Pennsylvania Office of Developmental Programs

Quality Assessment and Improvement Process
Cycle 3

Contents

Pennsylvania Office of Developmental Programs Quality Assessment and Improvement Process

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

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

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

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

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

Additionally, the QA&I process is used to demonstrate AE outcomes in the AE Operating Agreement and collect data for the Consolidated, Community Living, Person/Family Directed Support (P/FDS), and/or Adult Autism Waiver (AAW) performance measures. It also serves to validate that SCOs, and Providers comply with 55 Pa. Code Chapter 6100 regulations, federal and state requirements, and the current *Provider Agreement for Participation in Pennsylvania's Consolidated, Person/Family Directed Support, Community Living, and Adult Autism Waivers (*Provider Agreement).

ODP maintains responsibility for carrying out the QA&I process for all AEs, SCOs, and AAW only Providers. ODP delegates the authority to carry out the QA&I process for Intellectual Disability/Autism (ID/A) only, Agency with Choice (AWC) and ID/A, and shared Providers to the AEs. The comprehensive quality management review is accomplished using a combination of self-assessment, individual interviews, Managing Employer (ME) interviews, and full reviews.

A full review consists of the following:

- Discovery phase which includes the review of the entity's documentation to respond to data/policy and record review questions
- Conference with the entity to discuss findings
- Actions to address area(s) of noncompliance, including but not limited to:
    - Remediation as identified on the QA&I Spreadsheet
    - Plan to Prevent Recurrence (PPR) outlined on Corrective Action Plan (CAP) form, if applicable
    - Directed Corrective Action Plan (DCAP), if applicable
    - Updates to Quality Management (QM) Plans, if applicable

A QA&I cycle occurs over a three-year period with each of the entities receiving a full QA&I review at least once within that period. All QA&I activities stem from the completion of a self-assessment, which is used to inform the full review process, as well as assist entities with improvement activities in the two years of the QA&I cycle when the full review does not occur. At the start of each year in the cycle, ODP informs those entities selected for full review.

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

If individual health and safety concerns are discovered during any aspect of the QA&I process, actions will be taken immediately to assure the welfare of the individual(s). Incidents shall be reported and managed as required by:

- ODP Bulletin #00-21-02, Incident Management
- ODP Informational Packet 031-15 Amendments to 55 Pa. Code §6000, ODP Statement of Policy, Subchapter Q as a result of Adult Protective Services
- 55 Pa. Code Chapter §6100

All entities are required to have a QA&I contact(s) identified and will ensure that their contact information maintained with ODP is accurate and up to date. The contact information is posted on the MyODP Training & Resource Center website (MyODP.org) and includes separate tabs for each entity. For entities who are responsible for multiple functions within the QA&I process, multiple contacts may need to be identified. For example, for AEs, there could be one contact for AE QA&I and additional contacts for ID/A Provider and ID/A and shared Provider reviews.

All information regarding the QA&I process and resources (tools, spreadsheets, etc.) are posted on MyODP prior to the start of the QA&I cycle year. Once the resources are posted, ODP will notify all entities of their availability.

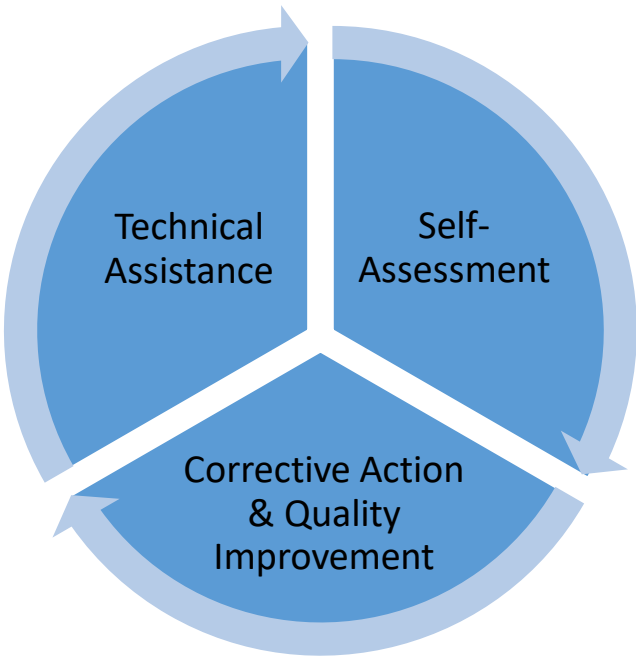
Entities failing to participate in any QA&I activities will be sanctioned by ODP. Sanctions may range from restricting the entity from serving additional individuals to the termination of the entity's waiver program participation.

Quality Assessment and Improvement Process: Overview

Each AE, SCO, and Provider will participate in a full QA&I review at least once in a three-year period. Figure 1 depicts the steps in the process for a full QA&I review. Figure 2 depicts the activities in the two years when the full review does not occur.

Figure 1.

Figure 2.



Quality Assessment and Improvement Process: Self-Assessment

Annually, all AEs, SCOs, and Providers are expected to conduct a self-assessment of their performance on the provision of services and supports to individuals. This review is based on key quality metrics and implementation of "*Everyday Lives: Values into Action*." Self-assessments are used to inform and build quality improvement activities for each entity. AEs, SCOs, and Providers are required to review their self-assessment results and to prioritize quality improvement opportunities based on those results. The self-assessment, if used accurately to assess performance, can truly inform an entity's understanding of its progress towards achieving the goals of ODP and the individuals and families that it serves. Any areas identified as being out of compliance during the self-assessment should be remediated within 30 calendar days.

The self-assessment tool mirrors the QA&I tool so that ODP and the entity have a snapshot of performance prior to the full review. On July 1st of each year, unless otherwise specified, each applicable entity's primary contact will receive a unique email with the QuestionPro link to the applicable self-assessment for data entry. **This email should not be shared with any other entity as it is unique to the entity's primary contact's email address. If an entity does not receive their email on July 1st, unless otherwise specified, the entity should email the QA&I mailbox immediately and include their entity's legal name and nine-digit Master Provider Index (MPI) number, if applicable. As a reminder, entities are responsible for ensuring receipt of the link and maintaining the appropriate contact(s) on ODP's QA&I Contact List.**

Self-Assessment Sampling

As part of their self-assessment, AEs, SCOs, and Providers select their own individual sample that includes 1% of individual records, with a minimum of five and a maximum of 10. If an entity serves less than five individuals, 100% of the individual records must be reviewed. The individual records reviewed must be a cross-section of: individuals served, waiver and non-waiver funding/program types, locations, counties (if applicable), and types of service.

For AEs, five of the 10 individuals selected must be newly enrolled in an ID/A waiver in the last fiscal year. If an AE does not have five newly enrolled individuals in the last fiscal year, 100% of newly enrolled individual records must be reviewed.

For ID/A and shared Providers, at least one individual in the sample must reside in a licensed Community Residential Rehabilitation setting (licensed 5310), Community Home for individuals with ID/A (licensed 6400), licensed Life Sharing Home (licensed 6500), an unlicensed Community Home for individuals with ID/A (unlicensed 6400), or unlicensed Life Sharing Home (unlicensed 6500) setting unless the Provider does not serve any individuals who reside in any of these settings.

If the Provider also renders AWC services, the Provider must select two additional records of AWC individuals, which would increase the minimum individual records reviewed to seven and the maximum to 12.

As a reminder, if an individual receives multiple services from a Provider, the Provider's self-assessment review must encompass all services the individual receives.

Self-Assessment Completion and Submission

All documents related to the QA&I process are posted on the MyODP website. Prior to electronic submission of a self-assessment and to ensure full understanding of the expectations and requirements, all entities must review the applicable tool, guidance, source documents, and the corresponding QA&I review spreadsheet. An entity should not complete and submit a self-assessment response electronically until after the QA&I review spreadsheet is completed in its entirety. This includes responses to all questions and remediation, as needed.

After the QA&I review spreadsheet is completed, the responses from the spreadsheet are entered in QuestionPro and electronically submitted to ODP utilizing the unique hyperlink provided to the entity on July 1st, unless otherwise indicated. There should only be one self-assessment response per entity, and all self-assessments must be received electronically no later than August 31st of each year, unless otherwise indicated. Once the self-assessment is submitted, an email confirmation is sent to the QA&I primary contact containing the entity's responses. All ID/A and shared Providers are expected to forward this self-assessment confirmation email containing the entity's responses to their Assigned AE. Additionally, entities that receive a full review in a given QA&I cycle year will forward a copy of their completed QA&I review spreadsheet to ODP or their Assigned AE, as appropriate.

All documentation used to complete the self-assessment must be maintained and made available to ODP or the AE, as appropriate, upon request. Inability to produce such documentation will be viewed as noncompliance and result in further actions by ODP, which could include sanctions.

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. Organizations may request technical assistance at any time. AEs, SCOs, and Providers are required to review the results of their self-assessments to prioritize quality improvement opportunities. QA&I teams use the self-assessment to identify evidence of performance and inform provision of technical assistance to entities.

Entities not completing a self-assessment annually as required will automatically be issued a DCAP for self-assessment noncompliance. Subsequent failure to complete an annual self-assessment by any entity may result in sanctions up to and including termination. Any time a self-assessment is not completed by an entity, ODP, and/or AEs may elect to conduct an unscheduled review.

Quality Assessment and Improvement Process: Sampling

To conduct a comprehensive quality management review and to ensure AAW and ID/A waiver requirements are met, ODP utilizes sampling methodologies as part of the evaluation process. At the start of each cycle year, ODP identifies all entities selected for a full review, posts a list of these entities on MyODP, and sends it electronically to the QA&I primary and secondary contacts.

Core Sample

ODP pulls a core sample of individuals receiving services and supports using the proportionate, random, and representative sampling methodology described in the AAW and ID/A Waivers. Entities included in the sample will be notified via email in July 2022, unless otherwise specified.

Administrative Entities

AEs receiving a full review are selected alphabetically while ensuring that all regions are represented. The individuals selected as part of the core sample are registered with one of the AEs that are selected for review that year of the QA&I cycle. Up to five individuals per AE will be included in the sample as back-up individual records in the event at least one of the following instances occurred:

- An individual death
- An individual has moved out of state
- An individual is no longer in a waiver
- An individual is no longer registered with the AE

Intellectual Disability/Autism Newly Enrolled Sample

There is a separate sample of newly enrolled ID/A waiver individuals (enrolled between 4/1 and 3/31 of previous fiscal year) based on the AEs receiving a full review. The sample is obtained using the proportionate, random, and representative sampling methodology described in the ID/A waivers. This sample is used to conduct oversight of Level of Care (LOC) determinations performed by the AEs as well as other questions related to newly enrolled individuals.

Supports Coordination Organizations

SCOs receiving a full review are identified based on individuals selected in the Core Sample and the SCO that is authorized in the individual's ISP. For SCOs that render services in both the ID/A and AAW waivers, ODP staff from both programs will collaborate in the completion of all full review activities. This includes but is not limited to coordinating days and times for the conference and reviewing data and policy documents jointly. The review of individual records will be specific to the individual's waiver to ensure entity performance based on waiver requirements.

If an SCO has not been included in the first or second year of the QA&I review cycle, the SCO is automatically included in the third year. ODP selects 1% of individuals served by the SCO, with a minimum of five and a maximum of 10 individuals for the full review. If an SCO serves less than five individuals, 100% of the individual records will be reviewed.

If an SCO is selected to participate in a full review in more than one year of the QA&I cycle, the individual records from the sample associated with that SCO will be reviewed but ODP may or may not elect to do an additional full review of that SCO. ODP will inform the SCO of the decision regarding whether a QA&I full review will occur. SCOs are expected to address and remediate any noncompliant findings.

Intellectual Disability/Autism Base and Supports Coordination Services Only

Each year, ODP will draw a sample of individuals enrolled in the Base program and SC Services Only using a 2% sample including a minimum of two and maximum of five records per county/joinder. Up to three individuals per AE will be included in the sample as back-up in the event at least one of the following instances occurred:

- An individual death
- An individual has moved out of state
- An individual is no longer registered with the AE

Provider Sample

Providers receiving a full review are selected across the QA&I cycle based on the last digit of the Master Provider Index (MPI) number. Providers whose last digit of the MPI number ends in 0, 1 and 2 are reviewed in Year 1, last digits 3, 4 and 5 are reviewed in Year 2 and last digits 6, 7, 8 and 9 are reviewed in Year 3. For AAW only Providers, ODP's Bureau of Supports for Autism and Special Populations (BSASP) completes the full review; for ID/A and shared Providers, the Assigned AE will complete the full review. The Assigned AE is the AE designated by ODP to complete the QA&I activities of ID/A only and shared Providers and is based on the number of individuals authorized for a given Provider. If a Provider does not serve any individuals, the Assigned AE is the AE that reviewed the Provider's most recent Provider Qualification (PQ) application. If a Provider's Assigned AE changes, ODP will inform the AEs impacted and the Provider electronically.

Adult Autism Waiver and Intellectual Disability/Autism Provider Individual Sample

For AAW only Providers, the individual sample is comprised of individuals served by each Provider using the proportionate, random, and representative sampling methodology described in the AAW. BSASP completes the review of Providers who are only approved to render services in the AAW.

For Providers approved to render both AAW and ID/A services (shared Providers), the Assigned AE will complete the review and the individual record sample will include ID/A individual records only.

For ID/A and shared Providers, the AE selects 1% of individuals being served, with a minimum of five (if less than 5, all individuals will be selected) and a maximum of 10 individuals who are registered with the Assigned AE and are authorized and actively receiving services from the Provider being reviewed. The individuals selected are a cross-section of: individuals served, waiver and non-waiver funding/program types, locations, and types of services, including licensed and non-licensed settings. At least one individual in the sample must reside in a licensed Community Residential Rehabilitation setting (licensed 5310), Community Home for individuals with ID/A (licensed 6400), licensed Life Sharing Home (licensed 6500), an unlicensed Community Home for individuals with ID/A (unlicensed 6400), or unlicensed Life Sharing Home (unlicensed 6500) setting.

Additionally, for AWC Providers, ODP will provide each Assigned AE with a proportionate, random, and representative sample of individuals who are registered with the Assigned AE and self-directing at least one service per month. The Assigned AE is responsible for completing the AWC data and policy and record review.

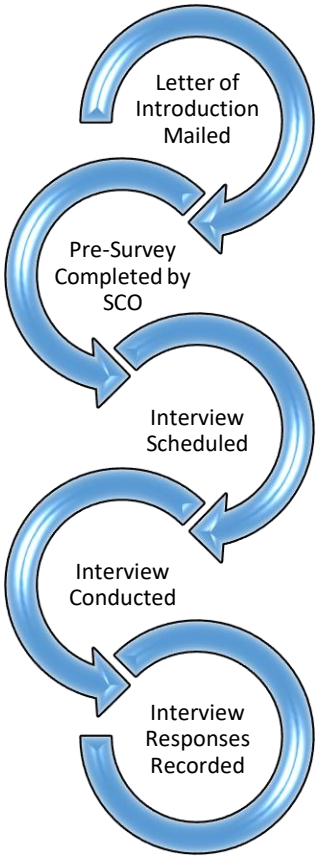
Claim and Service Documentation Sample

ODP will draw a sample of paid claims for services and supports rendered. The population of claims used for review will coincide with the Providers and SCOs being monitored in the current year of the cycle. The sample is based on the proportionate, random, and representative sampling methodology described in the ID/A Waivers and AAW.

Quality Assessment and Improvement Process: Individual Interviews

Individual interviews are considered a critical component of the QA&I process to fully evaluate an individual's experience with services and supports. All individuals in the Core, Base, and SC Services Only samples are offered an interview to be conducted by the Independent Monitoring for Quality (IM4Q) local programs on behalf of ODP. Individual interviews begin in July of each year and must be completed by mid-October of each year.

In keeping with person-centered practices, the individual is encouraged to participate in the interview but may also choose to decline. If an individual declines to participate, their declined response must be entered in QuestionPro. The individual may choose who is present during the interview and when appropriate, a person familiar with the individual will be asked to assist in the interview. While ODP's interview preference is in-person, the individual may choose to participate virtually.



Individuals to be interviewed, as well as their legal guardian(s) when applicable, will receive a standard introduction letter prior to scheduling the interviews. SCOs complete a pre-survey form for each individual to be interviewed and this information received is shared with the IM4Q local programs. IM4Q local programs use the QA&I Individual Interview Questions Tool and record all responses in QuestionPro by mid-October of each year.

If, during an individual interview any issue related to health and safety is discovered, the interviewer must immediately report it to ODP's QA&I mailbox. It is also recommended that Adult Protective Services (APS) is contacted to ensure that appropriate follow-up is completed. If any issue related to service quality is identified, ODP regional staff are responsible for any follow-up required from the interview and will collaborate with SCOs and AEs as appropriate.

Agency with Choice Provider Managing Employer Individual Interviews

Information about individuals' experience and satisfaction with their AWC services is collected by interviewing MEs of the individuals in the sample. Depending on the AWC sample provided, ODP or the Assigned AE will conduct the ME interviews. ODP completes the ME interviews for individuals in the sample whose services are not authorized by the Assigned AE. ME interviews are required and are conducted by telephone or by audiovisual communication based on the ME's preference. Interviewers should make every effort to accommodate MEs' availability when scheduling and conducting interviews. All ME interview responses must be entered in QuestionPro.

Quality Assessment and Improvement Process: Full Review

As mentioned previously, ODP completes full reviews of AEs, SCOs and AAW only Providers, and the Assigned AE completes full reviews of ID/A only, AWC, and ID/A and shared Providers. The QA&I team is responsible for all aspects of the full review. At least one member of the QA&I team will possess and maintain ODP QM Certification. ODP may conduct full reviews of an entity at any time, including more than once in a QA&I cycle.

In July of each cycle year, unless otherwise specified, the QA&I team will coordinate with entities being reviewed and provide a participation letter. The participation letter includes details about the individuals in the sample, a list of documents that must be organized and submitted to the QA&I team, and the agreed upon date for the conference to discuss findings from the review. All documentation submitted should include the entity's name.

The Discovery phase in QA&I is the phase through which reviewers request and collect quality materials and other indicators from SCOs, AEs, and providers that demonstrate performance on the provision of quality person-centered services and supports to individuals as part of QA&I monitoring.

The Discovery process includes documentation submitted by the entity to respond to data/policy and record review questions, the onsite review, and any documentation submitted up to 24-business hours following the end of the QA&I conference. It does not include self-assessment, which is a stand-alone process that occurs prior to the full review, nor is it remediation, which occurs following completion of Discovery.

The Discovery period is defined as the time beginning when an entity is notified that they are participating in a review (including record review only) and continuing through 24-business hours after the QA&I conference is completed.

- Entities can submit additional information up to 24-business hours following the day of the QA&I conference. Documents submitted up to this time will still be considered part of discovery. Documentation submitted after the discovery period is considered remediation and can be used to support remediation activities.
- The only documents that will be accepted during the 24-business hour period after the QA&I conference are already existing documents the entity has on file. Any documents

the entity newly creates and submits during the 24-business hours following the day of the QA&I conference will not be accepted as part of Discovery, however, it can be used to support remediation activities.

- Note that the Discovery period ends 24-business hours following close of business (5pm ET) the day of the QA&I conference; if the QA&I conference ends on a Monday, documents must be submitted by Tuesday at 5pm. If the onsite ends on Friday, documents must be submitted by Monday at 5pm, not Saturday.
- This time period is part of Discovery and not considered a 'grace period or an extension' which are not permissible.

ODP and AEs will conduct a review of an entity's overall performance and individual service delivery to identify evidence of compliance with key performance metrics and quality outcomes including, but not limited to: CMS Performance Measures, ISAC recommendations, health and welfare, and other ODP priorities. This is specifically tied to key quality metrics and implementation of "*Everyday Lives: Values in Action.*" For each question, the time frame under review is the 12 months preceding the date of the review unless otherwise specified in the applicable tool guidance.

The review will use all available data sources, which may include but are not limited to:

- Home and Community Services Information System (HCSIS) – service notes, Individual Monitoring Tools, Individual Support Plans (ISPs), Prioritization of Urgency of Need of Services (PUNS), Supports Intensity Scale (SIS), BSASP Assessment Protocol Bundle Periodic Risk Assessment (PRE), Quality of Life assessment, and Health Risk Screening Tool (HRST)
- Enterprise Incident Management (EIM) – incident reports
- Documentation – progress notes, service notes, QM Plans and Action Plans, policies and procedures, protocols, and training records
- PROMISe™ – claims submission

Findings from the review may identify areas that will require additional follow-up. If this is discovered during the review, the QA&I team will notify the entity as soon as possible.

To discuss the findings from the entity's full review, a conference is scheduled with the entity's leadership. The conference time and location are established and included on the submission checklist.

The conference is facilitated by the QA&I team and the entity's leadership is strongly encouraged to attend. The conference begins with introductions of all participants, includes an overview of the purpose of the conference, and provides the opportunity for the entity to share the agency's mission, vision, quality improvement priorities, and other information.

During the conference, the QA&I team will review additional documentation if needed to complete the full review. The QA&I team will also spend time talking with entity leadership and staff regarding the preliminary summary of findings, entity specific quality improvement initiatives, and how the overall full review "experience" could be improved in the future. Where possible, any

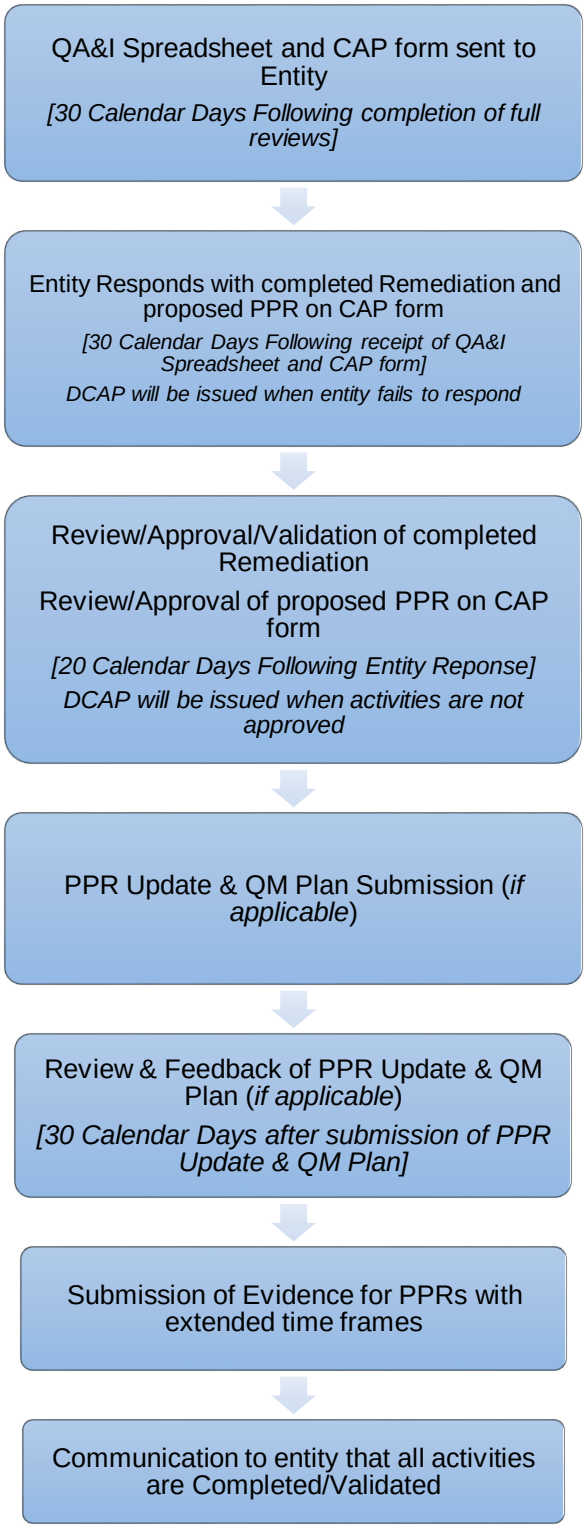
opportunities for quality improvement and recognition of promising practices will be shared. Additionally, instances of noncompliance discovered in the review will be noted so that the entity may immediately address these items. The QA&I team may also share high level trends from the previous QA&I cycle. An entity's conference typically spans over no more than two business days. However, extenuating circumstances may dictate additional time needed which will be communicated with the entity.

After the conference, the findings from the full review will be detailed on the QA&I spreadsheet and a CAP, if applicable and emailed to the entity within 30 calendar days of the conference.

Unscheduled full reviews may be conducted unrelated to the regular QA&I cycle. Unscheduled reviews will be designed and implemented by ODP or the AE, as appropriate, dependent upon the circumstances prompting the need for an unscheduled review. The AE must communicate with ODP any intentions of conducting unscheduled QA&I reviews of ID/A only and shared Providers.

Quality Assessment and Improvement Process: Remediation, Plan to Prevent Recurrence, Validation, Directed Corrective Action Plan, and Quality Management Plans

A key to the success of the QA&I process is the identification of and action taken regarding opportunities for improving the overall services and supports for individuals with intellectual disabilities and autism spectrum disorders. All entities, including ODP, will engage in quality improvement activities throughout the QA&I process.



Remediation as Identified on Quality Assessment and Improvement Spreadsheet

Remediation is corrective action that is required for every instance of noncompliance. The QA&I spreadsheet will indicate all review findings, including areas where remediation is required, i.e., a question will be marked "No" and highlighted in red. ODP expects that remediation will occur within 30 calendar days of receipt of the QA&I spreadsheet unless there are concerns for health and safety where remediation must occur immediately. Any exceptions to completion of remediation within 30 calendar days must be approved by ODP. Remediation is not required when there are no instances of noncompliance.

Entities must select and document remediation completed, including the time frame of completion, on the QA&I spreadsheet. The completed QA&I spreadsheet along with evidence of all completed remediation must be submitted to the QA&I Team for review and approval within 30 calendar days of receipt of the QA&I spreadsheet.

Corrective Action Plan

A CAP is documented on an ODP-approved form to transmit noncompliance findings to the reviewed entity. Upon receipt of a CAP, the entity must develop a multi-step plan to prevent recurrence that will correct the identified issue(s) of noncompliance

and prevent similar noncompliance in the future. In the QA&I process, the PPR will be captured on the CAP form. A CAP form will not be issued if there are no areas where a PPR is required.

A reviewed entity has at least one opportunity to revise and resubmit a PPR if the initial submission is not approved. If the revised PPR is not approved, the entity will be issued a DCAP.

ODP or the AE, as appropriate, will monitor the implementation of the approved CAP. Failure to implement a CAP may result in sanctions.

Plan to Prevent Recurrence as Identified on Corrective Action Plan Form

A PPR is the entity's multi-step plan to address agency-wide systemic issues and describes the actions taken to prevent future instances of noncompliance. Findings requiring a PPR are identified on an ODP-approved CAP form. A PPR is required when the compliance score for the requirement on the "Score" tab in the QA&I spreadsheet is below 86%. If there are no areas where a PPR is required, a CAP form will not be issued.

Once the CAP form is received, the entity will review the results and use the CAP form to outline PPR actions that will be taken to ensure instances of noncompliance do not occur in the future. The entity's proposed PPR must be submitted to the QA&I team for review and approval within 30 calendar days of receipt of the CAP form. For any PPR activity requiring longer than 90 calendar days to implement, the entity is responsible to identify and describe the plan in place that includes an update on the progress to the QA&I team.

Review, Approval, and Validation of Remediation and Plan to Prevent Recurrence

Entities are responsible for submitting evidence of completed remediation to the QA&I team. Within 20 calendar days of receipt, the QA&I team will review the evidence submitted and complete approval and validation activities prior to sending notification of approval to the entity.

Entities are also responsible for submitting the proposed PPR outlined on the CAP form for review to the QA&I team. Within 20 calendar days of receipt, the QA&I team will review the proposed PPR submitted and will send notification to the entity. The entity is expected to submit evidence of PPR activities as outlined on the CAP form.

Any documentation submitted for remediation or PPR activities should support the remediation option chosen on the QA&I spreadsheet and the PPR described in the CAP form. This may include documents such as staff training records, updated policies, etc. The QA&I team will review and approve all remediation and PPR activities. Validation is completed by the QA&I team to verify and accept the evidence of remediation and PPR completion submitted by the entity.

The QA&I team will email the entity if further clarification/corrections are required. Based on the direction provided in the email, the entity must respond and submit revised materials within 15 calendar days.

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

Directed Corrective Action Plan

A DCAP is a plan developed by ODP or the AE, as appropriate, to correct the identified issue(s) of noncompliance and prevent similar issues in the future.

A DCAP is issued when any of the following occurs:

- An entity fails to respond to a CAP
- An entity's revised PPR is not approved
- At ODP's discretion in response to any identified noncompliance

The AE must collaborate with the ODP QA&I team when issuance of a DCAP is required for an ID/A only or shared Provider. The DCAP will include strategies for ongoing engagement with ODP or the AE, as appropriate, until issues identified are resolved.

ODP or the AE, as appropriate, will monitor the implementation of the approved DCAP. Failure to implement a DCAP will result in sanctions, up to and including termination of provider agreements.

Once the DCAP form is received, the entity must respond and submit identified materials within 15 calendar days.

Quality Management Plans

When performance is below 86% or performance is consistently low over time, the entity should evaluate whether the cause for poor performance represents a systemic problem in need of a quality improvement project, supported by a QM Plan and its Action Plan. ODP or the AE, as appropriate, will offer input and feedback to the entity in identifying any systemic opportunities for improvement. If the QM Plan was updated because of the QA&I review, it must be submitted for review to ODP or the AE, as appropriate.

The entity should regularly evaluate and internally report on their progress with implementing the QM Plan, via its Action Plan and determine the effectiveness and impacts of the interventions taken to improve performance during the self-assessment. Additional actions should be taken/implemented if this evaluation determines that the interventions are not being as effective as intended, and evidence of this should be reflected in the QM Plan's Action Plan updates. ODP or AEs, as appropriate, will also follow up with the entity on their progress in implementing QM Plan(s) and provide technical assistance as needed throughout the QA&I Cycle. Entities should be prepared to share their data and progress reports as evidence of their use of data to not only inform development of their QM Plan but also to assess their progress.

Quality Assessment and Improvement Process: Finalized Score Tab

In place of the Comprehensive Report, ODP has streamlined the process and consolidated the information into the Finalized Score Tab. This tab now includes all scores for Data and Policy, Record Review, and Agency with Choice, along with an indication of whether each instance of non-compliance has been remediated.

The QA&I team develops a Finalized Score Tab for each entity who received a full review after completed remediation is approved and validated and PPR activities are approved. The QA&I Finalized Score Tab will summarize the scores from an entity's full review, non-compliance remediation, as well as highlight areas of positive performance and identified opportunities for improvement. In the event an entity did not have any noncompliant findings, the Finalized Score Tab will be issued within 30 calendar days following the completion of the full review.

This streamlined format is designed to make the results easier to understand so individuals, families, and stakeholder can clearly see how the entity has performed. All Finalized Score Tabs are posted to the MyODP website for other stakeholders, including individuals and their families, to review.

Quality Assessment and Improvement Process: Statewide Quality Assessment and Improvement Report

Annually, ODP compiles data collected from the QA&I process into a report that represents statewide performance of reviewed AEs, SCOs, Providers.

Quality Assessment and Improvement Process: Technical Assistance

Technical Assistance (TA) is available to all entities at any time to support quality improvement efforts system wide. ODP staff in the central and regional offices, along with AE staff, engage in TA as part of the QA&I process because it:

- Results in better outcomes for individuals
- Provides an opportunity to impact performance of stakeholders and thus to support them in the provision of quality services to individuals and families.
- Fosters continuous improvement throughout the three-year QA&I cycle through QM planning.
- Assures that there is alignment with ODP mission, vision, and values.
- Informs and guides efforts for statewide training initiatives.

Technical Assistance (TA) can be provided at any stage of the QA&I process and there is 'no wrong door' to an entity seeking TA supports. There are three defined levels of TA:

- *Basic TA* requires only one or two steps and occurs when 1) the entity requires support for a quick question & answer; 2) ODP is conducting entity monitoring; or 3) the entity needs examples of how to accomplish a specific task.
- *Intermediate TA* requires additional support for the entity when 1) additional time is needed beyond entity monitoring activities; 2) the involvement of a Subject Matter Expert (SME) is necessary; or 3) additional research about a policy question is required. Intermediate TA for Providers can involve the support of ODP as needed. AEs should contact their QA&I Regional Lead if support is needed.
- *Intensive TA* is a long-term engagement that necessitates the development of a TA Strategy. Intensive TA may occur when 1) an entity is issued a Directed Correct Action Plan (DCAP); 2) an entity is in need of significant organizational change; 3) there is insufficient availability and/or capacity of the AE to deliver TA to Providers; 4) an entity has serious and/or ongoing issues with ODP quality expectations; or 5) additional support is needed to deliver TA to multiple entities.

Ongoing, basic TA for AEs, SCOs, and AAW Providers is provided by the ODP regional staff using existing teams and work groups where possible. AEs are responsible for the provision of ongoing, basic, and intermediate TA for ID/A and shared Providers as described above. AEs may request TA support from the ODP region at any TA level; however, ODP involvement is required for TA at the intensive level. Support from SMEs will be arranged by the region or the AE depending on the need.

TA at the basic and intermediate levels is expected to last no more than 90 calendar days. Longer-term engagements, including those at the Intensive TA level, require approval by ODP. A written TA strategy is *recommended* at the Intermediate TA level and is *required* at the Intensive TA level. ODP's approval of the TA strategy is only required at the Intensive TA level. All written TA strategies should use the template and guidance provided on MyODP.

Intermediate and intensive TA is documented by ODP and AEs on internal spreadsheets to track the use of TA. AEs are expected to submit this information to ODP. Documentation of TA requests and TA plans are maintained at the regional level.

Quality Assessment and Improvement Process: Terms and Definitions

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

Adult Autism Waiver (AAW): The AAW is a 1915(c) Home and Community-Based Services (HCBS) Medicaid waiver designed to provide long-term services and supports for community living, tailored to the specific needs of adults ages 21 or older, with autism spectrum disorder.

Assigned Administrative Entity (AE): The AE designated by ODP to complete the QA&I activities of ID/A only and shared Providers. The AE with the most individuals authorized for a given Provider is designated as the Assigned AE. If a Provider does not serve any individuals, the Assigned AE is the AE that reviewed the Provider's most recent Provider Qualification (PQ) application.

Corrective Action Plan (CAP): A plan developed by the entity documenting the completion of specific actions to correct areas of noncompliance.

Corrective Action Plan (CAP) form: An ODP-approved form used to transmit findings of noncompliance.

Directed Corrective Action Plan (DCAP): A plan developed by ODP or the AE, as appropriate, to correct the identified issue(s) of noncompliance and prevent similar noncompliance in the future.

Full Review: ODP or the AE's evaluation of an entity which occurs at least once within the QA&I three-year cycle. The full review includes a conference with the entity to discuss findings, remediation, PPR, CAP, DCAP, and QM Plans.

Individual Interview: The process by which individual experience is gauged as part of the QA&I process. Each individual in the Core, Base, and SC Services Only samples is offered an interview. The Independent Monitoring for Quality (IM4Q) local programs conduct these interviews on behalf of ODP.

Intellectual Disability/Autism (ID/A) Waivers: The current approved Consolidated, Community Living, and Person/Family Directed Support (P/FDS) Waivers.

Office of Developmental Programs (ODP): The Pennsylvania Department of Human Services program office responsible for the oversight and administration of the Base program, Targeted Support Management, the Adult Community Autism Program (ACAP), and the following 1915(c) waivers: Consolidated Waiver, Person/Family Directed Supports Waiver (P/FDS), Community Living Waiver, the Adult Autism Waiver (AAW).

Plan to Prevent Recurrence (PPR): An entity's plan to address agency-wide systemic issues and describes the actions taken to prevent future instances of noncompliance.

QA&I Conference: A meeting of the QA&I team and entity leadership that includes introductions of all participants in the full review, an overview of the process, an outline of expectations of the QA&I team, review of additional documentation if needed, a summary of review findings, discussion of quality improvement initiatives, and feedback on how the QA&I process could be improved in the future.

QA&I Cycle: A three-year period in which each AE, SCO, and Provider receives a full QA&I review, at least once.

QA&I Review Spreadsheet: The Excel spreadsheet that captures the review responses, remediation, training information, and entity performance scores for the AE, SCO, and Provider and Tools.

QA&I Team: The ODP and/or AE staff, as appropriate, assigned to conduct full reviews and necessary follow-up associated with the entity's QA&I process.

QA&I Tool: A document containing entity specific questions related to state and federal requirements. The QA&I Tool includes guidance, response options, source document reference(s), and remediation (as applicable) for each question.

Quality Management (QM) Plan: The entity's written plan to address systemic opportunities for quality improvement that includes an action plan with target objectives.

QuestionPro: The designated web-based platform used by ODP to collect data related to QA&I activities.

Record Review: A documentation review of an individual selected from the sample where all record review questions are answered.

Remediation: Corrective action required for specific instances of noncompliance.

Review Period: The time frame in which the QA&I team looks back over documentation and records to determine compliance with QA&I questions. The time frame under review is the 12 months preceding the date of the review unless otherwise specified in the applicable tool guidance.

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

Shared Provider/SCO: An entity that renders both ID/A and AAW services.

Statewide QA&I Report: The annual report compiled by ODP to provide a review and analysis of statewide QA&I data.

Validation: The QA&I team activity completed to verify and accept evidence of remediation and PPR completion submitted by an entity.

Quality Assessment and Improvement Process: Timeline

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

Year-round	• **All entities should review the QA&I contact list on MyODP and ensure it is up to date**
July 1	• ODP notifies IM4Q of QA&I individual interview sample • IM4Q local programs begin QA&I individual interviews • ODP Claim and Service Documentation review begins • All entities begin self-assessments ○ Each applicable entity's primary contact will receive an email with the QuestionPro link to the self-assessment for data entry
Mid-July	• ODP provides a listing of all entities selected for a QA&I full review, posted on MyODP ○ ODP staff and AE primary contacts receive an email with the QuestionPro link for data entry of all entities receiving a QA&I full review • AEs select ID/A Provider & shared Provider individual record samples • ODP notifies AEs of individual record sample for AWC Providers • ODP begins notifying entities to request documentation needed for full review • AEs begin requesting documentation needed from ID/A Provider & shared Provider for full review
Aug 31	• Deadline for completed self-assessment responses to be submitted electronically via QuestionPro
Sep 1	• QA&I conferences can begin • ODP Claim and Service Documentation review completed
Mid-October	• Completion of all individual interview activities by IM4Q local programs
Dec 31	• Deadline for ODP and AEs to complete QA&I full reviews
Jan 31	• Deadline for ODP and AE reviewers to issue QA&I spreadsheet and CAP form for review and completion
Mar 1	• Deadline for all entities to submit QA&I spreadsheet with completed remediation and proposed PPR on CAP form
Mar 31	• Deadline for completed remediation and proposed PPR to be approved and Finalized Score Tabs to be finalized • Deadline for ODP and AEs to enter all data into QuestionPro

Quality Assessment and Improvement Process: Office of Developmental Programs Review of Supports Coordination Organization and Provider Claim and Service Documentation

Assurance that payment is made to entities delivering services within the ODP system is an essential component of the QA&I process. ODP reviews a sample of claims each year to verify that services were delivered and paid in accordance with policy. SCOs and Providers are expected to submit claims for services rendered in accordance with the rate methodology and billing practices established by ODP.

ODP selects a sample of SCOs and Providers from the list of entities identified for a QA&I full review each year. The selected SCOs and Providers receive a notification that they have been selected for a claim and service documentation review. Providers are requested to provide supporting documentation for the claim, above and beyond information about the claim that can be validated in HCSIS. SCOs do not have to submit service documentation since all SC service documentation is in HCSIS.

Providers are required to submit documentation of all services for which a claim is submitted and must email the information as instructed by ODP, by the due date established in the notification. The ODP review is completed by September 1st and ODP oversees all remediation and corrective action activities related to this review.

ODP reviews the claims and supporting documentation to determine 1) if the claims are supported by documentation that services were delivered; and 2) if the claim documentation meets the standards outlined in the Office of Developmental Programs Bulletin #00-18-04, *Interim Technical Guidance for Claim and Service Documentation* and Bulletin #00-22-03, *Technical Guidance for Claim and Service Documentation*.

Providers and SCOs receive notification of claims documentation review results and any claims identified as noncompliant on any of the evaluation criteria receive a request for remediation via a CAP or DCAP. The entity must respond to the CAP or DCAP and provide documentation of claims remediation and PPR, as appropriate. Remediation may include locating documentation to support that services rendered are consistent with claim submission; staff training; adjusting claims; voiding claims; and/or recovering payments. Upon verification that the CAP or DCAP response is acceptable, Providers and SCOs receive notification from ODP.

Additional records may be selected by ODP as an expanded review or audit. If the claims review indicates a problem and the review is expanded, ODP will request additional documentation from the Provider directly.

If during the review a claim needs to be adjusted or voided, ODP will work with the entity to address these claims. ODP staff will ensure that payments are adjusted where necessary and determine if the extent of the problem warrants further action.

ODP may also opt to initiate voids for unresponsive entities or sanctions if the situation warrants and/or follow-up actions, which may include a referral to the Bureau of Financial Operations (BFO) or Bureau of Program Integrity (BPI).