QUALITY ASSESSMENT AND improvement:

ENTITY Comprehensive Report

Pennsylvania Office of Developmental Programs

[INSERT ENTITY NAME]

*[INSERT DATE OF REPORT]*

*Cycle 2 Year 2 (C2Y2)*

## Introduction

The mission of the Office of Developmental Programs (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 Quality Assessment and Improvement (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.

The ODP 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 focus of this process is on quality assessment and improvement as it relates to the individuals’ experience with services and supports. The QA&I process integrates Everyday Lives Values in Action, recommendations from ODP’s Information Sharing Advisory Committee (ISAC), and performance measures from the Intellectual Disability/ Autism (ID/A) Waivers (Person/Family Directed Support (P/FDS), Community Living, and Consolidated), and the Adult Autism Waiver (AAW).

The QA&I process is accomplished using a combination of self-assessment, individual interviews, Managing Employer (ME) interviews, and full reviews. Documents reviewed during this process include, but are not limited to, entity policies and procedures, protocols, staff training records, individual service notes and records, progress notes, and information from HCSIS such as the Individual Service Plan (ISP), individual monitoring tools, and incident reports. The purpose of the QA&I Comprehensive Report is to provide a summary of the findings from the self-assessment, interviews, full review, and remediation as applicable. Each entity is then able to utilize the data to continuously improve quality for all individuals receiving services and supports.

## Summary of Entity

**[\*\*\*INCLUDE ONLY THE RELEVANT PARAGRAPH(S) OUTLINED BELOW AND REMOVE HEADINGS IN BRACKETS- including this one\*\*\*]**

**[ID/A ENTITY REVIEW COMPLETED:]**

[INSERT ENTITY NAME] offers ID/A services to Pennsylvanians with developmental disabilities in [INSERT CATCHMENT AREA- include assigned AE, check SSD or ask the entity what counties they work with beyond the assigned AE]. [INSERT ENTITY NAME] delivers the following services to about [NUMBER OF INDIVIDUALS RECEIVING SERVICES] individuals in [INSERT ASSIGNED AE COUNTY]: [INSERT SERVICE NAMES HERE, based on service authorizations report from HCSIS]. [INSERT ENTITY NAME] is also qualified to provide: [INSERT ADDITIONAL SERVICE NAMES, AS APPLICABLE, THAT THE ENTITY QUALIFIED FOR BUT IS NOT PROVIDING YET- delete sentence if n/a]. [INSERT ENTITY NAME] is also qualified to provide AAW services; individuals served under this waiver are not included in this report [Will receive info from BSASP- REMOVE this sentence if not applicable]. The organization’s mission is to [INSERT MISSION].

**[ID/A ENTITY WITH NO AUTHORIZATIONS:]**

[INSERT ENTITY NAME] is qualified to provide ID/A services to Pennsylvanians with developmental disabilities in [INSERT CATCHMENT AREA- include assigned AE, check SSD or ask the entity what counties they plan work with beyond the assigned AE]. [INSERT ENTITY NAME] is qualified to provide the following services: [INSERT SERVICE NAMES HERE]. [INSERT ENTITY NAME] [is a new entity and] has not yet began serving individuals. The organization’s mission is to [INSERT MISSION].

**[BSASP ENTITY REVIEW COMPLETED:]**

[INSERT ENTITY NAME] offers AAW services to Pennsylvanians with autism in [INSERT COUNTIES WHERE ENTITY PROVIDES SERVICES] counties. [INSERT ENTITY NAME] delivers the following services to [INSERT NUMBER OF INDIVIDUALS RECEIVING SERVICES] individuals: [INSERT SERVICE NAMES HERE]. [INSERT ENTITY NAME] is also qualified to provide: [INSERT ADDITIONAL SERVICE NAMES HERE, AS APPLICABLE, THAT THE ENTITY QUALIFIED FOR BUT IS NOT PROVIDING YET- delete sentence if n/a]. The organization’s mission is to [INSERT MISSION].

**[BSASP ENTITY WITH NO AUTHORIZATIONS:]**

[INSERT ENTITY NAME] is qualified to provide AAW services to Pennsylvanians with autism in [INSERT COUNTIES WHERE ENTITY INTENDS TO PROVIDE SERVICES] counties. [INSERT ENTITY NAME] is qualified to provide the following services: [INSERT SERVICE NAMES HERE]. [INSERT ENTITY NAME] [is a new entity and] has not yet began serving individuals. The organization’s mission is to [INSERT MISSION].

## QA&I Summary

The Cycle 2, Year 2 QA&I process began for [ENTITY NAME] with the submission of the annual QA&I self-assessment on [INSERT DATE].

[INSERT REVIEWING OFFICE(S) NAME] conducted the full review for the time period of [INSERT DATE RANGE FOR REVIEW PERIOD]. A sample of [INSERT NUMBER] individual records were reviewed as part of the QA&I process, including the completion of [INSERT NUMBER] individual interviews. [If applicable, include the number of staff interviews completed.] **OR** [INSERT ENTITY NAME] [is a new entity and] has not yet began serving individuals. Policies, procedures, and staff training records were reviewed.

[INSERT REVIEWING OFFICE(S) NAME] held the conference with the [ONLY INSERT JOB TITLES] from [INSERT ENTITY NAME] on [INSERT CONFERENCE DATE]. The conference included an overview of the QA&I process steps and timelines and a discussion about the full review process and logistics. There was also an opportunity for the entity to share an organizational overview.

## Interviews with a sample of individuals receiving services

## Data Analysis of Review

The results of the QA&I review for [INSERT ENTITY NAME] are summarized below.

The review indicated the following areas of positive performance:

[INSERT REVIEWING OFFICE(s) NAME] discovered the following health and safety concerns and worked with [INSERT ENTITY NAME] to immediately make corrections:

The following areas were identified as needing improvement during the review:



[INSERT ENTITY NAME]’s annual self-assessment review results indicate the following:



## Remediation, Improvement, and Quality Management Plan (QMP)

## Summary of [INSERT ENTITY NAME] C2Y2 QA&I Results

## Appendices

Appendix A: [INSERT ENTITY NAME] QA&I Review Spreadsheet

Appendix B: [INSERT ENTITY NAME] Corrective Action Plan (CAP)

Appendix C: [INSERT ENTITY NAME] Individual Interview Report