ODP
Quality Assessment & Improvement Cycle 2 Year 1 (FY 22/23)
July 2022

Purpose of QA&I

- Follow Individual experience throughout the system

- Measuring progress towards Everyday Lives: Values in Action

- Gather timely and useable data to manage system performance

- Use data to manage the system with a continuous quality improvement approach

- AE outcomes detailed in the AEOA

- Collect data for CMS performance measures

- Validate 6100 regulations are being met

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The Evolution of QA&I

- QA&I Cycle 1 Year 1 went live July 1, 2017 (FY 17/18).

- Cycle 1 Year 2 (FY 18/19): AWC was included the process.

- Cycle 1 Year 3 (FY 19/20) AAW was included in the process and the first full three-year QA&I Cycle was completed.
  - https://www.myodp.org/course/view.php?id=1139

- Due to the impacts of COVID-19, Cycle 2 was delayed, and Interim Year 1 (FY 20/21) and Interim Year 2 (21/22) was approved by CMS via Appendix K.
  - Process and samples were different

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C2Y1 Highlights

- Self-assessment critical component

- Initiating use of non-binary responses

- Streamlining activities
  - Redesign of AE tool to align with AEOA
  - Redesign of AWC monitoring and process including ME interviews
  - Increased relationship building with entities during onsite with a focus on quality improvement efforts.

- Enhancing questions to focus on quality improvement not compliance
  - New questions focused on Incident Management priorities
  - Focus on demonstration of implementation of policy, rather than having a written policy

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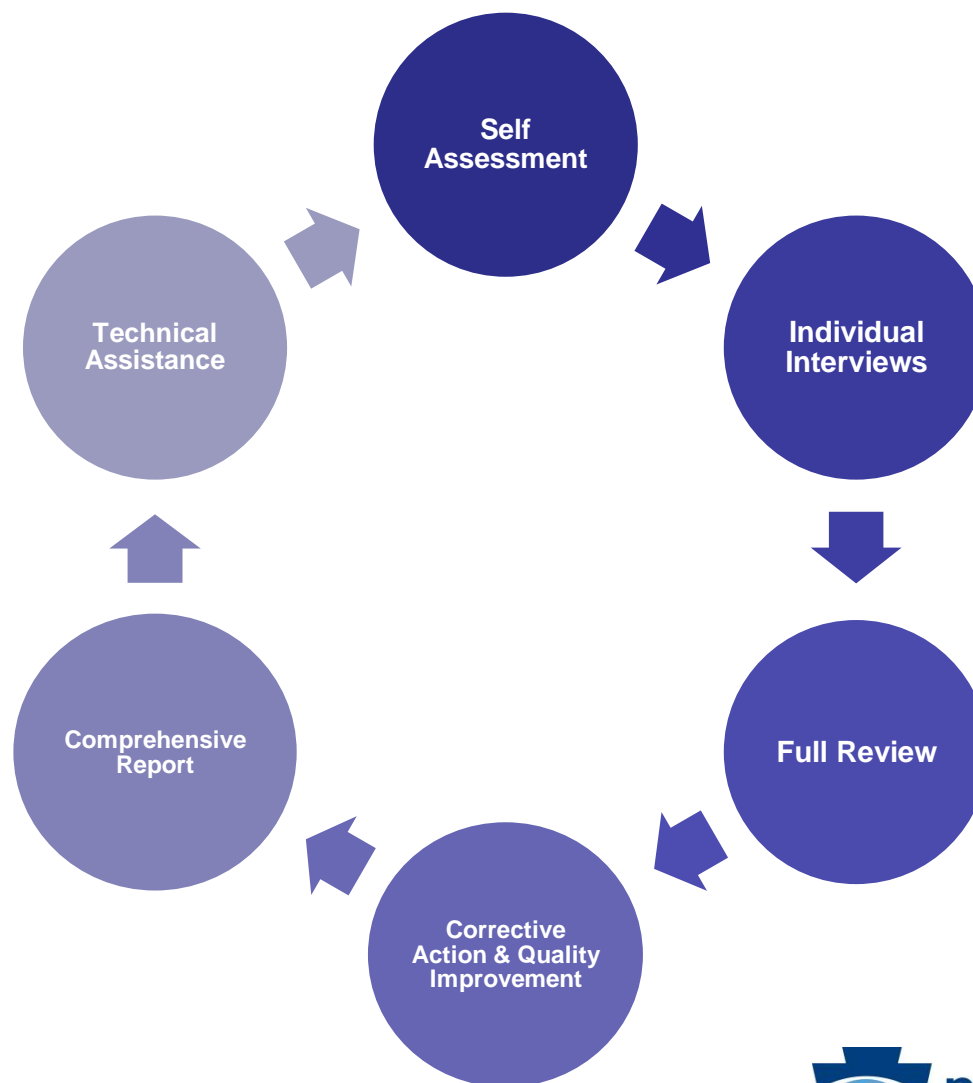
Self-Assessment

- ALL entities are expected to conduct a full self-assessment of their performance on the provision of services and supports.

- Self-assessment data is used to inform and build quality improvement activities

- If used accurately, informs entities progress towards achieving the goals of ODP.

- Self-assessment tool mirrors the QA&I tool

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- Self-assessments begin August 1, 2022 and end August 31, 2022

  - QuestionPro link will be sent to the entity's primary contact
  - Email the QA&I mailbox if link is not received by end of day on 8-1

    - RA-PWQAIProcess@pa.gov

- All entities must review the applicable tool, guidance, source documents, and corresponding spreadsheet prior to submission.

- All documentation used to complete the self-assessment must be maintained and made available to ODP or the AE upon request.

- Entities that do not complete the self-assessment will be issued a Directed Corrective Action Plan (DCAP).

- ODP and/or AEs may elect to conduct an unscheduled onsite review any time a self-assessment is not completed by an entity.

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- AEs, SCOs and Providers select their own individual self-assessment sample

  - 1% of individual records, with a minimum of 5 and maximum of 10

  - Must be a cross section of individuals served, waiver and non-waiver funding/program types, locations, counties and types of services.

- AEs: 5 of the 10 individuals selected must be newly enrolled in an ID/A waiver in the last FY.

- ID/A Providers: at least one individual must reside in a licensed 5310, 6400, 6500, unlicensed 6400 or 6500 (if applicable) AND if rendering AWC services, 2 additional records of AWC individuals.

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Core Sample

- ODP pulls a core sample of individuals receiving services and supports using the proportionate random and representative sampling methodology as described in the Intellectual Disability/Autism (ID/A) Waivers and the Adult Autism Waiver (AAW).

- ID/A Waivers:

  – AEs identified to receive a full review are used to pull core sample.
    - Selected alphabetically over the 3-year cycle
  – SCOs identified are based on individuals selected in the core sample.

- AAW Waiver:
  – Providers identified to receive a full review are used to pull core sample.
  – SCOs identified are based on the individuals selected in the core sample.

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Newly Enrolled Sample

- Formally known as the LOC sample

- ODP pulls the sample using the proportionate, random, and representative sampling methodology described in the ID/A waivers.

- Sample is only newly ID/A waiver enrollees who have received an initial LOC assessment between 4/1 and 3/31 of previous FY.

- Used to conduct oversight of LOC determinations performed by AEs and additional questions related to being newly enrolled.

- Newly enrolled individuals are no longer included in the core sample.

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Supports Coordination Organizations

- SCOs receiving a full review are identified based on core sample

- SCOs that render both ID/A and AAW services, ODP staff from both programs (BCS and BSASP) will collaborate with completing full review activities.

- If SCO is not included in 1st or 2nd year of the cycle, they will automatically be included in the 3rd year.
  - ODP will select 1% sample of individuals served by the SCO

- If SCO is included in more than 1 year of the cycle, ODP may or may not elect to do an additional full review.

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- ODP draws a sample of Base and SC Services Only individuals using a 2% sample based on the AEs and SCOs identified for a full review.

- This sample is used for full reviews of AEs and SCOs as well as individual interviews.

  - Interim Years it was only used for individual interviews.

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Provider Sample

- Providers receiving a full review across the cycle are selected based on the last digit of their Master Provider Index (MPI) number.

MPI #	Cycle Year
0-2	Year 1
3-5	Year 2
6-9	Year 3

- ODP BSASP will complete the full review for Providers approved to render services in the AAW only.

- Providers who render services in both ID/A and AAW services (aka Shared Providers), the Assigned AE will complete the review of ID/A individual records only.
  - Assigned AE is the AE designated by ODP to complete QA&I activities based on the AE with the most individuals authorized for a given Provider.
  - If Provider does not have serve any individuals, the Assigned AE is the AE that most recently qualified the Provider.

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AE's Provider Individual Sample

AEs will pull their own individual sample based on the Provider sample, except for AWC

- 1% of individuals being served, with a minimum of 5 and max of 10

- Cross section of individuals served, waiver and non-waiver funding/program types, locations, types of services, including licensed and non-licensed settings.

- At least 1 individual in the sample must reside in a licensed 5310, 6400, 6500, unlicensed 6400, or 6500 setting.
  – New HCBS settings rule individual interview questions on Provider tool

- ODP will provide AEs with the AWC Provider individual sample

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Claim and Service Documentation Sample

- ODP draws a sample of paid claims for services and supports rendered.

- The population of claims used for review will coincide with the Providers and SCOs being monitored in the current year of the cycle.

- The sample is based on the proportionate, random, and representative sampling methodology described in the ID/A Waivers and AAW.

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Individual Interviews

In order to fully evaluate the individual's experience with services and supports, individual interviews are considered a critical component of the QA&I process.

- All individuals in the Core, Base, and SC Services Only samples are offered an interview conducted by the IM4Q Local Programs.

- SCOs are responsible for completing pre-survey information for the LPs to use for scheduling and interviewing purposes.

- Interviews start the month of July and end in October of every year.

- Health and Safety issues must be reported to ODP immediately.

- Service quality issues will be addressed with AEs and SCOs as appropriate.

- The Individual Interview Tool is a separate tool used by the LPs.

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❖Highlighted changes

- Sampling methodology

- Questions have been revised

- Added Managing Employer interview questions

- Remediation is only captured on a CAP

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AWC Managing Employer (ME) Interviews

- AWC ME Interviews are new for Cycle 2 and focus on individual's experience and satisfaction with their AWC services .

- Assigned AEs will be required to conduct interviews of MEs based on AWC individual sample sent to them by ODP.

    - ODP will complete ME interviews for individuals in the sample who are not authorized by the Assigned AE.

- ME interviews can be conducted via telephone or audiovisual communication based on ME's preference.

- ME interview questions are in the Provider Tool located in the AWC section.

- All ME interview responses must be entered in QuestionPro.

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A full review consists of the following:

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

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ODP and/or AEs will conduct a review for each individual selected to collect information that informs key performance metrics and quality outcomes

- ODP conducts the reviews of AEs, ID/A and AAW SCOs, and AAW-Only Providers
- AEs conduct the reviews of ID/A Providers and shared Providers

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Full Review – Data Sources

- The review will use all available data sources, including but not limited to:
  - HCSIS – service notes, monitoring tools, Individual Support Plans (ISPs) Prioritization of Urgency of Need of Services (PUNS), Supports Intensity Scale (SIS), Scales of Independent Behavior Revised (SIB-R), Periodic Risk Assessment (PRE), Quality of Life assessment, Independent Monitoring for Quality (IM4Q) considerations, Health Risk Screening Tool (HRST)
  - Enterprise Incident Management (EIM) – incident reports
  - Documentation – progress notes, QM Plans and Action Plans, policies and procedures, protocols, and training certificates and records

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Full Review – Submission of Documentation

- Each entity being reviewed will receive a notification with details about the individuals included in the sample and a checklist of documentation that must be organized and submitted electronically by the entity to the QA&I team

- HIPAA Compliance

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Full Review – Entity Conference

- The QA&I Team facilitates the conference to discuss findings from the full review with entity leadership.

- The time and location of the conference are established and included on the submission checklist.

- During the conference, the QA&I team will review additional documentation if needed to complete the full review.

- Entities can expect the QA&I team to be onsite no more than 2 full business days.

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Entity Conference – What is covered?

The conference typically covers the following:

- Introductions of all participants,

- An overview of the purpose of the conference,

- A preliminary summary of the findings,

- An opportunity for the entity to share the agency's mission, vision, quality improvement priorities/initiatives,

- Instances of noncompliance discovered in the review so that the entity may immediately address these items,

- Opportunities for quality improvement and recognition of promising practices,

- High level trends from the previous QA&I cycle,

- Other information the entity would like to have included in the QA&I Comprehensive Report, and

- How the overall full review "experience" could be improved in the future.

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COVID Precautions

Recommended Guidance:

- Follow everyday prevention actions
- When possible, keep at least 6 feet of distance between yourself and others
- Wear a mask
- Screening

ODP will be requesting information on each agencies prevention actions prior to coming onsite so staff know expectations

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What Happens After the Entity Conference?

ODP expects all entities to engage in quality improvement as a result of lessons learned from the QA&I process. This includes the following corrective action activities:

- Remediation
- Plans to Prevent Recurrence (PPR)
- Validation
- Directed Corrective Action Plan (DCAP)

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Remediation – Identified on the QA&I Spreadsheet

- Remediation is corrective action that is required for every instance of noncompliance.

- The QA&I spreadsheet will indicate all review findings, including areas where remediation is required.

- Remediation must be completed by the entity within 30 calendar days of receipt of the QA&I spreadsheet unless there are concerns for health and safety where remediation must occur immediately.

- Evidence of completed remediation must be submitted to the QA&I Team for review and approval within 30 calendar days of receipt of the QA&I Spreadsheet.

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- PPR is entity's multi-step plan to address systemic issues and actions taken to prevent future instances of noncompliance.

- Findings requiring a PPR are identified on an ODP-approved Corrective Action Plan (CAP) form.

- PPR is required when the compliance score for the requirement is less than 86%

- PPR must be submitted to the QA&I Team for review and approval within 30 calendar days of receipt of the CAP form.

- For any PPR activity requiring longer than 90 calendar days to implement, the entity is responsible to identify and describe the plan in place that includes an update on the progress to the QA&I team.

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Entities are responsible for:

- Submitting evidence of completed remediation to the QA&I team,
- Submitting proposed PPR outlined on the CAP form for review,
- Submitting evidence of PPR activities as outlined on the CAP form, and
- Submitting revised materials within 15 calendar days, if requested by the QA&I team.

The QA&I team is responsible for:

- Reviewing and approving all remediation and PPR activities,
- Verifying and accepting evidence of remediation and PPR completion submitted by the entity,
- Emailing the entity if further clarification/corrections are required, and
- Providing technical assistance, if needed.

Directed Corrective Action Plan (DCAP)

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

A DCAP is issued when any of the following occurs:

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

The AE must collaborate with the ODP QA&I team when issuance of a DCAP is required for an ID/A only or shared Provider.

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

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Connection to Quality Management Plans

- When performance is below 86% or performance is consistently low over time, the entity should evaluate whether the cause for poor performance represents a systemic problem in need of a quality improvement project, supported by a QM Plan and its Action Plan.

- ODP or the AE, as appropriate, will offer input and feedback to the entity in identifying any systemic opportunities for improvement.

- If the QM Plan was updated because of the QA&I review, it must be submitted for review to ODP or the AE, as appropriate.

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Entity QA&I Comprehensive Reports

The QA&I Comprehensive Report includes the following:

- The entity's mission and available services and supports
- Summary of the entity's self-assessment results
- Summary of individual interview response findings, if applicable
- Areas where the entity is performing well in delivering person-centered services and promising practices
- Opportunities for improvement
- Areas where health and safety concerns were identified and addressed
- Instances of noncompliance including evidence of completed remediation and approved PPR activities
- Recommendations for systemic quality improvement projects to incorporate into QM Plans

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Technical Assistance

There are three defined levels of TA in the QA&I process:

- ***Basic TA*** occurs when 1) the entity requires support for a quick question & answer; 2) the QA&I team is conducting the full review; or 3) the entity needs examples of how to accomplish a specific task.

- ***Intermediate TA*** may occur when 1) additional time is needed beyond the QA&I full review; 2) the involvement of a Subject Matter Expert (SME) is necessary; or 3) additional research about a policy question is required.

- ***Intensive TA*** Intensive TA may occur when 1) an entity is issued a DCAP; 2) an entity is in need of significant organizational change; 3) an entity has serious and/or ongoing issues with ODP quality expectations

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ODP will compile all data collected from QA&I Cycle 2: Year 1 into a report that represents statewide performance of reviewed AEs, SCOs and Providers and the overall system as it relates to quality of services and supports and promising person-centered practices.

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Three QA&I Tools

- AE Tool
- SCO Tool
- Provider Tool

* Timeframe under review – 12 months from date of review, unless otherwise specified.

Cycle 2 Tools have been enhanced

- New questions added and some removed
- Layout of the tools has changed
- Remediation options have been revised
- Multiple response options have been added to most questions
- New approach to QM questions to evaluate quality
- Enhancements to the QA&I Spreadsheet

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QA&I Spreadsheet and Question Pro Data Entry

- Read the Instructions Tab on how to complete the QA&I Spreadsheet before beginning

- Complete the entire QA&I Spreadsheet before doing any data entry in QuestionPro

- Have a copy of the Tool Guidance open as you complete the spreadsheet

- Do not copy and paste any information, unless where it is indicated to do so

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QA&I Spreadsheet Example

- IM question around Delegated Functions and the monitoring of those functions had to be designed in a unique way based on the complexity of the questions

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QA&I Spreadsheet Example

			For the IM functions listed below, select "Yes" or "No" to record if the entity delegates or purchases the IM function. If the answer is "Yes", answer question X (to the right) and enter the name of agency perfoming the function.		X. The entity maintains written documentation of any delegated or purchased function related to incident management. Name of Agency if function is delegated or purchased.
Data & Policy (D&P)	X	All AEs, Providers and SCOs	Incident Management Training		
			Investigations conducted by a Department CI		
			Administrative Review of Investigations		
			Certified Investigator Peer Review (CIPR) Process		
			Quality Management and Trend Analysis		
			Data Entry		
			IM Representative Functions		
D&P Remediation			a-Entity obtains required documentation.		
D&P Remediation			b-Other remediation action.		
D&P Remediation			If YES, when:		
Data & Policy (D&P)	X	All AEs, Providers and SCOs	The entity completes monitoring of delegated or purchased incident management function(s).		
			Incident Management Training		
			Investigations conducted by a Department CI		
			Administrative Review of Investigations		
			Certified Investigator Peer Review (CIPR) Process		
			Quality Management and Trend Analysis		
			Data Entry		
			IM Representative Functions		
D&P Remediation			a-Entity completes monitoring of delegated or purchased IM function(s).		
D&P Remediation			b-Entity completes required documentation.		
D&P Remediation			c-Other remediation action.		
D&P Remediation			If YES, when:		

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Data & Policy (D&P)	X	All AEs, Providers and SCOs	For the IM functions listed below, select "Yes" or "No" to record if the entity delegates or purchases the IM function. If the answer is "Yes", answer question X (to the right) and enter the name of agency performing the function.	**2 No**	X. The entity maintains written documentation of any delegated or purchased function related to incident management. Name of Agency if function is delegated or purchased.	
			Incident Management Training			
			Investigations conducted by a Department CI	Yes	1 Yes	XYZ Agency
			Administrative Review of Investigations	Yes	2 No	
			Certified Investigator Peer Review (CIPR) Process	No	3 N/A	
			Quality Management and Trend Analysis			
			Data Entry	Yes		
			IM Representative Functions	No	3 N/A	
D&P Remediation			a-Entity obtains required documentation.			
D&P Remediation			b-Other remediation action.			
D&P Remediation			If YES, when:			
Data & Policy (D&P)	X	All AEs, Providers and SCOs	The entity completes monitoring of delegated or purchased incident management function(s).	1 Yes		
			Incident Management Training			
			Investigations conducted by a Department CI			
			Administrative Review of Investigations	1 Yes		
			Certified Investigator Peer Review (CIPR) Process	4 N/A		
			Quality Management and Trend Analysis			
			Data Entry	1 Yes		
			IM Representative Functions	4 N/A		
D&P Remediation			a-Entity completes monitoring of delegated or purchased IM function(s).			
D&P Remediation			b-Entity completes required documentation.			
D&P Remediation			c-Other remediation action.			
D&P Remediation			If YES, when:			

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QA&I Spreadsheet - Training Tabs

- Only applicable to ID/A SCOs and Providers

- Guidance remains aligned between the SCO and Provider Tools

- Questions updated based on Chapter 6100 regulations

- 25% of staff with a minimum of five staff and a maximum of 25 staff. If there are less than five staff, all staff records must be reviewed

- When the overall percentage falls below 86%, the issue must be referred to the regional ODP office for review of further actions.

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Cycle 2: Year 1 QA&I Timeline

July	• ODP notifies IM4Q of individual interview sample • IM4Q local programs begin individual interviews • ODP Claim and Service Documentation review begins

August 1	• All entities begin self-assessments
	    ○ Each applicable entity's primary contact will receive an email with the QuestionPro link to the self-assessment for data entry
	• ODP provides a listing of all entities selected for a QA&I full review, posted on MyODP
	    ○ ODP staff and AE primary contacts receive an email with the QuestionPro link for data entry of all entities receiving a QA&I full review
	• ODP begins notifying entities to request documentation needed for full review
	• AEs select ID/A Provider & shared Provider individual record samples and begin requesting documentation needed for full review
	    ○ ODP notifies AEs of individual record sample for AWC Providers

Aug 31	• Deadline for completed self-assessment responses to be submitted electronically via QuestionPro
Sep 1	• QA&I conferences can begin • ODP Claim and Service Documentation review completed
Mid-October	• Completion of all individual interview activities by IM4Q local programs
Dec 31	• Deadline for ODP and AEs to complete QA&I full reviews
Jan 31	• Deadline for ODP and AE reviewers to issue QA&I spreadsheet and CAP form for review and completion
Mar 1	• Deadline for all entities to submit QA&I spreadsheet with completed remediation and proposed PPR on CAP form
Mar 31	• Deadline for all QA&I Comprehensive Reports to be issued and finalized • Deadline for ODP and AEs to enter all data into QuestionPro

QA&I Statewide Leads

TaWanda Jackson

Leah Grove

Patrick Keating

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ODP ID/A QA&I Team Members

Central Office QA&I Record Reviewers:

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Julia Shemeley

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Amy Mills

Northeast Region QA&I Coordinator:

Rachel Toman

Southeast Region QA&I Coordinator:

Brianna Citko

Western Region QA&I Coordinator:

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ODP AAW QA&I Team

Central Region Team:

Anissa Decapria-Sanduta (Regional Lead)

Stephen Gensemer

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Eastern Region Team:

Gail Feliciano (Regional Lead)

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Emily Koppenhofer

Detre Butler

Western Region Team:

Patrick Keating (Statewide and Regional Lead)

Lydia Aney

Jennifer Farmerie

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- Next Steps
  - ODP will finalize and post the QA&I Tools
  - Update QA&I Contacts, if needed
  - Self Assessment QuestionPro link sent to ALL on August 1st

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Please read the entire QA&I Process Document

Quality Assessment & Improvement Cycle 2: Year 1 Review Process Resources on MYODP:

https://www.myodp.org/course/view.php?id=976

If you still have questions, after reading the QA&I Process Document send your questions to the **QA&I Mailbox: ra-pwqaiprocess@pa.gov**

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Questions