Date

Name

Title

Entity Name

Address

# Re: Quality Assessment and Improvement FY 22-23 Cycle 2, Year 2 Review Process

Dear Name:

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 focus of this process is on quality assessment and improvement as it relates to the individuals’ experience with services and supports. This process begins with the selection of a representative statewide sample of individuals who are receiving ODP services.

Based on the results of the aforementioned sample, your organization has been selected to participate in the QA&I Cycle 2, Year 2 review. The QA&I review process is accomplished by using a combination of self-assessment, individual interviews, Managing Employer (ME) interviews, full reviews, remediation, and Plan to Prevent Recurrence (PPR). All individual interviews will be completed by Independent Monitoring for Quality (IM4Q) local programs, on behalf of ODP. The attached sample of individual(s) is selected for the following review:

**\_\_\_** Full Review (Includes data & policy and individual record review questions)

**\_\_\_** Record Review Only (Includes individual record review questions only)

All reviews include a conference with the entity’s leadership. The purpose of the conference is to discuss the preliminary summary of findings from the review, entity specific quality improvement initiatives, and how the overall review “experience” could be improved in the future.

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.

Attached is your entity’s sample and the Submission Checklist. This checklist identifies the documentation which must be organized and submitted to the QA&I Lead, as well as the date, time, and location of the conference.

Thank you in advance for your team’s preparation and cooperation. Should you or your staff have questions, please contact your QA&I Lead, Name, at Phone Number.

Sincerely,

QA&I Lead

Enclosure: Sample and Submission Checklist

Cc: