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# QUALITY ASSESSMENT AND IMPROVEMENT: ANNUAL STATEWIDE REPORT

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Pennsylvania Office of Developmental Programs  
Interim Year 1 ~ Fiscal Year 2020-2021



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# Executive Summary

## About the QA&I Process

The Office of Developmental Programs (ODP) Quality Assessment and Improvement (QA&I) process, launched in July 2017, is one tool that ODP uses to evaluate the current system of supports and to identify ways to improve the 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,
- Use data to manage the service delivery system with a continuous quality improvement (CQI) approach, and
- Assess compliance with Centers for Medicare and Medicaid Services (CMS) performance measures and 55 Pa. Code Chapter 6100 regulations.

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

In 2016, following the publication of *Everyday Lives: Values in Action*, the Information Sharing and Advisory Committee (ISAC) became ODP's Stakeholder Quality Council and went on to create a detailed series of recommendations, strategies, and performance measures used to guide ODP and evaluate progress in achieving important goals put forth in *Everyday Lives*. Data and findings from the QA&I process are used to measure and inform progress toward achieving the desired outcomes stated in multiple ISAC recommendation areas, including but not limited to assuring effective communication, increasing employment, and supporting families throughout the lifespan. 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.

In lieu of beginning QA&I Cycle 2 on July 1, 2020, as originally planned, and as a result of the COVID-19 pandemic, ODP received approval from CMS to implement an interim QA&I process, referred to as Interim Year 1 (IY1). Intellectual Disabilities/Autism Waivers (ID/A) and Adult Autism Waiver

(AAW) monitoring tools for AEs, SCOs and providers were aligned, and the QA&I process was modified for IY1 to allow for entity reviews and individual interviews to be conducted remotely to ensure the health and safety of ODP’s stakeholders. Self-assessments were not required during IY1 to allow entities to focus on the pandemic challenges experienced across the statewide delivery system. However, AEs, SCOs and providers selected for IY1 were asked to complete a COVID-19 supplemental survey to collect information about impacts of the pandemic on the service system. Only one response was submitted from each agency and the results of the supplemental surveys can be found in Appendix F, organized in entity-specific sections.

In addition, the sampling approach was modified for IY1. ODP pulled core samples of individuals receiving services and supports using the proportionate, random, and representative sampling methodology described in the ID/A waivers and the AAW and entities reviewed were based on the individuals selected from that core sample. If an individual received services and supports from multiple providers, all providers authorized in the individual’s ISP were reviewed. The number of individuals identified for the entities varied with no minimum or maximum applied. In cases where a provider was authorized for services with multiple AEs or a provider served individuals in both the ID/A waivers and the AAW, the provider received only one full review conducted by the assigned AE.

Lastly, ODP included a "COVID-19 supplement" to the QA&I individual interview tool for IY1 that asked questions geared towards assessing individuals’ experiences during the pandemic. These interviews were conducted remotely by Independent Monitoring for Quality (IM4Q) Local Programs, across the state, from September 2020 through January 2021, and 431 total individuals (381 enrolled in ID/A programs and 50 enrolled in AAW programs) chose to participate in the interviews. Results from individual interviews are not included in this report.

## About the Findings

This report includes a summary analysis of statewide data collected during QA&I IY1 for ODP’s Consolidated, Person/Family Directed Support (P/FDS) and Community Living waivers, which are collectively referred to as the Intellectual Disability/Autism (ID/A) waivers, and the Adult Autism Waiver (AAW).

For ease of use, select findings from IY1 are presented in separate sections identified by entity type: AEs, SCOs and providers. Findings for the ID/A waivers and the AAW are presented separately within the SCO and provider sections. Results are underscored in subsections entitled “Reasons to Celebrate” and “Highlighting Opportunities.” The intent of the latter is to encourage entities to target these low performing areas with quality improvement activities. While comparisons to QA&I Cycle 1 data were provided for the ID/A subsections of this report, the same was not done with previous AAW findings due to lack of data from a complete QA&I cycle for the AAW. IY1 was only the second year that the AAW was included in the QA&I process, which involves a 3-year cycle reflecting a comprehensive review of the system.

It should be noted that ODP asks “non-scored” questions to assess what is happening in the field related to new requirements and/or best practices. These findings help to guide ODP and the entities to develop guidance when a need for improvement is indicated and do not result in non-compliance for the entity. In addition to highlighting select findings in the body of this report, all findings from IY1 are provided in the appendices.

## About the Full Reviews

A QA&I full review in a typical year, is the process during which all AEs, SCOs and providers must complete a self-assessment *and* undergo a desk and onsite review. During the desk review, ODP or AE reviewers complete an examination of available documentation related to key performance metrics and quality outcomes for individuals. An onsite review follows the desk review and includes staff from ODP and/or the AE who conduct an in-person visit to assess performance in all areas reviewed with the QA&I process. After the review, each entity receives a comprehensive report and may be required to complete remediation, corrective action, and quality improvement activities. However, for IY1, reviews were fully remote, and a copy of the completed review spreadsheet was provided instead of a comprehensive report. Entities participating in IY1 were still expected to complete remediation, corrective action, and quality improvement activities, if applicable.

<b>ID/A: Number of Entities Engaged in QA&amp;I, Interim Year 1, Full Review Process</b>					
	Central	Northeast	Southeast	Western	Statewide
<b>AEs</b>	11	3	2	13	29
<b>SCOs</b>	13	4	2	16	35
<b>Providers</b>	49	18	16	59	142
<b>TOTAL</b>	<b>73</b>	<b>25</b>	<b>20</b>	<b>88</b>	<b>206</b>

<b>AAW: Number of Entities Engaged in QA&amp;I, Interim Year 1, Full Review Process</b>					
	Central	Northeast	Southeast	Western	Statewide
<b>SCOs</b>	3	2	4	5	14
<b>Providers</b>	2	6	9	2	19
<b>TOTAL</b>	<b>5</b>	<b>8</b>	<b>13</b>	<b>7</b>	<b>33</b>

## How to Use this Data

All entities should engage in a process of review of statewide results followed by a review of their regional, entity-specific data and performance. After studying these results, ODP encourages the use of the information 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 their Quality Management (QM) plans and supporting action plans. When appropriate, ODP staff, AEs, SCOs, and providers should collaborate to develop and implement QM plans.

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

- Update policies and procedures,
- Identify and respond to needs for training and technical assistance, and
- Develop and implement QM plans and action plans where performance improvements are needed statewide and/or specific to a region.

## Section 1: Administrative Entities (AEs)

### Summary of QA&I Question Categories

The table below summarizes the categories for all 34 questions asked in the AE QA&I tool during IY1 and shows the “Category Codes” for the questions.

QA&I Tool Question Categories	Category Code	Number of Questions	Percentage of Questions <i>Note: Percentages rounded.</i>
Administrative Authority	AA	2	6%
Financial Accountability	FA	1	3%
Health & Welfare	HW	5	15%
Level of Care	LC	8	24%
Person-Centered Planning	PC	8	24%
Provider & Participant Monitoring	PM	1	3%
Quality Management	QM	4	12%
Qualified Providers	QP	5	15%

### Reasons to Celebrate

Statewide, there were many areas where AEs are maintaining very positive scores in the areas monitored by ODP via QA&I. The 16 questions in the table below scored 100% during IY1. When compared against the 3-year averages from QA&I Cycle 1, questions listed below either maintained scores of 100% (6) or improved to 100% (10) for IY1. An additional 14 questions in IY1 scored between 86% and 99%.

Q#	Cat.	AEs: QA&I Interim Year 1 Question	%
8	QP	The AE qualifies AWC FMS Provider utilizing ODP standardized procedures. *	100%
9	QP	The AE qualifies Provider 1 utilizing ODP standardized procedures. *	100%
10	QP	The AE qualifies Provider 2 utilizing ODP standardized procedures. *	100%
11	QP	The AE qualifies a Community Participation Support Provider utilizing ODP standardized procedures. *	100%
13	QP	The AE provides ongoing technical support to Providers. **	100%
14	PC	The AE has an assigned employment staff point person.	100%
15	PC	The AE promotes community access as defined in the CMS Final Rule.	100%
16	PC	The AE identifies a need for technical assistance related to HCBS setting rule to providers, individuals, and families.	100%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

Q#	Cat.	AEs: QA&I Interim Year 1 Question <i>(continued from previous page)</i>	%
17	HW	The AE provides the SCOs and Providers with assistance to support people with complex physical and behavioral needs. **	100%
18	HW	The AE identifies resources that support wellness and shares the information with Providers and SCOs. **	100%
19	HW	The AE Human Rights Committee (HRC) has a protocol that includes all ODP required elements.	100%
20	HW	The AE has a Human Rights Committee (HRC).	100%
21	HW	The AE has a Provider risk screening process. **	100%
22	AA	The AE provides notification of Due Process Rights at waiver enrollment (during the review period). *	100%
39	PC	The ISP has evidence that the individual has opportunities for community activities of their choice.	100%
40	PC	The ISP has evidence of necessary supports to participate in community activities.	100%

## Highlighting Opportunities

For IY1, 2 of the AE questions resulted in findings below the 86% compliance threshold, and 1 (Q5) finding was just above that threshold. For Q5, compliance was 100% across 3 regions, or 16 AEs. However, in the Western Region, 9 of 13 AEs reviewed (69.2%) did not show evidence of reviewing and using performance data when developing a Quality Management Plan (QMP). Historically, this question was not asked during C1Y1, C1Y2 results showed 87.5% compliance, and C1Y3 results showed 100% compliance for the 16 AEs reviewed during those years. For question 28, the 3-year average score for Cycle 1 was 89.4%, and for question 35, it was 84.3%.

Q#	Cat.	AEs: QA&I Interim Year 1 Question	%
5	QM	The AE reviewed and used performance data in developing the Quality Management Plan (QMP).	86.2%
28	FA	The AE ensures that the program diagnosis corresponds with the correct criteria of LOC.	84.4%
35	PC	Waiver services are initiated within forty-five (45) calendar days.	80.2%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

## Section 2: Supports Coordination Organizations (SCOs)

### Summary of QA&I Question Categories

The table below summarizes the categories for all 45 questions asked in the SCO QA&I tool during IY1. All questions applied for SCOs providing ID/A funded services and 38 questions were applicable for the SCOs providing AAW-funded services only.

QA&I Tool Question Categories (ID/A and AAW)	Category Code	Number of Questions	Percentage of Questions <i>Note: Percentages are rounded.</i>
Health & Welfare	HW	16	36%
Person-Centered Planning	PC	20	44%
Quality Management	QM	4	9%
Qualified Providers	QP	5	11%

### Reasons to Celebrate

Statewide, there were many areas where ID/A SCOs are maintaining very positive scores in the areas monitored by ODP via QA&I. The 25 questions in the ID/A table below scored 95% or above during IY1. When compared against the 3-year averages from QA&I Cycle 1, 18 questions listed below either maintained or improved their compliance scores for IY1, 4 questions had compliance scores that did not significantly decline (<1%), and 3 questions could not be compared because the questions were added to the SCO QA&I tool after the first year of Cycle 1. Significant positive gains over Cycle 1 averages were observed for two of these questions, with question 32 showing a 36% increased compliance score and question 35 showing a 17% increase. Question 36 showed a 35% increase in compliance as well, however, this was attributable to a change in how it's being measured and not necessarily to improved compliance. An additional 7 ID/A questions scored between 86% and 94%.

Q#	Cat.	ID/A SCOs: QA&I Interim Year 1 Question	%
9	QM	The SCO revises the QMP at least every three years.	100%
10	PC	The SCO identifies how they collaborate with OVR and the school district for transition age youth and employment. **	100%
11	HW	The SCO maintains a certified investigator.	97.1%
13	QP	SC Supervisors with a caseload (or who submitted billable service notes) completed the required number of training hours in the training year. *	100%
18	PC	The individual's ISP is updated timely when a change in need is identified. *	97.3%
19	PC	The Service Notes (SNs) meet quality standards.	97.1%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

Q#	Cat.	ID/A SCOs: QA&I Interim Year 1 Question (continued from previous page)	%
22	PC	There are unresolved issues where the SCO/SC notified the Provider, but no action was taken by the Provider.	100%
24	HW	The SC documents a risk assessment. *	99.7%
25	HW	The SC incorporates risk mitigation strategies into the ISP. *	99.0%
26	PC	The SC develops a person-centered ISP to address all assessed needs. *	95.8%
27	PC	An ISP is developed that supports the outcomes throughout the entire plan. *	99.4%
29 – 30	PC	<i>Note: This score represents the true compliance score that includes the 2 questions from the QA&amp;I tool indicated below, rolled up to show that services are being provided as authorized and, if not, the SC documented acceptable justification, e.g., the participant was on vacation for a week. For question 29, the data reflects that for 45 of 313 records reviewed, services were NOT received as authorized. However, when factoring in question 30 and that 33 of those 45 records had acceptable justification for a service disruption, 301 of 313 records were compliant.</i>	96.2%
		29. The individual received services in type, scope, amount, duration, and frequency as defined in the ISP. (85.6%) *	
		30. If service is not being provided as authorized, the SC documents justification of service not being provided. (73.3%) *	
31	HW	The individual's identified health care needs are addressed. *	95.8%
32	HW	The SCO maintains records that they notified the AE and Regional Program Manager (RPM) if there was imminent risk to the health & welfare of the individual.	100%
34	PC	The ISP includes information about communication supports and services the individual needs based on their communication assessment/reassessment or communication needs.	98.9%
35	PC	The SC explores with the individual options for communication assistance and supports the individual to choose.	97.3%
36	HW	The individual receives information on how to identify and report abuse, neglect, and exploitation.	99.0%
37	HW	The SC identifies any current medical personnel such as doctors, dentists, psychiatrists, therapists/counselors, allied health professionals, specialists, etc. seen in the review period.	97.4%
42	HW	For individuals who have experienced a crisis period, the SC completed additional monitoring during that crisis period in order to resolve the crisis. **	100%
44	HW	If the individual has complex needs, the SC ensures there is a plan in place to address those needs.	100%
45	HW	If there is a complex need identified for the individual, the SC addresses issues identified via monitoring related to support for the person.	100%
46	PC	Choice of Providers was offered to the individual/family. *	98.2%
47	PC	Choice of services was offered to the individual/family. *	98.6%
48	PC	SC provides the individual information on participant directed service (PDS) options annually. *	97.3%
49	PC	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"). **	98.2%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

For the AAW, SCOs also scored very positively in the areas monitored by ODP during IY1. The 22 questions in the AAW table scored 95% or above during IY1; an additional 4 AAW questions scored between 86% and 94%.

Q#	Cat.	Adult Autism Waiver SCOs: QA&I Interim Year 1 Question	%
9	QM	The SCO revises the QMP at least every three years.	100%
11	HW	The SCO maintains a certified investigator.	100%
18	PC	The individual's ISP is updated when a change in need is identified. *	98.1%
19	PC	The Service Notes (SNs) meet quality standards.	98.4%
21	PC	The SC documents follow-up on issues identified.	95.6%
24	HW	The SC documents a risk assessment. *	100%
25	HW	The SC incorporates risk mitigation strategies into the ISP. *	100%
26	PC	The SC develops a person-centered ISP to address all assessed needs. *	100%
27	PC	An ISP is developed that supports the outcomes/objectives throughout the entire plan. *	100%
29 – 30	PC	<i>Note: This score represents the true compliance score that includes the 2 questions from the QA&amp;I tool indicated below, rolled up to show that services are being provided as authorized and, if not, the SC documented acceptable justification, e.g., the participant was on vacation for a week. For question 29, the data reflects that for 20 of 62 records reviewed, services were NOT received as authorized. However, when factoring in question 30 and that 19 of those 20 records had acceptable justification for a service disruption, 61 of 62 records were compliant.</i>	98.4%
		29. The individual received services in type, scope, amount, duration, and frequency as defined in the ISP. (67.7%)	
		30. If service is not being provided as authorized, the SC documents justification of service not being provided. (95.0%)	
31	HW	The individual's identified health care needs are addressed. *	98.4%
32	HW	The SCO maintains records that they notified the AE and Regional Program Manager (RPM) or the AAW Regional Office if there was imminent risk to the health & welfare of the individual.	100%
34	PC	The ISP includes information about communication supports and services the individual needs based on their communication assessment/reassessment or communication needs.	100%
35	PC	The SC explores with the individual options for communication assistance and supports the individual to choose.	100%
36	HW	The individual receives information on how to identify and report abuse, neglect, and exploitation. *	100%
37	HW	The SC identifies any current medical personnel such as doctors, dentists, psychiatrists, therapists/counselors, allied health professionals, specialists, etc. seen in the review period.	100%
40	HW	The SC monitors the implementation of corrective action.	100%
41	HW	The SC follows up on corrective action as necessary.	100%
44	HW	If the individual has complex needs, the SC ensures there is a plan in place to address those needs.	100%
45	HW	If there is a complex need identified for the individual, the SC addresses issues identified via monitoring related to support for the person.	100%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

Q#	Cat.	Adult Autism Waiver SCOs: QA&I Interim Year 1 Question <i>(continued from previous page)</i>	%
46	PC	Choice of Providers was offered to the individual/family. *	100%
47	PC	Choice of services was offered to the individual/family. *	100%

## Highlighting Opportunities

For IY1, 9 of the ID/A SCO questions resulted in findings below the 86% compliance threshold. For ID/A SCOs, a positive gain over Cycle 1 averages can be reported for two of these questions. Question 41 showed an increased compliance score of 27% and question 40 showed an increase of 3%, although they both remain opportunities for improvement. Notable further decreases in compliance rates from ID/A Cycle 1 averages were observed in question 39, with an 11% decrease, and question 7 with a 7% decrease. For both ID/A and AAW SCOs, 2 questions (Q7 and Q8) regarding the development and oversight of quality management plans (QMPs) highlighted a need for improvement.

Q#	Cat.	ID/A SCOs: QA&I Interim Year 1 Question	%
7	QM	The SCO reviewed and used performance data in developing the QMP.	77.1%
8	QM	The SCO measures progress towards achieving identified QMP goals and objectives.	80.0%
15	QP	New SCs staff have completed the required number of hours of orientation and required topics within the first year of employment.	84.0%
16	QP	All new SCs completed the required ODP SC Orientation prior to working independently with waiver and TSM individuals.	84.6%
23	PC	If there were issues that were unresolved by the Provider, there is documentation that the SCO/SC notified the AE of the unresolved issue.	80.0%
39	HW	If there is a reported incident in EIM, the SC documents review of the initial incident report (including medication error or restraints incidents) for evidence that the individual's health, safety, and rights were safeguarded.	59.8%
40	HW	The SC monitors the implementation of corrective action.	72.7%
41	HW	The SC follows up on corrective action as necessary.	81.1%
50	PC	The SC ensures that the individual seeking or receiving Community Participation Support in a prevocational setting has a competitive integrated employment outcome included in their service plan. **	83.6%

Q#	Cat.	Adult Autism Waiver SCOs: QA&I Interim Year 1 Question	%
7	QM	The SCO reviewed and used performance data in developing the QMP.	85.7%
8	QM	The SCO measures progress towards achieving identified QMP goals and objectives.	78.6%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

## Section 3: Service Providers

### Summary of QA&I Question Categories

The tables below summarize the categories for 35 questions asked in the ID/A provider QA&I tool and 25 applicable questions in the AAW tool during IY1. The discrepancy between the number of questions on these 2 tables, despite tools being aligned, was due to some of the questions in the tool that did not apply for AAW providers.

ID/A QA&I Tool Question Categories	Category Code	Number of Questions	Percentage of Questions <i>Note: Percentages are rounded.</i>
Health & Welfare	HW	15	43%
Person-Centered Planning	PC	9	26%
Quality Management	QM	3	9%
Qualified Providers	QP	8	23%

AAW QA&I Tool Question Categories	Category Code	Number of Questions	Percentage of Questions <i>Note: Percentages are rounded.</i>
Health & Welfare	HW	12	48%
Person-Centered Planning	PC	7	28%
Quality Management	QM	3	12%
Qualified Providers	QP	3	12%

### Reasons to Celebrate

Statewide, there were many areas where ID/A service providers are maintaining very positive scores in the areas monitored by ODP via QA&I. The 15 questions in the ID/A table on the next page scored 95% or above during IY1. An additional 6 questions scored between 86% and 94%. When compared against the 2-year averages from QA&I Cycle 1, 7 questions listed below improved their compliance scores for IY1, 2 questions had a compliance score that did not significantly decline (<1%), and 6 questions could not be compared because the questions were added to the provider QA&I tool in the third year of Cycle 1. Note that due to reliability issues with the first year of ID/A data collected for QA&I (C1Y1), this data was not included in the average calculations used as a comparison with IY1. Instead, a 2-year average of years 2 and 3 of Cycle 1 was used.

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

Q#	Cat.	ID/A Service Providers: QA&I Interim Year 1 Question	%
8	QM	The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	96.5%
10	QM	The Provider revises the QMP at least every three years.	96.4%
22	QP	Provider staff who render Community Participation Support (CPS) completed the Department approved training on CPS.	95.3%
23	QP	New hire staff of a Provider who renders CPS completed the Department approved training on CPS within 60 days of hire.	97.0%
29	PC	The Provider documents the implementation of communication strategies and the progress made toward the communication goals/outcomes.	96.0%
31	PC	The individual is supported in exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); or through Discovery and Job Acquisition (Advanced Supported Employment).	100%
32	PC	The employment Provider supports the individual in maintaining employment through Supported Employment and Advanced Supported Employment.	100%
34	HW	The Provider ensures that restrictive procedures were followed according to the approved plan.	100%
35	PC	The Provider ensures the individual has the right to control his/her own schedule and activities and has the right to update those activities regularly.	98.6%
38	HW	All reportable incidents are documented in EIM as required.	95.2%
39	HW	All required investigations are completed by a Department certified incident investigator.	100%
40	HW	The Provider offered victim's assistance to the individual as appropriate.	97.2%
41	HW	The Provider follows up on corrective action as necessary.	95.2%
42	HW	The Provider ensures the individual completes all health care appointments, screenings, and follow-up as prescribed.	97.1%
43	HW	If the individual has a dual diagnosis, all the needs of the individual are being met as specified in the ISP.	100%

AAW service providers are maintaining very positive scores in the areas monitored by ODP via QA&I, as well. The 7 questions in the AAW table below scored 95% or above during IY1. An additional 3 AAW questions scored between 86% and 94%.

Q#	Cat.	Adult Autism Waiver Service Providers: QA&I Interim Year 1 Question	%
10	QM	The Provider revises the QMP at least every three years.	100%
12	PC	The Provider provided written notice to all required parties within the required time frames.	100%
32	PC	The employment Provider supports the individual in maintaining employment through Supported Employment and Advanced Supported Employment.	100%
35	PC	The Provider ensures the individual has the right to control his/her own schedule and activities and has the right to update those activities regularly.	97.2%
36	PC	The Provider implements the individual's back-up/contingency plan as specified in the ISP.	100%
39	HW	All required investigations are completed by a Department certified incident investigator.	100%
42	HW	The Provider ensures the individual completes all health care appointments, screenings, and follow-up as prescribed.	100%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

## Highlighting Opportunities

For IY1, 13 questions each, for both ID/A and AAW providers, resulted in findings below the 86% compliance threshold on the provider QA&I tool. Opportunities for improvement overlapped in some areas, including questions 11, 14, 16, 18, 19, 25, and 33. For the ID/A providers, a positive gain over Cycle 1 averages can be reported for all 13 ID/A questions, although opportunities for improvement remain.

Q#	Cat.	ID/A Service Providers: QA&I Interim Year 1 Question	%
11	QP	The Provider utilizes a policy/procedure to screen employees and contractors.	83.1%
14	HW	The Provider identifies resources that support wellness and shares the information with individuals and families. **	84.5%
15	HW	The Provider has a policy on sexual health, personal relationships, and sexuality consistent with the guidelines. **	84.5%
16	HW	The Provider finalizes incidents within 30 days.	58.5%
17	HW	The Provider reviews and analyzes incidents at least quarterly.	85.2%
18	HW	The Provider's peer review process to review the quality of investigations was completed and documented.	80.0%
19	HW	The Provider implements follow-up recommendations from the Certified Investigator peer review process.	83.0%
20	HW	Staff receive annual incident management training on preventing, recognizing, reporting, and responding to incidents and assuring a participant is safe.	85.2%
21	QP	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.	82.4%
24	QP	The Provider's staff completed Annual training that includes core courses as required. *	73.9%
25	QP	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.	83.8%
33	PC	The Provider's progress notes indicate actions taken to address lack of progress in achieving a desired outcome.	84.4%
37	HW	If an individual's back-up/contingency plan is not implemented as specified in the ISP, an incident report of neglect was submitted into Enterprise Incident Management (EIM).	75.0%

It is important to note that in most cases for the AAW, the denominator was very small and just one finding of noncompliance could cause the overall findings for a question to be noncompliant. For example, there was only 1 individual in the sample who required victim's assistance and since there was a negative finding for that individual, the compliance level was 0% for question 40.

Q#	Cat.	Adult Autism Waiver Service Providers: QA&I Interim Year 1 Question	%
8	QM	The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	84.2%
9	QM	The Provider reviewed and used performance data in developing the QMP.	84.2%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

Q#	Cat.	Adult Autism Waiver Service Providers: QA&I Interim Year 1 Question <i>(continued from previous page)</i>	%
11	QP	The Provider utilizes a policy/procedure to screen employees and contractors.	73.7%
14	HW	The Provider identifies resources that support wellness and shares the information with individuals and families. **	60.0%
16	HW	The Provider finalizes incidents within 30 days.	60.0%
18	HW	The Provider's peer review process to review the quality of investigations was completed and documented.	77.8%
19	HW	The Provider implements follow-up recommendations from the Certified Investigator peer review process.	66.7%
25	QP	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.	84.2%
27	QP	Staff are trained on the individual's communication profile and/or formal communication system.	85.7%
33	PC	The Provider's progress notes indicate actions taken to address lack of progress in achieving a desired outcome.	84.4%
38	HW	All reportable incidents are documented in EIM as required.	83.3%
40	HW	The Provider offered victim's assistance to the individual as appropriate.	0.0%
41	HW	The Provider follows up on corrective action as necessary.	80.0%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

## Appendix A: AE Results for QA&I, Interim Year 1 (FY 20-21)

Note: Demographic questions are not included in this table.

INTERIM YEAR 1: ADMINISTRATIVE ENTITIES			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
4	QM	The AE has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	28	29	96.6%	11	11	100%	3	3	100%	2	2	100%	12	13	92.3%
5	QM	The AE reviewed and used performance data in developing the QMP.	25	29	86.2%	11	11	100%	3	3	100%	2	2	100%	9	13	69.2%
6	QM	The AE measures progress towards achieving identified QMP goals and objectives.	27	29	93.1%	11	11	100%	1	3	33.3%	2	2	100%	13	13	100%
7	QM	The AE revises the QMP at least every three years.	28	29	96.6%	11	11	100%	3	3	100%	2	2	100%	12	13	92.3%
8	QP	The AE qualifies AWC FMS Provider utilizing ODP standardized procedures. *	4	4	100%	2	2	100%	1	1	100%	0	0	NA	1	1	100%
9	QP	The AE qualifies Provider 1 utilizing ODP standardized procedures. *	24	24	100%	11	11	100%	3	3	100%	2	2	100%	8	8	100%
10	QP	The AE qualifies Provider 2 utilizing ODP standardized procedures. *	25	25	100%	10	10	100%	3	3	100%	2	2	100%	10	10	100%
11	QP	The AE qualifies a Community Participation Support Provider utilizing ODP standardized procedures. *	24	24	100%	10	10	100%	3	3	100%	1	1	100%	10	10	100%
12	PM	The AE conducts the QA&I Process using the standard tool and monitoring processes. *	28	29	96.6%	10	11	90.9%	3	3	100%	2	2	100%	13	13	100%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: ADMINISTRATIVE ENTITIES			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
13	QP	The AE provides ongoing technical support to Providers. **	29	29	100%	11	11	100%	3	3	100%	2	2	100%	13	13	100%
14	PC	The AE has an assigned employment staff point person.	29	29	100%	11	11	100%	3	3	100%	2	2	100%	13	13	100%
15	PC	The AE promotes community access as defined in the CMS Final Rule.	29	29	100%	11	11	100%	3	3	100%	2	2	100%	13	13	100%
16	PC	The AE identifies a need for technical assistance related to HCBS setting rule to providers, individuals, and families.	16	16	100%	0	0	NA	2	2	100%	2	2	100%	12	12	100%
17	HW	The AE provides the SCOs and Providers with assistance to support people with complex physical and behavioral needs. **	29	29	100%	11	11	100%	3	3	100%	2	2	100%	13	13	100%
18	HW	The AE identifies resources that support wellness and shares the information with Providers and SCOs. **	29	29	100%	11	11	100%	3	3	100%	2	2	100%	13	13	100%
19	HW	The AE Human Rights Committee (HRC) has a protocol that includes all ODP required elements.	29	29	100%	11	11	100%	3	3	100%	2	2	100%	13	13	100%
20	HW	The AE has a Human Rights Committee (HRC).	29	29	100%	11	11	100%	3	3	100%	2	2	100%	13	13	100%
21	HW	The AE has a Provider risk screening process. **	29	29	100%	11	11	100%	3	3	100%	2	2	100%	13	13	100%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: ADMINISTRATIVE ENTITIES			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
22	AA	The AE provides notification of Due Process Rights at waiver enrollment (during the review period). *	8	8	100%	5	5	100%	1	1	100%	0	0	NA	2	2	100%
24	AA	Due process rights information was provided to the individuals with a change(s) in need. *	37	41	90.2%	12	12	100%	2	6	33.3%	4	4	100%	19	19	100%
26	LC	The AE completed the initial level of care (LOC) evaluation and determination prior to entry into the waiver.	232	237	97.9%	77	82	93.9%	24	24	100%	36	36	100%	95	95	100%
27	LC	Certification of Need for ICF/ID or ICF/ORC LOC DP 250 completed (signed and dated).	233	237	98.3%	79	82	96.3%	23	24	95.8%	36	36	100%	95	95	100%
28	LC	The AE ensures that the program diagnosis corresponds with the correct criteria of LOC.	200	237	84.4%	63	82	76.8%	22	24	91.7%	29	36	80.6%	86	95	90.5%
29	LC	The medical evaluation includes a recommendation for an ICF/ID or ICF/ORC LOC. *	232	237	97.9%	78	82	95.1%	24	24	100%	36	36	100%	94	95	98.9%
30	LC	The medical evaluation occurs within the 365-day period prior to the Qualified Developmental Disabilities Professional signature on the LOC DP 250 form. *	232	237	97.9%	78	82	95.1%	24	24	100%	36	36	100%	94	95	98.9%
31	LC	The psychological evaluation meets ODP standards. *	233	237	98.3%	82	82	100%	24	24	100%	36	36	100%	91	95	95.8%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: ADMINISTRATIVE ENTITIES			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
32	LC	A QDDP certifies that the individual has impairments in adaptive behavior based on the results of a standardized assessment of adaptive functioning. *	222	237	93.7%	82	82	100%	24	24	100%	36	36	100%	80	95	84.2%
33	LC	The record contains evidence that the intellectual disability manifested during the developmental period which is from birth up to the individual's 22nd birthday. *	234	237	98.7%	80	82	97.6%	24	24	100%	35	36	97.2%	95	95	100%
34	AA	The AE maintains documentation of financial eligibility for waiver services.	234	237	98.7%	79	82	96.3%	24	24	100%	36	36	100%	95	95	100%
35	PC	Waiver services are initiated within forty-five (45) calendar days.	190	237	80.2%	68	82	82.9%	15	24	62.5%	36	36	100%	71	95	74.7%
36	PC	All assessed needs are addressed in the ISP.	309	313	98.7%	120	122	98.4%	30	31	96.8%	36	36	100%	123	124	99.2%
38	PC	Annual ISP (Annual Review Update) approved and authorized within 365 days of the prior Annual ISP. *	181	196	92.3%	64	68	94.1%	20	21	95.2%	8	11	72.7%	89	96	92.7%
39	PC	The ISP has evidence that the individual has opportunities for community activities of their choice.	268	268	100%	122	122	100%	31	31	100%	22	22	100%	93	93	100%
40	PC	The ISP has evidence of necessary supports to participate in community activities.	257	257	100%	122	122	100%	31	31	100%	11	11	100%	93	93	100%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

## Appendix B: ID/A SCO Results for QA&I, Interim Year 1 (FY 20-21)

Note: Demographic questions are not included in this table.

INTERIM YEAR 1: ID/A SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
6	QM	The SCO has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	33	35	94.3%	12	13	92.3%	4	4	100%	2	2	100%	15	16	93.8%
7	QM	The SCO reviewed and used performance data in developing the QMP.	27	35	77.1%	12	13	92.3%	3	4	75%	2	2	100%	10	16	62.5%
8	QM	The SCO measures progress towards achieving identified QMP goals and objectives.	28	35	80%	12	13	92.3%	1	4	25%	2	2	100%	13	16	81.3%
9	QM	The SCO revises the QMP at least every three years.	34	34	100%	12	12	100%	4	4	100%	2	2	100%	16	16	100%
10	PC	The SCO identifies how they collaborate with OVR and the school district for transition age youth and employment. **	35	35	100%	13	13	100%	4	4	100%	2	2	100%	16	16	100%
11	HW	The SCO maintains a certified investigator.	34	35	97.1%	13	13	100%	4	4	100%	2	2	100%	15	16	93.8%
12	QP	SCs completed the required number of training hours in the training year. *	32	35	91.4%	12	13	92.3%	3	4	75%	2	2	100%	15	16	93.8%
13	QP	SC Supervisors with a caseload (or who submitted billable service notes) completed the required number of training hours in the training year. *	25	25	100%	3	3	100%	4	4	100%	2	2	100%	16	16	100%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: ID/A SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
14	QP	The SCO's staff completed Annual training that includes core courses as required. *	31	35	88.6%	12	13	92.3%	3	4	75%	1	2	50.0%	15	16	93.8%
15	QP	New SCs staff have completed the required number of hours of orientation and required topics within the first year of employment.	21	25	84%	10	10	100%	2	4	50.0%	1	2	50.0%	8	9	88.9%
16	QP	All new SCs completed the required ODP SC Orientation prior to working independently with waiver and TSM individuals.	22	26	84.6%	10	10	100%	2	4	50.0%	1	2	50.0%	9	10	90%
17	PC	The individual had an identified change in need. * **	148	148	100%	63	63	100%	18	18	100%	14	14	100%	53	53	100%
18	PC	The individual's ISP is updated timely when a change in need is identified. *	144	148	97.3%	62	63	98.4%	18	18	100%	12	14	85.7%	52	53	98.1%
19	PC	The Service Notes (SNs) meet quality standards.	304	313	97.1%	120	122	98.4%	31	31	100%	32	36	88.9%	121	124	97.6%
21	PC	The SC documents follow-up on issues identified.	196	208	94.2%	70	71	98.6%	19	22	86.4%	23	25	92%	84	90	93.3%
22	PC	There are unresolved issues where the SCO/SC notified the Provider, but no action was taken by the Provider. **	5	5	100%	1	1	100%	0	0	NA	1	1	100%	3	3	100%
23	PC	If there were issues that were unresolved by the Provider, there is documentation that the SCO/SC notified the AE of the unresolved issue.	4	5	80%	1	1	100%	0	0	NA	1	1	100%	2	3	66.7%
24	HW	The SC documents a risk assessment.	312	313	99.7%	122	122	100%	31	31	100%	36	36	100%	123	124	99.2%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: ID/A SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
25	HW	The SC incorporates risk mitigation strategies into the ISP. *	309	312	99%	122	122	100%	29	30	96.7%	34	36	94.4%	124	124	100%
26	PC	The SC develops a person-centered ISP to address all assessed needs. *	300	313	95.8%	120	122	98.4%	29	31	93.5%	32	36	88.9%	119	124	96%
27	PC	An ISP is developed that supports the outcomes throughout the entire plan. *	311	313	99.4%	122	122	100%	31	31	100%	35	36	97.2%	123	124	99.2%
28	PC	The SC conducts all monitoring at the required frequency.	285	313	91.1%	115	122	94.3%	28	31	90.3%	31	36	86.1%	111	124	89.5%
29	PC	The individual received services in type, scope, amount, duration, and frequency as defined in the ISP. *	268	313	85.6%	106	122	86.9%	21	31	67.7%	30	36	83.3%	111	124	89.5%
30	PC	If service is not being provided as authorized, the SC documents justification of service not being provided. *	33	45	73.3%	11	16	68.8%	10	10	100%	3	6	50.0%	9	13	69.2%
31	HW	The individual's identified health care needs are addressed. *	300	313	95.8%	122	122	100%	29	31	93.5%	32	36	88.9%	117	124	94.4%
32	HW	The SCO maintains records that they notified the AE and Regional Program Manager (RPM) if there was imminent risk to the health & welfare of the individual.	7	7	100%	3	3	100%	0	0	NA	1	1	100%	3	3	100%
33	PC	There is a communication need for this individual. **	93	93	100%	38	38	100%	6	6	100%	13	13	100%	36	36	100%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: ID/A SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
34	PC	The ISP includes information about communication supports and services the individual needs based on their communication assessment/reassessment or communication needs.	92	93	98.9%	37	38	97.4%	6	6	100%	13	13	100%	36	36	100%
35	PC	The SC explores with the individual options for communication assistance and supports the individual to choose.	71	73	97.3%	33	34	97.1%	3	3	100%	3	3	100%	32	33	97%
36	HW	The individual receives information on how to identify and report abuse, neglect, and exploitation. <i>(In private setting)</i>	99	290	34.1%	23	115	20%	7	29	24.1%	11	36	30.6%	58	110	52.7%
36	HW	The individual receives information on how to identify and report abuse, neglect, and exploitation. *	287	290	99%	112	115	97.4%	29	29	100%	36	36	100%	110	110	100%
37	HW	The SC identifies any current medical personnel such as doctors, dentists, psychiatrists, therapists/ counselors, allied health professionals, specialists, etc. seen in the review period.	261	268	97.4%	109	109	100%	20	21	95.2%	26	26	100%	106	112	94.6%
38	HW	All reportable incidents are documented in Enterprise Incident Management (EIM) as required.	106	112	94.6%	44	44	100%	8	8	100%	11	13	84.6%	43	47	91.5%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: ID/A SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
39	HW	If there is a reported incident in EIM, the SC documents review of the initial incident report (including medication error or restraints incidents) for evidence that the individual's health, safety, and rights were safeguarded.	64	107	59.8%	30	44	68.2%	1	8	12.5%	8	11	72.7%	25	44	56.8%
40	HW	The SC monitors the implementation of corrective action.	56	77	72.7%	19	24	79.2%	2	8	25%	8	9	88.9%	27	36	75%
41	HW	The SC follows up on corrective action as necessary.	30	37	81.1%	9	10	90%	2	3	66.7%	2	3	66.7%	17	21	81%
42	HW	For individuals who have experienced a crisis period, the SC completed additional monitoring during that crisis period in order to resolve the crisis. **	24	24	100%	5	5	100%	3	3	100%	4	4	100%	12	12	100%
43	HW	The individual has complex needs. **	239	239	100%	96	96	100%	18	18	100%	22	22	100%	103	103	100%
44	HW	If the individual has complex needs, the SC ensures there is a plan in place to address those needs.	239	239	100%	96	96	100%	18	18	100%	22	22	100%	103	103	100%
45	HW	If there is a complex need identified for the individual, the SC addresses issues identified via monitoring related to support for the person.	239	239	100%	96	96	100%	18	18	100%	22	22	100%	103	103	100%
46	PC	Choice of Providers was offered to the individual/ family. *	216	220	98.2%	80	84	95.2%	24	24	100%	27	27	100%	85	85	100%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: ID/A SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
47	PC	Choice of services was offered to the individual/ family. *	217	220	98.6%	81	84	96.4%	24	24	100%	27	27	100%	85	85	100%
48	PC	SC provides the individual information on participant directed service (PDS) options annually. *	215	221	97.3%	79	85	92.9%	24	24	100%	27	27	100%	85	85	100%
49	PC	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"). **	217	221	98.2%	81	85	95.3%	24	24	100%	27	27	100%	85	85	100%
50	PC	The SC ensures that the individual seeking or receiving Community Participation Support in a prevocational setting has a competitive integrated employment outcome included in their service plan. **	56	67	83.6%	27	27	100%	3	9	33.3%	3	7	42.9%	23	24	95.8%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

## Appendix C: ID/A Service Provider Results for QA&I, Interim Year 1 (FY 20-21)

Note: Demographic questions are not included in this table.

INTERIM YEAR 1: ID/A SERVICE PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
8	QM	The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	137	142	96.5%	47	49	95.9%	17	18	94.4%	16	16	100%	57	59	96.6%
9	QM	The Provider reviewed and used performance data in developing the QMP.	128	140	91.4%	43	49	87.8%	17	17	100%	13	16	81.3%	55	58	94.8%
10	QM	The Provider revises the QMP at least every three years.	135	140	96.4%	43	48	89.6%	17	17	100%	16	16	100%	59	59	100%
11	QP	The Provider utilizes a policy/procedure to screen employees and contractors.	118	142	83.1%	42	49	85.7%	17	18	94.4%	9	16	56.3%	50	59	84.7%
12	PC	The Provider provided written notice to all required parties within the required time frames.	29	31	93.5%	6	7	85.7%	1	1	100%	3	4	75.0%	19	19	100%
14	HW	The Provider identifies resources that support wellness and shares the information with individuals and families. **	120	142	84.5%	41	49	83.7%	13	18	72.2%	12	16	75.0%	54	59	91.5%
15	HW	The Provider has a policy on sexual health, personal relationships, and sexuality consistent with the guidelines. **	120	142	84.5%	35	49	71.4%	18	18	100%	16	16	100%	51	59	86.4%
16	HW	The Provider finalizes incidents within 30 days.	62	106	58.5%	17	34	50.0%	8	16	50.0%	5	10	50.0%	32	46	69.6%
17	HW	The Provider reviews and analyzes incidents at least quarterly.	98	115	85.2%	36	41	87.8%	16	16	100%	4	10	40.0%	42	48	87.5%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: ID/A SERVICE PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
18	HW	The Provider's peer review process to review the quality of investigations was completed and documented.	11	100	80.0%	24	34	70.6%	15	15	100%	5	9	55.6%	36	42	85.7%
19	HW	The Provider implements follow-up recommendations from the Certified Investigator peer review process.	73	88	83.0%	21	25	84.0%	14	15	93.3%	4	7	57.1%	34	41	82.9%
20	HW	Staff receive annual incident management training on preventing, recognizing, reporting, and responding to incidents and assuring a participant is safe.	121	142	85.2%	42	49	85.7%	15	18	83.3%	11	16	68.8%	53	59	89.8%
21	QP	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.	117	142	82.4%	40	49	81.6%	13	18	72.2%	11	16	68.8%	53	59	89.8%
22	QP	Provider staff who render Community Participation Support (CPS) completed the Department approved training on Community Participation Support.	81	85	95.3%	22	23	95.7%	12	13	92.3%	6	7	85.7%	41	42	97.6%
23	QP	New hire staff of a Provider who renders CPS completed the Department approved training on CPS within 60 days of hire.	64	66	97.0%	19	20	95.0%	7	7	100%	5	5	100%	33	34	97.1%
24	QP	The Provider's staff completed Annual training that includes core courses as required. *	105	142	73.9%	36	49	73.5%	12	18	66.7%	9	16	56.3%	48	59	81.4%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: ID/A SERVICE PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
25	QP	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.	119	142	83.8%	40	49	81.6%	13	18	72.2%	12	16	75.0%	54	59	91.5%
26	QP	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.	73	84	86.9%	23	25	92.0%	6	10	60.0%	9	11	81.8%	35	38	92.1%
27	QP	Staff are trained on the individual's communication profile and/or formal communication system.	33	36	91.7%	12	13	92.3%	4	4	100%	3	3	100%	14	16	87.5%
28	PC	The Provider implements communication strategies as indicated in the ISP.	63	68	92.6%	34	36	94.4%	2	2	100%	2	3	66.7%	25	27	92.6%
29	PC	The Provider documents the implementation of communication strategies and the progress made toward the communication goals/ outcomes.	48	50	96.0%	25	25	100%	0	0	NA	1	1	100%	22	24	91.7%
31	PC	The individual is supported in exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment); or through Discovery and Job Acquisition (Advanced Supported Employment).	14	14	100%	6	6	100%	2	2	100%	3	3	100%	3	3	100%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: ID/A SERVICE PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
32	PC	The employment Provider supports the individual in maintaining employment through Supported Employment and Advanced Supported Employment.	19	19	100%	11	11	100%	2	2	100%	3	3	100%	3	3	100%
33	PC	The Provider's progress notes indicate actions taken to address lack of progress in achieving a desired outcome.	114	135	84.4%	52	59	88.1%	10	14	71.4%	8	13	61.5%	44	49	89.8%
34	HW	The Provider ensures that restrictive procedures were followed according to the approved plan.	12	12	100%	8	8	100%	0	0	NA	0	0	NA	4	4	100%
35	PC	The Provider ensures the individual has the right to control his/her own schedule and activities and has the right to update those activities regularly.	211	214	98.6%	76	79	96.2%	18	18	100%	28	28	100%	89	89	100%
36	PC	The Provider implements the individual's back-up/contingency plan as specified in the ISP.	38	44	86.4%	6	7	85.7%	8	8	100%	13	15	86.7%	11	14	78.6%
37	HW	If an individual's back-up/contingency plan is not implemented as specified in the ISP, an incident report of neglect was submitted into Enterprise Incident Management (EIM).	6	8	75.0%	2	3	66.7%	1	1	100%	2	2	100%	1	2	50.0%
38	HW	All reportable incidents are documented in EIM as required.	79	83	95.2%	35	35	100%	6	6	100%	8	10	80.0%	30	32	93.8%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: ID/A SERVICE PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
39	HW	All required investigations are completed by a Department certified incident investigator.	42	42	100%	19	19	100%	1	1	100%	7	7	100%	15	15	100%
40	HW	The Provider offered victim's assistance to the individual as appropriate.	35	36	97.2%	14	15	93.3%	2	2	100%	4	4	100%	15	15	100%
41	HW	The Provider follows up on corrective action as necessary.	59	62	95.2%	26	26	100%	6	6	100%	4	4	100%	23	26	88.5%
42	HW	The Provider ensures the individual completes all health care appointments, screenings, and follow-up as prescribed.	132	136	97.1%	42	42	100%	16	17	94.1%	14	17	82.4%	60	60	100%
43	HW	If the individual has a dual diagnosis, all the needs of the individual are being met as specified in the ISP.	118	118	100%	47	47	100%	17	17	100%	15	15	100%	39	39	100%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

## Appendix D: AAW SCO Results for QA&I, Interim Year 1 (FY 20-21)

Note: Demographic questions are not included in this table. For the AAW, some SCO Tool questions did not apply.

INTERIM YEAR 1: AAW SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
6	QM	The SCO has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	13	14	92.9%	3	3	100%	2	2	100%	4	4	100%	4	5	80.0%
7	QM	The SCO reviewed and used performance data in developing the QMP.	12	14	85.7%	3	3	100%	2	2	100%	3	4	75.0%	4	5	80.0%
8	QM	The SCO measures progress towards achieving identified QMP goals and objectives.	11	14	78.6%	3	3	100%	2	2	100%	2	4	50.0%	4	5	80.0%
9	QM	The SCO revises the QMP at least every three years.	13	14	92.9%	3	3	100%	2	2	100%	4	4	100%	4	5	80.0%
10	PC	The SCO identifies how they collaborate with OVR and the school district for transition age youth and employment.	12	14	85.7%	3	3	100%	2	2	100%	3	4	75.0%	4	5	80.0%
11	HW	The SCO maintains a certified investigator.	11	14	78.6%	3	3	100%	2	2	100%	2	4	50.0%	4	5	80.0%
12	QP	SCs completed the required number of training hours in the training year. *	13	14	92.9%	3	3	100%	2	2	100%	4	4	100%	4	5	80.0%
13	QP	SC Supervisors with a caseload (or who submitted billable service notes) completed the required number of training hours in the training year. *	12	14	85.7%	3	3	100%	2	2	100%	3	4	75.0%	4	5	80.0%
14	QP	The SCO's staff completed Annual training that includes core courses as required. *	11	14	78.6%	3	3	100%	2	2	100%	2	4	50.0%	4	5	80.0%
17	PC	The individual had an identified change in need. *	52	52	NS	13	13	NS	11	11	NS	14	14	NS	14	14	NS

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: AAW SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
18	PC	The individual's ISP is updated timely when a change in need is identified. *	51	52	98.1%	13	13	100%	11	11	100%	13	14	92.9%	14	14	100%
19	PC	The Service Notes (SNs) meet quality standards.	61	62	98.4%	18	18	100%	11	11	100%	17	18	94.4%	15	15	100%
21	PC	The SC documents follow-up on issues identified.	43	45	95.6%	14	15	93.3%	6	6	100%	11	12	91.7%	12	12	100%
24	HW	The SC documents a risk assessment. *	62	62	100%	18	18	100%	11	11	100%	18	18	100%	15	15	100%
25	HW	The SC incorporates risk mitigation strategies into the ISP. *	61	61	100%	18	18	100%	11	11	100%	17	17	100%	15	15	100%
26	PC	The SC develops a person-centered ISP to address all assessed needs. *	62	62	100%	18	18	100%	11	11	100%	18	18	100%	15	15	100%
27	PC	An ISP is developed that supports the outcomes throughout the entire plan. *	62	62	100%	18	18	100%	11	11	100%	18	18	100%	15	15	100%
28	PC	The SC conducts all monitoring at the required frequency.	53	60	88.3%	13	18	72.2%	11	11	100%	14	16	87.5%	15	15	100%
29	PC	The individual received services in type, scope, amount, duration, and frequency as defined in the ISP. *	61	62	98.4%	18	18	100%	11	11	100%	17	18	94.4%	15	15	100%
30	PC	If service is not being provided as authorized, the SC documents justification of service not being provided. *	19	20	95.0%	5	5	100%	1	1	100%	5	6	83.3%	8	8	100%
31	HW	The individual's identified health care needs are addressed. *	61	62	98.4%	17	18	94.4%	11	11	100%	18	18	100%	15	15	100%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: AAW SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
32	HW	The SCO maintains records that they notified the AE and Regional Program Manager (RPM) if there was imminent risk to the health & welfare of the individual.	7	7	100%	2	2	100%	0	0	N/A	1	1	100%	4	4	100%
33	PC	There is a communication need for this individual.	6	6	NS	2	2	NS	1	1	NS	3	3	NS	0	0	NS
34	PC	The ISP includes information about communication supports and services the individual needs based on their communication assessment/reassessment or communication needs.	6	6	100%	2	2	100%	1	1	100%	3	3	100%	0	0	N/A
35	PC	The SC explores with the individual options for communication assistance and supports the individual to choose.	4	4	100%	2	2	100%	1	1	100%	1	1	100%	0	0	N/A
36	HW	The individual receives information on how to identify and report abuse, neglect, and exploitation. *	54	54	100%	13	13	100%	10	10	100%	16	16	100%	15	15	100%
37	HW	The SC identifies any current medical personnel such as doctors, dentists, psychiatrists, therapists/counselors, allied health professionals, specialists, etc. seen in the review period.	52	52	100%	16	16	100%	11	11	100%	11	11	100%	14	14	100%
38	HW	All reportable incidents are documented in Enterprise Incident Management (EIM) as required.	11	12	91.7%	4	5	80.0%	2	2	100%	1	1	100%	4	4	100%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: AAW SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
39	HW	If there is a reported incident in EIM, the SC documents review of the initial incident report (including medication error or restraints incidents) for evidence that the individual's health, safety, and rights were safeguarded.	10	11	90.9%	3	4	75.0%	2	2	100%	1	1	100%	4	4	100%
40	HW	The SC monitors the implementation of corrective action.	5	5	100%	3	3	100%	1	1	100%	0	0	N/A	1	1	100%
41	HW	The SC follows up on corrective action as necessary.	3	3	100%	2	2	100%	1	1	100%	0	0	N/A	0	0	N/A
42	HW	For individuals who have experienced a crisis period, the SC completed additional monitoring during that crisis period in order to resolve the crisis.	7	7	100%	2	2	100%	0	0	NA	0	0	NA	5	5	100%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

## Appendix E: AAW Service Provider Results for QA&I, Interim Year 1 (FY 20-21)

Note: Demographic questions are not included in this table. For the AAW, some Service Provider Tool questions did not apply.

INTERIM YEAR 1: AAW SERVICE PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
8	QM	The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	16	19	84.2%	2	2	100%	6	6	100%	8	9	88.9%	0	2	0.0%
9	QM	The Provider reviewed and used performance data in developing the QMP.	16	19	84.2%	2	2	100%	6	6	100%	8	9	88.9%	0	2	0.0%
10	QM	The Provider revises the QMP at least every three years.	11	11	100%	2	2	100%	4	4	100%	5	5	100%	0	0	NA
11	QP	The Provider utilizes a policy/procedure to screen employees and contractors.	15	19	78.9%	2	2	100%	6	6	100%	6	9	66.7%	1	2	50.0%
12	PC	The Provider provided written notice to all required parties within the required time frames.	2	2	100%	1	1	100%	0	0	NA	1	1	100%	0	0	NA
14	HW	The Provider identifies resources that support wellness and shares the information with individuals and families. **	14	19	73.7%	2	2	100%	4	6	100%	6	9	100%	2	2	100%
15	HW	The Provider has a policy on sexual health, personal relationships, and sexuality consistent with the guidelines. **	17	19	89.5%	2	2	100%	6	6	100%	8	9	88.9%	1	2	50.0%
16	HW	The Provider finalizes incidents within 30 days.	6	10	60.0%	1	2	50.0%	4	5	80.0%	1	3	33.3%	0	0	NA

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: AAW SERVICE PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
17	HW	The Provider reviews and analyzes incidents at least quarterly.	9	10	90.0%	2	2	100%	5	5	100%	2	3	66.7%	0	0	NA
18	HW	The Provider's peer review process to review the quality of investigations was completed and documented.	7	9	77.8%	2	2	100%	3	4	75.0%	2	3	66.7%	0	0	NA
19	HW	The Provider implements follow-up recommendations from the Certified Investigator peer review process.	6	9	66.7%	2	2	100%	3	4	75.0%	1	3	33.3%	0	0	NA
25	QP	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.	16	19	84.2%	2	2	100%	6	6	100%	7	9	77.8%	1	2	50.0%
27	QP	Staff are trained on the individual's communication profile and/or formal communication system.	6	7	85.7%	0	0	NA	1	1	100%	4	5	80.0%	1	1	100%
28	PC	The Provider implements communication strategies as indicated in the ISP.	18	20	90.0%	6	6	100%	0	0	NA	7	9	77.8%	5	5	100%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: AAW SERVICE PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
29	PC	The Provider documents the implementation of communication strategies and the progress made toward the communication goals/outcomes.	16	18	88.9%	4	4	100%	0	0	NA	7	9	77.8%	5	5	100%
32	PC	The employment Provider supports the individual in maintaining employment through Supported Employment and Advanced Supported Employment.	11	11	100%	5	5	100%	1	1	100%	2	2	100%	3	3	100%
33	PC	The Provider's progress notes indicate actions taken to address lack of progress in achieving a desired outcome.	38	45	84.4%	16	18	88.9%	6	7	85.7%	6	8	75.0%	10	12	83.3%
35	PC	The Provider ensures the individual has the right to control his/her own schedule and activities and has the right to update those activities regularly.	69	71	97.2%	21	21	100%	12	12	100%	19	21	90.5%	17	17	100%
36	PC	The Provider implements the individual's back-up/contingency plan as specified in the ISP.	6	6	100%	0	0	NA	4	4	100%	1	1	100%	1	1	100%
38	HW	All reportable incidents are documented in EIM as required.	5	6	83.3%	3	3	100%	0	0	NA	1	2	50.0%	1	1	100%

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

INTERIM YEAR 1: AAW SERVICE PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	Cat.	Question	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
39	HW	All required investigations are completed by a Department certified incident investigator.	4	4	100%	3	3	100%	0	0	NA	1	1	100%	0	0	NA
40	HW	The Provider offered victim's assistance to the individual as appropriate.	0	1	0.0%	0	1	0.0%	0	0	NA	0	0	NA	0	0	NA
41	HW	The Provider follows up on corrective action as necessary.	4	5	80.0%	2	2	100%	0	0	NA	1	2	50.0%	1	1	100%
42	HW	The Provider ensures the individual completes all health care appointments, screenings, and follow-up as prescribed.	2	2	100%	1	1	100%	0	0	NA	1	1	100%	0	0	NA

\* This question is used to answer a CMS performance measure. \*\* This question is non-scored.

## Appendix F: QA&I COVID-19 Supplemental Survey Results, Interim Year 1 (FY 20-21)

All entities who were part of the FY 20-21 QA&I Interim Review Process also completed the COVID-19 supplemental survey, so that ODP could collect information about impacts of the pandemic on the service system. Please note that this supplement was separate from other COVID-19 surveys that some entities may have completed otherwise. Only one response was submitted for each agency. Below and on the following pages are the results of that supplemental survey, organized in entity-specific sections.



### Administrative Entity Supplemental Survey Results

<b>Q4. How has your connection with Providers improved during the pandemic? Select all that apply.</b>		
Frequency of contacts has increased	26	47.3%
Collaborative problem solving/increased teaming	26	47.3%
There have been no improvements, the connection is the same	1	1.8%
There have been no improvements, the connection has declined	0	0.0%
Other, please explain	2	3.6%
<b>Total</b>	<b>55</b>	

<b>Q5. How has your connection with Supports Coordination Organizations (SCOs) improved during the pandemic? Select all that apply.</b>		
Frequency of contacts has increased	19	38.0%
Collaborative problem solving/increased teaming	25	50.0%
There have been no improvements, the connection is the same	3	6.0%
There have been no improvements, the connection has declined	1	2.0%
Other, please explain	2	4.0%
<b>Total</b>	<b>50</b>	

<b>Q6. Have you been satisfied with the work conducted by the Health Care Quality Units (HCQU) during the pandemic?</b>		
Yes	28	96.6%
No	0	0.0%
Did not connect with the HCQU during the pandemic	1	3.4%
<b>Total</b>	<b>29</b>	

<b>Q7. Have you established new community connections with any of the following during the pandemic? Select all that apply.</b>		
Local health department	7	19.4%
Emergency management center	13	36.1%
Other, please explain	6	16.7%
No new connections made	10	27.8%
<b>Total</b>	<b>36</b>	

<b>Q8. Did you utilize the Provider risk assessment tool as a result of Provider concerns identified during the pandemic?</b>		
Yes	9	31.0%
No	3	10.3%
N/A - no Provider concerns were identified that would require the use of the Provider risk assessment tool	17	58.6%
<b>Total</b>	<b>29</b>	

<b>Q9. For individuals in residential and/or CPS/Day Habilitation, what was your level of engagement in helping resolve conflicts between the Providers?</b>		
Highly engaged	12	41.4%
Somewhat engaged	9	31.0%
Not engaged at all, explain why not	0	0.0%
No conflicts occurred	8	27.6%
<b>Total</b>	<b>29</b>	

**AEs shared additional comments about their experience during the pandemic that they thought were important for ODP to know. Below is a summary of those comments.**

Throughout the pandemic, most AEs have found active and positive relationships within their respective provider networks and SCOs, as well as with the individuals and family members they serve. They have appreciated the increased support, guidance, tools, training opportunities, feedback, and open dialogue. There has been appreciation for statewide phone calls, the MyODP website, and constant updates from ODP and the regional offices during these times. Many AEs have also mentioned how important and beneficial it is to continue this throughout and even after the pandemic.

Opportunities for growth, and learning alternative ways to provide services, have presented themselves and several AEs have indicated that they plan to continue these after the pandemic.

Throughout the state, AEs are in consensus with several recommendations:

1. Meetings held via virtual platforms should continue to be an option, even after the pandemic, as for some individuals and families, it has made attendance of ISP and team meetings much more feasible. At the county level, it has provided a more efficient and cost-effective schedule for AE staff, especially those in rural locations since it reduces travel time. Participation on virtual platforms also makes it easier for team members to be involved and provide/receive updated information pertaining to the role they play in the individuals everyday lives.
2. AEs would like the continuation of calls with ODP, webinars for all stakeholders when there are changes, and changes with Appendix K, especially COVID related changes and expectations for the AEs.

# Supports Coordination Organization Supplemental Survey Results

Q4. Select the Waiver(s) the SCO provides services for:		
Adult Autism Waiver (AAW)	10	25.0%
Any ID/A Waiver (Consolidated, Person/Family Directed Support (P/FDS), Community Living)	26	65.0%
Both AAW and ID/A	4	10.0%
<b>Total</b>	<b>40</b>	

Q5. Did your agency implement a policy to ensure that SC weekly wellness checks were conducted?		
Yes	31	77.5%
No	9	22.5%
<b>Total</b>	<b>40</b>	

Q6. Were your SCs able to keep up with the demands of ISP revisions based on the changing needs of individuals during the pandemic?		
Yes	38	95.0%
No	2	5.0%
<b>Total</b>	<b>40</b>	

Q7. How has your connection with AE(s) improved during the pandemic? Select all that apply.		
Frequency of contacts has increased	21	33.3%
Collaborative problem solving/increased teaming	19	30.2%
There have been no improvements, the connection is the same	7	11.1%
There have been no improvements, the connection has declined	0	0.0%
Other, please explain	6	9.5%
N/A - AAW only SCO	10	15.9%
<b>Total</b>	<b>63</b>	

<b>Q8. How has your connection with Providers improved during the pandemic? Select all that apply.</b>		
Frequency of contacts has increased	22	36.1%
Collaborative problem solving/increased teaming	24	39.3%
There have been no improvements, the connection is the same	10	16.4%
There have been no improvements, the connection has declined	2	3.3%
Other, please explain	3	4.9%
<b>Total</b>	<b>61</b>	

<b>Q9. How has your connection with ODP improved during the pandemic? Select all that apply.</b>		
Frequency of contacts has increased	33	55.9%
Collaborative problem solving/increased teaming	21	35.6%
There have been no improvements, the connection is the same	2	3.4%
There have been no improvements, the connection has declined	0	0.0%
Other, please explain	3	5.1%
<b>Total</b>	<b>59</b>	

<b>Q10. How routinely engaged was your organization with individuals and families regarding their wellness needs?</b>		
Weekly	24	60.0%
Monthly	3	7.5%
Not engaged, explain	0	0.0%
Other, please explain	13	32.5%
<b>Total</b>	<b>40</b>	

<b>Q11. During the pandemic, did your agency use a remote (video) platform [like Zoom, Skype, or FaceTime] to provide any services?</b>		
Yes	40	100%
No	0	0.0%
<b>Total</b>	<b>40</b>	

<b>Q12. Which of the following did your agency supply to enable an individual's participation in remote services? Select all that apply.</b>		
Technology (tablets, smart phones, etc.)	10	18.5%
Access to WiFi/Internet	5	9.3%
Technical support to individuals/families to participate in remote services	24	44.4%
Other, please explain	4	7.4%
Did not supply any of the above	11	20.4%
<b>Total</b>	<b>54</b>	

<b>Q13. Overall, how would you rate your experience with providing SC services remotely?</b>		
Successful	30	75.0%
Somewhat successful	10	25.0%
Not successful	0	0.0%
<b>Total</b>	<b>40</b>	

<b>Q14. If your experience was successful, what contributed to the success? Select all that apply.</b>		
Individuals and families preferred remote services and had access to technology	28	54.9%
Other, please explain	22	43.1%
N/A, experience was not successful	1	2.0%
<b>Total</b>	<b>51</b>	

<b>Q15. If your experience with providing SC services remotely was not successful, what contributed most to that? Select all that apply.</b>		
Individuals and families did not respond well to remote delivery	3	6.1%
Individuals did not have access to technology	6	12.2%
Individuals did not have access to internet/WiFi	5	10.2%
Other, please explain	4	8.2%
N/A, experience was successful	31	63.3%
<b>Total</b>	<b>49</b>	

<b>Q16. During the pandemic, did your agency provide any in-person SC services?</b>		
Yes	28	70.0%
No	12	30.0%
<b>Total</b>	<b>40</b>	

<b>Q17. If your agency provided in-person SC services, where were the services provided? Select all that apply.</b>		
In the individual's home	17	30.9%
In the community	19	34.5%
In a CPS facility	5	9.1%
Other setting, describe	14	25.5%
<b>Total</b>	<b>55</b>	

<b>Q18. If your agency provided in-person SC services, did you implement daily screenings and temperature checks as required by ODP?</b>		
Yes	25	89.3%
No	3	10.7%
<b>Total</b>	<b>28</b>	

<b>Q19. If your agency provided in-person SC services, did staff wear cloth masks or personal protective equipment (PPE), when applicable?</b>		
Yes, all staff, always	28	100%
No, no staff, never	0	0.0%
Some staff or sometimes	0	0.0%
They used to, but they don't anymore	0	0.0%
<b>Total</b>	<b>28</b>	

<b>Q20. If your agency DID NOT provide in-person SC services, why not? Select all that apply.</b>		
Individual did not want in-person services	9	29.0%
Family did not want in-person services	10	32.3%
Staffing shortages	0	0.0%
Facility closures due to Coronavirus	7	22.6%
Other, please explain	5	16.1%
<b>Total</b>	<b>31</b>	

<b>Q21. Did your agency have a plan(s) for securing and maintaining an adequate on-hand supply of PPE?</b>		
Yes	38	95.0%
No	2	5.0%
<b>Total</b>	<b>40</b>	

<b>Q22. Did your agency train SCs on proper use of PPE prior to distribution to SCs?</b>		
Yes	34	85.0%
No	6	15.0%
<b>Total</b>	<b>40</b>	

<b>Q23. Identify what your agency used to develop your PPE safety plan. Select all that apply.</b>		
OSHA 29 CFR 1910.134 Respiratory Protection Standard	3	7.0%
CDC Strategies for Optimizing the Supply of N95 Respirators	12	27.9%
NIOSH Approved N95 Particulate Filtering Facepiece Respirators list	2	4.7%
FDA Personal Protective Equipment EUAs and related memorandums	5	11.6%
Other, please explain	21	48.8%
<b>Total</b>	<b>43</b>	

<b>Q24. How did your agency provide oversight to ensure SC compliance with your agency's PPE safety plan?</b>		
Explain oversight	27	79.4%
Agency did not provide oversight of plan	7	20.6%
<b>Total</b>	<b>34</b>	

<b>Q25. During the pandemic, how did your agency keep individuals connected to their loved ones? Select all that apply.</b>		
By Phone	26	29.2%
By Email	15	16.9%
Videoconference (Skype, Zoom, FaceTime, etc.)	24	27.0%
In-person	10	11.2%
Other, please explain	7	7.9%
Did not facilitate contact with loved ones	7	7.9%
<b>Total</b>	<b>89</b>	

<b>Q26. What was the frequency of the contact of individuals with their loved ones during the pandemic?</b>		
Same frequency as before the pandemic	9	22.5%
Less frequently than before the pandemic	14	35.0%
More frequently than before the pandemic	7	17.5%
Did not support contact with loved ones	10	25.0%
<b>Total</b>	<b>40</b>	

<b>Q27. Identify any barriers you encountered to keeping individuals connected to their loved ones. Select all that apply.</b>		
No access/limited access to technology (tablet, smart phone, etc.)	18	31.0%
No access to WiFi/internet	17	29.3%
Support not available to assist individuals with technology	6	10.3%
Other, please explain	17	29.3%
<b>Total</b>	<b>58</b>	

<b>Q28. During the pandemic, how did your agency keep individuals engaged in community life/activities? Select all that apply.</b>		
Used Videoconference (Skype, Zoom, FaceTime, etc.) to facilitate activities	21	32.8%
Connected individuals to community activities/groups that were meeting virtually/via videoconference	31	48.4%
Took individuals out into the community to participate in activities	3	4.7%
Did not assist individuals in engaging in community life/activities	5	7.8%
Other, please explain	4	6.3%
<b>Total</b>	<b>64</b>	

<b>Q29. How did your agency support individuals around their physical health and wellness during the pandemic? Select all that apply.</b>		
Offered support with telehealth/medical appointments for physical health needs	26	31.0%
Connected individuals and families to community resources	33	39.3%
Offered exercise and/or relaxation opportunities	12	14.3%
Offered activities outside of the home	9	10.7%
Other, please explain	4	4.8%
<b>Total</b>	<b>84</b>	

<b>Q30. How did your agency support individuals who experienced grief and loss or trauma because they, a loved one, or a DSP had COVID? Select all that apply.</b>		
Offered support with telehealth/medical appointments for mental/behavioral health needs	13	13.5%
Assisted individuals to start individual counseling (for example, grief counseling)	15	15.6%
Increased levels of behavioral supports	14	14.6%
Connected individuals and families to community resources	21	21.9%
Collaborated with professionals across the mental health system	15	15.6%
Other, please explain	6	6.3%
N/A - individuals did not experience these issues	12	12.5%
<b>Total</b>	<b>96</b>	

<b>Q31. How did your agency support individuals who experienced Mental Health/Behavioral Health needs? Select all that apply.</b>		
Offered support with telehealth/medical appointments for mental/behavioral health needs	27	20.9%
Assisted individuals to start individual counseling	21	16.3%
Increased levels of behavioral supports	26	20.2%
Connected individuals and families to community resources	30	23.3%
Collaborated with professionals across the mental health system	22	17.1%
Other, please explain	2	1.6%
N/A - individuals did not experience these issues	1	0.8%
<b>Total</b>	<b>129</b>	

<b>Q32. Identify any barriers your agency encountered in meeting the identified needs of individuals during the pandemic. Select all that apply.</b>		
Individual and/or family refused services	26	37.1%
Remote services were not successful	12	17.1%
Lack of available service Providers	20	28.6%
Other, please explain	5	7.1%
No barriers	7	10.0%
N/A - individuals did not experience these issues	0	0.0%
<b>Total</b>	<b>70</b>	

**SCOs shared additional comments about their organization's experience during the pandemic that they thought were important for ODP to know. Below is a summary of those comments.**

SCOs provided overall positive feedback regarding communication between ODP and all entities (SCOs, AEs, and Providers). They expressed that the increased communication and regularly scheduled meetings (weekly/bi-weekly calls) with ODP were necessary and very beneficial. An interest in continuing to maintain this increased contact, even after pandemic concerns have decreased, was expressed.

It was noted that SCs adapted well to the changes, in the moment, with often minimal time to prepare.

Regarding accessibility of technology when providing remote services, some SCOs felt better prepared than others, often depending on the extent to which technology was utilized prior to the pandemic.

The response to virtual monitorings and weekly check-in calls was positive overall. Many individuals, families, and providers expressed a preference for virtual visits from the SCs. In the counties in which transportation is a barrier, SCOs found it was easier to connect with individuals on a more frequent basis using virtual visits. Conversely, some SCOs noted virtual monitorings/check-ins as a barrier, due to some individuals and families being difficult to reach via phone calls and not responding to voicemails.

Overall challenges included the frequency at which amendments were issued, limited access to paper documents and gathering necessary signatures, and temporary discontinuation of quarterly SCO management meetings. It was noted that when amendments were released, it took time to adapt to the guidance; therefore, when new amendments were released within a short timeframe, it was difficult to adjust in a timely manner. Because SCs were not connecting with individuals in-person, gathering necessary signatures could be difficult. Although some documents can be signed electronically, some individuals and families have limited access to technology, and so this was still a challenge for SCOs. Moving forward, it was requested that ODP continue to regularly develop online trainings, as in-person trainings continue to not be viable options.

# Provider Supplemental Survey Results

Q6. Select the Waiver(s) the Provider delivers services for:		
Adult Autism Waiver (AAW)	3	1.9%
Any ID/A Waiver (Consolidated Waiver, Person/Family Directed Support (P/FDS) Waiver, Community Living Waiver)	116	71.6%
Both AAW and ID/A	43	26.5%
<b>Total</b>	<b>162</b>	

Q7. Did your agency support individuals in learning about handwashing?		
Yes	158	98.2%
No	4	1.9%
<b>Total</b>	<b>162</b>	

Q8. Did your agency support individuals in learning about Social Distancing?		
Yes	159	98.2%
No	3	1.9%
<b>Total</b>	<b>162</b>	

Q9. Did your agency support individuals in learning about wearing a mask?		
Yes	160	98.8%
No	2	1.2%
<b>Total</b>	<b>162</b>	

Q10. Did your agency support individuals in learning about coughing into their sleeves?		
Yes	151	93.2%
No	11	6.8%
<b>Total</b>	<b>162</b>	

<b>Q11. During the pandemic, did your agency use a remote (video) platform [like Zoom, Skype, or FaceTime] to provide any services?</b>		
Yes	133	82.1%
No	29	17.9%
<b>Total</b>	<b>162</b>	

<b>Q12. Which of the following did your agency supply to enable an individual's participation in remote services? Select all that apply.</b>		
Technology (tablets, smart phones, etc.)	69	27.4%
Access to WiFi/Internet	57	22.6%
Technical support to individuals/families to participate in remote services	103	40.9%
Other, please explain	9	3.6%
Did not supply any of the above	14	5.6%
<b>Total</b>	<b>252</b>	

<b>Q13. Overall, how would you rate your experience with providing services remotely?</b>		
Successful	69	51.9%
Somewhat successful	60	45.1%
Not successful	4	3.0%
<b>Total</b>	<b>133</b>	

<b>Q14. If your experience was successful, what contributed to the success? Select all that apply.</b>		
Individuals and families preferred remote services and had access to technology	79	52.3%
Other, please explain	63	41.7%
N/A, experience was not successful	9	6.0%
<b>Total</b>	<b>151</b>	

<b>Q15. If your experience with providing services remotely was not successful, what contributed most to that? Select all that apply.</b>		
Individuals and families did not respond well to remote delivery	21	12.7%
Individuals did not have access to technology	19	11.4%
Individuals did not have access to internet/WiFi	12	7.2%
Other, please explain	23	13.9%
N/A, experience was successful	91	54.8%
<b>Total</b>	<b>166</b>	

<b>Q16. During the pandemic, did your agency provide any in-person services?</b>		
Yes	153	94.4%
No	9	5.6%
<b>Total</b>	<b>162</b>	

<b>Q17. If your agency provided in-person services, where were the services provided? Select all that apply.</b>		
In the individual's home	122	38.7%
In the community	123	39.0%
In a CPS facility	50	15.9%
Other setting, describe	20	6.3%
<b>Total</b>	<b>315</b>	

<b>Q18. If your agency provided in-person services, did you implement daily screenings and temperature checks as required by ODP?</b>		
Yes	151	98.7%
No	2	1.3%
<b>Total</b>	<b>153</b>	

<b>Q19. If your agency provided in-person services, did staff wear cloth masks or personal protective equipment (PPE), when applicable?</b>		
Yes, all staff, always	152	99.3%
No, no staff, never	0	0.0%
Some staff or sometimes	1	0.7%
They used to, but they don't anymore	0	0.0%
<b>Total</b>	<b>153</b>	

<b>Q20. If your agency DID NOT provide in-person services, why not? Select all that apply.</b>		
Individual did not want in-person services	2	13.3%
Family did not want in-person services	3	20.0%
Staffing shortages	0	0.0%
Facility closures due to Coronavirus	9	60.0%
Other, please explain	1	6.7%
<b>Total</b>	<b>15</b>	

Q21. Did your agency have a plan(s) for securing and maintaining an adequate on-hand supply of PPE?		
Yes	156	96.30%
No	6	3.68%
<b>Total</b>	<b>162</b>	

Q22. Did your agency train staff on proper use of PPE prior to distribution to staff?		
Yes	154	95.1%
No	8	4.9%
<b>Total</b>	<b>162</b>	

Q23. Identify what your agency used to develop your PPE safety plan. Select all that apply.		
OSHA 29 CFR 1910.134 Respiratory Protection Standard	47	17.2%
CDC Strategies for Optimizing the Supply of N95 Respirators	94	34.3%
NIOSH Approved N95 Particulate Filtering Facepiece Respirators list	23	8.4%
FDA Personal Protective Equipment EUAs and related memorandums	48	17.5%
Other, please explain	62	22.6%
<b>Total</b>	<b>274</b>	

Q24. How did your agency provide oversight to ensure staff compliance with your agency's PPE safety plan?		
Explain oversight	147	95.5%
Agency did not provide oversight of plan	7	4.5%
<b>Total</b>	<b>154</b>	

Q25. During the pandemic, how did your agency keep individuals connected to their loved ones? Select all that apply.		
By Phone	108	26.9%
By Email	55	13.7%
Videoconference (Skype, Zoom, FaceTime, etc.)	94	23.4%
In-person	82	20.4%
Other, please explain	25	6.2%
Did not facilitate contact with loved ones	38	9.5%
<b>Total</b>	<b>402</b>	

<b>Q26. What was the frequency of the contact of individuals with their loved ones during the pandemic?</b>		
This would have occurred on a case-by-case basis - the majority of our individuals live with family or maintained schedules with family if they lived in independent apartments. Staff did assist certain individuals to maintain social relationships via the above options.	45	27.8%
Less frequently than before the pandemic	68	42.0%
More frequently than before the pandemic	6	3.7%
Did not support contact with loved ones	43	26.5%
<b>Total</b>	<b>162</b>	

<b>Q27. Identify any barriers you encountered to keeping individuals connected to their loved ones. Select all that apply.</b>		
No access/limited access to technology (tablet, smart phone, etc.)	44	23.5%
No access to WiFi/internet	16	8.6%
Support not available to assist individuals with technology	17	9.1%
Other, please explain	110	58.8%
<b>Total</b>	<b>187</b>	

<b>Q28. During the pandemic, how did your agency keep individuals engaged in community life/activities? Select all that apply.</b>		
Used Videoconference (Skype, Zoom, FaceTime, etc.) to facilitate activities	117	34.1%
Connected individuals to community activities/groups that were meeting virtually/via videoconference	79	23.0%
Took individuals out into the community to participate in activities	110	32.1%
Did not assist individuals in engaging in community life/activities	13	3.8%
Other, please explain	24	7.0%
<b>Total</b>	<b>343</b>	

<b>Q29. How did your agency support individuals around their physical health and wellness during the pandemic? Select all that apply.</b>		
Offered support with telehealth/medical appointments for physical health needs	109	26.0%
Connected individuals and families to community resources	84	20.0%
Offered exercise and/or relaxation opportunities	106	25.2%
Offered activities outside of the home	99	23.6%
Other, please explain	22	5.2%
<b>Total</b>	<b>420</b>	

<b>Q30. How did your agency support individuals who experienced grief and loss or trauma because they, a loved one, or a DSP had COVID? Select all that apply.</b>		
Offered support with telehealth/medical appointments for mental/behavioral health needs	60	20.0%
Assisted individuals to start individual counseling (for example, grief counseling)	23	7.7%
Increased levels of behavioral supports	45	15.0%
Connected individuals and families to community resources	35	11.7%
Collaborated with professionals across the mental health system	40	13.3%
Other, please explain	13	4.3%
N/A - individuals did not experience these issues	84	28.0%
<b>Total</b>	<b>300</b>	

<b>Q31. How did your agency support individuals who experienced Mental Health/Behavioral Health needs? Select all that apply.</b>		
Offered support with telehealth/medical appointments for mental/behavioral health needs	100	26.0%
Assisted individuals to start individual counseling	38	9.9%
Increased levels of behavioral supports	71	18.5%
Connected individuals and families to community resources	64	16.7%
Collaborated with professionals across the mental health system	61	15.9%
Other, please explain	13	3.4%
N/A - individuals did not experience these issues	37	9.6%
<b>Total</b>	<b>384</b>	

<b>Q32. Identify any barriers your agency encountered in meeting the identified needs of individuals during the pandemic. Select all that apply.</b>		
Individual and/or family refused services	98	42.6%
Remote services were not successful	36	15.7%
Lack of available service Providers	17	7.4%
Other, please explain	35	15.2%
No barriers	23	10.0%
N/A - individuals did not experience these issues	21	9.1%
<b>Total</b>	<b>230</b>	

<b>Q33. Does your agency provide residential services?</b>		
Yes	76	46.9%
No	86	53.1%
<b>Total</b>	<b>162</b>	

<b>Q34. Were any of the individuals you support in a residential setting hospitalized for COVID-19? If yes, were they able to return home to their same residence prior to COVID when ready for discharge from the hospital, or did they have their hospital stay extended or discharged to another location?</b>		
Yes, returned to same residence prior to COVID	29	38.2%
No, went somewhere else first	6	7.9%
N/A, no individuals were hospitalized	41	53.9%
<b>Total</b>	<b>76</b>	

<b>Q35. Do your residential settings provide internet access/WiFi for individuals in their homes?</b>		
All settings have internet access/WiFi	74	97.4%
Only some settings have internet access/WiFi	2	2.6%
No settings have internet access/WiFi	0	0.0%
<b>Total</b>	<b>76</b>	

<b>Q36. If you selected Only some settings have internet access/WiFi or No settings have internet access/WiFi for <i>question 35 above</i>, please indicate the final date when all homes in all settings will have internet access/WiFi.</b>		
Date: 12/31/21	1	50.0%
Date: 12/8/20	1	50.0%
<b>Total</b>	<b>2</b>	<b>100%</b>

<b>Q37. Which of the following devices were provided to individuals or did your agency support individuals to acquire in each of your residential settings? Select all that apply.</b>		
iPad/Tablet	60	40.3%
Laptops	45	30.2%
Smart Phones	34	22.8%
None	1	0.7%
Other, please explain	9	6.0%
<b>Total</b>	<b>149</b>	

**Providers shared additional comments about their agency's experience during the pandemic that they thought were important for ODP to know. Below is a summary of those comments.**

Overall, providers expressed appreciation regarding the consistent and timely communication initiated by ODP. It was noted that the amendments to Appendix K were beneficial, and some requested that amendments remain in effect after the concerns of the pandemic have subsided. Moving forward, providers also requested a more lenient timeline related to documentation requests and requirements from ODP.

Providers submitted the pros and cons related to the provision of remote services. Depending on the type of service offered, some providers benefited from virtual services, but others experienced difficulties. For example, Community Participation Supports (CPS) facilities found that working remotely created new, beneficial ways to connect with individuals receiving services, however, those who provide employment supports, often viewed provision of supports remotely as a barrier. An individual's access to technology was noted as a barrier by all providers.

Staffing was another recurring concern for most providers during the pandemic. Many providers mentioned that even before the pandemic, they did not have enough staff. Due to the added stress of working during a pandemic, burnout became more prevalent amongst direct support staff, particularly those working in a residential setting. Additional concerns included: lack of consistency related to COVID-19 policies from county to county, frustration regarding visitation policies, lack of COVID-19 testing centers, outdoor activities, and the transition into winter months. A shared concern expressed by most providers was financial burden. Initially, retainer payments provided a sense of relief; however, when providers were no longer receiving these payments, many expressed a great deal of financial burden. The concern of financial burden was mostly conveyed by providers who offer in-home and community support, CPS, as well as day programs, who feared that their sustainability was in jeopardy. Providers (particularly in-home and community and CPS) also stressed that many individuals continued to refuse services. Some feared getting sick, while others refused to wear a mask.

It was noted that COVID-19 caused commotion throughout the world and greatly affected the general population, as well as the individual's we support. Kudos were offered throughout many comments related to the diligence and flexibility of Direct Support Professionals.