QUALITY ASSESSMENT & IMPROVEMENT: ANNUAL STATEWIDE REPORT

Pennsylvania Office of Developmental Programs

Cycle 2 Year 2 (C2Y2) ~ Fiscal Year 2023-2024

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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,
- Assess compliance with Centers for Medicare and Medicaid Services (CMS) performance measures and 55 Pa. Code Chapter 6100 regulations, and
- Demonstrate Administrative Entity (AE) outcomes in the AE Operating Agreement.

Through the QA&I process, a comprehensive quality management review is conducted over a 3-year cycle, of all county programs, 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, ODP's goal 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.

For C2Y2 individual interviews, all individuals in the Core, Base, and SC Services-only samples were offered an interview, conducted by the Independent Monitoring for Quality (IM4Q) local programs on behalf of ODP. Interviews were conducted from August through November either in-person or virtually with video capability, based on individual preference. Of the 431 individuals offered interviews, 333 chose to participate and 98 declined the opportunity. Results from individual interviews are not included in this report but are published in a separate report.

About the Findings

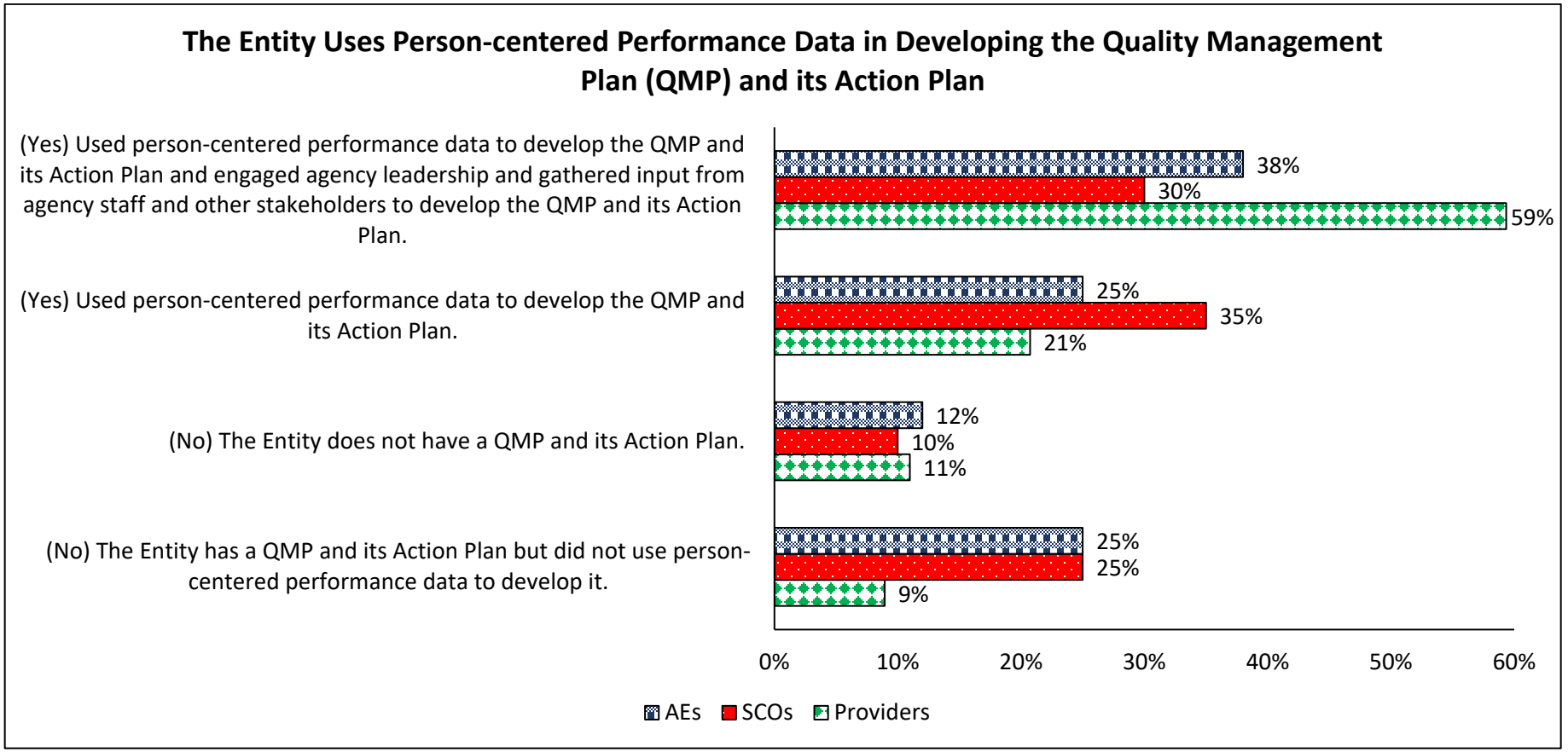
This report includes a summary analysis of statewide data collected during QA&I C2Y2 for ODP's Consolidated, Person/Family Directed Support (P/FDS) and Community Living waivers, which are collectively referred to as the Intellectual Disability/Autism (ID/A) waivers, and the Adult Autism Waiver (AAW). For ease of use, select findings from C2Y2 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.

In addition to highlighting select findings in the body of this report, all findings from C2Y2 are provided at the end of this report, in the appendices. For comparison purposes, if there were stark differences between self-assessment data and full review data, the self-assessment results are highlighted in red font, within those questions in the appendices.

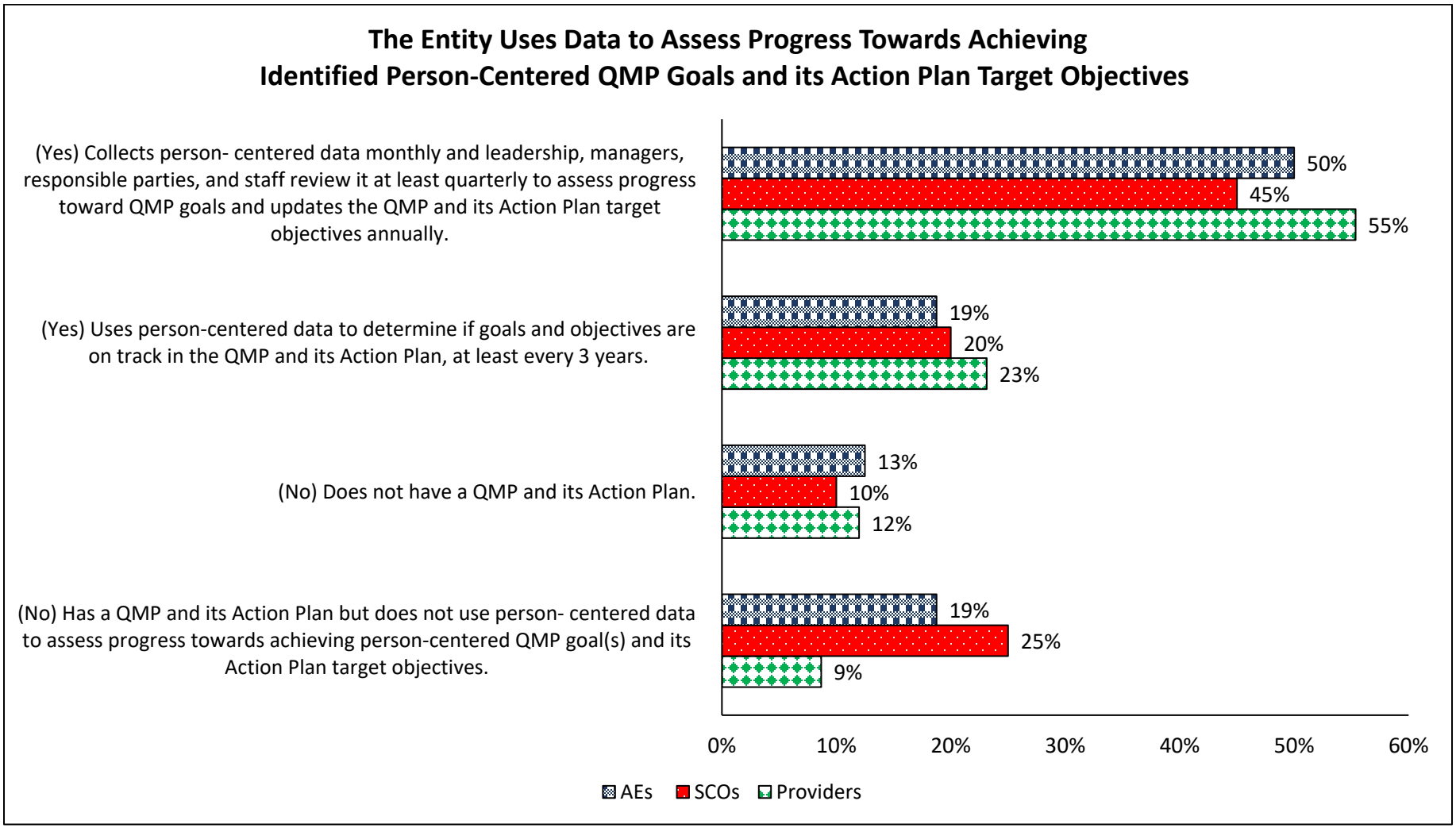
Variation Responses

For QA&I C2Y1, the use of variation responses was introduced for the first time and included updated QA&I data collection tools for AEs, SCOs and providers. Variation responses are more than a "Yes/No" option when determining adherence to an expectation or requirement and they help to focus ODP and entities on *what* to improve on, if needed. Additionally, if an entity is found to be minimally compliant (meet basic requirements) but is not meeting best practice standards that improve the likelihood of success, then responses help them to identify what they need to improve upon to increase the likelihood of success. The following charts display a couple of examples of questions that included variation responses in QA&I C2Y2. See Appendix F for the full list of C2Y2 questions with variation responses.

Note: The following 2 charts show results for ID/A and AAW providers combined due to the C2Y2 sample including just 6 AAW-only providers of the total of 284 providers reviewed. In addition, the SCO results reflect all shared SCOs as there were no AAW-only SCOs in the C2Y2 sample.



Note: For this question, 4 “no” options were available. Two (2) of the 4 “no” options were not represented in the chart below due to review results for those options being 0% in C2Y2. These options included: “(No) Has not updated the QMP in more than 3 years” or “(No) Has a QMP and its Action Plan but does not use person-centered data to assess progress towards achieving person-centered QMP goal(s) and its Action Plan target objectives and has not updated the QMP in more than 3 years.”



About the Full Reviews

A QA&I full review is the process during which all AEs, SCOs and providers in the sample receive a comprehensive quality management review, which includes a self-assessment, individual interviews, Managing Employer (ME) interviews and full reviews. A QA&I full review is the process during which AE, SCO and provider documentation is reviewed by ODP or the AE to evaluate performance related to data/policy and record review questions, which are linked to key performance metrics and quality outcomes for individuals. It is important to note that many SCOs and providers are enrolled to serve participants in both the ID/A waivers and the AAW. When this is the case, they are referred to as "shared providers," and full reviews are completed by ODP (for SCOs) or the AE (for providers). For C2Y2, 1 SCO and 33 providers were shared across the ODP waivers, while 6 providers were enrolled to serve AAW participants only.

A full review also includes an in-person conference with entity leadership and ODP or the AE, to discuss findings from the review. After the review, each entity receives a comprehensive report and may be required to complete remediation, a plan to prevent recurrence, and quality improvement activities. The tables below provide count details for full reviews conducted in C2Y2.

Number of Entities Engaged in QA&I, C2Y2, Full Review Process					
	Central	**Northeast**	**Southeast**	**Western**	**Statewide**
AEs	7	2	1	6	16
ID/A & AAW SCOs	7	4	3	6	20
ID/A & AAW Providers	49	39	122	68	278
AAW-Only Providers	0	0	3	3	6
TOTAL	**63**	**45**	**129**	**83**	**320**

How ODP Uses This Data

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 to evaluate progress in achieving 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 many ISAC recommendation areas, including but not limited to assuring effective communication, increasing employment, and improving quality.

Additionally, some QA&I findings are used to report to the Centers for Medicare and Medicaid Services (CMS) on ODP's compliance with approved waiver performance measures. CMS established a threshold of 86% compliance with these performance measures to determine when a state must conduct further analysis related to the causes of performance problems. Based on that analysis, a quality improvement plan may be developed and implemented to address systemic issues. In this report, ODP has highlighted the findings related to CMS performance measures by identifying them with an asterisk (*) in the tables. ODP also currently uses the 86% threshold to identify compliance issues with ODP rules and regulations and the implementation of best practices in the field.

It should also be noted that ODP asks "exploratory" questions to assess what is happening in the field related to new requirements and/or best or promising practices. Exploratory questions may be scored or non-scored and the findings help ODP develop or update guidance if a need for improvement is indicated. Non-scored questions do not result in the non-compliance counting towards the entity's overall performance.

How Entities Can Use This Data

All entities should engage in a process of reviewing 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 question guidance in the QA&I process,
- Update policies and procedures, and provide clarification as needed,
- Identify and respond to needs for training and technical assistance, and
- Develop and implement QM plans where performance improvement is needed statewide and/or specific to a region.

Entities are expected to use their self-assessment results to engage in improvement activities and to request technical assistance from either ODP or AEs, if needed. QA&I teams also use self-assessment results as evidence of current performance and to inform provision of technical assistance to entities. The use of self-assessment results to inform quality improvement and technical assistance activities is the reason why it is so important that self-assessments are completed accurately. Not completing a self-assessment accurately misinforms these other activities and robs entities and the system of opportunities to proactively identify issues and make improvements before full reviews are conducted. See some examples of a few significant differences between C2Y2 self-assessment results versus full review results below. As a reminder, for comparison

purposes, if there were stark differences between self-assessment data and full review data, the self-assessment results are highlighted in red font within those questions in the appendices.

AE SELF-ASSESSMENT (SA) DATA VS. FULL REVIEW (FR) RESULTS	SA	FR
Q14. The AE has a policy to monitor EIM restraint and medication error reports in order to ensure proper procedures are followed and detect abuse and neglect.	98%	69%
Q15. The AE conducts and documents a trend analysis to identify risks that require intervention to avoid a crisis.	98%	50%
Q37. **The AE uses person-centered performance data in developing the Quality Management Plan (QMP) and its Action Plan.	98%	63%
Q38. **The AE uses data to assess progress towards achieving identified person-centered Quality Management Plan (QMP) goals and its Action Plan target objectives.	98%	69%

ID/A AND AAW SHARED SCO SELF-ASSESSMENT (SA) DATA VS. FULL REVIEW (FR) RESULTS	SA	FR
Q1. **The SCO uses person-centered performance data in developing the Quality Management Plan (QMP) and its Action Plan.	97%	65%
Q2. **The SCO uses data to assess progress towards achieving identified person-centered Quality Management Plan (QMP) goals and its Action Plan target objectives.	98%	65%
Q11. The SCO has a policy to monitor EIM restraint and medication error reports in order to ensure proper procedures are followed and detect abuse and neglect.	97%	65%
Q12. The SCO completes monthly individual incident data monitoring.	94%	63%
Q13. The SCO conducts and documents a trend analysis of all incident categories at least every 3 months	98%	53%

PROVIDER SELF-ASSESSMENT (SA) DATA VS. FULL REVIEW (FR) RESULTS *Note: For AAW - Q1 and Q2 only applied to 3 providers, Q22 applied to 6 providers, and Q23 and Q24 only applied to 1 provider.*	ID/A SA	ID/A FR	AAW SA	AAW FR
Q1. **The Provider uses person-centered performance data in developing the QMP and its Action Plan.	99%	79%	100%	33%
Q2. **The Provider uses data to assess progress towards achieving identified person-centered QMP goals and its Action Plan target objectives.	99%	79%	100%	33%
Q22. The Provider has a policy to monitor EIM restraint and medication error reports in order to ensure proper procedures are followed and detect abuse and neglect.	95%	72%	93%	17%
Q23. The Provider completes monthly individual incident data monitoring.	97%	78%	--	--
Q24. The Provider conducts and documents a trend analysis of all incident categories at least every 3 months.	95%	79%	--	--

Metrics to Watch

The tables below highlight some key findings from C2Y2 that have improved or declined significantly from C2Y1, are hovering around the 86% compliance threshold (1% above or below), and/or have remained or slipped below that threshold for satisfactory performance. ODP will be paying special attention to these areas to determine whether quality improvement projects should be implemented and strongly encourages entities to be doing the same. Questions highlighted with 1 asterisk (*) are used to inform a CMS performance measure. Questions highlighted with 2 asterisks (**) are used to inform an ISAC performance measure. Significant decline in CMS and ISAC performance measures is **bolded** to call special attention to these areas.

METRICS TO WATCH: ADMINISTRATIVE ENTITIES	C2Y1	C2Y2	Diff
Q14. The AE has a policy to monitor EIM restraint and medication error reports in order to ensure proper procedures are followed and detect abuse and neglect.	56%	69%	13%
Q15. The AE conducts and documents a trend analysis to identify risks that require intervention to avoid a crisis.	56%	50%	-6%
Q16. The AE has a policy to develop mitigation plans to address medical, behavioral, and socioeconomic crisis situations.	100%	81%	-19%
Q37. **The AE uses person-centered performance data in developing the Quality Management Plan (QMP) and its Action Plan.	**100%**	**63%**	**-37%**
Q38. **The AE uses data to assess progress towards achieving identified person-centered Quality Management Plan (QMP) goals and its Action Plan target objectives.	**94%**	**69%**	**-25%**
Q42. The AE worked with the individual and their team to develop mitigation strategies when there are medical, behavioral, or socio-economic crisis situations.	91%	79%	-12%
Q56. The medical evaluation includes a recommendation for an ICF/ID or ICF/ORC LOC. [For reevaluations only.]	**100%**	**75%**	**-25%**
Q57. The medical evaluation occurs within the 365-day period prior to the QDDP signature on the DP 251. [For reevaluations only.]	**100%**	**75%**	**-25%**
Q61. *The AE provides notification of due process rights at waiver enrollment.	91%	85%	-6%

METRICS TO WATCH: SCOs		C2Y1	C2Y2	Diff
ID/A	Q1. **The SCO uses person-centered performance data in developing the Quality Management Plan (QMP) and its Action Plan.	83%	65%	-18%
ID/A	Q26. The SC conducted all monitorings at the required frequency.	84%	72%	-12%
ID/A	Q30. The SC provided due process rights information at the annual ISP meeting.	98%	79%	-19%
ID/A	Q31. *Choice of Providers was offered to the individual/family.	**99%**	**82%**	**-17%**
ID/A	Q32. *Choice of services was offered to the individual/family.	**99%**	**82%**	**-17%**
ID/A	Q33. *The SC provided the individual information on participant directed services (PDS) options annually.	**99%**	**81%**	**-18%**
ID/A	Q34. The individual attended the Annual Review Update ISP meeting or ARP ISP meeting or if the individual did not attend the meeting, the SC reviewed the results with the individual.	99%	81%	-18%
ID/A	Q39. **At the annual ISP meeting, the SC provided 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").	**99%**	**81%**	**-18%**
ID/A	Q43. 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.	85%	72%	-13%
AAW	Q16. The SC documents the individual was provided with information about on-going opportunities and support necessary to participate in community activities of the individual's choice.	92%	79%	-13%
AAW	Q25. *An ISP was developed that supports the outcomes/objectives throughout the entire plan.	93%	87%	-6%
AAW	Q26. The SC conducted all monitorings at the required frequency.	79%	76%	-3%
AAW	Q43. 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%	70%	**-30%**
AAW	Q47. The SCO ensures all reportable incidents are documented in the Enterprise Incident Management (EIM) system as required.	91%	83%	**-8%**

METRICS TO WATCH: PROVIDERS		C2Y1	C2Y2	Diff
ID/A	Q1. **The Provider uses person-centered performance data in developing the QMP and its Action Plan.	**81%**	**79%**	**-2%**
ID/A	Q2. **The Provider uses data to assess progress towards achieving identified person-centered QMP goals and its Action Plan target objectives.	**72%**	**79%**	**7%**
ID/A	Q20. The Provider completes monitoring of delegated or purchased incident management (IM) function(s).	65%	85%	20%
ID/A	Q22. The Provider has a policy to monitor EIM restraint and medication error reports in order to ensure proper procedures are followed and detect abuse and neglect.	51%	72%	21%
ID/A	Q23. The Provider completes monthly individual incident data monitoring.	52%	78%	26%
ID/A	Q24. The Provider conducts and documents a trend analysis of all incident categories at least every 3 months.	53%	79%	26%
ID/A	Q27. **Staff are trained on the individual's communication profile and/or formal communication system.	86%	82%	-4%
AAW	Q31. The individual is offered opportunities for, and provided support to, participate in integrated community activities consistent with the individual's preferences, choices, and interests.	100%	82%	-18%
AAW	Q34. The Provider delivered services in the type, scope, amount, frequency, and duration specified in the individual's ISP.	65%	72%	7%

Section 1: Administrative Entities (AEs)

Reasons to Celebrate

Statewide, there are many areas where AEs are maintaining very positive scores in the areas monitored by ODP via QA&I. As seen in the table below, 30 of 67 questions scored 100% during C2Y2. In addition, 3 questions improved significantly from C2Y1, to 92% and above. Finally, 21 questions in C2Y2 scored between 88% and 99%.

AE Reasons to Celebrate	C2Y1	C2Y2	Diff
Q1.**The AE engages in activities, or has a written policy, to improve racial equity performance. *(NS)*	81%	100%	19%
Q2. The AE ensures that any delegated or purchased administrative functions are established in writing pursuant to a subcontract or agreement.	100%	100%	0%
Q3.The AE completes monitoring of delegated or purchased administrative functions.	90%	100%	10%
Q4.The AE maintains written documentation of any delegated or purchased function related to incident management (IM).	100%	100%	0%
Q5.The AE completes monitoring of delegated or purchased IM function(s).	79%	92%	13%
Q6.The AE's designated point person for claims resolution uses ODP's claims resolution support process to assist Providers when claims are denied.	100%	100%	0%
Q10.The AE demonstrates the management of reserved capacity for transitions to a short-term facility.	94%	100%	6%
Q12.The AE implements the ODP Provider risk screening process.	100%	100%	0%
Q17.The AE operates a Human Rights Committee (HRC) in accordance with ODP requirements.	94%	100%	6%
Q18.The AE engages with the Health Care Quality Unit (HCQU).	100%	100%	0%
Q20. The AE conducts oversight of the Priority of Urgency of Need for Services (PUNS) as per ODP's PUNS policy.	100%	100%	0%
Q21. The AE provides information and resources to individuals and families.	100%	100%	0%
Q23. The AE follows ODP's process regarding the move and transfer of ID/A Waiver individuals to another AE.	93%	100%	7%
Q25. The AE implements a quality review protocol of auto-approval and authorization of ISPs.	88%	100%	12%
Q27. The AE promotes competitive integrated employment as a priority.	100%	100%	0%
Q28. **The AE has assigned a point person as a Subject Matter Expert (SME) in employment.	100%	100%	0%
Q30. The AE ensures that fair hearing and appeal activities are conducted in compliance with all ODP requirements.	100%	100%	0%
Q31. The AE actively expands and builds capacity of the Provider network.	100%	100%	0%

** Question is used to answer a CMS performance measure. ** Question is associated with ODP's ISAC recommendations. NS = Question is non-scored.*

AE Reasons to Celebrate *(continued)*	C2Y1	C2Y2	Diff
Q32. The AE identifies, develops, and implements strategies regarding the areas of need in the community and the resources available. *(NS)*	94%	100%	6%
Q33. *The AE qualifies AWC FMS Provider utilizing ODP standardized procedures.	100%	100%	0%
Q34. *The AE qualifies PROVIDER 1 utilizing ODP standardized procedures.	100%	100%	0%
Q35. *The AE qualifies PROVIDER 2 utilizing ODP standardized procedures.	100%	100%	0%
Q36. *The AE qualifies a Community Participation Support Provider utilizing ODP standardized procedures.	100%	100%	0%
Q41. The AE provides the SCOs and Providers with assistance to support individuals with complex physical and behavioral needs.	100%	100%	0%
Q48. The AE ensures that the individual's ISP includes information about ongoing opportunities and supports necessary to participate in community activities of the individual's choice.	100%	100%	0%
Q49. The AE authorizes services consistent with the service definitions.	100%	100%	0%
Q51. *Due process rights information was provided to the individuals with a change(s) in need.	99%	100%	1%
Q52. A referral is made and the eligibility determination or case closure letter from OVR is in the individual's record for those individuals who are under age 25, authorized for the prevocational component of CPS, and are paid subminimum wage.	100%	100%	0%
Q53. If Q52 is yes, the service is eligible for waiver funding.	100%	100%	0%
Q60. The AE offers choice of Supports Coordination Organizations (SCOs) to the individual/family upon initial enrollment to TSM that includes documenting the offering of choice.	97%	100%	3%
Q63. Certification of Need for ICF/ID or ICF/ORC LOC DP 250 completed (signed and dated).	49%	94%	45%
Q64. The AE ensures that the program diagnosis corresponds with the correct criteria of LOC.	43%	92%	49%
Q70. The AE maintains documentation of financial eligibility for waiver services.	99%	100%	1%

Highlighting Opportunities

For C2Y2, 13 AE questions made it into the opportunities table. Three (3) questions showed some positive gains over C2Y1 results but remained significantly below the 86% compliance threshold. One (1) question showed no change, while 9 questions showed decreased scores of 6-37% less from C2Y1 to C2Y2. Of notable concern, Q37 and Q38 regarding the AE's use of person-centered data to develop and assess progress on the AE's quality management plan, showed steep decline in compliance. Q56 and Q57, regarding medical evaluations for reevaluations, also showed a steep decline in compliance.

AE Opportunities: QA&I Questions	C2Y1	C2Y2	Diff
Q7. The AE follows ODP's record retention policy for individual closed records.	75%	75%	0%
Q14. The AE has a policy to monitor EIM restraint and medication error reports in order to ensure proper procedures are followed and detect abuse and neglect.	56%	69%	13%
Q15. The AE conducts and documents a trend analysis to identify risks that require intervention to avoid a crisis.	56%	50%	-6%
Q16. The AE has a policy to develop mitigation plans to address medical, behavioral, and socioeconomic crisis situations.	100%	81%	-19%
Q19. The AE has a protocol in place for when an individual is not or is no longer eligible for the ID/A Waivers or the AAW.	88%	81%	-6%
Q26. The AE evaluates trends in ISP disapprovals and engages in technical assistance based on trend analysis. *(NS)*	69%	75%	6%
Q37. **The AE uses person-centered performance data in developing the Quality Management Plan (QMP) and its Action Plan.	100%	63%	-37%
Q38. **The AE uses data to assess progress towards achieving identified person-centered QMP goals and its Action Plan target objectives.	94%	69%	-25%
Q42.The AE worked with the individual and their team to develop mitigation strategies when there are medical, behavioral, or socio-economic crisis situations.	91%	79%	-12%
Q56. The medical evaluation includes a recommendation for an ICF/ID or ICF/ORC LOC. [For reevaluations only.]	100%	75%	-25%
Q57. The medical evaluation occurs within the 365-day period prior to the QDDP signature on the DP 251. [For reevaluations only.]	100%	75%	-25%
Q61. *The AE provides notification of Due process rights at waiver enrollment.	91%	85%	-6%
Q71. Waiver services are initiated within forty-five (45) calendar days.	72%	74%	2%

Section 2: Supports Coordination Organizations (SCOs)

Reasons to Celebrate

Statewide, there are many areas where ID/A SCOs are maintaining positive scores in the areas monitored by ODP via QA&I. In the table below, 17 of the 50 questions scored 95% or above during C2Y2. When compared against C2Y1, 8 of the 17 questions listed below maintained the same score and 5 scores improved by 2-8%. Four (4) questions showed a slight drop in score from C2Y1 to C2Y2. An additional 11 questions in C2Y2 scored between 86% and 94%.

ID/A SCO Reasons to Celebrate	C2Y1	C2Y2	Diff
Q4. *The SCO's staff completed annual training core courses as required in the training year.	95%	97%	2%
Q5. New SC(s) completed the required ODP SC Orientation prior to working alone with individuals, and within 30 days after hire or starting to provide a service to an individual. # of staff reviewed - Q5 Response	94%	97%	3%
Q8. The SCO maintains written documentation of any delegated or purchased function related to incident management.	100%	100%	0%
Q21. If there were identified issues, the SC followed up on the issues.	94%	98%	4%
Q22. *The SC documented a risk assessment.	97%	100%	3%
Q23. *The SC incorporated risk mitigation strategies into the ISP.	90%	98%	8%
Q25. *An ISP was developed that supports the outcomes/objectives throughout the entire plan.	100%	100%	0%
Q29. *The individual received services in type, scope, amount, duration, and frequency as defined in the ISP.	96%	95%	-1%
Q35. The SC follows ODP's PUNS policy based on the individual's current need(s).	99%	98%	-1%
Q36. If the individual has Limited English Proficiency, the SCO has staff or contractors/language services who are trained to communicate with the individual.	100%	100%	0%
Q37. **The ISP includes information about how the individual communicates and the communication supports and services the individual may need to assure effective communication.	100%	100%	0%
Q38. If there is documentation in the individual's record of interest in employment or a goal of employment, the ISP supports how this interest or goal will be pursued.	99%	97%	-2%
Q41. The Employment/Volunteer section of the individual's ISP indicates that the individual has an employment goal.	98%	98%	0%
Q45. The individual's preferences for wellness activities are documented in the ISP.	100%	100%	0%

ID/A SCO Reasons to Celebrate *(continued)*	C2Y1	C2Y2	Diff
Q46. **If the individual has complex needs, the SC ensured there are strategies for supports in place to address those needs.	99%	99%	0%
Q47. The SCO ensures all reportable incidents are documented in the Enterprise Incident Management (EIM) system as required.	98%	98%	0%
Q48. The SCO educates individual based on the circumstances of incidents for which the SCO is required to file in EIM. *(NS)*	97%	95%	-2%

For the AAW, SCOs also scored positively in areas monitored by ODP during C2Y2. The 16 questions in the table below scored 95% or above. When compared against C2Y1, 4 questions maintained the same scores and 10 improved by 2-10%. One question (45) showed a 5% decline in performance. One question (36) did not apply for C2Y1, so there is no comparable data. Q36 also only had a sample of 1 in C2Y2. An additional 9 questions in C2Y2 scored between 86% and 94%.

AAW SCO Reasons to Celebrate	C2Y1	C2Y2	Diff
Q22. *The SC documented a risk assessment.	93%	100%	7%
Q23. *The SC incorporated risk mitigation strategies into the ISP.	95%	100%	5%
Q24. *The SC developed a person-centered ISP to address all assessed needs.	85%	95%	10%
Q30. The SC provided due process rights information at the annual ISP meeting.	89%	97%	8%
Q31. *Choice of Providers was offered to the individual/family.	89%	97%	8%
Q32. *Choice of services was offered to the individual/family.	89%	97%	8%
Q34. The individual attended the Annual Review Update ISP meeting or ARP ISP meeting or if the individual did not attend the meeting, the SC reviewed the results with the individual.	98%	100%	2%
Q36. If the individual has Limited English Proficiency, the SCO has staff or contractors/language services who are trained to communicate with the individual.	NA	100%	NA
Q37. **The ISP includes information about how the individual communicates and the communication supports and services the individual may need to assure effective communication.	100%	100%	0%
Q38. If there is documentation in the individual's record of interest in employment or a goal of employment, the ISP supports how this interest or goal will be pursued.	92%	96%	4%
Q39. **At the annual ISP meeting, the SC provided 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").	90%	95%	5%

AAW SCO Reasons to Celebrate *(continued)*	C2Y1	C2Y2	Diff
Q41. The Employment/Volunteer section of the individual's ISP indicates that the individual has an employment goal.	95%	100%	5%
Q45. The individual's preferences for wellness activities are documented in the ISP.	100%	95%	-5%
Q46. **The SC ensured there are strategies for supports in place to address those needs.	98%	98%	0%
Q49. The SCO identified and took action for issues identified upon review of initial incident reports in EIM.	100%	100%	0%
Q50. The SCO identified and took action for issues identified upon review of final incident reports in EIM.	100%	100%	0%

Highlighting Opportunities

For C2Y2, 18 ID/A SCO questions made it into the opportunities table. Four (4) questions showed a slight positive gain over C2Y1 results and 14 questions showed decreased scores of 9-19% from C2Y1 to C2Y2. Of notable concern, results for 6 questions related to items to be completed during or after the annual ISP meeting dipped by 17-19%.

ID/A SCO Opportunities: QA&I Questions	C2Y1	C2Y2	Diff
Q1. **The SCO uses person-centered performance data in developing the Quality Management Plan (QMP) and its Action Plan.	83%	65%	-18%
Q2. The SCO uses data to assess progress towards achieving identified person-centered Quality Management Plan (QMP) goals and its Action Plan target objectives.	70%	65%	-5%
Q6. SCO staff completed the required number of training hours in the training year.	87%	85%	-2%
Q9. The SCO completes monitoring of delegated or purchased incident management function(s).	60%	50%	-10%
Q10. The SCO has a written policy that supports the release of the incident information upon request.	78%	80%	2%
Q11. The SCO has a policy to monitor EIM restraint and medication error reports in order to ensure proper procedures are followed and detect abuse and neglect.	74%	65%	-9%
Q12. The SCO completes monthly individual incident data monitoring.	61%	63%	2%
Q13. The SCO conducts and documents a trend analysis of all incident categories at least every 3 months.	50%	53%	3%
Q17. The SC offers information about services and resources to the family.	89%	78%	-11%
Q26. The SC conducted all monitorings at the required frequency.	84%	72%	-12%
Q30. The SC provided due process rights information at the annual ISP meeting.	98%	79%	-19%

ID/A SCO Opportunities: QA&I Questions *(continued)*	C2Y1	C2Y2	Diff
Q31. Choice of Providers was offered to the individual/family.	99%	82%	-17%
Q32. Choice of services was offered to the individual/family.	99%	82%	-17%
Q33. The SC provided the individual information on participant directed services (PDS) options annually.	99%	81%	-18%
Q34. The individual attended the Annual Review Update ISP meeting or ARP ISP meeting or if the individual did not attend the meeting, the SC reviewed the results with the individual.	99%	81%	-18%
Q39. **At the annual ISP meeting, the SC provided 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").	99%	81%	-18%
Q42. The individual's identified physical and mental health care needs are addressed.	78%	81%	3%
Q43. 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.	85%	72%	-13%

For C2Y2, 7 AAW SCO questions made it into the opportunities table below, with all showing results below the 86% compliance threshold. Three (3) of the 7 questions showed significant decline in performance (13-30%), 2 showed moderate declines, and 1 showed a 17% improvement in performance but remained below the required compliance threshold. One question (27) did not apply for C2Y1, so there is no comparable data. It is important to note that AAW staff reviewed a smaller representative sample of individual records (62 compared to 312 records reviewed for the ID/A SCOs), so 1 noncompliant finding has a greater impact on AAW results.

AAW SCO Opportunities: QA&I Questions	C2Y1	C2Y2	Diff
Q16. The SC documents the individual was provided with information about on-going opportunities and support necessary to participate in community activities of the individual's choice.	92%	79%	-13%
Q26. The SC conducted all monitorings at the required frequency.	79%	76%	-3%
Q27. The SC conducted all monitoring at the required location.	NA	74%	NA
Q28. The Individual Monitoring Tools met quality standards.	57%	74%	17%
Q43. 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%	70%	-30%
Q47. The SCO ensures all reportable incidents are documented in the Enterprise Incident Management (EIM) system as required.	91%	83%	-8%
Q48. The SCO educates individual based on the circumstances of incidents for which the SCO is required to file in EIM. *(NS)*	96%	79%	-17%

Section 3: Providers

Reasons to Celebrate

Statewide, there were many areas where ID/A providers are maintaining positive scores in areas monitored by ODP, through AEs, via the QA&I process. In the table below, 14 of the 55 questions scored 95% or above during C2Y2. When compared against C2Y1, 4 questions maintained the same score, 7 showed improvement in performance from 2-13%, and 3 showed slight decreases in scores. An additional 18 questions scored between 86% and 94%.

ID/A Provider Reasons to Celebrate	C2Y1	C2Y2	Diff
Q4. The Therapy Provider renders the service in a home and community location.	100%	100%	0%
Q14. New Provider staff completed orientation training core courses as required prior to working alone with individuals, and within 30 days after hire or starting to provide a service to an individual.	82%	95%	13%
Q29. The individual has a current signed Department-approved room and board residency agreement on file.	96%	96%	0%
Q30. The Department-approved room and board residency agreement is completed at least annually.	96%	95%	-1%
Q40. The individual was supported to make progress towards the outcome of competitive integrated employment.	88%	97%	9%
Q41. The individual is supported in exploring competitive integrated employment opportunities.	96%	100%	4%
Q43. The Provider supports the individual in maintaining employment.	99%	98%	-1%
Q44. The Provider supports the individual to maintain competitive integrated employment by facilitating transportation.	100%	100%	0%
Q47. The Provider ensures the individual completes all health care appointments, screenings, and follow-up as prescribed.	98%	98%	0%
Q49. If a restrictive intervention was used, the Provider followed the approved Behavior Support Component of the Individual Support Plan (ISP) for each instance to ensure that the individual is free from coercion and restraint.	84%	96%	12%
Q52. The individual has the right to have a key, access card, keypad code or other entry mechanism to lock and unlock the entrance door of their home.	96%	100%	4%
Q53. The individual has the right to lock their bedroom door.	97%	100%	3%
Q54. The individual has privacy in their home when audio and/or visual monitoring systems are used in their home.	99%	96%	-3%
Q55. The individual chose how to decorate their bedroom and the common areas of their home such as the living room or kitchen.	98%	100%	2%

AAW providers are also maintaining positive scores in the areas monitored by ODP via QA&I. The 7 questions in the table below scored 100% during both C2Y1 and C2Y2. One (1) additional question scored 87%, which was a slight improvement as compared to C2Y1. For Q6, Q7, Q20 and Q37, it is notable that the sample included just 1 individual each for whom the question applied.

AAW Provider Reasons to Celebrate	C2Y1	C2Y2	Diff
Q6. The Provider issued written notice to all required parties within the required time frames when transitioning an individual to another service Provider.	100%	100%	0%
Q7. The Provider continued to provide the authorized service(s) during the transition period to ensure continuity of service.	100%	100%	0%
Q20. The Provider completes monitoring of delegated or purchased incident management (IM) function(s).	100%	100%	0%
Q32. The Provider ensures the individual has the right to control his/her own schedule and activities and has the right to update those activities as desired.	100%	100%	0%
Q35. The Provider implemented the individual's back-up/contingency plan as specified in the ISP.	100%	100%	0%
Q37. **The Provider implements communication supports and services as specified in the individual's ISP to ensure effective communication.	100%	100%	0%
Q48. The Provider has ensured that the individual is able to pursue their preferred wellness activities as identified in the Individual Plan. (*NS)*	100%	100%	0%

Highlighting Opportunities

For C2Y2, 19 ID/A provider questions resulted in findings below the 86% compliance threshold. Of these 19 questions, 6 showed decreases in scores ranging from 2-100%, over C2Y1 results. One (1) question maintained the same score and 12 improved by 1-26% from C2Y1 to C2Y2. It should be noted that Q45 only applied to 1 individual in the sample and that review found that the provider was not compliant.

ID/A Provider Opportunities: QA&I Questions	C2Y1	C2Y2	Diff
Q1. **The Provider uses person-centered performance data in developing the QMP and its Action Plan.	81%	79%	-2%
Q2. **The Provider uses data to assess progress towards achieving identified person-centered QMP goals and its Action Plan target objectives.	72%	79%	7%
Q3. The Provider engages in activities, or has a written policy, to improve racial equity performance. (*NS)*	71%	85%	14%
Q6. The Provider issued written notice to all required parties within the required time frames when transitioning an individual to another service Provider.	83%	78%	-5%
Q9. The Provider has a written policy regarding individual choice when sharing a bedroom with another individual.	89%	82%	-7%

** Question is used to answer a CMS performance measure. ** Question is associated with ODP's ISAC recommendations. NS = Question is non-scored.*

ID/A Provider Opportunities: QA&I Questions *(continued)*	C2Y1	C2Y2	Diff
Q12. The Provider shall have written procedures to receive, document, manage, and respond to complaints regarding the delivery of a service.	80%	80%	0%
Q17. The Provider has a policy that addresses providing support to individuals with medication administration. *(NS)*	74%	78%	4%
Q18. The Provider has an Incident Management (IM) Representative that is a Certified Investigator (CI).	74%	84%	10%
Q20. The Provider completes monitoring of delegated or purchased incident management (IM) function(s).	65%	85%	20%
Q21. The Provider has a written policy that supports the release of the incident report information upon request.	54%	75%	21%
Q22. The Provider has a policy to monitor EIM restraint and medication error reports in order to ensure proper procedures are followed and detect abuse and neglect.	51%	72%	21%
Q23. The Provider completes monthly individual incident data monitoring.	52%	78%	26%
Q24. The Provider conducts and documents a trend analysis of all incident categories at least every 3 months.	53%	79%	26%
Q27. **Staff are trained on the individual's communication profile and/or formal communication system.	86%	82%	-4%
Q28. The Provider maintains a signed statement acknowledging that the individual has received information on individual rights.	78%	83%	5%
Q33. The progress notes indicate how progress will be addressed if there was a lack of progress on a desired outcome.	76%	79%	3%
Q35. The Provider implemented the individual's back-up/contingency plan as specified in the ISP.	89%	81%	-8%
Q36. The Provider submitted an incident report of neglect into Enterprise Incident Management (EIM) if the individual's back-up/contingency plan was not implemented as specified in the ISP.	60%	61%	1%
Q45. If an individual receiving Supported Employment requires Career Assessment activities in excess of 6 consecutive months, there is documentation of an explanation of the reason why the activities are needed for an extended period of time. (NS)	100%	0%	-100%

For C2Y2, 13 AAW provider questions resulted in findings below the 86% compliance threshold. Of these 13 questions, 7 had decreases in scores from 8-42%, 4 remained unchanged, and 2 showed increases in scores from 4-7% but remained significantly below the threshold. One (1) question (Q2) related to quality management plans showed a 42% decrease over C2Y1 results, however, small sample sizes for this and several other questions should be considered when reviewing these findings. For example, Q2 had a denominator of 3, representing just 3 providers and questions 23 and 24 applied to just 1 provider.

AAW Provider Opportunities: QA&I Questions	C2Y1	C2Y2	Diff
Q1. **The Provider uses person-centered performance data in developing the QMP and its Action Plan.	75%	33%	-42%
Q2. **The Provider uses data to assess progress towards achieving identified person-centered QMP goals and its Action Plan target objectives.	75%	33%	-42%
Q3. The Provider engages in activities, or has a written policy, to improve racial equity performance. (*NS)*	75%	67%	-8%
Q11. The Provider shall have a written policy regarding facilitating and making accommodations to assist an individual to visit with whom the individual chooses.	75%	60%	-15%
Q12. The Provider shall have written procedures to receive, document, manage, and respond to complaints regarding the delivery of a service.	75%	67%	-8%
Q16. The Provider has a policy on sexual health, personal relationships, and sexuality consistent with the guidelines.	63%	67%	4%
Q17. The Provider has a policy that addresses providing support to individuals with medication administration. *(NS)*	50%	40%	-10%
Q21. The Provider has a written policy that supports the release of the incident report information upon request.	33%	33%	0%
Q22. The Provider has a policy to monitor EIM restraint and medication error reports in order to ensure proper procedures are followed and detect abuse and neglect.	17%	17%	0%
Q23. The Provider completes monthly individual incident data monitoring.	0%	0%	0%
Q24. The Provider conducts and documents a trend analysis of all incident categories at least every 3 months.	0%	0%	0%
Q31. The individual is offered opportunities for, and provided support to, participate in integrated community activities consistent with the individual's preferences, choices, and interests.	100%	82%	-18%
Q34. The Provider delivered services in the type, scope, amount, frequency, and duration specified in the individual's ISP.	65%	72%	7%

Quality Assessment & Improvement
Cycle 2, Year 2 (C2Y2) ~ Fiscal Year (FY) 23-24

All results for statewide full reviews of AEs, SCOs and providers, collectively known as "entities," can be found on the following pages.

ABOUT THE DATA

When there is a marked difference (more than 10%) between the full review and self-assessment compliance percentages, the self-assessment data has been included and noted in red. This difference is being highlighted to indicate that ODP expectations are not being met across that entity type, for that question, and that entities may need to ensure a more accurate self-assessment is completed in those areas.

Some questions and answers from the full reviews are not included because they are non-scored.

Appendix A: Administrative Entity Results for QA&I, C2Y2 (FY 23-24)

Note: Demographic questions 43, 44 and 50 are not included in this table.

CYCLE 2, YEAR 2 (FY 23-24): ADMINISTRATIVE ENTITIES	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q1. **The AE engages in activities, or has a written policy, to improve racial equity performance. (*NS*)	**16**	**16**	**100%**	7	7	100%	2	2	100%	1	1	100%	6	6	100%
Q2. The AE ensures that any delegated or purchased administrative functions are established in writing pursuant to a subcontract or agreement.	**7**	**7**	**100%**	1	1	100%	2	2	100%	1	1	100%	3	3	100%
Q3. The AE completes monitoring of delegated or purchased administrative functions.	**7**	**7**	**100%**	1	1	100%	2	2	100%	1	1	100%	3	3	100%
Q4. The AE maintains written documentation of any delegated or purchased function related to incident management (IM).	**12**	**12**	**100%**	7	7	100%	2	2	100%	0	0	N/A	3	3	100%
Q5. The AE completes monitoring of delegated or purchased IM function(s).	**11**	**12**	**92%**	6	7	86%	2	2	100%	0	0	N/A	3	3	100%
Q6. The AE's designated point person for claims resolution uses ODP's claims resolution support process to assist Providers when claims are denied.	**16**	**16**	**100%**	7	7	100%	2	2	100%	1	1	100%	6	6	100%
Q7. The AE follows ODP's record retention policy for individual closed records. *Note: Self-Assessment data reflects 100% for this question.*	**12**	**16**	**75%**	5	7	71%	2	2	100%	1	1	100%	4	6	67%
Q8. The AE follows ODP's record retention policy for individual active records.	**15**	**16**	**94%**	6	7	86%	2	2	100%	1	1	100%	6	6	100%

CYCLE 2, YEAR 2 (FY 23-24): ADMINISTRATIVE ENTITIES	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q9. The AE has a process to manage vacated capacity to ensure waiting list emergent needs are addressed timely. (*NS*)	**15**	**16**	**94%**	6	7	86%	2	2	100%	1	1	100%	6	6	100%
Q10. The AE demonstrates the management of reserved capacity for transitions to a short-term facility.	**16**	**16**	**100%**	7	7	100%	2	2	100%	1	1	100%	6	6	100%
Q11. The AE implements its established protocols for management of unanticipated emergencies.	**12**	**13**	**92%**	3	4	75%	2	2	100%	1	1	100%	6	6	100%
Q12. The AE implements the ODP Provider risk screening process.	**15**	**15**	**100%**	7	7	100%	2	2	100%	1	1	100%	5	5	100%
Q13. The AE has a written policy that supports the release of the incident report information upon request. (*NS*) *Note: Self-Assessment data reflects 98% for this question.*	**14**	**16**	**88%**	7	7	100%	2	2	100%	1	1	100%	4	6	67%
Q14. The AE has a policy to monitor EIM restraint and medication error reports in order to ensure proper procedures are followed and detect abuse and neglect. *Note: Self-Assessment data reflects 98% for this question.*	**11**	**16**	**69%**	3	7	43%	2	2	100%	1	1	100%	5	6	83%
Q15. The AE conducts and documents a trend analysis to identify risks that require intervention to avoid a crisis. *Note: Self-Assessment data reflects 98% for this question.*	**8**	**16**	**50%**	1	7	14%	1	2	50%	0	1	0%	6	6	100%

CYCLE 2, YEAR 2 (FY 23-24): ADMINISTRATIVE ENTITIES	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q16. The AE has a policy to develop mitigation plans to address medical, behavioral, and socioeconomic crisis situations. *Note: Self-Assessment data reflects 94% for this question.*	**13**	**16**	**81%**	4	7	57%	2	2	100%	1	1	100%	6	6	100%
Q17. The AE operates a Human Rights Committee (HRC) in accordance with ODP requirements.	**16**	**16**	**100%**	7	7	100%	2	2	100%	1	1	100%	6	6	100%
Q18. The AE engages with the Health Care Quality Unit (HCQU).	**16**	**16**	**100%**	7	7	100%	2	2	100%	1	1	100%	6	6	100%
Q19. The AE has a protocol in place for when an individual is not or is no longer eligible for the ID/A Waivers or the AAW. *Note: Self-Assessment data reflects 96% for this question.*	**13**	**16**	**81%**	5	7	71%	1	2	50%	1	1	100%	6	6	100%
Q20. The AE conducts oversight of the Priority of Urgency of Need for Services (PUNS) as per ODP's PUNS policy.	**16**	**16**	**100%**	7	7	100%	2	2	100%	1	1	100%	6	6	100%
Q21. The AE provides information and resources to individuals and families.	**16**	**16**	**100%**	7	7	100%	2	2	100%	1	1	100%	6	6	100%
Q22. The AE has a process to identify prospective individuals for waiver enrollment.	**15**	**16**	**94%**	6	7	86%	2	2	100%	1	1	100%	6	6	100%
Q23. The AE follows ODP's process regarding the move and transfer of ID/A Waiver individuals to another AE.	**15**	**15**	**100%**	7	7	100%	2	2	100%	1	1	100%	5	5	100%
Q24. The AE has a protocol for supporting individuals and families to resolve issues with SCOs and/or Providers. (*NS*)	**14**	**16**	**88%**	6	7	86%	1	2	50%	1	1	100%	6	6	100%

** Question is used to answer a CMS performance measure.* *** Question is associated with ODP's ISAC recommendations.* *NS = Question is non-scored.*

CYCLE 2, YEAR 2 (FY 23-24): ADMINISTRATIVE ENTITIES	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q25. The AE implements a quality review protocol of auto-approval and authorization of ISPs.	**16**	**16**	**100%**	7	7	100%	2	2	100%	1	1	100%	6	6	100%
Q26. The AE evaluates trends in ISP disapprovals and engages in technical assistance based on trend analysis. (*NS*)	**12**	**16**	**75%**	7	7	100%	1	2	50%	0	1	0%	4	6	67%
Q27. The AE promotes competitive integrated employment as a priority.	**16**	**16**	**100%**	7	7	100%	2	2	100%	1	1	100%	6	6	100%
Q28. **The AE has assigned a point person as a Subject Matter Expert (SME) in employment.	**16**	**16**	**100%**	7	7	100%	2	2	100%	1	1	100%	6	6	100%
Q29. The AE has worked with community stakeholders to develop a local employment coalition if none exists or has enhanced its current coalition.	**15**	**16**	**94%**	6	7	86%	2	2	100%	1	1	100%	6	6	100%
Q30. The AE ensures that fair hearing and appeal activities are conducted in compliance with all ODP requirements.	**4**	**4**	**100%**	3	3	100%	0	0	N/A	1	1	100%	0	0	N/A
Q31. The AE actively expands and builds capacity of the Provider network. (*NS*)	**16**	**16**	**100%**	7	7	100%	2	2	100%	1	1	100%	6	6	100%
Q32. The AE identifies, develops, and implements strategies regarding the areas of need in the community and the resources available. (*NS*)	**16**	**16**	**100%**	7	7	100%	2	2	100%	1	1	100%	6	6	100%
Q33. *The AE qualifies AWC FMS Provider utilizing ODP standardized procedures.	**1**	**1**	**100%**	0	0	N/A	0	0	N/A	0	0	N/A	1	1	100%
Q34. *The AE qualifies PROVIDER 1 utilizing ODP standardized procedures.	**12**	**12**	**100%**	4	4	100%	2	2	100%	1	1	100%	5	5	100%

** Question is used to answer a CMS performance measure.* *** Question is associated with ODP's ISAC recommendations.* *NS = Question is non-scored.*

CYCLE 2, YEAR 2 (FY 23-24): ADMINISTRATIVE ENTITIES	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q35. *The AE qualifies PROVIDER 2 utilizing ODP standardized procedures.	**12**	**12**	**100%**	5	5	100%	2	2	100%	1	1	100%	4	4	100%
Q36. *The AE qualifies a COMMUNITY PARTICIPATION SUPPORT (CPS) PROVIDER utilizing ODP standardized procedures.	**12**	**12**	**100%**	5	5	100%	2	2	100%	1	1	100%	4	4	100%
Q37. **The AE uses person-centered performance data in developing the Quality Management Plan (QMP) and its Action Plan. *Note: Self-Assessment data reflects 98% for this question.*	**10**	**16**	**63%**	3	7	43%	2	2	100%	1	1	100%	4	6	67%
Q38. **The AE uses data to assess progress towards achieving identified person-centered Quality Management Plan (QMP) goals and its Action Plan target objectives. *Note: Self-Assessment data reflects 98% for this question.*	**11**	**16**	**69%**	3	7	43%	2	2	100%	1	1	100%	5	6	83%
Q39. The AE actively uses a process to share independent Monitoring for Quality (IM4Q) information with stakeholders. .	**15**	**16**	**94%**	6	7	86%	2	2	100%	1	1	100%	6	6	100%
Q40. The AE attends and participates in all trainings that includes AEs as the target audience and/or is relative to the AE's staff role functions.	**15**	**16**	**94%**	6	7	86%	2	2	100%	1	1	100%	6	6	100%
Q41. The AE provides the SCOs and Providers with assistance to support individuals with complex physical and behavioral needs.	**16**	**16**	**100%**	7	7	100%	2	2	100%	1	1	100%	6	6	100%

CYCLE 2, YEAR 2 (FY 23-24): ADMINISTRATIVE ENTITIES	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q42. The AE worked with the individual and their team to develop mitigation strategies when there are medical, behavioral, or socio-economic crisis situations. *Note: Self-Assessment data reflects 91% for this question.*	**22**	**28**	**79%**	19	22	86%	0	0	N/A	0	0	N/A	3	6	50%
Q45. *The individual has an approved Annual ISP (Annual Review Update) in HCSIS.	**176**	**176**	**100%**	84	84	100%	8	8	100%	14	0	100%	70	70	100%
Q46. *The AE ensures the Annual ISP (Annual Review Update) is approved and authorized within 365 days of the prior Annual ISP.	**162**	**176**	**92%**	82	84	98%	8	8	100%	9	5	64%	63	70	90%
Q47. The AE ensures that the individual's ISP includes all assessed needs and includes services that adequately address the assessed needs.	**166**	**176**	**94%**	83	84	99%	8	8	100%	11	3	79%	64	70	91%
Q48. The AE ensures that the individual's ISP includes information about ongoing opportunities and supports necessary to participate in community activities of the individual's choice.	**176**	**176**	**100%**	84	84	100%	8	8	100%	14	0	100%	70	70	100%
Q49. The AE authorizes services consistent with the service definitions.	**312**	**312**	**100%**	130	130	100%	57	57	100%	45	0	100%	80	80	100%
Q51. *Due process rights information was provided to the individuals with a change(s) in need.	**32**	**32**	**100%**	16	16	100%	9	9	100%	6	0	100%	1	1	100%

CYCLE 2, YEAR 2 (FY 23-24): ADMINISTRATIVE ENTITIES	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q52. A referral is made and the eligibility determination or case closure letter from OVR is in the individual's record for those individuals who are under age 25, authorized for the prevocational component of CPS, and are paid subminimum wage.	**2**	**2**	**100%**	2	2	100%	0	0	N/A	0	0	N/A	0	0	N/A
Q53. If Q52 is yes, the service is eligible for waiver funding.	**1**	**1**	**100%**	1	1	100%	0	0	N/A	0	0	N/A	0	0	N/A
Q54. The DP 251 form is complete. [For reevaluations only.]	**309**	**312**	**99%**	129	130	99%	57	57	100%	45	0	100%	78	80	98%
Q55. The DP 251 is timely. [For reevaluations only.]	**303**	**312**	**97%**	127	130	98%	57	57	100%	41	4	91%	78	80	98%
Q56. The medical evaluation includes a recommendation for an ICF/ID or ICF/ORC LOC. [For reevaluations only.] *Note: Self-Assessment data reflects 95% for this question.*	**3**	**4**	**75%**	1	1	100%	0	0	N/A	0	0	N/A	2	3	67%
Q57. The medical evaluation occurs within the 365-day period prior to the QDDP signature on the DP 251. [For reevaluations only.] *Note: Self-Assessment data reflects 95% for this question.*	**3**	**4**	**75%**	1	1	100%	0	0	N/A	0	0	N/A	2	3	67%
Q58. The AE used the Waiver reevaluation tool to complete the reevaluation process.	**307**	**309**	**99%**	129	129	100%	57	57	100%	45	0	100%	76	78	97%
Q59. The annual reevaluation date is entered into HCSIS. [For reevaluations only.]	**304**	**312**	**97%**	129	130	99%	57	57	100%	45	0	100%	73	80	91%

CYCLE 2, YEAR 2 (FY 23-24): ADMINISTRATIVE ENTITIES	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q60. The AE offers choice of Supports Coordination Organizations (SCOs) to the individual/family upon initial enrollment to TSM that includes documenting the offering of choice. [For initial evaluations only.]	**3**	**3**	**100%**	2	2	100%	1	1	100%	0	0	N/A	0	0	N/A
Q61. *The AE provides notification of Due process rights at waiver enrollment. [For initial evaluations only.] *Note: Self-Assessment data reflects 96% for this question.*	**162**	**191**	**85%**	68	81	84%	25	37	68%	28	28	100%	41	45	91%
Q62. The AE completed the initial level of care (LOC) evaluation and determination prior to entry into the waiver. [For initial evaluations only.]	**190**	**191**	**99%**	81	81	100%	36	37	97%	28	28	100%	45	45	100%
Q63. Certification of Need for ICF/ID or ICF/ORC LOC DP 250 completed (signed and dated). [For initial evaluations only.]	**180**	**191**	**94%**	81	81	100%	27	37	73%	28	28	100%	44	45	98%
Q64. The AE ensures that the program diagnosis corresponds with the correct criteria of LOC. Note: Self-Assessment data reflects 96% for this question. [For initial evaluations only.]	**178**	**190**	**94%**	71	81	88%	37	37	100%	27	28	96%	43	45	96%
Q65. *The medical evaluation includes a recommendation for an ICF/ID or ICF/ORC LOC. [For initial evaluations only.]	**186**	**190**	**98%**	78	81	96%	37	37	100%	26	28	93%	45	45	100%

CYCLE 2, YEAR 2 (FY 23-24): ADMINISTRATIVE ENTITIES	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q66. *The medical evaluation occurs within the 365-day period prior to the Qualified Developmental Disabilities Professional signature on the LOC DP 250 or DP 251 Form. [For initial evaluations only.]	**187**	**189**	**99%**	79	81	98%	37	37	100%	28	28	100%	43	45	96%
Q67. *The psychological evaluation meets ODP standards. [For initial evaluations only.]	**178**	**190**	**94%**	80	81	99%	37	37	100%	27	28	96%	34	45	76%
Q68. *A QDDP certifies that the individual has impairments in adaptive behavior based on the results of a standardized assessment of adaptive functioning. [For initial evaluations only.]	**180**	**190**	**95%**	78	81	96%	37	37	100%	26	28	93%	39	45	87%
Q69. *A record contains evidence that the disability occurred during the developmental period which is prior to the individual's 22nd birthday. [For initial evaluations only.]	**189**	**190**	**99%**	80	81	99%	37	37	100%	27	28	96%	45	45	100%
Q70. The AE maintains documentation of financial eligibility for waiver services. [For initial evaluations only.]	**191**	**191**	**100%**	81	81	100%	37	37	100%	28	28	100%	45	45	100%
Q71. Waiver services are initiated within forty-five (45) calendar days. [For initial evaluations only.] *Note: Self-Assessment data reflects 93% for this question.*	**142**	**191**	**74%**	58	81	72%	36	37	97%	23	28	82%	25	45	56%

Appendix B: ID/A SCO Results for QA&I, C2Y2 (FY 23-24)

Note: Questions 14, 15 and 18 are not included in this table because they are demographic questions; Q40 is not included because it did not apply.

CYCLE 2, YEAR 2 (FY 23-24): ID/A SCO Data & Policy	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q1. **The SCO uses person-centered performance data in developing the Quality Management Plan (QMP) and its Action Plan. *Note: Self-Assessment data reflects 97% for this question.*	**13**	**20**	**65%**	4	7	57%	3	4	75%	2	3	67%	4	6	67%
Q2. **The SCO uses data to assess progress towards achieving identified person-centered Quality Management Plan (QMP) goals and its Action Plan target objectives. *Note: Self-Assessment data reflects 98% for this question.*	**13**	**20**	**65%**	4	7	57%	3	4	75%	2	3	67%	4	6	67%
Q3. The SCO engages in activities, or has a written policy, to improve racial equity performance. (*NS*)	**18**	**20**	**90%**	7	7	100%	4	4	100%	2	3	67%	5	6	83%
Q4. *The SCO's staff completed annual training core courses as required in the training year. (# of staff reviewed)	**123**	**127**	**97%**	36	36	100%	28	28	100%	16	17	94%	43	46	94%
Q5. New SC(s) completed the required ODP SC Orientation prior to working alone with individuals, and within 30 days	**63**	**65**	**97%**	25	26	96%	16	16	100%	0	1	0%	22	22	100%
Q6. SCO staff completed the required number of training hours in the training year.	**17**	**20**	**85%**	6	7	86%	4	4	100%	3	3	100%	4	6	67%
Q7. The SCO has an Incident Management (IM) Representative that is a Certified Investigator (CI).	**18**	**20**	**90%**	7	7	100%	4	4	100%	1	3	33%	6	6	100%

** Question is used to answer a CMS performance measure. ** Question is associated with ODP's ISAC recommendations. NS = Question is non-scored.*

CYCLE 2, YEAR 1 (FY 23-24): ID/A SCO Data & Policy	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q8. The SCO maintains written documentation of any delegated or purchased function related to incident management.	**4**	**4**	**100%**	0	0	N/A	0	0	N/A	2	2	100%	2	2	100%
Q9. The SCO completes monitoring of delegated or purchased incident management function(s). *Note: Self-Assessment data reflects 100% for this question.*	**2**	**4**	**50%**	0	0	N/A	0	0	N/A	2	2	100%	0	2	0%
Q10. The SCO has a written policy that supports the release of the incident information upon request. *Note: Self-Assessment data reflects 97% for this question.*	**16**	**20**	**80%**	7	7	100%	3	4	75%	3	3	100%	3	6	50%
Q11. The SCO has a policy to monitor EIM restraint and medication error reports in order to ensure proper procedures are followed and detect abuse and neglect. *Note: Self-Assessment data reflects 97% for this question.*	**13**	**20**	**65%**	4	7	57%	3	4	75%	3	3	100%	3	6	50%
Q12. The SCO completes monthly individual incident data monitoring. *Note: Self-Assessment data reflects 94% for this question.*	**12**	**19**	**63%**	4	7	57%	2	4	50%	1	2	50%	5	6	83%
Q13. The SCO conducts and documents a trend analysis of all incident categories at least every 3 months. *Note: Self-Assessment data reflects 88% for this question.*	**10**	**19**	**53%**	4	7	57%	2	4	50%	1	2	50%	3	6	50%

CYCLE 2, YEAR 1 (FY 23-24): ID/A SCO Data & Policy	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q16. The SC documents the individual was provided with information about on-going opportunities and support necessary to participate in community activities of the individual's choice. *Note: Self-Assessment data reflects 97% for this question.*	**280**	**312**	**90%**	130	130	100%	57	57	100%	45	45	100%	48	80	60%
Q17. The SC offers information about services and resources to the family. *Note: Self-Assessment data reflects 91% for this question.*	**133**	**171**	**78%**	59	63	94%	28	30	93%	27	33	82%	19	45	42%
Q19. *The individual's ISP was updated when a change in need was identified.	**113**	**121**	**93%**	46	52	88%	20	21	95%	22	22	100%	25	26	96%
Q20. The Service Notes (SNs) met quality standards.	**285**	**312**	**91%**	126	130	97%	54	57	95%	28	45	62%	77	80	96%
Q21. If there were identified issues, the SC followed up on the issues.	**128**	**152**	**84%**	58	61	95%	24	26	92%	27	27	100%	19	38	50%
Q22. *The SC documented a risk assessment.	**312**	**312**	**100%**	130	130	100%	57	57	100%	45	45	100%	80	80	100%
Q23. *The SC incorporated risk mitigation strategies into the ISP.	**289**	**296**	**98%**	110	114	96%	57	57	100%	45	45	100%	77	80	96%
Q24. *The SC developed a person-centered ISP to address all assessed needs.	**284**	**312**	**91%**	125	130	96%	55	57	96%	39	45	87%	65	80	81%
Q25. *An ISP was developed that supports the outcomes/objectives throughout the entire plan.	**312**	**312**	**100%**	130	130	100%	57	57	100%	45	45	100%	80	80	100%

CYCLE 2, YEAR 1 (FY 23-24): ID/A SCO Data & Policy	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q26. The SC conducted all monitorings at the required frequency. *Note: Self-Assessment data reflects 84% for this question.*	**226**	**312**	**72%**	100	130	77%	49	57	86%	25	45	56%	52	80	65%
Q27. The SC conducted all monitoring at the required location.	**284**	**312**	**91%**	121	130	93%	53	57	93%	43	45	96%	67	80	84%
Q28. The Individual Monitoring Tools met quality standards.	**279**	**312**	**89%**	124	130	95%	57	57	100%	43	45	96%	55	80	69%
Q29. *The individual received services in type, scope, amount, duration, and frequency as defined in the ISP.	**297**	**312**	**95%**	127	130	98%	55	57	96%	44	45	98%	71	80	89%
Q30. The SC provided due process rights information at the annual ISP meeting. *Note: Self-Assessment data reflects 94% for this question.*	**248**	**312**	**79%**	121	130	93%	43	57	75%	34	45	76%	50	80	63%
Q31. *Choice of Providers was offered to the individual/family. *Note: Self-Assessment data reflects 97% for this question.*	**255**	**312**	**82%**	128	130	98%	43	57	75%	34	45	76%	50	80	63%
Q32. *Choice of services was offered to the individual/family. *Note: Self-Assessment data reflects 96% for this question.*	**255**	**312**	**82%**	126	130	97%	43	57	75%	34	45	76%	52	80	65%
Q33. *The SC provided the individual information on participant directed services (PDS) options annually. *Note: Self-Assessment data reflects 94% for this question.*	**253**	**312**	**81%**	126	130	97%	43	57	75%	34	45	76%	50	80	63%

CYCLE 2, YEAR 1 (FY 23-24): ID/A SCO Data & Policy	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q34. The individual attended the Annual Review Update ISP meeting or ARP ISP meeting or if the individual did not attend the meeting, the SC reviewed the results with the individual. *Note: Self-Assessment data reflects 97% for this question.*	**252**	**311**	**81%**	126	129	98%	43	57	75%	33	45	73%	50	80	63%
Q35. The SC follows ODP's PUNS policy based on the individual's current need(s).	**307**	**312**	**98%**	129	130	99%	57	57	100%	45	45	100%	76	80	95%
Q36. If the individual has Limited English Proficiency, the SCO has staff or contractors/language services who are trained to communicate with the individual.	**24**	**24**	**100%**	14	14	100%	5	5	100%	0	0	N/A	5	5	100%
Q37. **The ISP includes information about how the individual communicates and the communication supports and services the individual may need to assure effective communication.	**312**	**312**	**100%**	130	130	100%	57	57	100%	45	45	100%	80	80	100%
Q38. If there is documentation in the individual's record of interest in employment or a goal of employment, the ISP supports how this interest or goal will be pursued.	**104**	**107**	**97%**	61	63	97%	8	8	100%	8	8	100%	27	28	96%

CYCLE 2, YEAR 1 (FY 23-24): ID/A SCO Data & Policy	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q39. **At the annual ISP meeting, the SC provided 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"). *Note: Self-Assessment data reflects 96% for this question.*	**253**	**312**	**81%**	127	130	98%	43	57	75%	34	45	76%	49	80	61%
Q41. The Employment/Volunteer section of the individual's ISP indicates that the individual has an employment goal.	**115**	**117**	**98%**	66	66	100%	12	12	100%	11	11	100%	26	28	93%
Q42. *The individual's identified physical and mental health care needs are addressed. *Note: Self-Assessment data reflects 97% for this question.*	**252**	**312**	**81%**	115	130	88%	48	57	84%	21	45	47%	68	80	85%
Q43. 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. *Note: Self-Assessment data reflects 100% for this question.*	**18**	**25**	**72%**	15	18	83%	0	0	N/A	0	0	N/A	3	7	43%
Q44. The ISP includes all identified medical personnel seen during the review period.	**287**	**312**	**92%**	110	130	85%	57	57	100%	45	45	100%	75	80	94%
Q45. The individual's preferences for wellness activities are documented in the ISP.	**312**	**312**	**100%**	130	130	100%	57	57	100%	45	45	100%	80	80	100%

CYCLE 2, YEAR 1 (FY 23-24): ID/A SCO Data & Policy	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q46. **If the individual has complex needs, the SC ensured there are strategies for supports in place to address those needs.	**157**	**159**	**99%**	85	85	100%	28	28	100%	34	34	100%	10	12	83%
Q47. The SCO ensures all reportable incidents are documented in the Enterprise Incident Management (EIM) system as required.	**125**	**128**	**98%**	64	65	98%	23	23	100%	14	14	100%	24	26	92%
Q48. The SCO educates individual based on the circumstances of incidents for which the SCO is required to file in EIM. (*NS*)	**42**	**44**	**95%**	32	32	100%	2	2	100%	1	1	100%	7	9	78%
Q49. The SCO identified and took action for issues identified upon review of initial incident reports in EIM.	**40**	**46**	**87%**	33	34	97%	0	0	N/A	0	0	N/A	7	12	58%
Q50. The SCO identified and took action for issues identified upon review of final incident reports in EIM.	**37**	**43**	**86%**	34	35	97%	0	0	N/A	0	0	N/A	3	8	38%

Appendix C: ID/A Provider Results for QA&I, C2Y2 (FY 23-24)

Note: Some questions are not shown in this table. Questions 8, 25 and 26 collected demographic information and question 46 did not apply to any of the individuals in the sample.

CYCLE 2, YEAR 2 (FY 23-24): ID/A PROVIDERS	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q1. **The Provider uses person-centered performance data in developing the QMP and its Action Plan. *Note: Self-Assessment data reflects 99% for this question.*	**198**	**252**	**79%**	38	48	79%	31	37	84%	73	99	74%	56	68	82%
Q2. **The Provider uses data to assess progress towards achieving identified person-centered QMP goals and its Action Plan target objectives. *Note: Self-Assessment data reflects 99% for this question.*	**191**	**243**	**79%**	38	48	79%	28	37	76%	70	96	73%	55	62	89%
Q3. The Provider engages in activities, or has a written policy, to improve racial equity performance. (*NS*)	**236**	**278**	**85%**	42	49	86%	35	39	90%	102	122	84%	57	68	84%
Q4. The Therapy Provider renders the service in a home and community location.	**2**	**2**	**100%**	0	0	NA	0	0	NA	1	1	100%	1	1	100%
Q5. The transportation trip Provider has a policy to ensure that there is an aide in the vehicle when transporting more than six individuals.	**26**	**29**	**90%**	7	8	88%	6	6	100%	4	6	67%	9	9	100%

CYCLE 2, YEAR 2 (FY 23-24): ID/A PROVIDERS	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q6. The Provider issued written notice to all required parties within the required time frames when transitioning an individual to another service Provider. *Note: Self-Assessment data reflects 98% for this question.*	**49**	**63**	**78%**	12	13	92%	2	6	33%	20	27	74%	15	17	88%
Q7. The Provider continued to provide the authorized service(s) during the transition period to ensure continuity of service.	**54**	**59**	**92%**	12	12	100%	8	8	100%	19	24	79%	15	15	100%
Q9. The Provider has a written policy regarding individual choice when sharing a bedroom with another individual. *Note: Self-Assessment data reflects 98% for this question.*	**27**	**33**	**82%**	6	6	100%	3	4	75%	7	12	58%	11	11	100%
Q10. The Provider has a policy which ensures that all individuals receiving service(s) have access to food at any time and has the flexibility about where and when individuals eat within the home or in the community during the provision of services consistent with non-Medicaid recipients in the same and/or similar settings.	**37**	**42**	**88%**	5	5	100%	3	4	75%	17	21	81%	12	12	100%

CYCLE 2, YEAR 2 (FY 23-24): ID/A PROVIDERS	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q11. The Provider shall have a written policy regarding facilitating and making accommodations to assist an individual to visit with whom the individual chooses. *Note: Self-Assessment data reflects 98% for this question.*	**181**	**207**	**87%**	31	34	91%	22	29	76%	74	87	85%	54	57	95%
Q12. The Provider shall have written procedures to receive, document, manage, and respond to complaints regarding the delivery of a service. *Note: Self-Assessment data reflects 100% for this question.*	**223**	**278**	**80%**	42	49	86%	30	39	77%	90	122	74%	61	68	90%
Q13. *The Provider's staff completed annual training core courses as required in the training year. *Note: Self-Assessment data reflects 89% for this question.*	**1949**	**2073**	**94%**	405	440	92%	235	260	90%	659	697	95%	650	676	96%
Q14. New Provider staff completed orientation training core courses as required prior to working alone with individuals, and within 30 days after hire or starting to provide a service to an individual. *Note: Self-Assessment data reflects 89% for this question.*	**1118**	**1176**	**95%**	214	228	94%	144	148	97%	395	431	92%	365	369	99%
Q15. Provider staff completed the required number of training hours in the training year. *Note: Self-Assessment data reflects 90% for this question.*	**1767**	**1986**	**89%**	371	407	91%	196	228	86%	603	694	87%	597	657	91%

CYCLE 2, YEAR 2 (FY 23-24): ID/A PROVIDERS	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q16. The Provider has a policy on sexual health, personal relationships, and sexuality consistent with the guidelines.	**249**	**273**	**91%**	44	47	94%	33	39	85%	108	119	91%	64	68	94%
Q17. The Provider has a policy that addresses providing support to individuals with medication administration. (*NS*) *Note: Self-Assessment data reflects 96% for this question.*	**131**	**169**	**78%**	20	26	77%	13	20	65%	61	76	80%	37	47	79%
Q18. The Provider has an Incident Management (IM) Representative that is a Certified Investigator (CI).	**233**	**277**	**84%**	41	49	84%	35	39	90%	99	122	81%	58	67	87%
Q19. The Provider maintains written documentation of any delegated or purchased function related to incident management.	**41**	**46**	**89%**	11	11	100%	10	13	77%	14	16	88%	6	6	100%
Q20. The Provider completes monitoring of delegated or purchased incident management (IM) function(s). *Note: Self-Assessment data reflects 97% for this question.*	**39**	**46**	**85%**	8	11	73%	11	13	85%	14	16	88%	6	6	100%
Q21. The Provider has a written policy that supports the release of the incident report information upon request. *Note: Self-Assessment data reflects 97% for this question.*	**208**	**278**	**75%**	36	49	73%	28	39	72%	86	122	70%	58	68	85%

CYCLE 2, YEAR 2 (FY 23-24): ID/A PROVIDERS	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q22. The Provider has a policy to monitor EIM restraint and medication error reports in order to ensure proper procedures are followed and detect abuse and neglect. *Note: Self-Assessment data reflects 95% for this question.*	**201**	**278**	**72%**	36	49	73%	28	39	72%	82	122	67%	55	68	81%
Q23. The Provider completes monthly individual incident data monitoring. *Note: Self-Assessment data reflects 97% for this question.*	**114**	**146**	**78%**	27	37	73%	19	24	79%	28	41	68%	40	44	91%
Q24. The Provider conducts and documents a trend analysis of all incident categories at least every 3 months. *Note: Self-Assessment data reflects 95% for this question.*	**117**	**148**	**79%**	30	39	77%	19	24	79%	28	41	68%	40	44	91%
Q27. **Staff are trained on the individual's communication profile and/or formal communication system. *Note: Self-Assessment data reflects 98% for this question.*	**64**	**78**	**82%**	15	20	75%	9	10	90%	14	21	67%	26	27	96%
Q28. The Provider maintains a signed statement acknowledging that the individual has received information on individual rights. *Note: Self-Assessment data reflects 98% for this question.*	**605**	**728**	**83%**	124	148	84%	106	120	88%	230	278	83%	145	182	80%
Q29. The individual has a current signed Department-approved room and board residency agreement on file.	**307**	**319**	**96%**	60	61	98%	35	38	92%	102	107	95%	110	113	97%

CYCLE 2, YEAR 2 (FY 23-24): ID/A PROVIDERS	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q30. The Department-approved room and board residency agreement is completed at least annually.	**289**	**303**	**95%**	58	60	97%	33	36	92%	92	97	95%	106	110	96%
Q31. The individual is offered opportunities for, and provided support to, participate in integrated community activities consistent with the individual's preferences, choices, and interests.	**801**	**874**	**92%**	160	170	94%	116	121	96%	292	341	86%	233	242	96%
Q32. The Provider ensures the individual has the right to control his/her own schedule and activities and has the right to update those activities as desired.	**651**	**720**	**90%**	133	146	91%	96	101	95%	264	312	85%	158	161	98%
Q33. The progress notes indicate how progress will be addressed if there was a lack of progress on a desired outcome. *Note: Self-Assessment data reflects 98% for this question.*	**465**	**590**	**79%**	68	82	83%	70	79	89%	189	253	75%	138	176	78%
Q34. The Provider delivered services in the type, scope, amount, frequency, and duration specified in the individual's ISP.	**923**	**1017**	**91%**	188	206	91%	133	137	97%	367	405	91%	235	269	87%
Q35. The Provider implemented the individual's back-up/contingency plan as specified in the ISP. *Note: Self-Assessment data reflects 99% for this question.*	**93**	**115**	**81%**	15	23	65%	20	21	95%	33	42	79%	25	29	86%

CYCLE 2, YEAR 2 (FY 23-24): ID/A PROVIDERS	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q36. The Provider submitted an incident report of neglect into Enterprise Incident Management (EIM) if the individual's back-up/contingency plan was not implemented as specified in the ISP. *Note: Self-Assessment data reflects 100% for this question.*	**11**	**18**	**61%**	2	2	100%	1	2	50%	7	13	54%	1	1	100%
Q37. **The Provider implements communication supports and services as specified in the individual's ISP to ensure effective communication.	**110**	**117**	**94%**	20	24	83%	15	15	100%	38	41	93%	37	37	100%
Q38. The Provider assists the individual in the identification of potential career options using a person-centered approach and based upon the interests and strengths of the individual.	**31**	**35**	**89%**	4	5	80%	5	5	100%	12	15	80%	10	10	100%
Q39. The individual's ISP includes a competitive integrated employment outcome/objective(s).	**52**	**57**	**91%**	16	16	100%	11	11	100%	7	8	88%	18	22	82%
Q40. The individual was supported to make progress towards the outcome of competitive integrated employment.	**61**	**63**	**97%**	16	16	100%	9	11	82%	13	13	100%	23	23	100%
Q41. The individual is supported in exploring competitive integrated employment opportunities.	**40**	**40**	**100%**	9	9	100%	7	7	100%	15	15	100%	9	9	100%
Q42. The Provider supports the individual in obtaining competitive integrated employment. (*NS*)	**34**	**37**	**92%**	5	5	100%	8	8	100%	12	15	80%	9	9	100%

** Question is used to answer a CMS performance measure.* *** Question is associated with ODP's ISAC recommendations.* *NS = Question is non-scored.*

CYCLE 2, YEAR 2 (FY 23-24): ID/A PROVIDERS	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q43. The Provider supports the individual in maintaining employment.	**57**	**58**	**98%**	14	14	100%	11	11	100%	19	20	95%	13	13	100%
Q44. The Provider supports the individual to maintain competitive integrated employment by facilitating transportation.	**28**	**28**	**100%**	9	9	100%	5	5	100%	9	9	100%	5	5	100%
Q45. If an individual receiving Supported Employment requires Career Assessment activities in excess of 6 consecutive months, there is documentation of an explanation of the reason why the activities are needed for an extended period of time. (*NS*) *Note: Self-Assessment data reflects 100% for this question.*	**0**	**1**	**0%**	0	1	0%	0	0	N/A	0	0	N/A	0	0	N/A
Q47. The Provider ensures the individual completes all health care appointments, screenings, and follow-up as prescribed.	**142**	**145**	**98%**	26	26	100%	21	21	100%	47	50	94%	48	48	100%
Q48. The Provider has ensured that the individual is able to pursue their preferred wellness activities as identified in the Individual Plan. (*NS*)	**810**	**896**	**90%**	178	191	93%	124	128	97%	283	346	82%	225	231	97%
Q49. If a restrictive intervention was used, the Provider followed the approved Behavior Support Component of the Individual Support Plan (ISP) for each instance to ensure that the individual is free from coercion and restraint.	**27**	**28**	**96%**	5	5	100%	3	3	100%	9	9	100%	10	11	91%

CYCLE 2, YEAR 2 (FY 23-24): ID/A PROVIDERS	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q50. The Provider ensures all reportable incidents are documented in the Enterprise Incident Management (EIM) system as required.	**264**	**281**	**94%**	78	79	99%	43	46	93%	48	60	80%	95	96	99%
Q51. The Provider educates individuals based on the circumstances of incidents for which the Provider is required to file in EIM. (*NS*)	**264**	**280**	**94%**	78	82	95%	45	47	96%	58	62	94%	83	89	93%
Q52. The individual has the right to have a key, access card, keypad code or other entry mechanism to lock and unlock the entrance door of their home.	**164**	**164**	**100%**	29	29	100%	15	15	100%	47	47	100%	73	73	100%
Q53. The individual has the right to lock their bedroom door.	**171**	**171**	**100%**	30	30	100%	16	16	100%	53	53	100%	72	72	100%
Q54. The individual has privacy in their home when audio and/or visual monitoring systems are used in their home.	**77**	**80**	**96%**	10	10	100%	5	5	100%	11	11	100%	51	54	94%
Q55. The individual chose how to decorate their bedroom and the common areas of their home such as the living room or kitchen.	**207**	**207**	**100%**	40	40	100%	23	23	100%	50	50	100%	94	94	100%

CYCLE 2, YEAR 2 (FY 23-24): AGENCY WITH CHOICE (AWC) PROVIDERS *These questions were answered for any ID/A Provider that also rendered AWC services.*	STATEWIDE Final Compliance		
Question	**N**	**D**	**%**
Q56. The AWC Provider demonstrates application of the core value of individual choice & control as a pillar to ODP's mission, vision and values. *By region: Central = 2/2, Northeast = 1/1, West = 1/1*	4	4	100%
Q57. The AWC Provider takes action and documents when Supports Service Professionals (SSPs) are scheduled for more than 40 hours per week. *By region: Central = 2/2, Northeast = 1/1, West = 1/1*	4	4	100%
Q58. The AWC Provider takes action and documents when the maximum allowable hours of care provided by relatives are exceeded. *By region: Central = 2/2, Northeast = 1/1, West = 1/1*	4	4	100%
Q59. The AWC Provider has and implements a process for ensuring that MEs comply with the ME agreement, and the action taken when MEs do not follow the agreement requirements. *By region: Central = 2/2, Northeast = 1/1, West = 1/1*	4	4	100%
Q60. The AWC Provider provides MEs with information about the AWC Provider's roles and responsibilities. *By region: Central = 2/2, Northeast = 1/1, West = 1/1*	4	4	100%
Q61. The AWC Provider has and implements policies to ensure ME's report incidents to the AWC. *By region: Central = 2/2, Northeast = 1/1, West = 1/1*	4	4	100%
Q62. The AWC Provider has and implements a process for analyzing customer satisfaction responses. *By region: Central = 2/2, Northeast = 1/1, West = 1/1*	4	4	100%
Q63. The AWC Provider utilizes customer satisfaction findings to improve AWC services. *By region: Central = 2/2, Northeast = 1/1, West = 1/1*	4	4	100%
Q64. The AWC Provider takes action to fulfill unmet responsibilities of the ME. *By region: Northeast = 2/2, West = 1/1*	3	3	100%
Q65. The AWC Provider ensures that MEs are able to schedule SSPs up to 40 hours as needed and allowed within the participant's waiver budget limits. *By region: Central = 2/2, Northeast = 1/1, West = 1/1*	4	4	100%
Q66. The AWC Provider produces service utilization reports and provides them to the Managing Employers (MEs) within seven calendar days of the last day of each payroll period. *By region: Central = 3/3, Northeast = 20/20, West = 5/10*	28	33	85%
Q67. The AWC Provider provides Managing Employer skills training. *By region: Central = 3/3, Northeast = 18/20, West = 10/10*	31	33	94%
Q68. The AWC Provider ensures that SSPs receive training on medication assistance. *By region: Central = 3/3, Northeast = 11/20, West = 10/10 Note: Self-Assessment data reflects 91% for this question.*	24	33	73%
Q69. The AWC Provider has an implements a written policy on restrictive procedures and a means to monitor and ensure appropriate use of restrictive procedures by MEs and SSPs. *By region: Central = 3/3, Northeast = 20/20, West = 10/10*	33	33	100%

Appendix D: AAW SCO Results for QA&I, C2Y2 (FY 23-24)

Note: Demographic questions 14, 15, and 18 are not included in the following table. For the AAW, these SCO questions also did not apply, or the sample size was 0, so they are not shown in the table: 1-13, 35 and 40.

CYCLE 2, YEAR 2 (FY 23-24): AAW SCOs	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q16. The SC documents the individual was provided with information about on-going opportunities and support necessary to participate in community activities of the individual's choice. *Note: Self-Assessment data reflects 100% for this question.*	**49**	**62**	**79%**	1	1	100%	6	10	60%	17	21	81%	25	30	83%
Q17. The SC offers information about services and resources to the family.	**44**	**49**	**90%**	0	0	N/A	7	8	88%	17	20	85%	20	21	95%
Q19. *The individual's ISP was updated when a change in need was identified.	**52**	**56**	**93%**	0	0	N/A	8	10	80%	16	18	89%	28	28	100%
Q20. The Service Notes (SNs) met quality standards.	**55**	**62**	**89%**	0	1	0%	9	10	90%	16	21	76%	30	30	100%
Q21. If there were identified issues, the SC followed up on the issues.	**50**	**57**	**88%**	0	0	N/A	9	10	90%	13	19	68%	28	28	100%
Q22. *The SC documented a risk assessment.	**62**	**62**	**100%**	1	1	100%	10	10	100%	21	21	100%	30	30	100%
Q23. *The SC incorporated risk mitigation strategies into the ISP.	**55**	**55**	**100%**	1	1	100%	9	9	100%	16	16	100%	29	29	100%
Q24. *The SC developed a person-centered ISP to address all assessed needs.	**59**	**62**	**95%**	1	1	100%	9	10	90%	19	21	90%	30	30	100%

CYCLE 2, YEAR 2 (FY 23-24): AAW SCOs	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q25. *An ISP was developed that supports the outcomes/objectives throughout the entire plan. *Note: Self-Assessment data reflects 100% for this question.*	**54**	**62**	**87%**	1	1	100%	9	10	90%	14	21	67%	30	30	100%
Q26. The SC conducted all monitorings at the required frequency. *Note: Self-Assessment data reflects 87% for this question.*	**47**	**62**	**76%**	1	1	100%	8	10	80%	10	21	48%	28	30	93%
Q27. The SC conducted all monitoring at the required location.	**46**	**62**	**74%**	1	1	100%	9	10	90%	13	21	62%	23	30	77%
Q28. The Individual Monitoring Tools met quality standards. *Note: Self-Assessment data reflects 97% for this question.*	**46**	**62**	**74%**	1	1	100%	8	10	80%	8	21	38%	29	30	97%
Q29. *The individual received services in type, scope, amount, duration, and frequency as defined in the ISP. *Note: Self-Assessment data reflects 90% for this question.*	**54**	**62**	**87%**	1	1	100%	9	10	90%	14	21	67%	30	30	100%
Q30. The SC provided due process rights information at the annual ISP meeting. *Note: Self-Assessment data reflects 100% for this question.*	**60**	**62**	**97%**	0	1	0%	10	10	100%	20	21	95%	30	30	100%
Q31. *Choice of Providers was offered to the individual/family.	**60**	**62**	**97%**	0	1	0%	10	10	100%	20	21	95%	30	30	100%
Q32. *Choice of services was offered to the individual/family.	**60**	**62**	**97%**	0	1	0%	10	10	100%	20	21	95%	30	30	100%
Q33. *The SC provided the individual information on participant directed services (PDS) options annually.	**56**	**62**	**90%**	0	1	0%	10	10	100%	17	21	81%	29	30	97%

** Question is used to answer a CMS performance measure.* *** Question is associated with ODP's ISAC recommendations.* *NS = Question is non-scored.*

CYCLE 2, YEAR 2 (FY 23-24): AAW SCOs	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q34. The individual attended the Annual Review Update ISP meeting or ARP ISP meeting or if the individual did not attend the meeting, the SC reviewed the results with the individual.	**62**	**62**	**100%**	1	1	100%	10	10	100%	21	21	100%	30	30	100%
Q36. If the individual has Limited English Proficiency, the SCO has staff or contractors/language services who are trained to communicate with the individual.	**1**	**1**	**100%**	0	0	N/A	0	0	N/A	1	1	100%	0	0	N/A
Q37. **The ISP includes information about how the individual communicates and the communication supports and services the individual may need to assure effective communication.	**62**	**62**	**100%**	1	1	100%	10	10	100%	21	21	100%	30	30	100%
Q38. If there is documentation in the individual's record of interest in employment or a goal of employment, the ISP supports how this interest or goal will be pursued.	**43**	**45**	**96%**	0	0	N/A	6	7	86%	18	19	95%	19	19	100%
Q39. **At the annual ISP meeting, the SC provided 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").	**59**	**62**	**95%**	0	1	0%	10	10	100%	19	21	90%	30	30	100%

CYCLE 2, YEAR 2 (FY 23-24): AAW SCOs	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q41. The Employment/Volunteer section of the individual's ISP indicates that the individual has an employment goal.	**31**	**31**	**100%**	0	0	N/A	5	5	100%	13	13	100%	13	13	100%
Q42. *The individual's identified physical and mental health care needs are addressed.	**55**	**62**	**89%**	1	1	100%	9	10	90%	15	21	71%	30	30	100%
Q43. 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.	**7**	**10**	**70%**	0	0	N/A	1	2	50%	3	5	60%	3	3	100%
Q44. The ISP includes all identified medical personnel seen during the review period.	**54**	**62**	**87%**	1	1	100%	8	10	80%	15	21	71%	30	30	100%
Q45. The individual's preferences for wellness activities are documented in the ISP.	**59**	**62**	**95%**	1	1	100%	9	10	90%	19	21	90%	30	30	100%
Q46. **If the individual has complex needs, the SC ensured there are strategies for supports in place to address those needs.	**46**	**47**	**98%**	1	1	100%	8	8	100%	16	17	94%	21	21	100%
Q47. The SCO ensures all reportable incidents are documented in the Enterprise Incident Management (EIM) system as required.	**19**	**23**	**83%**	0	0	N/A	7	8	88%	5	7	71%	7	8	88%
Q48. The SCO educates individual based on the circumstances of incidents for which the SCO is required to file in EIM. (*NS*)	**16**	**20**	**80%**	0	0	N/A	6	7	86%	2	4	50%	8	9	89%

CYCLE 2, YEAR 2 (FY 23-24): AAW SCOs	STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Question	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
Q49. The SCO identified and took action for issues identified upon review of initial incident reports in EIM. *Note: Self-Assessment data reflects 100% for this question.*	**5**	**5**	**100%**	0	0	N/A	0	0	N/A	1	1	100%	4	4	100%
Q50. The SCO identified and took action for issues identified upon review of final incident reports in EIM.	**5**	**5**	**100%**	0	0	N/A	0	0	N/A	1	1	100%	4	4	100%

Appendix E: AAW Provider Results for QA&I, C2Y2 (FY 23-24)

Note: Demographic questions 25 and 26 are not included in the following table. For the AAW, these Provider questions also did not apply (13 questions), or the sample size was 0 (19 questions), so they are not shown in the table: 4, 5, 8-10, 13-15, 18, 19, 27-30, 36 , 38-47, 49-55.

Also note that data results for AAW-only providers were not broken out by regions in this report, as in previous years. This was due to the sample for record reviews overwhelmingly being from the Western Region for C2Y2 (26 of 27, with 1 from the Southeast Region).

C2Y2 (FY 23-24): AAW-ONLY PROVIDERS	STATEWIDE Final Compliance		
Question	**N**	**D**	**%**
Q1. **The Provider uses person-centered performance data in developing the QMP and its Action Plan. *Note: Self-Assessment data reflects 100% for this question.*	1	3	33%
Q2. **The Provider uses data to assess progress towards achieving identified person-centered QMP goals and its Action Plan target objectives. *Note: Self-Assessment data reflects 99% for this question.*	1	3	33%
Q3. The Provider engages in activities, or has a written policy, to improve racial equity performance. (*NS*) *Note: Self-Assessment data reflects 89% for this question.*	4	6	67%
Q6. The Provider issued written notice to all required parties within the required time frames when transitioning an individual to another service Provider.	1	1	100%
Q7. The Provider continued to provide the authorized service(s) during the transition period to ensure continuity of service.	1	1	100%
Q11. The Provider shall have a written policy regarding facilitating and making accommodations to assist an individual to visit with whom the individual chooses. *Note: Self-Assessment data reflects 98% for this question.*	3	5	60%
Q12. The Provider shall have written procedures to receive, document, manage, and respond to complaints regarding the delivery of a service. *Note: Self-Assessment data reflects 98% for this question.*	4	6	67%
Q16. The Provider has a policy on sexual health, personal relationships, and sexuality consistent with the guidelines. *Note: Self-Assessment data reflects 99% for this question.*	4	6	67%
Q17. The Provider has a policy that addresses providing support to individuals with medication administration. (*NS*) *Note: Self-Assessment data reflects 93% for this question.*	2	5	40%
Q20. The Provider completes monitoring of delegated or purchased incident management (IM) function(s).	1	1	100%
Q21. The Provider has a written policy that supports the release of the incident report information upon request. *Note: Self-Assessment data reflects 97% for this question.*	2	6	33%
Q22. The Provider has a policy to monitor EIM restraint and medication error reports in order to ensure proper procedures are followed and detect abuse and neglect. *Note: Self-Assessment data reflects 93% for this question.*	1	6	17%
Q23. The Provider completes monthly individual incident data monitoring. *Note: Self-Assessment data reflects 98% for this question.*	0	1	0%
Q24. The Provider conducts and documents a trend analysis of all incident categories at least every 3 months. *Note: Self-Assessment data reflects 92% for this question.*	0	1	0%

** Question is used to answer a CMS performance measure. ** Question is associated with ODP's ISAC recommendations. NS = Question is non-scored.*

C2Y2 (FY 23-24): AAW-ONLY PROVIDERS	STATEWIDE Final Compliance		
Question	**N**	**D**	**%**
Q31. The individual is offered opportunities for, and provided support to, participate in integrated community activities consistent with the individual's preferences, choices, and interests. *Note: Self-Assessment data reflects 100% for this question.*	9	11	82%
Q32. The Provider ensures the individual has the right to control his/her own schedule and activities and has the right to update those activities as desired.	25	25	100%
Q33. The progress notes indicate how progress will be addressed if there was a lack of progress on a desired outcome.	20	23	87%
Q34. The Provider delivered services in the type, scope, amount, frequency, and duration specified in the individual's ISP. *Note: Self-Assessment data reflects 100% for this question.*	18	25	72%
Q35. The Provider implemented the individual's back-up/contingency plan as specified in the ISP.	3	3	100%
Q37. **The Provider implements communication supports and services as specified in the individual's ISP to ensure effective communication.	1	1	100%
Q48. The Provider has ensured that the individual is able to pursue their preferred wellness activities as identified in the Individual Plan. (*NS*)	25	25	100%

Appendix F: Variation Responses for QA&I, C2Y2 (FY 23-24)

C2Y2 VARIATION RESPONSES: ADMINISTRATIVE ENTITIES	#	%
Q6. The AE's designated point person for claims resolution uses ODP's claims resolution support process to assist Providers when claims are denied.		
(Yes) The AE's documentation and other evidence indicates there is a point person assigned to handle claims resolution issues and demonstrates use of the claim resolution process to assist providers when claims are denied.	16	100%
(No) The AE's documentation or other evidence did not identify a designated point person for claims resolution and does not demonstrate use of the claim resolution process to help providers with denied claims.	0	0%
(No) The AE does not have a designated point person for claims resolution.	0	0%
Q11. The AE implements its established protocols for management of unanticipated emergencies.		
(Yes) The AE demonstrates it is following written protocols to handle unanticipated emergencies.	12	92%
(No) The AE did not implement their protocol to effectively manage unanticipated emergencies.	0	0%
(No) The AE doesn't have a protocol to manage unanticipated emergencies.	1	8%
Q16. The AE has a policy to develop mitigation plans to address medical, behavioral, and socioeconomic crisis situations.		
(Yes) The AE has a policy that addresses all requirements.	13	81%
(No) The AE has a policy, however, one or more of the identified requirements were not satisfied.	2	13%
(No) The AE does not have a policy.	1	6%
Q19. The AE has a protocol in place for when an individual is not or is no longer eligible for the ID/A Waivers or the AAW.		
(Yes) The AE has a protocol that includes all requirements.	13	81%
(No) The AE has a protocol but one or more of the requirements is not met.	2	13%
(No) The AE does not have a protocol.	1	6%
Q22. The AE has a process to identify prospective individuals for waiver enrollment.		
(Yes) The AE has a process to identify prospective individuals for waiver enrollment that addresses all requirements.	15	94%
(No) The AE has a process, however, one or more of the identified requirements were not met.	0	0%
(No) The AE does not have a process.	1	6%
Q24. The AE has a protocol for supporting individuals and families to resolve issues with SCOs and/or Providers. *(NS)*		
(Yes) The AE has a protocol.	14	88%
(No) The AE has a protocol, but it does not include the areas identified.	2	13%
(No) The AE does not have a protocol.	0	0%

C2Y2 VARIATION RESPONSES: ADMINISTRATIVE ENTITIES *(continued)*	#	%
Q25. The AE implements a quality review protocol of auto-approval and authorization of ISPs.		
(Yes) The AE implements its protocol to complete a quality review of auto approved and authorized ISPs.	16	100%
(No) The documentation provided does not demonstrate that the AE completed a quality review of auto approved and authorized ISPs.	0	0%
(No) The AE does not have a protocol to complete a quality review of auto approved and authorized ISPs.	0	0%
Q26. The AE evaluates trends in ISP disapprovals and engages in technical assistance based on trend analysis. *(NS)*		
(Yes) The AE evaluates trends in ISP disapprovals and engages in TA as needed to improve the quality of ISPs.	12	75%
(No) The AE evaluated trends in ISP disapprovals and did not engage in TA as needed to improve the quality of ISPs.	1	6%
(No) The AE did not evaluate trends in ISP disapprovals and did not engage in TA as needed to improve the quality of ISPs.	3	19%
Q31. The AE actively expands and builds capacity of the Provider network.		
(Yes) The AE actively works to expand and build the capacity of its Provider network.	16	100%
(No) The information reviewed does not demonstrate sufficient activities by the AE to expand and build the capacity of the Provider network.	0	0%
(No) The AE does not have a protocol for Provider network capacity building and expansion.	0	0%
Q37. **The AE uses person-centered performance data in developing the Quality Management Plan (QMP) and its Action Plan.		
(Yes) The AE used person-centered performance data to develop the QMP and its Action Plan and engaged agency leadership and gathered input from agency staff and other stakeholders to develop the QMP and its Action Plan.	6	38%
(Yes) The AE used person-centered performance data to develop the QMP and its Action Plan.	4	25%
(No) The AE does not have a QMP and its Action Plan.	2	12%
(No) The AE has a QMP and its Action Plan but did not use person-centered performance data to develop it.	4	25%
Q38. **The AE uses data to assess progress towards achieving identified person-centered Quality Management Plan (QMP) goals and its Action Plan target objectives.		
(Yes) The AE collects person-centered data monthly and leadership, managers, responsible parties, and staff review it at least quarterly to assess progress toward QMP goals and updates the QMP and its Action Plan target objectives annually.	8	50%
(Yes) The AE uses person-centered data to determine if goals and objectives are on track in the QMP and its Action Plan, at least every 3 years.	3	19%
(No) The AE does not have a QMP and its Action Plan.	2	13%
(No) The AE has a QMP and its Action Plan but does not use person-centered data to assess progress towards achieving person-centered QMP goal(s) and its Action Plan target objectives.	3	19%
(No) The AE has not updated the QMP in more than 3 years.	0	0%
(No) The AE has a QMP and its Action Plan but does not use person-centered data to assess progress towards achieving person-centered QMP goal(s) and its Action Plan target objectives and has not updated the QMP in more than 3 years (i.e., both 4 and 5 are "No").	0	0%

C2Y2 VARIATION RESPONSES: ADMINISTRATIVE ENTITIES *(continued)*	#	%
Q40. The AE attends and participates in all trainings that includes AEs as the target audience and/or is relative to the AE's staff role functions.		
(Yes) The AE attended and participated in ODP offered training intended for AEs and/or the AE's staff role functions.	15	94%
(No) The documentation provided does not sufficiently demonstrate training attendance.	1	6%
(No) The AE did not attend training.	0	0%
Q46. *The AE ensures the Annual ISP (Annual Review Update) is approved and authorized within 365 days of the prior Annual ISP.		
(Yes) The AE approved the ISP within 365 days.	162	92%
(No) The AE did not approve the ISP within 365 days.	14	8%
(No) There is not an Annual ISP (Annual Review Update) approved for the individual.	0	0%
Q54. The DP 251 form is complete. [For reevaluations only.]		
(Yes) The DP 251, signed and dated within the past year at the time of the QA&I review, is found in the individual's file.	309	99%
(No) The DP 251 is missing either the signature or date.	1	.3%
(No) The DP 251 is not in the individual's file.	2	.6%
Q55. The DP 251 is timely. [For reevaluations only.]		
(Yes) The DP 251 is timely.	303	97%
(No) The DP 251 is not timely.	7	2%
(No) The DP 251 is not in the individual's file.	2	1%
Q56. The medical evaluation includes a recommendation for an ICF/ID or ICF/ORC LOC. [For reevaluations only.]		
(Yes) The LOC recommendation is indicated on the medical evaluation.	3	75%
(No) The LOC recommendation is not indicated on the medical evaluation.	0	0%
(No) The medical evaluation is not in the individual's file.	1	25%
Q57. The medical evaluation occurs within the 365-day period prior to the QDDP signature on the DP 251. [For reevaluations only.]		
(Yes) The medical evaluation is dated within 365 days prior to the QDDP signature.	3	75%
(No) The medical evaluation is not dated within 365 days prior to the QDDP signature.	0	0%
(No) The medical evaluation is not in the individual's file.	1	25%
Q59. The annual reevaluation date is entered into HCSIS.		
(Yes) The most current date is entered into HCSIS in the correct location.	304	97%
(No) There is no annual reevaluation date in HCSIS.	0	0%
(No) The annual reevaluation date is incorrect (old).	8	3%

C2Y2 VARIATION RESPONSES: ID/A SCOs	#	%
Q1. **The SCO uses person-centered performance data in developing the Quality Management Plan (QMP) and its Action Plan.		
(Yes) The SCO used person-centered performance data to develop the QMP and its Action Plan and engaged agency leadership and gathered input from agency staff and other stakeholders to develop the QMP and its Action Plan.	6	30%
(Yes) The SCO used person-centered performance data to develop the QMP and its Action Plan.	7	35%
(No) The SCO does not have a QMP and its Action Plan.	2	10%
(No) The SCO has a QMP and its Action Plan but did not use person-centered performance data to develop it.	5	25%
Q2. **The SCO uses data to assess progress towards achieving identified person-centered Quality Management Plan (QMP) goals and its Action Plan target objectives.		
(Yes) The SCO collects person-centered data monthly and leadership, managers, responsible parties, and staff review it at least quarterly to assess progress toward QMP goals and updates the QMP and its Action Plan target objectives annually.	9	45%
(Yes) The SCO uses person-centered data to determine if goals and objectives are on track in the QMP and its Action Plan, at least every 3 years.	4	20%
(No) The SCO does not have a QMP and its Action Plan.	2	10%
(No) The SCO has a QMP and its Action Plan but does not use person-centered data to assess progress towards achieving person-centered QMP goal(s) and its Action Plan target objectives.	5	25%
Q7. The SCO has an Incident Management (IM) Representative that is a Certified Investigator (CI).		
(Yes) There is evidence that the SCO has an IM Representative that is a CI, or the IM Representative assumed their role less than 12 months ago.	18	90%
(No) There is no evidence that the SCO has an IM Representative.	2	10%
(No) The IM Representative did not have a CI certificate within the required timeframe.	0	0%
Q19. *The individual's ISP was updated when a change in need was identified.		
(Yes) The ISP was updated when change(s) in need were identified.	113	94%
(Yes) The SC documented justification if the ISP was not updated when change(s) in need were identified.	0	0%
(No) The ISP was not updated to reflect an ODP funded service change, and the SC did not document justification for the ISP not being updated when change(s) in need were identified.	7	6%
Q21. If there were identified issues, the SC followed up on the issues.		
(Yes) The SC followed up on identified issues, including notification of the Provider.	128	84%
(No) The SC did follow up on identified issues but did not notify the Provider.	3	2%
(No) The SC did not follow up on identified issues.	21	14%

C2Y2 VARIATION RESPONSES: ID/A SCOs *(continued)*	#	%
Q37. **The ISP includes information about how the individual communicates and the communication supports and services the individual may need to assure effective communication.		
(Yes) The ISP includes information about how the individual communicates and, if necessary, communication supports and services to assure effective communication.	312	100%
(No) The ISP includes how the individual communicates but does not include information on communication supports and services, that based on the ISP the individual needs to assure effective communication.	0	0%
(No) The ISP does not include information about how the individual communicates and, if necessary, communication supports and services to assure effective communication.	0	0%
Q42. *The individual's identified physical and mental health care needs are addressed.		
(Yes) All of the identified physical and mental health care needs have been addressed or if the individual does not take any medications and no physical and mental health care needs have been identified, i.e., “Health is stable” (interpret to mean health care needs are being addressed).	252	81%
(No) Any of the identified physical and mental health care needs are not addressed.	56	18%
(No) The SC did not document follow-up on identified physical and mental health care needs.	4	1%

C2Y2 VARIATION RESPONSES: ID/A PROVIDERS	#	%
Q1. **The Provider uses person-centered performance data in developing the Quality Management Plan (QMP) and its Action Plan.		
(Yes) The Provider used person-centered performance data to develop the QMP and its Action Plan and engaged agency leadership and gathered input from agency staff and other stakeholders to develop the QMP and its Action Plan.	146	59%
(Yes) The Provider used person-centered performance data to develop the QMP and its Action Plan.	51	21%
(No) The Provider does not have a QMP and its Action Plan.	27	11%
(No) The Provider has a QMP and its Action Plan but did not use person-centered performance data to develop it.	22	9%
Q2. **The Provider uses data to assess progress towards achieving identified person-centered Quality Management Plan (QMP) goals and its Action Plan target objectives.		
(Yes) The Provider collects person-centered data monthly and leadership, managers, responsible parties, and staff review it at least quarterly to assess progress toward QMP goals and updates the QMP and its Action Plan target objectives annually.	134	55%
(Yes) The Provider uses person-centered data to determine if goals and objectives are on track in the QMP and its Action Plan, at least every 3 years.	56	23%
(No) The Provider does not have a QMP and its Action Plan.	29	12%
(No) The Provider has a QMP and its Action Plan but does not use person-centered data to assess progress towards achieving person-centered QMP goal(s) and its Action Plan target objectives.	21	9%
(No) The Provider has not updated the QMP in more than 3 years.	1	0%
(No) The Provider has a QMP and its Action Plan but does not use person-centered data to assess progress towards achieving person-centered QMP goal(s) and its Action Plan target objectives AND has not updated the QMP in more than 3 years (i.e., both 4 and 5 are "No").	1	0%
Q10. The Provider has a policy which ensures that all individuals receiving service(s) have access to food at any time and has the flexibility about where and when individuals eat within the home or in the community during the provision of services consistent with non-Medicaid recipients in the same and/or similar settings.		
(Yes) The Provider has a policy that addresses all requirements.	48	87%
(No) The Provider has a policy; however, one or more of the identified requirements were not satisfied.	8	7%
(No) The Provider does not have a policy.	3	6%
Q12. The Provider shall have written procedures to receive, document, manage, and respond to complaints regarding the delivery of a service.		
(Yes) The Provider has written procedures that includes all requirements.	275	80%
(No) The Provider has written procedures, however, it does not include all requirements.	58	17%
(No) The Provider does not have written procedures.	10	3%

C2Y2 VARIATION RESPONSES: ID/A PROVIDERS *(continued)*	#	%
Q16. The Provider has a policy on sexual health, personal relationships, and sexuality consistent with the guidelines.		
(Yes) The Provider has a policy that addresses sexual health, personal relationships, and sexuality consistent with the guidelines.	293	85%
(No) The Provider has a policy; however, it is inconsistent with the guidelines identified in ODP Bulletin 00-18-01.	19	6%
(No) The Provider does not have a policy.	31	9%
Q17. The Provider has a policy that addresses providing support to individuals with medication administration. *(NS)*		
(Yes) The Provider has a policy that addresses providing supports to individuals with medication administration.	148	74%
(No) The Provider has a policy; however, one or more of the identified requirements were not met.	20	10%
(No) The Provider does not have a policy.	33	16%
Q18. The Provider has an Incident Management (IM) Representative that is a Certified Investigator (CI).		
(Yes) There is evidence that the Provider has an IM Representative that is a CI or the IM Representative assumed their role less than 12 mos. ago.	263	78%
(No) There is no evidence that the Provider has an IM Representative.	32	9%
(No) The IM Representative did not have a CI certificate within the required timeframe.	43	13%

C2Y2 VARIATION RESPONSES: AAW SCOs	#	%
Q19. *The individual's ISP was updated when a change in need was identified.		
(Yes) The ISP was updated when change(s) in need were identified.	52	93%
(Yes) The SC documented justification if the ISP was not updated when change(s) in need were identified.	0	0%
(No) The ISP was not updated to reflect an ODP funded service change, and the SC did not document justification for the ISP not being updated when change(s) in need were identified.	4	7%
Q21. If there were identified issues, the SC followed up on the issues.		
(Yes) The SC followed up on identified issues, including notification of the Provider.	50	88%
(No) The SC did follow up on identified issues but did not notify the Provider.	0	0%
(No) The SC did not follow up on identified issues.	7	12%
Q37. **The ISP includes information about how the individual communicates and the communication supports and services the individual may need to assure effective communication.		
(Yes) The ISP includes information about how the individual communicates and, if necessary, communication supports and services to assure effective communication.	62	100%
(No) The ISP includes how the individual communicates but does not include information on communication supports and services, that based on the ISP the individual needs to assure effective communication.	0	0%
(No) The ISP does not include information about how the individual communicates and, if necessary, communication supports and services to assure effective communication.	0	0%
Q42. *The individual's identified physical and mental health care needs are addressed.		
(Yes) All of the identified physical and mental health care needs have been addressed or if the individual does not take any medications and no physical and mental health care needs have been identified, i.e., “Health is stable” (interpret to mean health care needs are being addressed).	55	89%
(No) Any of the identified physical and mental health care needs are not addressed.	6	10%
(No) The SC did not document follow-up on identified physical and mental health care needs.	1	2%

C2Y2 VARIATION RESPONSES: AAW PROVIDERS	#	%
Q1. **The Provider uses person-centered performance data in developing the Quality Management Plan (QMP) and its Action Plan.		
(Yes) The Provider used person-centered performance data to develop the QMP and its Action Plan and engaged agency leadership and gathered input from agency staff and other stakeholders to develop the QMP and its Action Plan.	0	0%
(Yes) The Provider used person-centered performance data to develop the QMP and its Action Plan.	1	33%
(No) The Provider does not have a QMP and its Action Plan.	0	0%
(No) The Provider has a QMP and its Action Plan but did not use person-centered performance data to develop it.	2	67%
Q2. **The Provider uses data to assess progress towards achieving identified person-centered Quality Management Plan (QMP) goals and its Action Plan target objectives.		
(Yes) The Provider collects person-centered data monthly and leadership, managers, responsible parties, and staff review it at least quarterly to assess progress toward QMP goals and updates the QMP and its Action Plan target objectives annually.	0	0%
(Yes) The Provider uses person-centered data to determine if goals and objectives are on track in the QMP and its Action Plan, at least every 3 years.	1	33%
(No) The Provider does not have a QMP and its Action Plan.	0	0%
(No) The Provider has a QMP and its Action Plan but does not use person-centered data to assess progress towards achieving person-centered QMP goal(s) and its Action Plan target objectives.	2	67%
(No) The Provider has not updated the QMP in more than 3 years.	0	0%
(No) The Provider has a QMP and its Action Plan but does not use person-centered data to assess progress towards achieving person-centered QMP goal(s) and its Action Plan target objectives AND has not updated the QMP in more than 3 years (i.e., both 4 and 5 are "No").	0	0%
Q12. The Provider shall have written procedures to receive, document, manage, and respond to complaints regarding the delivery of a service.		
(Yes) The Provider has written procedures that includes all requirements.	4	67%
(No) The Provider has written procedures, however, it does not include all requirements.	2	33%
(No) The Provider does not have written procedures.	0	0%
Q16. The Provider has a policy on sexual health, personal relationships, and sexuality consistent with the guidelines.		
(Yes) The Provider has a policy that addresses sexual health, personal relationships, and sexuality consistent with the guidelines.	4	67%
(No) The Provider has a policy; however, it is inconsistent with the guidelines identified in ODP Bulletin 00-18-01.	2	33%
(No) The Provider does not have a policy.	0	0%
Q17. The Provider has a policy that addresses providing support to individuals with medication administration. *(NS)*		
(Yes) The Provider has a policy that addresses providing supports to individuals with medication administration.	2	40%
(No) The Provider has a policy; however, one or more of the identified requirements were not met.	3	60%
(No) The Provider does not have a policy.	0	17%

C2Y2 VARIATION RESPONSES: AAW PROVIDERS	#	%
Q31. The individual is offered opportunities for, and provided support to, participate in integrated community activities consistent with the individual's preferences, choices, and interests.		
(Yes) The Provider offers opportunities and support for integrated community activities consistent with the individual's preferences, choices, and interests.	9	82%
(No) The community activities offered were not consistent with the individual's preferences, choices, and interests.	2	18%
(No) There is no documentation which shows opportunities and support for integrated community activities are provided to the individual.	0	0%
Q37. **The Provider implements communication supports and services as specified in the individual's ISP to ensure effective communication.		
(Yes) The Provider implemented the communication supports and services that were specified in the individual's ISP.	1	100%
(No) The Provider did not implement communication supports and services as specified in the individual's ISP.	0	0%
(No) There is no documentation which shows communication supports and services were implemented as specified in the individual's ISP.	0	0%