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Pennsylvania Office of Developmental Programs Quality Assessment and Improvement Process

The Office of Developmental Programs (ODP) Quality Assessment and Improvement (QA&I) process is designed to conduct a comprehensive quality management review of county programs, Administrative Entities (AE), Supports Coordination Organizations (SCO) and Providers delivering services and supports to individuals with intellectual disabilities and autism spectrum disorders.

The QA&I process described in this document excludes Intermediate Care Facilities for persons with an Intellectual Disability (ICFs/ID), Agency with Choice and Vendor Fiscal/Employer Agent (VF/EA) Financial Management Services (FMS) Providers and public transportation Providers.¹

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

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

- Follow an individual’s experience throughout the system;
- Measure progress toward implementing “Everyday Lives: Values in Action;”
- Gather timely and useable data to manage system performance; and
- Use data to manage the service delivery system with a continuous quality improvement approach.

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

ODP maintains responsibility for carrying out the QA&I process for all AEs and SCOs. ODP delegates the authority to carry out the Provider QA&I process to the AEs. The comprehensive quality management review will be accomplished using a combination of self-assessment, desk review, onsite review, corrective action, Plan to Prevent Recurrence, and quality management plans.

Beginning July 1, 2017, ODP will introduce a new approach to conducting QA&I statewide with 100% of AEs, SCOs and Providers. The new cycle will occur over a 3-year period with each of the entities receiving

¹ The new QA&I process will occur in two phases. The first phase beginning July 1, 2017 will include AEs, SCOs and Providers. The second phase will add Agency with Choice Providers and the Bureau of Autism Services with a start date to-be-determined.
a full QA&I review at least once within that period. All QA&I activities will stem from the completion of a self-assessment, which will be used to inform the desk and onsite review processes as well as improvement and technical assistance activities in the interim review period which are the 2 years of the QA&I cycle when the onsite review does not occur. At the start of each year in the cycle, ODP will inform those entities selected for onsite review.

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

All entities are required to have a QA&I contact(s) identified and will ensure that their contact information maintained with ODP is accurate and up to date. For AEs, there may be more than one contact – one for AE QA&I and one for managing Provider QA&I reviews.
Quality Assessment and Improvement Process: Terms & Definitions

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

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

**Assigned AE:** The AE assigned to monitor and qualify a Provider by ODP. The AE with the most individuals authorized with the Provider is designated as the Assigned AE. If a Provider does not serve any individuals, the Assigned AE is the AE that reviewed the Provider’s most recent Provider Qualification (PQ) application. The Assigned AE designation may change each year based on the sample of Providers.

**Core Sample:** A representative sample of records for individuals receiving Home and Community Based Waiver Services. This is the sample that is used to measure statewide performance and report on Waiver performance to the Centers for Medicare & Medicaid Services.

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

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

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

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

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

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

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

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

**Onsite Review:** The component of the QA&I process where staff from ODP and/or the AE conduct an in-person visit of the AE, SCO or Provider, as appropriate, to assess the entity’s performance in all areas associated with the QA&I process.
- Each AE’s onsite review will occur based on alphabetic placement while ensuring that all geographical regions are represented.
- The SCO’s onsite review will be determined based on the individuals in the core sample.
- Each Provider’s onsite review will be determined based on MPI number: last digit ending in 0-2 = Year 1; 3-5 = Year 2; 6-9 = Year 3.

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

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

**Plan to Prevent Recurrence (PPR):** Within an entity’s response to the QA&I Comprehensive Report, the actions that will be taken to ensure future instances of non-compliance do not occur and identification of areas in which a QM plan will be developed. A PPR is required when the compliance score for the requirement falls below 86% or when 9 or fewer records were monitored and there are 2 or more instances of non-compliance and when recommendations for QM plans are identified by the entity or made by ODP.

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

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

**QA&I Comprehensive Report:** A packet of information compiled by ODP or the AE, as appropriate, after the self-assessment, desk and onsite review that includes a cover letter, the self-assessment and onsite review results, the report of findings and recommendations and Corrective Action Plan form. This packet of information is provided to the AE/SCO/Provider electronically within 30 days from the last day of the onsite review and outlines expectations for remediation and follow-up.

**QA&I Comprehensive Report Response:** An entity’s reply to the QA&I Comprehensive Report which will include, but is not limited to, any disagreement with findings and the documentation/justification of such
disagreement, PPRs and QM Plans. Documentation of completed remediation will be entered directly into the AE or QuestionPro database.

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

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

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

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

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

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

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

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

**Validation:** The QA&I Lead activity completed to verify and accept the evidence of remediation and PPR completion submitted by the entity.
Quality Assessment and Improvement Process: Overview

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

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

Core Sample – Waiver Enrollees

Each year ODP will draw a core sample of individuals receiving services and supports from the P/FDS and Consolidated Waivers, using proportionate random representative sampling methodology described in the P/FDS and Consolidated Waivers.

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

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

Sample of Base & Targeted Service Management (TSM) Enrollees

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

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

Level of Care Sample

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

Provider QA&I Review

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

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

**AE Record Sample for Providers**

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

**Sampling Exceptions**

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

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

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

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

AEs, SCOs and Providers will pull their own sample which will include 1% with a minimum of 5 and a maximum of 10 records as part of their self-evaluation of performance. These will include a cross-section of individuals served, funding/program types, and locations and types of services. The self-assessment will be electronically completed and submitted to ODP via the online platform. In addition, providers are expected to forward the self-assessment confirmation email to the Assigned AE.

QA&I review teams will use the self-assessment to identify evidence of performance and inform the provision of technical assistance to AEs and SCOs, as AEs will do with Providers. If a self-assessment is not completed by an entity, ODP and/or AEs may elect to conduct an onsite review.

Organizations not slated for onsite QA&I review until years 2 and 3 are expected to use their self-assessment results to engage in improvement activities while awaiting the onsite review. Technical assistance by either ODP or AEs will focus on quality improvement. Organizations may request technical assistance at any time.

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

Statewide Self-Assessment Aggregate Report

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

ODP Desk Review of AEs, SCOs and Providers

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

- HCSIS - service notes, monitoring tools, Individual Support Plans (ISPs) Prioritization of Urgency of Need of Services (PUNS), Supports Intensity Scale (SIS), IM4Q considerations
- EIM - incident reports
- PROMISェ™ - claims submission.

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

AE Desk Review of Providers

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

As a part of the review, the AE will select a number of participants not overlapping with individuals already selected for review. The AE will select 1% of individuals with a minimum of 5 and a maximum of 10 individuals who are registered with the Assigned AE and are authorized and actively receiving services from the Provider being reviewed. These will include a cross-section of individuals served, locations and types of services and will prioritize non-licensed settings.

The QA&I tool will be used to record quality outcomes and compliance. The coverage period will be defined by the questions in the QA&I tool. Findings from the QA&I desk review may identify areas that will require additional follow-up during the onsite review. Results of the desk review will be incorporated into the Provider’s final QA&I Comprehensive Report.
Quality Assessment and Improvement Process: Individual Interviews

In order to fully evaluate the participant’s experience with services and supports, individual interviews are considered a critical component of the QA&I process. Interviews will be conducted prior to, during, or after the AE or SCO onsite review. The onsite review will be considered closed at the completion of the final interview.

Where appropriate, a person familiar with the individual will be asked to assist in the interview. The individual may choose who is present during the interview. There will be a period of the interview where paid supports will not present. In keeping with person-centered practices, the individual may choose not to participate in the interview or can opt to discuss their experience by phone.

All individuals in the sample will receive an in-person interview. ODP will interview up to 10 individual interviews and the remaining interviews will be supported by IM4Q staff as designees of ODP.

Additionally, AEs will engage in personal interviews with individuals to obtain first-hand knowledge of the participants’ experience with services and supports received from the Provider. AEs will interview at least one individual from the sample selected utilizing the Interview Questions Tool provided by ODP. There will be a period of the interview where paid supports will not be present. In keeping with person-centered practices, the individual may choose not to participate in the interview or can opt to discuss their experience by phone.

Any person conducting an interview, whether it be ODP or a designee, must ensure follow-up and reporting, as appropriate, of any issue related to health and safety or service quality.
Quality Assessment and Improvement Process: Onsite Review

ODP Onsite Review of AEs and SCOs

Onsite reviews for AEs and SCOs will be conducted by a small team of staff from ODP. For efficiency’s sake, these reviews may occur on the same day, however the QA&I process for AEs and SCOs is separate and distinct. The purpose of the onsite review as part of the overall quality assessment and improvement process is to provide technical assistance to advance promising practices in the service system.

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

The ODP QA&I team will consist of the QA&I Lead, the staff person who conducted the desk review and supplemental regional staff, as needed. This team will be responsible for all aspects of the onsite review. The onsite QA&I team may be joined at any time by staff from ODP central office to provide support to the QA&I team and to conduct observation to inform the overall QA&I process. At least one member of the onsite QA&I team will possess ODP Quality Management Certification.

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

While onsite, the QA&I team will focus on gathering quality improvement and compliance evidence related to the sample of individuals and other organizational responsibilities. The AE and SCO will be expected to provide the official record of the individuals included in the sample, organized in accordance with guidance provided by ODP prior to the onsite review. The QA&I team will also arrange in advance the opportunity to meet face-to-face with individuals included in the sample. QA&I team members will also spend time talking with AE and SCO staff while on the premises.

AEs and SCOs can expect the QA&I team to be onsite no more than two full business days. However, mitigating circumstances may dictate additional time onsite which will be communicated with the AE and SCO.

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

**AE Onsite Review of Providers**

Onsite review for Providers will be conducted by the Assigned AE. This Assigned AE designation is determined by ODP as the AE with the most individuals authorized with the Provider. The purpose of the Provider onsite review as part of the overall quality assessment and improvement process is to offer technical assistance to advance promising practices in the service system. In part, the AE will make this assessment of the Provider against aggregate self-assessment data obtained from the statewide self-assessments completed by Providers.

The entrance conference time and location will be established with Provider’s leadership at the time the onsite review is scheduled. Providers will receive a confirmation letter of the onsite review two weeks prior to the visit. The letter will include details about the individuals selected for review, the timing of the onsite review and instructions about documentation that must be organized and made available to the AE QA&I team upon arrival for the onsite review. In addition, the confirmation letter will request support from at least one Provider staff while the AE QA&I team is onsite.

The AE QA&I team may be joined at any time by staff from ODP regional or central office to conduct observation that will inform the overall QA&I process. By December 31, 2018, at least one member of the AE QA&I team will possess ODP Quality Management Certification.

Onsite reviews will begin with an entrance conference facilitated by the Assigned AE. This meeting with the Provider’s leadership is intended to offer introductions of all AE staff participating in the review process, provide an overview of the onsite review purpose and outline expectations of the AE QA&I team while onsite. This will also be an opportunity for the Provider to share its mission, vision and quality improvement priorities.

While onsite, the AE QA&I team will focus on gathering compliance and quality improvement evidence related to the Provider’s overall approach to service delivery utilizing the standardized tool. As a part of the process, the AE will review those records of individuals selected per the sampling guidelines specified in this document to gather evidence of compliance and quality. The Provider will be expected to present the official record of individual records selected, organized prior to the onsite review using the guidance provided by ODP. AEs will also personally interview individuals, as previously outlined, as well as talk with Provider staff.
Providers can expect the AE QA&I team to be onsite two business days. However, mitigating circumstances may dictate additional time onsite which will be communicated with the Provider.

At the conclusion of the onsite review, the AE QA&I team will facilitate an exit conference with the Provider leadership and staff. ODP encourages Providers to invite agency-level leadership to join the exit conference, which will be a verbal, preliminary summary of findings and discussion of how the overall onsite review ‘experience’ can be improved in the future. Where possible, any opportunities for quality improvement and recognition of promising practices will be shared. In addition, instances of non-compliance discovered in the review will be noted during the exit conference so that the Provider may immediately address these items in advance of the formal written QA&I Comprehensive Report. The AE QA&I team may elect during the exit conference to share high level performance trends from the previous QA&I cycle.
Quality Assessment and Improvement Process: Comprehensive Report

Following the onsite review, the ODP or AE QA&I team, as appropriate, will compile a written QA&I Comprehensive Report for each reviewed entity in no more than 30 calendar days of the onsite review completion. The report will compile the official findings from desk review and onsite review, face-to-face interviews, and self-assessments, as applicable. For each entity, the QA&I Comprehensive Report will:

- Highlight those areas where the AE, SCO or Provider is doing well related to person-centered services delivery and promising practices;
- Analyze performance in ODP’s quality focus areas for the current QA&I cycle;
- Compare results of the desk and onsite reviews with the entity’s self-assessment;
- Summarize those instances of non-compliance that were remediated during the onsite review;
- Outline issues of non-compliance expected to be remediated within 30 calendar days of report receipt;
- Recommend PPRs where compliance is below established thresholds of 86%; and
- Recommend improvement activities to be addressed during the remainder of the QA&I cycle, including systemic quality improvement projects to incorporate into QM Plans.

AEs, SCOs and Providers will have 30 calendar days to review and respond to the QA&I Comprehensive Report. The response will include the entity’s evidence of remediation completed within 30 days of discovery, and Plans to Prevent Recurrence, including where QM Plans will be developed. The response also may address points of disagreement with the report findings including appropriate evidence justifying the disagreement.

The Comprehensive Report, absent the appendices and/or attachments, will be completed with no individual identifying information in accordance with HIPAA provisions. The AE must send a copy of the Provider’s Comprehensive Report, including appendices and/or attachments, to the QA&I Regional Lead and copy the QA&I mailbox. ODP will review the report to verify exclusion of HIPAA identifiable information prior to posting the main body of the Comprehensive Report to the ODP website.
Quality Assessment and Improvement Process: Remediation, Improvement and QM Plans

A key to the QA&I process is the identification of and action regarding opportunities for improving the overall services and supports for individuals with intellectual disabilities and autism. ODP expects that all entities, including the state agency, engage in quality improvement as a result of lessons learned from self-assessments, desk and onsite reviews, participant interviews and the QA&I process overall.

Remediation
The QA&I process may uncover instances in which an entity has not met the standard of a QA&I question or series of questions. There will be occasions when remediation must occur immediately due to concerns for health and safety. Otherwise, remediation must occur within 30 days of discovery, which is considered the date the Comprehensive Report is issued electronically by ODP or the AE. The instances will be summarized within the QA&I Comprehensive Report for each entity and specified in the accompanying Corrective Action Plan. Each entity is required to include in its response to the QA&I Comprehensive Report proof of remediation already completed, including the date of completion, and/or a Plan to Prevent Recurrence (PPR) for each instance noted in the Corrective Action Plan, including identification of areas in which a QM plan will be developed. Any exceptions to completion of remediation within 30 days of discovery must be negotiated with ODP or the AE.

Corrective Action Plan
The QA&I Team will use the ODP-approved Corrective Action Plan template, sent as an attachment to the QA&I Comprehensive Report, to catalog those instances requiring remediation, as well as a PPR and/or instances where a QM Plan will be developed when appropriate. Upon receipt of the QA&I Comprehensive Report, the entity will review the results. A response is not required from the entity if there are no areas of non-compliance. If the QA&I Comprehensive Report includes instances of not meeting the standard, the entity must remediate each one and develop a PPR, if applicable. Proof of...
remediation and a Plan to Prevent Recurrence must be submitted to the QA&I Lead within 30 calendar days of receipt of the QA&I Comprehensive Report.

Within 20 calendar days of receipt of the entity’s QA&I Comprehensive Report response, including the CAP with proof of remediation and PPR the ODP or AE QA&I Lead, as appropriate, will either approve the CAP, signaling closure of the Comprehensive Report, or request further clarification and/or corrections. If further clarification/corrections are required, the QA&I Lead will send the entity’s remediation and improvement documentation along with a detailed email providing specific concerns and information. The entity must then submit revised materials within 15 calendar days of receipt. If the revisions are not approved, the QA&I Lead will require a Directed Corrective Action Plan (DCAP) to be developed under mandatory technical assistance within 45 calendar days from the date the initial response to the QA&I Comprehensive Report was submitted by the entity. The AE QA&I Lead must submit the final report, appendices and/or attachments, to the QA&I mailbox.

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

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

**Plan to Prevent Recurrence (PPR)**

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

- the compliance score for the requirement falls below 86% OR
- 9 or fewer records were monitored and there are 2 or more instances of non-compliance.

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

**QM Plans**

When performance falls below the threshold of 86%, the entity should evaluate whether the cause for poor performance represents a systemic problem in need of a quality improvement project supported by a QM Plan and Action Plan. ODP or the AE, as appropriate, will offer input and feedback to the entity in
identifying such systemic opportunities for improvement. The QM Plan, updated as a result of the QA&I review, must be submitted within 30 days of the QA&I Comprehensive Report closure.

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

Validation

Entities are responsible for submitting evidence of remediation along with the submission of the QA&I Comprehensive Report response to the QA&I Lead. The QA&I Lead will review and approve all remediation and PPR activities in order to close the QA&I Comprehensive Report.

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

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

Directed Corrective Action Plan (DCAP)

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

- the entity fails to respond to imminent risk for one or more individuals;
- the entity demonstrates repeated non-compliance in one or more areas;
- the entity’s performance is below 86% for 5 or more designated questions, if the sample is greater than 10; or
- performance for one or more designated questions is below 50% performance.
Annual Quality Assessment and Improvement Process: Statewide QA&I Report

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

Assurance of Individual Health and Safety

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

Self-Assessment

All documentation used to complete the self-assessment must be maintained and made available to ODP or the AE, as appropriate, upon request. The inability to produce such documentation will be viewed as non-compliance and will result in further actions by ODP including sanctions. Entities that do not submit a self-assessment to ODP by the due date will be considered in non-compliance with the QA&I process requirements and may be scheduled for an onsite review regardless of the distribution assigned by ODP.

Onsite Review Refusal

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

Unscheduled QA&I Reviews

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

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun 15</td>
<td>ODP finalizes review sample</td>
</tr>
<tr>
<td></td>
<td>ODP communicates beginning of review cycle, including AEs and SCOs selected for review</td>
</tr>
<tr>
<td>Jul 1</td>
<td>AEs, SCOs and Providers begin self-assessment</td>
</tr>
<tr>
<td></td>
<td>ODP begins desk reviews</td>
</tr>
<tr>
<td>Jul 15</td>
<td>ODP notifies AEs of Provider review pool</td>
</tr>
<tr>
<td></td>
<td>AEs select Provider records and begin desk reviews</td>
</tr>
<tr>
<td>Aug 1</td>
<td>AE, SCO and Provider deadline to submit completed self-assessments (For 2017, August 31)</td>
</tr>
<tr>
<td>Aug 31</td>
<td>ODP issues statewide aggregate report on self-assessments (For 2017, September 30)</td>
</tr>
<tr>
<td>Sep 1</td>
<td>ODP begins onsite reviews with AEs and SCOs</td>
</tr>
<tr>
<td></td>
<td>AEs begin onsite reviews with Providers</td>
</tr>
<tr>
<td>Nov 30</td>
<td>ODP and AEs finalize all desk reviews</td>
</tr>
<tr>
<td>Dec 31</td>
<td>ODP finalizes all onsite reviews with AEs and SCOs</td>
</tr>
<tr>
<td></td>
<td>AEs finalize all onsite reviews with Providers</td>
</tr>
<tr>
<td>Jan 31</td>
<td>All data entry completed</td>
</tr>
<tr>
<td></td>
<td>ODP and AEs finalize and distribute all QA&amp;I Comprehensive Reports</td>
</tr>
<tr>
<td>Feb 28</td>
<td>AEs, SCOs and Providers complete remediation and respond to QA&amp;I Comprehensive Report detailing remediation actions taken and PPRs</td>
</tr>
<tr>
<td>Mar 31</td>
<td>ODP begins development of statewide QA&amp;I report</td>
</tr>
<tr>
<td>Apr 30</td>
<td>All Updated QM Plans are submitted</td>
</tr>
<tr>
<td>Jun 30</td>
<td>ODP issues statewide QA&amp;I report</td>
</tr>
</tbody>
</table>
Quality Assessment and Improvement Process: Onsite Review & QA&I Comprehensive Report Timing

On-site reviews will be scheduled and conducted between September 1 and December 31 each year. The completion of the last interview will denote the last date of the onsite review. The QA&I Comprehensive Report will be sent electronically by ODP or the AE to the entity within 30 days of the last Onsite Review date. The QA&I Comprehensive Report will be inclusive of the corrective action plan (CAP). Within 30 days of receipt of the report and CAP, the entity will complete remediation and respond to the QA&I Comprehensive Report detailing remediation actions taken and Plan to Prevent Recurrence. This will include an update to the QM Plan, if necessary.

![Diagram showing the timeline for On-Site Review, Comprehensive Report & CAP, and CAP Response & Remediation]
Quality Assessment and Improvement Process

ODP draws review sample

ODP communicates beginning of QA&I cycle to those entities selected for review

AEs and SCOs complete self-assessments

ODP conducts desk reviews of AEs and SCOs

ODP issues statewide aggregate report on self-assessments

ODP sends confirmation letters to AEs and SCOs 2 weeks prior to onsite review

ODP conducts onsite review of AEs and SCOs in the year’s review pool

ODP QA&I Teams issue QA&I Comprehensive Reports for AEs and SCOs in the year’s review pool

AEs and SCOs remediate non-compliance and submit PPRs within 30 days

ODP QA&I Lead approves remediation and PPR and closes Comprehensive Report within 20 days

QM Plan Updates (as needed) within 30 days

ODP issues statewide QA&I Aggregate Report
Quality Assessment and Improvement Process: Provider Flowchart

1. ODP notifies AE of the Provider pool and the review sample for the year
2. AE reviews findings of ODP desk review and Providers’ self-assessment
3. AE conducts desk review for Providers in the year’s review pool
4. AE sends confirmation letters to Providers 2 weeks prior to onsite review
5. AE conducts onsite review of Providers in the year’s review pool
6. Providers remediate non-compliance and submit PPRs within 30 days
7. QA&I Lead approves remediation and PPR and closes Comprehensive Report within 20 days
8. AE issues QA&I Comprehensive Reports for Providers in the year’s review pool
9. AE issues QA&I Comprehensive Reports for Providers in the year’s review pool
10. ODP issues statewide QA&I Aggregate Report
11. QM Plan Updates (as needed) within 30 days
12. ODP issues statewide QA&I Aggregate Report

7/29/17