-to-individual abuse.
- Reviewing and evaluating practices to ensure each individual is supported in the use of an effective communication strategy.
- Reviewing and evaluating practices to ensure each individual receives the most inclusive, least restrictive services and supports.
- Diverting individuals from admission to State Centers and State Hospitals.

**DISCUSSION**

ODP expects each Provider to review sources of performance data and, through this review, update existing QM plans by choosing opportunities for improvement specific to local performance. ODP expects documentation of the process used to select these opportunities for improvement to be maintained and available for review upon request.
ODP recognizes the critical importance of ongoing collaboration among AEs and providers, including SCOs in QM planning and as such, expects Lead AEs and their designated providers to work together in the identification of opportunities for improvement and in the subsequent development, implementation, and evaluation of their QM Plans and supporting Action Plans. ODP also expects AEs and SCOs that support individuals who are registered with each respective AE to collaborate in identifying and achieving QM Plan objectives in which SCOs play a key role.

Keeping in line with the expectation that QM Plans are updated at least every two years, ODP expects providers, including SCOs, to consider the importance of person-centered planning in meeting the needs of individuals with intellectual disabilities, especially focusing on the development of goals that support service provision in the least restrictive settings for each person. In addition, goals should support stakeholders work in striving to meet the varied needs of individuals which often require coordination with service networks which extend past the scope of ODP. All QM Plans should be updated no later than June 30, 2015.

The provider shall submit a copy of its QM plan and verification that the provider reviewed performance data to the Department or the Department's designee upon request.

The resources, templates, and examples to support this process have been updated and are available as follows:

- AEs access: http://aeinfo.odpconsulting.net.
- Providers access: http://pic.odpconsulting.net
- SCOs access: http://scoic.odpconsulting.net

All follow the path: ODP Business Practice Information>ODP Quality Management Resources>ODP Quality Management Resources.

ODP staff access: http://www.odpconsulting.net/topic-info/quality following the path: Quality Management Templates.

If there are any questions, please contact your Regional Program Manager.