QUALITY ASSESSMENT & IMPROVEMENT: ANNUAL STATEWIDE REPORT

Pennsylvania Office of Developmental Programs

Interim Year 2 ~ Fiscal Year 2021-2022

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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 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, the main objective is to emphasize quality and quality improvement.

In lieu of beginning QA&I Cycle 2 on July 1, 2020, as originally planned, and as a result of the COVID-19 pandemic, ODP received approval from CMS to implement an interim QA&I process, referred to as Interim Year 1 (IY1). Intellectual Disabilities/Autism Waivers (ID/A) and Adult Autism Waiver (AAW) monitoring tools for AEs, SCOs and providers were aligned, and the QA&I process was modified for IY1 to allow for entity reviews and individual interviews to be conducted remotely to ensure the health and safety of ODP's stakeholders. The same tools and processes remained in place for a second year, referred to as Interim Year 2 (IY2), due to continued struggles with the pandemic, and this report covers those results.

Self-assessments were not required during IY1 to allow entities to focus on the pandemic challenges experienced across the statewide delivery system. However, AEs, SCOs and providers selected for IY1 were asked to complete a COVID-19 supplemental survey to collect information about impacts of the pandemic on the service system. A COVID-19 supplemental survey was not included in the IY2 process; however, a modified self-assessment was required. The modified self-assessment included select questions for AEs (7 questions), SCOs (8 questions) and providers (2 questions) for ID/A programs. For the AAW program, 6 SCO questions were chosen for review. Questions were selected for the modified self-

assessment based on statewide performance that fell below the 86% threshold for CMS performance measures in QA&I C1Y3, FY 19-20. Results of IY2 modified self-assessments can be found in Appendices F (ID/A) and G (AAW).

The sampling approach was modified for IY1 and remained the same for IY2. ODP pulled core samples of individuals receiving services and supports using the proportionate, random, and representative sampling methodology described in the ID/A waivers and the AAW and entities reviewed were based on the individuals selected from that core sample. If an individual received services and supports from multiple providers, all providers authorized in the individual's ISP were reviewed. The number of individuals identified for the entities varied with no minimum or maximum applied. In cases where a provider was authorized for services with multiple AEs or a provider served individuals in both the ID/A waivers and the AAW, the provider received only one full review conducted by the assigned AE.

Lastly, individual interviews for both IY1 and IY2 were conducted remotely by Independent Monitoring for Quality (IM4Q) Local Programs, across the state. IY2 interviews were conducted from September 2021 through January 2022 and 351 total individuals (257 enrolled in ID/A programs, 51 enrolled in AAW programs, and 43 enrolled in Base and SC Services Only) chose to participate. Individual interviews were the only part of the IY2 QA&I process that people who receive Base and SC services only could participate in. Results from individual interviews are not included in this report.

About the Findings

This report includes a summary analysis of statewide data collected during QA&I IY2 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 IY2 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.

About the Full Reviews

In a typical year, 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. 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, plan to prevent recurrence, and quality improvement activities. However, for IY2, reviews were fully remote, and a copy of the completed review spreadsheet was provided instead of a comprehensive report. Entities participating in IY2 were still expected to complete remediation, plan to prevent recurrence, and quality improvement activities, if applicable. The tables below provide count details for full reviews conducted in IY2.

ID/A: Number of Entities Engaged in QA&I, Interim Year 2, Full Review Process					
	Central	**Northeast**	**Southeast**	**Western**	**Statewide**
AEs	3	7	3	6	19
SCOs	3	7	11	7	28
Providers	14	44	75	32	165
TOTAL	**20**	**58**	**89**	**45**	**212**

AAW: Number of Entities Engaged in QA&I, Interim Year 2, Full Review Process					
	Central	**Northeast**	**Southeast**	**Western**	**Statewide**
SCOs	2	3	3	6	14
Providers	2	5	4	6	17
TOTAL	**4**	**8**	**7**	**12**	**31**

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 multiple ISAC recommendation areas, including but not limited to assuring effective

communication, increasing employment, and improving quality. ODP's ultimate goal in developing the QA&I process is to foster a statewide focus on quality improvement and the experience of individuals, building collaborative partnerships toward that end, and engaging in technical assistance and shared learning.

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 cause(s) of performance problem(s). Based on that analysis, a quality improvement project 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 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. Exploratory findings help to guide ODP and entities to develop guidance when a need for improvement is indicated and they do not result in the non-compliance counting towards the entity's overall performance if the question is non-scored. In addition to highlighting select findings in the body of this report, all findings from IY2 are provided in the appendices and are broken down by entity.

How Entities Can Use This Data

All entities should engage in a process of review of statewide results followed by a review of their regional, entity-specific data and performance. After studying these results, ODP encourages the use of the information to inform and track quality improvement activities at all levels within the organization. In instances where results are below 86%, staff at all levels should evaluate the need for systemic improvement and include these areas in their Quality Management (QM) plans and supporting action plans. When appropriate, ODP staff, AEs, SCOs, and providers should collaborate to develop and implement QM plans.

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

- Update 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 and action plans where performance improvements are needed statewide and/or specific to a region.

Metrics to Watch

The table below highlights findings from IY2 that are hovering around the 86% threshold, have slipped below that threshold for satisfactory performance and/or have declined significantly from IY1, putting them in danger of slipping below that threshold. 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.

Entity Type	QA&I Question	IY1	IY2	% Change
AEs	Level of Care (Q33) - A QDDP certifies that the individual has impairments in adaptive behavior based on the results of a standardized assessment of adaptive functioning.	98.7%	86.2%	-12.5%
SCOs (ID/A)	Health & Welfare (Q30) - The individual's identified health care needs are addressed.	95.8%	87.0%	-8.8%
SCOs (ID/A)	Health & Welfare (Q39) - The SC monitors the implementation of corrective action.	72.7%	85.2%	+12.5%
SCOs (AAW)	Quality Management (Q6) - The SCO has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	92.9%	85.7%	-7.2%
SCOs (AAW)	Person-Centered (Q17) - The individual's ISP is updated when a change in need is identified.	98.1%	86.0%	-12.1%
Providers (ID/A)	Quality Management (Q9) - The Provider reviewed and used performance data in developing the QMP.	91.4%	86.7%	-4.7%
Providers (ID/A)	Qualified Providers (Q19) - The Provider's staff completed training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communication and/or operational procedures. (Training by Provider entity.)	82.4%	85.4%	+3.0%

Section 1: Administrative Entities (AEs)

Summary of QA&I Question Categories

The table below summarizes the categories for all 35 questions asked in the AE QA&I tool during IY2 and shows the "Category Codes" for the questions.

QA&I Tool Question Categories: AEs	Category Code	Number of Questions	Percentage of Questions *Note: Percentages rounded*
Administrative Authority	AA	2	6%
Health & Welfare	HW	6	17%
Level of Care	LC	10	29%
Person-Centered Planning	PC	7	20%
Provider Monitoring	PM	1	3%
Quality Management	QM	4	11%
Qualified Providers	QP	5	14%

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

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, 15 questions scored 100% during IY2. When compared against IY1, questions listed below either maintained scores of 100% (11) or improved to 100% (4) for IY2. An additional 16 questions in IY2 scored between 86% and 100%.

Q#	Cat.	AE Reasons to Celebrate: QA&I IY2 Question	%
4	QM	The AE has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	100%
5	QM	The AE reviewed and used performance data in developing the QMP.	100%
7	QM	The AE revises the QMP at least every three years.	100%
8	QP	The AE qualifies AWC FMS Provider utilizing ODP standardized procedures. *	100%
10	QP	The AE qualifies PROVIDER 2 utilizing ODP standardized procedures. *	100%
11	QP	The AE qualifies a Community Participation Support provider utilizing ODP standardized procedures. *	100%
12	PM	The AE conducts the QA&I Process using the standard tool and monitoring processes. *	100%
13	QP	The AE provides ongoing technical support to Providers.	100%
14	PC	The AE has an assigned employment staff point person.	100%
15	PC	The AE promotes community access as defined in the CMS Final Rule.	100%
16	PC	The AE identifies a need for technical assistance related to HCBS setting rule to Providers, individuals, and families.	100%
17	HW	The AE provides the SCOs and Providers with assistance to support people with complex physical and behavioral needs.	100%
18	HW	The AE identifies the resources that support wellness and shares the information with Providers and SCOs.	100%
21	HW	The AE Human Rights Committee (HRC) has a protocol that includes all ODP required elements.	100%
22	HW	The AE has a Provider risk screening process.	100%

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

Highlighting Opportunities

For IY2, 5 of the 7 questions included in the opportunities table below are related to the Level of Care (LOC) eligibility process and showed data results dropping by varying degrees from IY1. IY2 results for 3 of those questions were below the 86% threshold, with performance for 2 of the 3 questions dropping by more than 24%. Findings for 2 of the 5 LOC questions were above the 86% threshold but declined in performance from IY1, with decreases of more than 8%. Lower performance for these LOC-related questions is mainly attributed to new AE staff misunderstanding LOC eligibility requirements, especially those regarding medical and psychological evaluations. ODP has already taken steps to improve performance in this area by providing training in March and June 2022 for AEs/Qualified Developmental Disability Professionals (QDDPs).

The remaining 2 questions in the opportunities table involve areas that impact health and safety and delivery of person-centered services for individuals served. Both questions performed above or barely above the 86% threshold and showed declines of more than 5% from IY1.

Many of the 7 questions in the opportunities table are directly connected to CMS performance measures, have declined by at least 10% and were non-compliant or barely compliant in IY2. AEs should consider inclusion of these 7 areas in quality improvement (QI) activities going forward.

Q#	Cat.	AE Opportunities: QA&I Question *(Q#s are for IY2)*	IY1	IY2	% Change
19	HW	The AE has a written policy outlining their role and responsibility in Pennsylvania's Health Risk Screening Tool (HRST) per ODP's PA HRST protocol.	100%	89.5%	-10.5%
28	LC	Certification of Need for ICF/ID or ICF/ORC LOC DP 250 completed (signed and dated).	84.4%	83.9%	-0.5%
29	LC	The AE ensures that the program diagnosis corresponds with the correct criteria of LOC.	97.9%	73.7%	-24.2%
30	LC	The medical evaluation includes a recommendation for an ICF/ID or ICF/ORC LOC.*	97.9%	89.8%	-8.1%
33	LC	A QDDP certifies that the individual has impairments in adaptive behavior based on the results of a standardized assessment of adaptive functioning. *	98.7%	86.2%	-12.5%
36	LC	Waiver services are initiated within forty-five (45) calendar days.	98.7%	67.7%	-31.0%
39	PC	Annual ISP (Annual Review Update) is approved and authorized within 365 days of the prior Annual ISP.*	92.3%	86.8%	-5.5%

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

Section 2: Supports Coordination Organizations (SCOs)

Summary of QA&I Question Categories

The table below summarizes the categories for all 39 questions asked in the SCO QA&I tool during IY2. All questions applied for SCOs providing ID/A funded services and 33 questions were applicable for the SCOs providing AAW-funded services only.

QA&I Tool Question Categories: ID/A SCOs	Category Code	Number of Questions	Percentage of Questions *Note: Percentages rounded*
Health & Welfare	HW	15	38%
Person-Centered Planning	PC	16	41%
Quality Management	QM	4	10%
Qualified Providers	QP	4	10%

QA&I Tool Question Categories: AAW-Only SCOs	Category Code	Number of Questions	Percentage of Questions *Note: Percentages rounded*
Health & Welfare	HW	15	45%
Person-Centered Planning	PC	14	44%
Quality Management	QM	4	12%
Not Applicable for AAW	NA	6	NA

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

Reasons to Celebrate

Statewide, there are many areas where ID/A SCOs are maintaining very positive scores in the areas monitored by ODP via QA&I. In the table below, 17 questions scored 95% or above during IY2. When compared against IY1, these 17 questions either maintained or improved their compliance scores for IY2. Significant positive gains were observed for 4 of these questions, with question 13 (measured by entity and by staff) showing increases of 11.4% and 15.3% respectively. It should be noted that in IY2 ODP decided to change how training was being measured for questions 12 and 13. The decision was made to measure by individual staff, not just by entity, as this more accurately reflects entity performance and helps to identify compliance issue areas more specifically. Performance for questions 22 and 29 showed increases of 20% or greater from IY1.

Q#	Cat.	ID/A SCO Reasons to Celebrate: QA&I IY2 Question	%
6	QM	The SCO has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	96.4%
10	PC	The SCO identifies how they collaborate with OVR and the school district for transition age youth and employment.	100%
11	HW	The SCO maintains a certified investigator.	100%
12	QP	SCs completed the required number of training hours in the training year. * *(Calculated by SCO entity.)*	96.4%
		SCs completed the required number of training hours in the training year. * *(Calculated by number of staff.)*	99.5%
13	QP	SC Supervisors with a caseload (or who submitted billable service notes) completed the required number of training hours in the training year. * *(Calculated by SCO entity.)*	100%
		SC Supervisors with a caseload (or who submitted billable service notes) completed the required number of training hours in the training year. * *(Calculated by number of staff.)*	100%
22	PC	If there were issues that were unresolved by the Provider, there is documentation that the SCO/SC notified the AE (ID/A waivers) or AAW Regional Office (AAW) of the unresolved issue.	100%
28/29	PC	The individual received services in type, scope, amount, duration, and frequency as defined in the ISP. *	96.5%
31	HW	The SCO maintains records that they notified the AE and Regional Program Manager (RPM) if there was imminent risk to the health & welfare of the individual.	100%
34	PC	The SC explores with the individual options for communication assistance and supports the individual to choose.	100%
43	HW	If the individual has complex needs, the SC ensures there is a plan in place to address those needs.	99.6%
44	HW	If there is a complex need identified for the individual, the SC addresses issues identified via monitoring related to support for the person.	98.4%
45	PC	Choice of Providers was offered to the individual/family. *	99.7%
46	PC	Choice of services was offered to the individual/family. *	99.7%
47	PC	SC provides the individual information on participant directed service (PDS) options annually. *	99.4%

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

Q#	Cat.	ID/A SCO Reasons to Celebrate: QA&I IY2 Question *(continued from previous page)*	%
48	PC	At the annual ISP meeting, the SC provides education and information to the individual about employment services (i.e., competitive, integrated employment, OVR services, benefits counseling or the "Guidance for Conversations about Employment").	98.7%

For the AAW, SCOs also scored very positively in the areas monitored by ODP during IY2. The 13 questions in the AAW table below scored 95% or above during IY2; an additional 11 AAW questions scored between 86% and 94%. For 2 questions (33 and 34), it is notable that the sample included just 1 individual each for whom the question applied. When compared against IY1, 11 questions either maintained or improved their compliance scores for IY2.

Q#	Cat.	AAW SCO Reasons to Celebrate: QA&I IY2 Question	%
9	QM	The SCO revises the QMP at least every three years.	100%
11	HW	The SCO maintains a certified investigator.	100%
23	HW	The SC documents a risk assessment.	100%
24	HW	The SC incorporates risk mitigation strategies into the ISP.	98.3%
28/29	PC	The individual received services in type, scope, amount, duration, and frequency as defined in the ISP. *	95.2%
31	HW	The SCO maintains records that they notified the AE and Regional Program Manager (RPM) or the AAW Regional Office if there was imminent risk to the health & welfare of the individual.	100%
33	PC	The ISP includes information about communication supports and services the individual needs based on their communication assessment/reassessment or communication needs.	100%
34	PC	The SC explores with the individual options for communication assistance and supports the individual to choose.	100%
35	HW	The individual receives information on how to identify and report abuse, neglect and exploitation.	100%
40	HW	The SC follows up on corrective action as necessary.	100%
41	HW	For individuals who have experienced a crisis period, the SC completed additional monitoring during that crisis period in order to resolve the crisis. **	100%
43	HW	If the individual has complex needs, the SC ensures there is a plan in place to address those needs.	97.5%
44	HW	If there is a complex need identified for the individual, the SC addresses issues identified via monitoring related to support for the person.	100%

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

Highlighting Opportunities

For IY2, 12 ID/A SCO questions made it into the opportunities table below with 10 of those 12 questions having findings below the 86% compliance threshold. Overall, 6 questions showed positive gains over IY1 results, however 5 of those 6 remain below the 86% threshold and 1 slipped slightly above it. It should be noted that in IY2 ODP decided to change how training was being measured for questions 14 and 15. The decision was made to measure by individual staff, not just by entity, as this more accurately reflects entity performance and helps to identify compliance issue areas more specifically.

Notable decreases (10% or greater) in compliance rates from IY1 were observed in 4 questions related to the topics of SC monitoring (2), annual training (1), and service plans (1). It should be noted that 2 scores exist for question 35. The higher score of 89.2% meets CMS performance measure standards by ensuring all individuals receive information on how to identify and report abuse, neglect, and exploitation (A/N/E). This usually occurs at the time of the ISP meeting. ODP's higher standard that requires sharing of this information with individuals in a private setting, resulted in a score of 41.1%. ODP continues to consider ways in which it can support SCOs to meet this higher standard.

For both ID/A and AAW SCOs, 2 questions (Q7 and Q8) regarding the development and oversight of quality management plans (QMPs) highlighted needs for improvement.

Q#	Cat.	ID/A SCO Opportunities: QA&I Question *(Q#s are for IY2)*	IY1	IY2	% Change
7	QM	The SCO reviewed and used performance data in developing the QMP.	77.1%	82.1%	+5.0%
8	QM	The SCO measures progress towards achieving identified QMP goals and objectives.	80.0%	75.0%	-5.0%
14	QP	The SCO's staff completed Annual training that includes core courses as required. * *(Calculated by number of staff.)*	84.7%	82.6%	-2.1%
	QP	The SCO's staff completed Annual training that includes core courses as required. * *(Calculated by SCO entity.)*	88.6%	71.4%	-17.2%
15	QP	New SCs completed the required ODP SC Orientation prior to working alone with individuals, and within 30 days after hire. * *(Calculated by number of staff.)*	85.0%	87.9%	+2.9%
	QP	New SCs completed the required ODP SC Orientation prior to working alone with individuals, and within 30 days after hire. *(Calculated by SCO entity.)*	84.6%	76.9%	-7.7%
27	PC	The SC conducts all monitoring at the required frequency.	91.1%	79.4%	-11.7%
30	HW	The individual's identified health care needs are addressed. *	95.8%	87.0%	-8.8%

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

Q#	Cat.	ID/A SCO Opportunities: QA&I Question *(Q#s are for IY2) (continued from previous page)*	IY1	IY2	% Change
35	HW	The individual receives information on how to identify and report abuse, neglect and exploitation. *(Meets ODP standards.*)	34.1%	41.1%	+7.0%
		The individual receives information on how to identify and report abuse, neglect and exploitation. *(Meets CMS PM.*) *	99.0%	89.2%	-9.8%
38	HW	If there is a reported incident in EIM, the SC documents review of the initial incident report (including medication error or restraints incidents) for evidence that the individual's health, safety and rights were safeguarded.	59.8%	71.6%	+11.8%
39	HW	The SC monitors the implementation of corrective action.	72.7%	85.2%	+12.5%
40	HW	The SC follows up on corrective action as necessary.	81.1%	83.3%	+2.2%
41	HW	For individuals who have experienced a crisis period, the SC completed additional monitoring during that crisis period in order to resolve the crisis.	100.0%	90.0%	-10.0%
49	PC	The SC ensures that the individual seeking or receiving Community Participation Support in a prevocational setting has a competitive integrated employment outcome included in their service plan.	83.6%	54.2%	-29.4%

For IY2, 10 AAW SCO questions made it into the opportunities table below with 6 having findings below the 86% threshold. Of those 6 questions, 5 showed a decrease over IY1 results and 1 question remained the same. An additional 4 questions have notable declines in findings between 12-13% from IY1 and are either at or slightly above the 86% threshold.

It is important to note that in many cases for the AAW, the denominator was very small, and a minimal finding of noncompliance could cause significant impacts on the overall finding for a question. For example, there were 14 SCOs in each of the samples during IY1 and IY2. For IY1 question 6, 13 of 14 SCOs were found to meet ODP's requirements, resulting in a 92.9% compliance finding. For IY2, 12 of 14 met ODP's requirements, bringing the compliance finding down by 7.1%, to 85.7%. For questions 37, 38 and 39, the denominators were 12, 11 and 8, respectively.

Q#	Cat.	AAW SCO Opportunities: QA&I Question *(Q#s are for IY2)*	IY1	IY2	% Change
6	QM	The SCO has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	92.9%	85.7%	-7.1%
7	QM	The SCO reviewed and used performance data in developing the QMP.	85.7%	78.6%	-7.1%
8	QM	The SCO measures progress towards achieving identified QMP goals and objectives.	78.6%	78.6%	0.0%
17	PC	The individual's ISP is updated when a change in need is identified.	98.1%	86.0%	-12.1%
26	PC	An ISP is developed that supports the outcomes/objectives throughout the entire plan.	100%	87.1%	-12.9%
27	PC	The SC conducts all monitoring at the required frequency.	88.3%	71.0%	-17.4%
36	HW	The SC identifies any current medical personnel such as doctors, dentists, psychiatrists, therapists/counselors, allied health professionals, specialists, etc. seen in the review period.	100%	87.1%	-12.9%
37	HW	All reportable incidents are documented in Enterprise Incident Management (EIM) as required.	91.7%	83.3%	-8.3%
38	HW	If there is a reported incident in EIM, the SC documents review of the initial incident report (including medication error and restraints incidents) for evidence that the individual's health, safety and rights were safeguarded.	90.9%	72.7%	-18.2%
39	HW	The SC monitors the implementation of corrective action.	100%	87.5%	-12.5%

Section 3: Providers

Summary of QA&I Question Categories

The tables below summarize the categories for 35 questions asked in the Provider QA&I tool during IY2. All questions applied to providers providing ID/A funded services and 25 questions were applicable to providers providing AAW-funded services only. Any discrepancies between the number of questions on these 2 tables is due to some questions in the tool that did not apply for AAW only providers.

QA&I Tool Question Categories: ID/A Providers	Category Code	Number of Questions	Percentage of Questions *Note: Percentages rounded*
Health & Welfare	HW	13	37%
Person-Centered Planning	PC	11	31%
Quality Management	QM	3	9%
Qualified Providers	QP	8	23%

QA&I Tool Question Categories: AAW Providers	Category Code	Number of Questions	Percentage of Questions *Note: Percentages rounded*
Health & Welfare	HW	14	56%
Person-Centered Planning	PC	8	32%
Quality Management	QM	3	12%
Not Applicable for AAW	NA	5	NA

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

Reasons to Celebrate

Statewide, there were many areas where ID/A providers are maintaining very positive scores in the areas monitored by ODP, through the AEs, via the QA&I process. The 13 questions in the ID/A table below scored 95% or above during IY2. An additional 7 questions scored between 86% and 94%. When compared against result from IY1,10 questions either maintained or improved their compliance scores for IY2. Performance for questions 31 and 32 showed significant increases of 12% or greater from IY1.

Q#	Cat.	ID/A Provider Reasons to Celebrate: QA&I IY2 Question	%
10	QM	The Provider revises the QMP at least every three years.	95.0%
22	QP	Staff are trained on the individual's communication profile and/or formal communication system.	96.2%
23	PC	The Provider implements communication strategies as indicated in the ISP.	96.4%
26	PC	The individual is supported in exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment), Discovery and Job Acquisition (Advanced Supported Employment) or Vocational Assessment or Job Finding (Career Planning).	100%
27	PC	The employment Provider supports the individual in maintaining employment through Supported Employment or Advanced Supported Employment.	100%
29	HW	The Provider ensures that restrictive procedures were followed according to the approved plan.	97.1%
30	PC	The Provider ensures the individual has the right to control his/her own schedule and activities and has the right to update those activities regularly.	100%
31	PC	The Provider implements the individual's back-up/contingency plan as specified in the ISP.	98.9%
32	PC	If an individual's back-up/contingency plan is not implemented as specified in the ISP, an incident report of neglect was submitted into Enterprise Incident Management (EIM).	95.7%
33	HW	All reportable incidents are documented in EIM as required.	95.7%
34	HW	All required investigations are completed by a Department-certified incident investigator.	96.2%
35	HW	The Provider offered victim's assistance to the individual as appropriate.	95.7%
38	HW	If the individual has a dual diagnosis, all the needs of the individual are being met as specified in the ISP.	96.6%

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

AAW providers are also maintaining very positive scores in the areas monitored by ODP via QA&I. The 9 questions in the AAW table below scored above 95% during IY2. An additional 2 questions scored between 88% and 94%. When compared against results from IY1, 9 questions either maintained or improved their compliance scores for IY2. Questions 26 and 38 were not applicable to the AAW during IY1, so comparison data is not available.

Q#	Cat.	AAW Provider Reasons to Celebrate: QA&I IY2 Question	%
10	QM	The Provider revises the QMP at least every three years.	100%
11	PC	The Provider provided written notice to all required parties within the required time frames.	100%
26	PC	The individual is supported in exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment), Discovery and Job Acquisition (Advanced Supported Employment) or Vocational Assessment or Job Finding (Career Planning).	100%
27	PC	The employment Provider supports the individual in maintaining employment through Supported Employment and Advanced Supported Employment.	100%
31	PC	The Provider implements the individual's back-up/contingency plan as specified in the ISP.	100%
33	HW	All reportable incidents are documented in EIM as required.	100%
34	HW	All required investigations are completed by a Department certified incident investigator.	100%
36	HW	The Provider follows up on corrective action as necessary.	100%
38	HW	If the individual has a dual diagnosis, all the needs of the individual are being met as specified in the ISP	96.6%

Highlighting Opportunities

For IY2, 9 ID/A provider questions resulted in findings below the 86% threshold. Of these 9 questions, 7 showed a decrease over IY1 results and 1 question remained the same. A notable decrease of 12.3% from IY1 was observed for 1 question related to reviewing and analyzing incidents at least quarterly. It should be noted that in IY2, ODP decided to change how training was being measured for questions 20 and 21. The decision was made to measure by individual staff, not just by entity, as this more accurately reflects entity performance and helps to identify compliance issue areas more specifically.

Q#	Cat.	ID/A Provider Opportunities: QA&I Question *(Q#s are for IY2)*	IY1	IY2	% Change
11	PC	The Provider provided written notice to all required parties within the required time frames.	68.1%	68.1%	0.0%
15	HW	The Provider finalizes incidents within 30 days.	58.5%	64.1%	+5.6%
16	HW	The Provider reviews and analyzes incidents at least quarterly.	85.2%	72.9%	-12.3%
17	HW	The Provider's peer review process to review the quality of investigations was completed and documented.	80.0%	78.4%	-1.6%
18	HW	The Provider implements follow-up recommendations from the Certified Investigator peer review process.	83.0%	76.8%	-6.2%
19	QP	The Provider's staff completed training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communication and/or operational procedures. *(Calculated by number of staff.) – included in table for reference only*	92.3%	91.2%	-1.1%
		The Provider's staff completed training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communication and/or operational procedures. *(Calculated by provider entity.)*	82.4%	85.4%	+3.0%
20	QP	*The Provider's staff completed annual training that includes core courses as required. *(Calculated by provider entity.)*	73.9%	69.5%	-4.4%
		*The Provider's staff completed annual training that includes core courses as required. *(Calculated by number of staff.)*	83.1%	77.0%	-6.1%
21	QP	New Provider staff completed the required orientation training courses prior to working alone with individuals, and within 30 days after hire or starting to provide a service to an individual. *(Calculated by number of staff.) – included in table for reference only*	92.1%	88.0%	-4.1%
		New Provider staff completed the required orientation training courses prior to working alone with individuals, and within 30 days after hire or starting to provide a service to an individual. *(Calculated by provider entity.)*	86.9%	80.9%	-6.0%
28	PC	The Provider's progress notes indicate actions taken to address lack of progress in achieving a desired outcome.	84.4%	82.1%	-2.3%

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

For IY2, 12 AAW provider questions resulted in findings below the 86% threshold. Overall, only question 15 showed a significant positive gain over IY1 results, although it remains an opportunity for improvement. Scores for 3 questions (8, 9 and 28) decreased by less than 2% from IY1 to IY2. Small sample sizes for several questions should be considered when reviewing these findings. For example, results for questions 17 (denominator of 6), 22 and 23 (denominators of 1), 24 (denominator of 4), 35 (denominator of 2) and 37 (denominator of 6) were significantly affected by the small samples. The score for question 18 remained the same from IY1 to IY2, at 66.7%, with a denominator of 9 in IY1 and 6 in IY2. Lastly, it is important to note that for 4 health and welfare (HW) questions (15-18), ODP recognizes ongoing issues with AAW providers and incident management (IM) and are addressing those issues via new trainings and "virtual office hours" (VOH) related to requirements within the new IM Bulletin.

Q#	Cat.	AAW Provider Opportunities: QA&I Question *(Q#s are for IY2)*	IY1	IY2	% Change
8	QM	The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	84.2	82.4%	-1.9%
9	QM	The Provider reviewed and used performance data in developing the QMP.	84.2%	82.4%	-1.9%
15	HW	The Provider finalizes incidents within 30 days.	60%	76.9%	+16.9%
16	HW	The Provider reviews and analyzes incidents at least quarterly.	90%	66.7%	-23.3%
17	HW	The Provider's peer review process to review the quality of investigations was completed and documented.	77.8%	66.7%	-11.1%
18	HW	The Provider implements follow-up recommendations from the Certified Investigator peer review process.	66.7%	66.7%	0.0%
22	PC	Staff are trained on the individual's communication profile and/or formal communication system.	85.7%	0.0%	-85.7%
23	PC	The Provider implements communication strategies as indicated in the ISP.	90%	0.0%	-90%
24	PC	The Provider documents the implementation of communication strategies and the progress made toward the communication goals/outcomes.	88.9%	75.0%	-13.9%
28	PC	The Provider's progress notes indicate actions taken to address lack of progress in achieving a desired outcome.	84.4%	84.8%	-0.4%
35	HW	The Provider offered victim's assistance to the individual as appropriate.	0.0%	0.0%	0.0%
37	HW	The Provider ensures the individual completes all health care appointments, screenings, and follow-up as prescribed.	100%	83.3%	-16.7%

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

QA&I FULL REVIEW MONITORING RESULTS

Fiscal Year (FY) 21-22, QA&I Interim Year 2 (IY2)

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 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, Interim Year 2 (FY 21-22)

Note: Demographic questions are not included in this table.

INTERIM YEAR 2: ADMINISTRATIVE ENTITIES			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
4	QM	The AE has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	**19**	**19**	**100%**	3	3	100%	7	7	100%	3	3	100%	6	6	100%
5	QM	The AE reviewed and used performance data in developing the QMP.	**19**	**19**	**100%**	3	3	100%	7	7	100%	3	3	100%	6	6	100%
6	QM	The AE measures progress towards achieving identified QMP goals and objectives.	**18**	**19**	**94.7%**	3	3	100%	6	7	85.7%	3	3	100%	6	6	100%
7	QM	The AE revises the QMP at least every three years.	**19**	**19**	**100%**	3	3	100%	7	7	100%	3	3	100%	6	6	100%
8	QP	The AE qualifies AWC FMS Provider utilizing ODP standardized procedures. *	**4**	**4**	**100%**	1	1	100%	1	1	100%	1	1	100%	1	1	100%
9	QP	The AE qualifies Provider 1 utilizing ODP standardized procedures. *	**16**	**17**	**94.1%**	3	3	100%	6	7	85.7%	3	3	100%	4	4	100%
10	QP	The AE qualifies Provider 2 utilizing ODP standardized procedures. *	**16**	**16**	**100%**	3	3	100%	5	5	100%	3	3	100%	5	5	100%
11	QP	The AE qualifies a Community Participation Support Provider utilizing ODP standardized procedures. *	**17**	**17**	**100%**	2	2	100%	7	7	100%	3	3	100%	5	5	100%
12	PM	The AE conducts the QA&I Process using the standard tool and monitoring processes. *	**13**	**13**	**100%**	3	3	100%	6	6	100%	3	3	100%	1	1	100%

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

INTERIM YEAR 2: ADMINISTRATIVE ENTITIES			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
13	QP	The AE provides ongoing technical support to Providers. **	**19**	**19**	**100%**	3	3	100%	7	7	100%	3	3	100%	6	6	100%
14	PC	The AE has an assigned employment staff point person.	**19**	**19**	**100%**	3	3	100%	7	7	100%	3	3	100%	6	6	100%
15	PC	The AE promotes community access as defined in the CMS Final Rule.	**19**	**19**	**100%**	3	3	100%	7	7	100%	3	3	100%	6	6	100%
16	PC	The AE identifies a need for technical assistance related to HCBS setting rule to providers, individuals, and families.	**10**	**10**	**100%**	0	0	N/A	6	6	100%	3	3	100%	1	1	100%
17	HW	The AE provides the SCOs and Providers with assistance to support people with complex physical and behavioral needs. **	**19**	**19**	**100%**	3	3	100%	7	7	100%	3	3	100%	6	6	100%
18	HW	The AE identifies resources that support wellness and shares the information with Providers and SCOs. **	**19**	**19**	**100%**	3	3	100%	7	7	100%	3	3	100%	6	6	100%
19	HW	The AE has a written policy outlining their role and responsibility in Pennsylvania's Health Risk Screening Tool (HRST) per ODP's PA HRST protocol.	**17**	**19**	**89.5%**	2	3	66.7%	6	7	85.7%	3	3	100%	6	6	100%
20	HW	The AE has a Human Rights Committee (HRC).	**18**	**19**	**94.7%**	3	3	100%	6	7	85.7%	3	3	100%	6	6	100%
21	HW	The AE Human Rights Committee (HRC) has a protocol that includes all ODP required elements.	**19**	**19**	**100.%**	3	3	100.%	7	7	100.%	3	3	100%	6	6	100.%

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

INTERIM YEAR 2: ADMINISTRATIVE ENTITIES			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
22	HW	The AE has a Provider risk screening process. **	**19**	**19**	**100%**	3	3	100%	7	7	100%	3	3	100%	6	6	100%
24	AA	Due process rights information was provided to the individuals with a change(s) in need. *	**44**	**48**	**91.7%**	6	6	100.%	6	9	66.7%	22	23	95.7%	10	10	100%
26	AA	The AE provides notification of Due Process Rights at waiver enrollment (for newly enrolled individuals). *	**5**	**5**	**100%**	1	1	100%	1	1	100%	2	2	100%	1	1	100%
27	LC	The AE completed the initial level of care (LOC) evaluation and determination prior to entry into the waiver.	**213**	**217**	**98.2%**	30	30	100%	65	65	100%	90	90	100%	28	32	87.5%
28	LC	Certification of Need for ICF/ID or ICF/ORC LOC DP 250 completed (signed and dated).	**182**	**217**	**83.9%**	20	30	66.7%	65	65	100%	69	90	76.7%	28	32	87.5%
29	LC	The AE ensures that the program diagnosis corresponds with the correct criteria of LOC.	**160**	**217**	**73.7%**	25	30	83.3%	35	65	53.8%	74	90	82.2%	26	32	81.3%
30	LC	The medical evaluation includes a recommendation for an ICF/ID or ICF/ORC LOC. * *Note: Self-Assessment data reflects 100% for this question.*	**168**	**187**	**89.8%**	23	24	95.8%	38	47	80.9%	81	87	93.1%	26	29	89.7%
31	LC	The medical evaluation occurs within the 365-day period prior to the Qualified Developmental Disabilities Professional signature on the LOC DP 250 form. *	**175**	**188**	**93.1%**	18	24	75.0%	48	48	100%	82	87	94.3%	27	29	93.1%

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

INTERIM YEAR 2: ADMINISTRATIVE ENTITIES			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
32	LC	The psychological evaluation meets ODP standards. * *Note: Self-Assessment data reflects 99.3% for this question.*	**193**	**217**	**88.9%**	30	30	100%	61	65	93.8%	74	90	82.2%	28	32	87.5%
33	LC	A QDDP certifies that the individual has impairments in adaptive behavior based on the results of a standardized assessment of adaptive functioning. * *Note: Self-Assessment data reflects 99.3% for this question.*	**187**	**217**	**86.2%**	27	30	89.0%	64	65	98.5%	68	90	75.6%	28	32	87.5%
34	LC	The record contains evidence that the intellectual disability manifested during the developmental period which is from birth up to the individual's 22nd birthday. *	**214**	**217**	**98.6%**	30	30	100%	63	65	96.9%	89	90	98.9%	32	32	100%
35	AA	The AE maintains documentation of financial eligibility for waiver services.	**215**	**217**	**99.1%**	30	30	100%	65	65	100%	88	90	97.8%	32	32	100%
36	PC	Waiver services are initiated within forty-five (45) calendar days.	**147**	**217**	**67.7%**	15	30	40.0%	53	65	81.5%	58	90	64.4%	21	32	65.6%
37	PC	All assessed needs are addressed in the ISP.	**171**	**182**	**94.0%**	19	20	95.0%	83	86	96.5%	36	43	83.7%	33	33	100%
39	PC	Annual ISP (Annual Review Update) approved and authorized within 365 days of the prior Annual ISP. *	**99**	**156**	**86.8%**	20	20	100%	28	33	84.8%	31	39	79.5%	20	22	90.9%

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

INTERIM YEAR 2: ADMINISTRATIVE ENTITIES			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
40	PC	The ISP has evidence that the individual has opportunities for community activities of their choice.	**155**	**156**	**99.4%**	20	20	100%	68	68	100%	38	39	97.4%	29	29	100%
41	PC	The ISP has evidence of necessary supports to participate in community activities.	**153**	**154**	**99.4%**	20	20	100%	67	67	10%	37	38	97.4%	29	29	100%

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

Appendix B: ID/A SCO Results for QA&I, Interim Year 2 (FY 21-22)

Note: Demographic questions are not included in this table.

INTERIM YEAR 2: ID/A SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
6	QM	The SCO has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	**27**	**28**	**96.4%**	3	3	100%	7	7	100%	11	11	100%	6	7	85.7%
7	QM	The SCO reviewed and used performance data in developing the QMP.	**23**	**28**	**82.1%**	2	3	66.7%	7	7	100%	8	11	72.7%	6	7	85.7%
8	QM	The SCO measures progress towards achieving identified QMP goals and objectives.	**21**	**28**	**75.0%**	2	3	66.7%	6	7	85.7%	7	11	63.6%	6	7	85.7%
9	QM	The SCO revises the QMP at least every three years.	**26**	**28**	**92.9%**	3	3	100%	7	7	100%	9	11	81.8%	7	7	100%
10	PC	The SCO identifies how they collaborate with OVR and the school district for transition age youth and employment. **	**28**	**28**	**100%**	3	3	100%	7	7	100%	11	11	100%	7	7	100%
11	HW	The SCO maintains a certified investigator.	**28**	**28**	**100%**	3	3	100%	7	7	100%	11	11	100%	7	7	100%
12	QP	SCs completed the required number of training hours in the training year. *(See results in rows 12a and 12b.)* *															
12a	QP	# of staff where all training requirements can be verified.	**186**	**187**	**99.5%**	17	17	100%	52	52	100%	82	82	100%	35	36	97.2%
12b	QP	Training by SCO entity.	**27**	**28**	**96.4%**	3	3	100%	7	7	100%	11	11	100%	6	7	85.7%
13	QP	SC Supervisors with a caseload (or who submitted billable service notes) completed the required number of training hours in the training year. *(See results in rows 13a and 13b.)* *															
13a	QP	# of staff where all training requirements can be verified.	**89**	**89**	**100%**	0	0	--	27	27	100%	48	48	100%	14	14	100%

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

INTERIM YEAR 2: ID/A SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
13b	QP	Training by SCO entity.	**24**	**24**	**100%**	0	0	--	7	7	100%	11	11	100%	6	6	100%
14	QP	The SCO's staff completed annual training that includes core courses as required. *(See results in rows 14a and 14b.)* *															
14a	QP	# of staff where all training requirements can be verified.	**194**	**235**	**82.6%**	17	17	100%	66	75	88.0%	72	94	76.6%	39	49	79.6%
14b	QP	Training by SCO entity.	**20**	**28**	**71.4%**	3	3	100%	6	7	85.7%	6	11	54.5%	5	7	71.4%
15	QP	New SCs completed the required ODP SC Orientation prior to working alone with individuals, and within 30 days after hire. *(See results in rows 15a and 15b.)* *															
15a	QP	# of staff where all training requirements can be verified.	**80**	**91**	**87.9%**	11	11	100%	22	22	100%	36	46	78.3%	11	12	91.7%
15b	QP	Training by SCO entity.	**20**	**26**	**76.9%**	3	3	100%	6	6	100%	6	11	54.5%	5	6	83.3%
17	PC	The individual's ISP is updated timely when a change in need is identified. *	**197**	**205**	**96.1%**	21	22	95.5%	61	61	100%	94	98	95.9%	21	24	87.5%
18	PC	The Service Notes (SNs) meet quality standards.	**290**	**316**	**91.8%**	35	35	100%	84	87	96.6%	131	153	85.6%	40	41	97.6%
20	PC	The SC documents follow-up on issues identified.	**226**	**236**	**95.8%**	29	30	96.7%	60	62	96.8%	114	120	95.0%	23	24	95.8%
22	PC	If there were issues that were unresolved by the Provider, there is documentation that the SCO/SC notified the AE of the unresolved issue.	**4**	**4**	**100%**	0	0	--	2	2	100%	0	0	--	2	2	100%
23	HW	The SC documents a risk assessment.	**312**	**316**	**99.7%**	35	35	100%	87	87	100%	149	153	97.4%	41	41	100%
24	HW	The SC incorporates risk mitigation strategies into the ISP. *	**296**	**314**	**94.3%**	33	35	94.3%	87	87	100%	138	152	90.8%	38	40	95.0%

INTERIM YEAR 2: ID/A SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
25	PC	The SC develops a person-centered ISP to address all assessed needs. *	**306**	**316**	**96.8%**	35	35	100%	84	87	96.6%	146	153	95.4%	41	41	100%
26	PC	An ISP is developed that supports the outcomes throughout the entire plan. *	**313**	**316**	**99.1%**	35	35	100%	87	87	100%	150	153	98.0%	41	41	100%
27	PC	The SC conducts all monitoring at the required frequency.	**251**	**316**	**79.4%**	27	35	77.1%	74	87	85.1%	119	153	77.8%	31	41	75.6%
28	PC	The individual received services in type, scope, amount, duration, and frequency as defined in the ISP.	**105**	**316**	**33.2%**	7	35	20.0%	28	87	32.2%	54	153	35.3%	16	41	39.0%
The *true* score for question 28 is based on the response of question 29. Only data for cases in which services were received as authorized are reflected in the line above for question 28. The line below for question 28 combines data for cases in which appropriate services were received and cases for which there was **justification** for services not being received.																	
28	PC	**True score**: The individual received services in type, scope, amount, duration, and frequency as defined in the ISP.	**305**	**316**	**96.5%**	35	35	100%	86	87	98.9%	144	153	94.1%	40	41	97.6%
29	PC	*If service is not being provided as authorized, the SC documents justification of service not being provided. *	**200**	**211**	**94.8%**	28	28	100%	58	59	98.3%	90	99	90.9%	24	25	96.0%
30	HW	The individual's identified health care needs are addressed. *	**275**	**316**	**87.0%**	24	35	68.6%	85	87	97.7%	126	153	82.4%	40	41	97.6%
31	HW	The SCO maintains records that they notified the AE and Regional Program Manager (RPM) if there was imminent risk to the health & welfare of the individual.	**9**	**9**	**100%**	3	3	100%	1	1	100%	4	4	100%	1	1	100%

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

INTERIM YEAR 2: ID/A SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
INTERIM YEAR 2: ID/A SUPPORTS COORDINATION ORGANIZATIONS			**STATEWIDE Final Compliance**			**CENTRAL Final Compliance**			**NORTHEAST Final Compliance**			**SOUTHEAST Final Compliance**			**WEST Final Compliance**		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
33	PC	The ISP includes information about communication supports and services the individual needs based on their communication assessment/reassessment or communication needs.	**92**	**93**	**98.9%**	9	9	100%	28	28	100%	46	47	97.9%	9	9	100%
34	PC	The SC explores with the individual options for communication assistance and supports the individual to choose.	**93**	**93**	**100%**	9	9	100%	28	28	100%	47	47	100%	9	9	100%
35	HW	The individual receives information on how to identify and report abuse, neglect and exploitation. *(See results in rows 35a and 35b.)*															
35a	HW	Meets CMS requirements. *	**282**	**316**	**89.2%**	26	35	74.3%	84	87	96.6%	134	153	87.6%	38	41	92.7%
35b	HW	Meets ODP standards for private setting.	**130**	**316**	**41.1%**	6	35	17.1%	30	87	34.5%	66	153	43.1%	28	41	68.3%
36	HW	The SC identifies any current medical personnel such as doctors, dentists, psychiatrists, therapists/ counselors, allied health professionals, specialists, etc. seen in the review period.	**310**	**316**	**98.1%**	35	35	100%	87	87	100%	147	153	96.1%	41	41	100%
37	HW	All reportable incidents are documented in Enterprise Incident Management (EIM) as required.	**107**	**112**	**95.5%**	14	15	93.3%	36	38	94.7%	42	44	95.5%	15	15	100%

INTERIM YEAR 2: ID/A SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
38	HW	If there is a reported incident in EIM, the SC documents review of the initial incident report (including medication error or restraints incidents) for evidence that the individual's health, safety, and rights were safeguarded.	**78**	**109**	**71.6%**	12	14	85.7%	29	37	78.4%	29	43	67.4%	8	15	53.3%
39	HW	The SC monitors the implementation of corrective action.	**69**	**81**	**85.2%**	9	11	81.8%	25	25	100%	29	38	76.3%	6	7	85.7%
40	HW	The SC follows up on corrective action as necessary.	**50**	**60**	**83.3%**	9	11	81.8%	12	12	100%	27	35	77.1%	2	2	100%
41	HW	For individuals who have experienced a crisis period, the SC completed additional monitoring during that crisis period in order to resolve the crisis. **	**18**	**20**	**90.0%**	4	5	80.0%	2	2	100%	12	13	92.3%	0	0	N/A
43	HW	If the individual has complex needs, the SC ensures there is a plan in place to address those needs.	**246**	**247**	**99.6%**	33	33	100%	71	71	100%	114	115	99.1%	28	28	100%
44	HW	If there is a complex need identified for the individual, the SC addresses issues identified via monitoring related to support for the person.	**243**	**247**	**98.4%**	33	33	100%	71	71	100%	111	115	96.5%	28	28	100%
45	PC	Choice of Providers was offered to the individual/ family. *	**315**	**316**	**99.7%**	35	35	100%	87	87	100%	152	153	99.3%	41	41	100%
46	PC	Choice of services was offered to the individual/ family. *	**315**	**316**	**99.7%**	35	35	100%	87	87	100%	152	153	99.3%	41	41	100%

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

INTERIM YEAR 2: ID/A SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
47	PC	SC provides the individual information on participant directed service (PDS) options annually. *	**314**	**316**	**99.4%**	35	35	100%	86	87	98.9%	152	153	99.3%	41	41	100%
48	PC	At the annual ISP meeting, the SC provides education and information to the individual about employment services (i.e., competitive, integrated employment, OVR services, benefits counseling or the "Guidance for Conversations about Employment"). **	**312**	**316**	**98.7%**	35	35	100%	84	87	96.6%	152	153	99.3%	41	41	100%
49	PC	The SC ensures that the individual seeking or receiving Community Participation Support in a prevocational setting has a competitive integrated employment outcome included in their service plan. **	**32**	**59**	**54.2%**	1	5	20.0%	11	14	78.6%	14	31	45.2%	6	9	66.7%

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

Appendix C: ID/A Provider Results for QA&I, Interim Year 2 (FY 21-22)

Note: Demographic questions are not included in this table.

INTERIM YEAR 2: ID/A PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
8	QM	The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	**154**	**165**	**93.3%**	14	14	100%	42	44	95.5%	71	75	94.7%	27	32	84.4%
9	QM	The Provider reviewed and used performance data in developing the QMP.	**143**	**165**	**86.7%**	14	14	100%	39	44	88.6%	64	75	85.3%	26	32	81.3%
10	QM	The Provider revises the QMP at least every three years.	**153**	**161**	**95.0%**	13	13	100%	39	41	95.1%	72	75	96.0%	29	32	90.6%
11	PC	The Provider provided written notice to all required parties within the required time frames.	**32**	**47**	**68.1%**	3	6	50.0%	18	20	90.0%	7	15	46.7%	4	6	66.7%
12	PC	The number of individuals who have transitioned from prevocational services to competitive integrated employment during the review period.	**27**			1			20			6			0		
13	HW	The Provider identifies resources that support wellness and shares the information with individuals and families. **	**153**	**165**	**92.7%**	13	14	92.9%	40	44	90.9%	69	75	92.0%	31	32	96.9%
14	HW	The Provider has a policy on sexual health, personal relationships, and sexuality consistent with the guidelines. **	**145**	**165**	**87.9%**	13	14	92.9%	41	44	93.2%	64	75	85.3%	27	32	84.4%
15	HW	The Provider finalizes incidents within 30 days.	**82**	**128**	**64.1%**	7	12	58.3%	27	41	65.9%	30	49	61.2%	18	26	69.2%

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

INTERIM YEAR 2: ID/A PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
16	HW	The Provider reviews and analyzes incidents at least quarterly.	**94**	**129**	**72.9%**	12	12	100%	33	42	78.6%	31	47	66.0%	18	28	64.3%
17	HW	The Provider's peer review process to review the quality of investigations was completed and documented.	**87**	**111**	**78.4%**	11	11	100%	32	39	82.1%	26	38	68.4%	18	23	78.3%
18	HW	The Provider implements follow-up recommendations from the Certified Investigator peer review process.	**76**	**99**	**76.8%**	10	11	90.9%	30	35	85.7%	22	34	64.7%	14	19	73.7%
19	QP	The Provider's staff completed training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communication and/or operational procedures. *(See results in rows 19a and 19b.)* *															
19a	QP	# of staff where all training requirements can be verified.	**2184**	**2395**	**91.2%**	248	253	98.0%	539	585	92.1%	996	1128	88.3%	401	429	93.5%
19b	QP	Training by Provider entity.	**140**	**164**	**85.4%**	11	14	78.6%	31	44	70.5%	50	74	67.6%	22	32	68.8%
20	QP	The Provider's staff completed annual training that includes core courses as required. *(See results in rows 20a and 20b.)* *															
20a	QP	# of staff where all training requirements can be verified. *Note: Self-Assessment data reflects 97.4% for this question.*	**1840**	**2391**	**77.0%**	199	237	84.0%	446	590	75.6%	865	1120	77.2%	330	444	74.3%
20b	QP	Training by Provider entity.	**114**	**164**	**69.5%**	11	14	78.6%	31	44	70.5%	50	74	67.6%	22	32	68.8%
21	QP	New Provider staff completed the required orientation training courses prior to working alone with individuals, and within 30 days after hire or starting to provide a service to an individual. *(See results in rows 21a and 21b.)* *															
21a	QP	# of staff where all training requirements can be verified.	**1024**	**1164**	**88.0%**	110	117	94.0%	343	394	87.1%	392	444	88.3%	179	209	85.6%
21b	QP	Training by Provider entity.	**127**	**157**	**80.9%**	10	13	76.9%	37	44	84.1%	57	72	79.2%	23	28	82.1%

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

INTERIM YEAR 2: ID/A PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
22	QP	Staff are trained on the individual's communication profile and/or formal communication system. *(See results in rows 22a and 22b.)* *															
22a	QP	# of staff where all training requirements can be verified.	**390**	**408**	**95.6%**	28	28	100%	196	205	95.6%	122	131	93.1%	44	44	100%
22b	QP	Training by Provider entity.	**102**	**106**	**96.2%**	10	10	100%	28	30	93.3%	51	53	96.2%	13	13	100%
23	PC	The Provider implements communication strategies as indicated in the ISP.	**107**	**111**	**96.4%**	12	12	100%	47	49	95.9%	45	47	95.7%	3	3	100%
24	PC	The Provider documents the implementation of communication strategies and the progress made toward the communication goals/outcomes.	**62**	**69**	**89.9%**	8	8	100%	40	44	90.9%	11	14	78.6%	3	3	100%
25	PC	The individual receives employment services from the Provider.	**42**	**42**	**100%**	5	5	100%	10	10	100%	22	22	100%	5	5	100%
26	PC	The individual is supported in exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment), Discovery and Job Acquisition (Advanced Supported Employment) or Vocational Assessment or Job Finding (Career Planning).	**23**	**23**	**100%**	5	5	100%	4	4	100%	12	12	100%	2	2	100%
27	PC	The employment Provider supports the individual in maintaining employment through Supported Employment or Advanced Supported Employment.	**29**	**29**	**100%**	5	5	100%	5	5	100%	15	15	100%	4	4	100%

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

INTERIM YEAR 2: ID/A PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
28	PC	The Provider's progress notes indicate actions taken to address lack of progress in achieving a desired outcome.	**165**	**201**	**82.1%**	12	12	100%	58	74	78.4%	70	77	90.9%	25	38	65.8%
29	HW	The Provider ensures that restrictive procedures were followed according to the approved plan.	**34**	**35**	**97.1%**	2	2	100%	22	22	100%	6	7	85.7%	4	4	100%
30	PC	The Provider ensures the individual has the right to control his/her own schedule and activities and has the right to update those activities regularly.	**26**	**26**	**100%**	2	2	100%	21	21	100%	1	1	100%	2	2	100%
31	PC	The Provider implements the individual's back-up/contingency plan as specified in the ISP.	**91**	**92**	**98.9%**	1	1	100%	51	51	100%	33	34	97.1%	6	6	100%
32	PC	If an individual's back-up/contingency plan is not implemented as specified in the ISP, an incident report of neglect was submitted into Enterprise Incident Management (EIM).	**22**	**23**	**95.7%**	0	0	N/A	21	21	100%	1	2	50.0%	0	0	N/A
33	HW	All reportable incidents are documented in EIM as required.	**112**	**117**	**95.7%**	12	12	100%	57	60	95.0%	33	34	97.1%	10	10	100%
34	HW	All required investigations are completed by a Department-certified incident investigator.	**75**	**78**	**96.2%**	6	6	100%	46	46	100%	17	20	85.0%	6	6	100%

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

INTERIM YEAR 2: ID/A PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
35	HW	The Provider offered victim's assistance to the individual as appropriate.	**44**	**46**	**95.7%**	7	7	100%	18	19	94.7%	12	13	92.3%	7	7	100%
36	HW	All reportable incidents are documented in EIM as required.	**101**	**108**	**93.5%**	10	10	100%	51	54	94.4%	29	32	90.6%	11	12	91.7%
37	HW	The Provider ensures the individual completes all health care appointments, screenings, and follow-up as prescribed.	**128**	**140**	**91.4%**	14	14	100%	38	43	88.4%	56	63	88.9%	20	20	100%
38	HW	If the individual has a dual diagnosis, all the needs of the individual are being met as specified in the ISP.	**144**	**149**	**96.6%**	16	16	100%	50	50	100%	51	56	91.1%	27	27	100%

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

Appendix D: AAW SCO Results for QA&I, Interim Year 2 (FY 21-22)

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

INTERIM YEAR 2: AAW SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
6	QM	The SCO has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	**12**	**14**	**85.7%**	2	2	100%	3	3	100%	2	3	66.7%	5	6	83.3%
7	QM	The SCO reviewed and used performance data in developing the QMP.	**11**	**14**	**78.6%**	2	2	100%	3	3	100%	1	3	33.3%	5	6	83.3%
8	QM	The SCO measures progress towards achieving identified QMP goals and objectives.	**11**	**14**	**78.6%**	2	2	100%	3	3	100%	1	3	33.3%	5	6	83.3%
9	QM	The SCO revises the QMP at least every three years.	**8**	**8**	**100%**	2	2	100%	2	2	10%	1	1	100%	3	3	100%
10	PC	The SCO identifies how they collaborate with OVR and the school district for transition age youth and employment.	**0**	**0**	--	0	0	--	0	0	--	0	0	--	0	0	--
11	HW	The SCO maintains a certified investigator.	**14**	**14**	**100%**	2	2	10%	3	3	100%	3	3	100%	6	6	100%
12	QP	SCs completed the required number of training hours in the training year. *	**0**	**0**	--	0	0	--	0	0	--	0	0	--	0	0	--
13	QP	SC Supervisors with a caseload (or who submitted billable service notes) completed the required number of training hours in the training year. *	**0**	**0**	--	0	0	--	0	0	--	0	0	--	0	0	--
14	QP	The SCO's staff completed Annual training that includes core courses as required. *	**0**	**0**	--	0	0	--	0	0	--	0	0	--	0	0	--

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

INTERIM YEAR 2: AAW SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
15	QP	New SC(s) completed the required ODP SC Orientation prior to working alone with individuals, and within 30 days after hire.	**0**	**0**	--	0	0	--	0	0	--	0	0	--	0	0	--
17	PC	The individual's ISP is updated timely when a change in need is identified. *	**43**	**50**	**86.0%**	12	14	85.7%	7	8	87.5%	13	13	100%	11	15	73.3%
18	PC	The Service Notes (SNs) meet quality standards.	**57**	**62**	**91.9%**	13	14	92.9%	11	12	91.7%	16	19	84.2%	17	17	100%
20	PC	The SC documents follow-up on issues identified.	**35**	**40**	**87.5%**	11	13	84.6%	5	6	83.3%	5	5	100%	14	16	87.5%
22	PC	If there were issues that were unresolved by the Provider, there is documentation that the SCO/SC notified the AE (ID/A waivers) or AAW Regional Office (AAW) of the unresolved issue.	**0**	**0**	--	0	0	--	0	0	--	0	0	--	0	0	--
23	HW	The SC documents a risk assessment. *	**62**	**62**	**100%**	14	14	100%	12	12	100%	19	19	100%	17	17	100%
24	HW	The SC incorporates risk mitigation strategies into the ISP. *	**57**	**58**	**98.3%**	13	14	92.9%	11	11	100%	18	18	100%	15	15	100%
25	PC	The SC develops a person-centered ISP to address all assessed needs. *	**57**	**62**	**91.9%**	12	14	85.7%	11	12	91.7%	19	19	100%	15	17	88.2%
26	PC	An ISP is developed that supports the outcomes throughout the entire plan. *	**54**	**62**	**87.1%**	13	14	92.9%	10	12	83.3%	17	19	89.5%	14	17	82.4%
27	PC	The SC conducts all monitoring at the required frequency.	**44**	**62**	**71.0%**	10	14	71.4%	11	12	91.7%	12	19	63.2%	11	17	64.7%

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

INTERIM YEAR 2: AAW SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
28	PC	The individual received services in type, scope, amount, duration, and frequency as defined in the ISP. *	**29**	**62**	**46.8%**	4	14	28.6%	7	12	58.3%	12	19	63.2%	6	17	35.3%
Only data for cases in which services were received as authorized are reflected in the line above for question 28. However, the *true* score for question 28 combines data (numerators) for cases in which appropriate services were received (question 28) and cases for which there was **justification** for services not being received (question 29.)																	
28	PC	**True score**: The individual received services in type, scope, amount, duration, and frequency as defined in the ISP.	**59**	**62**	**95.2%**	14	14	100%	12	12	100%	17	19	89.5%	16	17	94.1%
29	PC	If service is not being provided as authorized, the SC documents justification of service not being provided. *	**30**	**33**	**90.9%**	10	10	100%	5	5	100%	5	7	71.4%	10	11	90.9%
30	HW	The individual's identified health care needs are addressed. *	**57**	**62**	**91.9%**	13	14	92.9%	11	12	91.7%	18	19	94.7%	15	17	88.2%
31	HW	The SCO maintains records that they notified the AE and Regional Program Manager (RPM) or the AAW Regional Office if there was imminent risk to the health & welfare of the individual.	**4**	**4**	**100%**	2	2	100%	1	1	100%	0	0	--	1	1	100%
33	PC	The ISP includes information about communication supports and services the individual needs based on their communication assessment/reassessment or communication needs.	**1**	**1**	**100%**	1	1	100%	0	0	--	0	0	--	0	0	--

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

INTERIM YEAR 2: AAW SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
34	PC	The SC explores with the individual options for communication assistance and supports the individual to choose.	**1**	**1**	**100%**	1	1	100%	0	0	--	0	0	--	0	0	--
35	HW	The individual receives information on how to identify and report abuse, neglect, and exploitation. *	**62**	**62**	**100%**	14	14	100%	12	12	100%	19	19	100%	17	17	100%
36	HW	The SC identifies any current medical personnel such as doctors, dentists, psychiatrists, therapists/counselors, allied health professionals, specialists, etc. seen in the review period.	**54**	**62**	**87.1%**	12	14	85.7%	11	12	91.7%	17	19	89.5%	14	17	82.4%
37	HW	All reportable incidents are documented in Enterprise Incident Management (EIM) as required.	**10**	**12**	**83.3%**	3	4	75.0%	3	3	100%	2	3	66.7%	2	2	100%
38	HW	If there is a reported incident in EIM, the SC documents review of the initial incident report (including medication error and restraints incidents) for evidence that the individual's health, safety and rights were safeguarded.	**8**	**11**	**72.7%**	3	3	100%	2	3	66.7%	2	3	66.7%	1	2	50.0%
39	HW	The SC monitors the implementation of corrective action.	**7**	**8**	**87.5%**	1	1	100%	3	3	100%	2	3	--	1	1	100%
40	HW	The SC follows up on corrective action as necessary.	**6**	**6**	**100%**	1	1	100%	3	3	100%	1	1	--	1	1	N/A

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

INTERIM YEAR 2: AAW SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
41	HW	For individuals who have experienced a crisis period, the SC completed additional monitoring during that crisis period in order to resolve the crisis.	**7**	**7**	**100%**	1	1	100%	0	0	--	4	4	100%	2	2	100%
43	HW	If the individual has complex needs, the SC ensures there is a plan in place to address those needs.	**39**	**40**	**97.5%**	7	8	87.5%	4	4	100%	16	16	100%	12	12	100%
44	HW	If there is a complex need identified for the individual, the SC addresses issues identified via monitoring related to support for the person.	**40**	**40**	**100%**	8	8	100%	4	4	100%	16	16	100%	12	12	100%
45	PC	Choice of Providers was offered to the individual/family. *	**58**	**62**	**93.5%**	10	14	71.4%	12	12	100%	19	19	100%	17	17	100%
46	PC	Choice of services was offered to the individual/family. *	**58**	**62**	**93.5%**	10	14	71.4%	12	12	100%	19	19	100%	17	17	100%
47	PC	SC provides the individual information on participant directed service (PDS) options annually.	**55**	**62**	**88.7%**	8	14	57.1%	12	12	100%	19	19	100%	16	17	94.1%

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

INTERIM YEAR 2: AAW SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
48	PC	At the annual ISP meeting, the SC provides education and information to the individual about employment services (i.e., competitive, integrated employment, OVR services, benefits counseling or the "Guidance for Conversations about Employment"). **	**58**	**62**	**93.5%**	10	14	71.4%	12	12	100%	19	19	100%	17	17	100%
49	PC	The SC ensures that the individual seeking or receiving Community Participation Support in a prevocational setting has a competitive integrated employment outcome included in their service plan.	**0**	**0**	--	0	0	--	0	0	--	0	0	--	0	0	--

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

Appendix E: AAW Provider Results for QA&I, Interim Year 2 (FY 21-22)

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

INTERIM YEAR 2: AAW PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
8	QM	The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.	**14**	**17**	**82.4%**	1	2	50.0%	4	5	80.0%	4	4	100%	5	6	83.3%
9	QM	The Provider reviewed and used performance data in developing the QMP.	**14**	**17**	**82.4%**	2	2	100%	3	5	60.0%	4	4	100%	5	6	83.3%
10	QM	The Provider revises the QMP at least every three years.	**8**	**8**	**100%**	1	1	100%	1	1	100%	1	1	100%	5	5	100%
11	PC	The Provider provided written notice to all required parties within the required time frames.	**2**	**2**	**100%**	0	0	--	1	1	100%	1	1	100%	0	0	--
12	PC	Number of individuals who have transitioned from prevocational services to competitive integrated employment during the review period.	**0**	**0**	--	0	0	--	0	0	--	0	0	--	0	0	--
13	HW	The Provider identifies resources that support wellness and shares the information with individuals and families. **	**15**	**17**	**88.2%**	1	2	50.0%	4	5	80.0%	4	4	100%	6	6	100%
14	HW	The Provider has a policy on sexual health, personal relationships, and sexuality consistent with the guidelines. **	**16**	**17**	**94.1%**	2	2	100%	5	5	100%	4	4	100%	5	6	83.3%

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

INTERIM YEAR 2: AAW PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
15	HW	The Provider finalizes incidents within 30 days.	**10**	**13**	**76.9%**	1	2	50.0%	2	4	50.0%	3	3	100%	4	4	100%
16	HW	The Provider reviews and analyzes incidents at least quarterly.	**8**	**12**	**66.7%**	1	2	50.0%	1	4	25.0%	2	2	100%	4	4	100%
17	HW	The Provider's peer review process to review the quality of investigations was completed and documented.	**4**	**6**	**66.7%**	0	0	--	2	3	66.7%	0	0	--	2	3	66.7%
18	HW	The Provider implements follow-up recommendations from the Certified Investigator peer review process.	**4**	**6**	**66.7%**	0	0	--	2	3	66.7%	0	0	--	2	3	66.7%
19	QP	The Provider's staff completed training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communication and/or operational procedures.	**0**	**0**	--	0	0	--	0	0	--	0	0	--	0	0	--
20	QP	The Provider's staff completed Annual training that includes core courses as required.	**0**	**0**	--	0	0	--	0	0	--	0	0	--	0	0	--
21	PC	New Provider staff completed the required orientation training courses prior to working alone with individuals, and within 30 days after hire or starting to provide a service to an individual.	**0**	**0**	--	0	0	--	0	0	--	0	0	--	0	0	--

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

INTERIM YEAR 2: AAW PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
22	PC	The Provider documents the implementation of communication strategies and the progress made toward the communication goals/outcomes.	**0**	**1**	**0.0%**	0	0	--	0	1	0.0%	0	0	--	0	0	--
23	PC	The Provider implements communication strategies as indicated in the ISP.	**0**	**1**	**0.0%**	0	1	0.0%	0	0	--	0	0	--	0	0	--
24	PC	The Provider documents the implementation of communication strategies and the progress made toward the communication goals/outcomes.	**3**	**4**	**75.0%**	0	1	0.0%	0	0	--	0	0	--	3	3	100%
25	PC	The individual receives employment services from the Provider.	**6**			3			0			1			2		
26	PC	The individual is supported in exploring employment opportunities through Career Assessment and Job Finding or Development (Supported Employment), Discovery and Job Acquisition (Advanced Supported Employment) or Vocational Assessment or Job Finding (Career Planning).	**2**	**2**	**100%**	0	0	--	0	0	--	1	1	100%	1	1	100
27	HW	The employment Provider supports the individual in maintaining employment through Supported Employment and Advanced Supported Employment.	**4**	**4**	**100%**	3	3	100%	0	0	--	1	1	100%	0	0	--

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

INTERIM YEAR 2: AAW PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
28	PC	The Provider's progress notes indicate actions taken to address lack of progress in achieving a desired outcome.	**28**	**33**	**84.8%**	7	9	77.8%	1	3	33.3%	6	6	100%	14	15	93.3%
29	HW	The Provider ensures that restrictive procedures were followed according to the approved plan.	**0**	**0**	--	0	0	--	0	0	--	0	0	--	0	0	--
31	HW	The Provider implements the individual's back-up/contingency plan as specified in the ISP.	**2**	**2**	**100%**	0	0	--	0	0	--	0	0	--	2	2	100%
32	HW	If an individual's back-up/contingency plan is not implemented as specified in the ISP, an incident report of neglect was submitted into Enterprise Incident Management (EIM).	**0**	**0**	--	0	0	--	0	0	--	0	0	--	0	0	--
33	HW	All reportable incidents are documented in EIM as required.	**7**	**7**	**100%**	1	1	100%	1	1	100%	2	2	100%	3	3	100%
34	HW	All required investigations are completed by a Department certified incident investigator.	**6**	**6**	**100%**	1	1	100%	1	1	100%	2	2	100%	2	2	100%
35	HW	The Provider offered victim's assistance to the individual as appropriate.	**0**	**2**	**0.0%**	0	0	--	0	1	0.0%	0	1	0.0%	0	0	--

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

INTERIM YEAR 2: AAW PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
36	HW	The Provider follows up on corrective action as necessary.	**6**	**6**	**100%**	2	2	100%	1	1	100%	1	1	100%	2	2	100%
37	HW	The Provider ensures the individual completes all health care appointments, screenings, and follow-up as prescribed.	**5**	**6**	**83.3%**	2	2	100%	0	1	0.0%	1	1	100%	2	2	100%
38	HW	If the individual has a dual diagnosis, all the needs of the individual are being met as specified in the ISP.	**28**	**29**	**96.6%**	8	8	100%	0	1	0.0%	5	5	100%	15	15	100%

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

Appendix F: ID/A Self-Assessment Results for QA&I, Interim Year 2 (FY 21-22)

Note: Modified self-assessment questions for IY2 focused on CMS performance measures where statewide performance fell below the 86% threshold in FY 19-20, QA&I C1Y3.

Administrative Entities

INTERIM YEAR 2: ADMINISTRATIVE ENTITIES			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
24	AA	Due process rights information was provided to the individuals with a change(s) in need.	**53**	**53**	**100%**	11	11	100%	8	8	100%	3	3	100%	31	31	100%
26	AA	The AE provides notification of Due Process Rights at waiver enrollment (for newly enrolled individuals).	**132**	**140**	**94.3%**	49	54	90.7%	15	15	100%	10	10	100%	58	61	95.1%
30	LC	The medical evaluation includes a recommendation for an ICF/ID or ICF/ORC LOC.	**130**	**130**	**100%**	49	49	100%	15	15	100%	10	10	100%	56	56	100%
31	LC	The medical evaluation occurs within the 365-day period prior to the Qualified Developmental Disabilities Professional signature on the LOC DP 250 form.	**120**	**130**	**98.5%**	47	49	95.9%	15	15	100%	10	10	100%	56	56	100%
32	LC	The psychological evaluation meets ODP standards.	**139**	**140**	**99.3%**	54	54	100%	15	15	100%	10	10	100%	60	61	98.4%
33	LC	A QDDP certifies that the individual has impairments in adaptive behavior based on the results of a standardized assessment of adaptive functioning. *	**139**	**140**	**99.3%**	54	54	100%	15	15	100%	10	10	100%	60	61	98.4%
34	LC	The record contains evidence that the intellectual disability manifested during the developmental period which is from birth up to the individual's 22nd birthday. *	**139**	**139**	**100%**	54	54	100%	15	15	100%	10	10	100%	60	60	100%

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

ID/A Supports Coordination Organizations

Self-Assessment Results for QA&I, Interim Year 2 (FY 21-22)

INTERIM YEAR 2: ID/A SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
12	QP	SCs completed the required number of training hours in the training year.	**275**	**275**	**100%**	73	73	100%	34	34	100%	24	24	100%	144	144	100%
13	QP	SC Supervisors with a caseload (or who submitted billable service notes) completed the required number of training hours in the training year.	**114**	**115**	**99.1%**	32	33	97%	13	13	100%	13	13	100%	56	56	100%
14	QP	The SCO's staff completed Annual training that includes core courses as required	**302**	**306**	**98.7%**	82	83	98.8%	38	38	100%	32	34	94.1%	150	151	99.3%
17	AA	The individual's ISP is updated when a change in need is identified.	**181**	**184**	**98.4%**	63	64	98.4%	9	9	100%	27	27	100%	82	84	97.6%
23	PC	The SC documents a risk Assessment.	**287**	**289**	**99.3%**	96	98	98.0%	28	28	100%	27	27	100%	136	136	100%
24	PC	The SC incorporates risk mitigation strategies into the ISP.	**273**	**278**	**98.2%**	91	94	96.8%	28	28	100%	29	30	96.7%	125	126	99.2%
25	PC	The SC develops a person-centered ISP to address all assessed needs.	**286**	**296**	**96.6%**	95	98	96.9%	27	28	96.4%	28	32	87.5%	136	138	98.6%
26	PC	An ISP is developed that supports the outcomes/objectives throughout the entire plan.	**296**	**302**	**98.0%**	95	98	96.9%	27	28	96.4%	38	38	100%	136	138	98.6%

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

ID/A Providers

Self-Assessment Results for QA&I, Interim Year 2 (FY 21-22)

INTERIM YEAR 2: ID/A PROVIDERS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%	**N**	**D**	%
20	QP	The Provider's staff completed annual training that includes core courses as required.	**663**	**681**	**97.4%**	149	157	94.9%	80	80	100%	237	245	96.7%	197	199	99.0%
43	QP	New hired SSPs received training to meet the needs of the individual they support as identified in the approved ISP prior to working alone with the individual.	**283**	**283**	**100%**	26	26	100%	53	53	100%	103	103	100%	101	101	100%

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

Appendix G: AAW Self-Assessment Results for QA&I, Interim Year 2 (FY 21-22)

AAW Supports Coordination Organizations

Note: For the AAW, some SCO Tool questions did not apply.

INTERIM YEAR 2: AAW SUPPORTS COORDINATION ORGANIZATIONS			STATEWIDE Final Compliance			CENTRAL Final Compliance			NORTHEAST Final Compliance			SOUTHEAST Final Compliance			WEST Final Compliance		
Q#	**Cat.**	**Question**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**	**N**	**D**	**%**
17	PC	The individual's ISP is updated when a change in need is identified.	**8**	**8**	**100%**	0	0	--	0	0	--	8	8	100%	0	0	--
23	PC	The SC documents a risk assessment.	**12**	**12**	**100%**	0	0	--	0	0	--	12	12	100 %	0	0	--
24	PC	The SC incorporates risk mitigation strategies into the ISP. *	**12**	**12**	**100%**	0	0	--	0	0	--	12	12	100%	0	0	--
25	PC	The SC develops a person-centered ISP to address all assessed needs.	**12**	**12**	**100%**	0	0	--	0	0	--	12	12	100%	0	0	--
26	PC	An ISP is developed that supports the outcomes/objectives throughout the entire plan. *	**12**	**12**	**100%**	0	0	--	0	0	--	12	12	100%	0	0	--
35	PC	The individual receives information on how to identify and report abuse, neglect and exploitation. *	**11**	**12**	**91.7%**	0	0	--	0	0	--	11	12	91.7%	0	0	--

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