

Georgia Quality Management System

Year 5
Report for Quarter 3

January – March 2013

Produced by Delmarva Foundation

Submitted
The Georgia Department of Developmental Disabilities
May 15, 2013

Table of Contents

Table of Content

Introduction.....	4
Section 1: Significant Review Activity and Accomplishments.....	6
Training Updates.....	6
Quality Improvement (QI) Councils.....	6
Joint Statewide and Regional QI Council Meeting.....	6
Region 1.....	6
Region 2.....	6
Region 3.....	7
Region 4.....	7
Region 5.....	8
Region 6.....	9
Statewide QI Council.....	9
Person Centered Review (PCR) Updates.....	9
Quality Enhancement Provider Review (QEPR) Updates.....	10
Website Development and Updates.....	10
Follow up with Technical Assistance Consultation (FUTAC).....	10
Quality Assurance.....	11
Status Meetings.....	11
Staff Meetings/In-service.....	11
Internal Staff Training.....	12
Inter Rater Reliability (IRR).....	12
Report and Process Oversight.....	12
Data Correction Process.....	12
Feedback Surveys.....	13
HSRI Feedback Survey for NCI Consumer Survey Process.....	13
QEPR and PCR Feedback Surveys.....	14
Miscellaneous Accomplishments.....	15
Real Time Data Reports.....	Error! Bookmark not defined.
Section 2: Data Analysis and Results.....	16
Samples.....	16
Data Presentation.....	16
General Demographic Characteristics.....	18
PCR and QEPR Combined Results.....	20
Individual Interview Instrument (III).....	20
Individual Support Plan Quality Assurance (ISP QA) Checklist.....	27
Provider Record Review (PRR).....	34
Staff/Provider Interviews.....	36
Observations.....	38
Person Centered Review Results.....	40
Support Coordinator Record Review (SCRR).....	40
Comparison of PCR Components.....	44
Quality Enhancement Provider Review.....	45

QEPR Administrative Review	46
Comparison of QEPR Component Scores by Providers	48
Strengths and Barriers.....	48
Decline codes	50
Follow-Up Reviews.....	50
Follow-up with Technical Assistance	50
Follow Up with Technical Assistance Consultation (FUTAC)	51
Focused Outcome Recommendations	54
Individuals Recently Transitioned to the Community (IRTC)	55
Section 3: Discussion and Recommendations	57
Attachment 1: Overview of Delmarva Processes.....	62

Introduction

Delmarva Foundation provides quality assurance for services provided to individuals with developmental disabilities, utilizing processes developed to meet the specific needs of each unique state program, and adhering to Delmarva's mission and vision.

- **Mission:** Promoting a person directed service delivery system through collaborative quality improvement strategies designed to enhance people's lives.
- **Vision:** A globally recognized leader in advancing the quality of people's lives through enhancement of community support systems.

July 1, 2012, marked the beginning of the fifth year of the contract with the Georgia Division of Developmental Disabilities (Division of DD) to provide quality assurance for the system that provides services to individuals with Developmental Disabilities served through the Medicaid Waivers and Grant In Aid (GIA, state funding). Currently two Waivers are offered, the New Options Waiver (NOW) and Comprehensive Supports Waiver (COMP), each of which includes an option for self directed services.

Delmarva subcontracts with the Human Services Research Institute (HSRI). HSRI was instrumental in the development of the National Core Indicators (NCI) surveys used to interview individuals served through the GA program, and the NCI mail-out surveys that are used to collect information from families and guardians as well as administrative information from providers on staff turnover rates. The NCI data are collected in over 30 states so national averages can be used to compare Georgia's performance with a national benchmark.¹

Person Centered Reviews and Quality Enhancement Provider Reviews are used to assess the extent to which individuals are satisfied with their services and achieve outcomes that are important to them, and to monitor provider systems.² This report details Delmarva activities for the third quarter of the fifth year of the contract (January – March 2013) with overall trends compared to previous years as appropriate (July 2008 – June 2012). The first section presents

¹ The number of participating states changes from year to year.

² See Attachment 2 for a brief description of each review process. More complete information is available on the Georgia Quality Management System web site (http://www.dfmc-georgia.org/person_centered_reviews/index.html). See Appendix II for all tools.

Significant Review Activity and Accomplishments that occurred during the quarter, including:

- Training Updates
- Quality Improvement Councils
- Person Center Review Updates
- Quality Enhancement Provider Review Updates
- Web Development and Updates
- Quality Assurances
- Feedback Surveys

The second section presents **Data Analysis and Results** including demographic characteristics of the Person Centered Review participants and Quality Enhancement Provider Review sample, findings from Person Center Reviews, findings from Quality Enhancement Provider Reviews and comparisons across various review components. Results are presented Year to Date. The third section, **Discussion and Recommendations**, is a discussion of key findings and interpretations of results, and recommendations offered to the state.

Section 1: Significant Review Activity and Accomplishments

Training Updates

By the end of current quarter, 10 of the 13 planned training sessions on Aging with Disabilities were completed. The training was designed in three segments.

- Identifying the aging process of individuals diagnosed with ID/DD, giving detailed information concerning health related age expectations based upon level of care
- Showing how providers and support coordinators could effectively assist in supporting families through the aging process; recognizing the caregiver is also aging and additional supports may be needed to maintain an individual's optimum health in a community setting
- Introducing collaborative strategies with which to give participants the opportunity to network with various stakeholders, including the Department of Human Services- Division of Aging Services, Area Agency on Aging (AAA), and Aging and Disability Resource Connection (ADRC)

Quality Improvement (QI) Councils

Joint Statewide and Regional QI Council Meeting

The next Joint QI Council Meeting is scheduled September, 2013.

Region 1

Due to inclement weather, the Region 1 QI Council January meeting was moved to March 22, 2013. Focusing on individuals who recently transitioned from an institution (IRTC), the council requested an ad-hoc report on results from IRTC PCRs completed within Region 1, between July 2011 and December 2012. Approximately 10 agencies in Region 1 are providing supports to individuals who have moved into the community from institutions.

The council decided to move forward with an initiative to improve community connections for people, identifying volunteer opportunities and innovative community connections developed by support coordination and providers. The initiative will involve recognizing all stakeholders who have displayed exemplary quality of life changes and services.

Region 2

Region 2 QI Council met on January 14 and March 4, 2013. The council continues to move forward with the Abuse, Neglect, and Exploitation (A.N.E) Team initiative. Members are also continuing to sign up Region 2 providers for the HELPS profile. They are currently working on

developing a flier to share the HELPS profile with parents as well as self advocates receiving self-directed services.

The Region 2 Council has been recognized by the DBHDD advisory board for its support of A.N.E. projects.

Region 3

Region 3 QI Council met twice this first quarter and selected a new Chair, Tommy Krenitsky. There is one self-advocate vacancy. One of the parent members has encountered challenges in participating, but will continue until further notice.

Members are continuing work on their current project which is to use social media to increase community inclusion/integration. The goal is to have providers share stories of what has worked well, or has not worked, in helping individuals develop valued social roles and more effectively integrate people into the community.

The Council has developed a Facebook page and Tweeter site to enable this process. It appears these have been accessed as the number of “likes” on the Facebook page has increased from nine to 50. It has been used primarily to share resources and community activities. However, providers have not yet posted their community integration or social role development stories. Lisa Riesman, Council secretary, and Tommy Krenitsky plan to present information about the Council project at the next Region 3 provider meeting in May. The hope is to increase provider participation and thereby increase social role development for individuals.

In addition to the media exposure, the Council plans to identify five individuals who have successfully integrated into their communities and are willing to share their experiences. The hope is a provider will “shadow” the person and document best practices that can be shared with others.

Region 4

Region 4 QI Council met on January 24th and discussed the development of a quality improvement project. Members wanted to get the whole region invested in this next project. In order to accomplish this, the Council asked Delmarva Foundation to present Region 4 specific data at the provider meeting to solicit input and ideas from providers in the Region. Delmarva presented review data at the meeting on February 13th. Using the data, providers worked in small groups, generating the following ideas:

- 1) Increase Community Connections:
 - a) Help providers find a way to better support people in the community
 - b) Quality training at varying hours

- c) Resource development for residents/participants
- d) Facilitate focused groups for providers
- 2) Person Centeredness:
 - a) PC training brought to the provider organizations: problem is lack of trainer
 - b) Pre-ISP Meeting
 - c) Have video training to show to staff
 - d) Collect data from individuals related to whether they are reaching their goals and if not how supports and services are changing to prevent goal attainment
- 3) Community Integration:
 - a) Educate the community about the people we serve
 - b) Look at community organizations
 - c) Develop a book of resources
 - d) Connect medical doctors: help develop better access to services and preparation for transitions
 - e) Informed consent concerns: educate the person before discharge into the community.
- 4) Paraprofessional credentialing:
 - a) Supporting staff to obtain higher education
 - b) Sharing the new QI tool with the teams
 - c) Person centered thinking tools: conduct training focused on specific tools, targeting Direct Support Staff.
 - d) Monitoring with DOJ

The Council met later that day to review this information and decide on the next project. Members decided to focus on educating community medical professionals related to the population of individuals with I/DD. A precursor to this decision was tact that many people are moving out of Southwest State Hospital and encountering barriers to health care services in the community.

Simultaneously, the Council decided to focus on the education of Direct Support Professionals on how to support someone at the doctor's office, including Peer to Peer training, to help individuals know what to do or expect during a doctor's visit.

Region 5

The Region 5 QI Council met January 16 and February 25, 2013. There are currently no vacancies.

The Council plans to conduct two provider fairs (Savannah and Waycross). The targeted audience is individuals transitioning or who will be transitioning from school. The council will

create a video titled **Choices, Connections and Social Roles** aimed at demonstrating how individuals are benefiting from their services.

The council plans to condense the resource guide created last year into a pamphlet, based on feedback from individuals and families. In addition, members are soliciting two providers to commit to participating in the year long person centered organization training.

Region 6

Region 6 QI Council, in collaboration with the Region 6 Regional Planning Board, conducted three Community Forums in January 2013. The purpose of the forums was to provide individuals and their family members, community providers, advocacy groups, professionals and other interested stakeholders an opportunity to voice their opinions on the needs of their communities with relation to Behavioral Health and Developmental Disabilities Services. This was also a great opportunity for the Regional Planning Board to gather valuable data to compile towards the plan for Fiscal Year 2014.

Statewide QI Council

During this quarter, the Statewide Council focused on re-defining their role in the State system. The State QI Council met on March 12, 2013, to review the supported employment project and make final adjustments for the version to be vetted through the DD Advisory Council.

Members discussed the role of the DD Advisory Council as compared to the State QI Council. The DD Advisory Council's role has taken over the DBHDD Board's DD Sub-committee. They are charged with examining areas in the Division that may need improvement and, and with providing an external view of new policy and procedures, system design, performance, structure and customer focus. The Statewide QI Council will focus on the system redesign of the quality system.

Person Centered Review (PCR) Updates

The timeframe for conducting PCRs for the Individuals who Recently Transitioned into the Community (IRTC) group has been changed. Initially, the IRTC individuals had to be discharged from the hospital and placed with a community provider for at least six months before Delmarva could conduct a PCR. In order to ensure compliance with our contract deliverable of completing 200 IRTC PCRs, we were granted permission to reduce the mandated six months of community placement to three months. Due to the lack of people transitioning from the hospital, Delmarva was also approved to utilize additional individuals for the longitudinal study, interviewing the same individuals over time, to make up for any deficit in meeting our 200 IRTC PCRs.

Quality Enhancement Provider Review (QEPR) Updates

There were three provider replacements for this quarter:

- Region 2 – DEBI was replaced with the Berry Center
- Region 3 – Morning Star Personal Care Home was replaced with Diamond in the Rough Services
- Region 5 – B and B Care Service was replaced with New Heights Personal Care Home.

River Edge and Jewish Family & Career Services participated in the pilot project initiative combining the PCR and QEPR review process and their feedback was favorable to this new process. Both providers agreed with limiting the amount of time spent within their agency compared to conducting the PCR process over several months. Jewish Family & Career Services identified staff interview scheduling as well as the amount of staff who need to be interviewed as barriers in the process. Both providers agreed with the sample size reduction.

The pilot project also included a desk review utilizing one consultant to complete the ISP QA Checklist and the Support Coordinator Record Review for the PCRs conducted during the QEPR. The results of this new desk review process have been beneficial for the team conducting the PCRs.

During the 3rd quarter, the QEPR Workgroup met in February and March. The QEPR strengths and barrier sections were updated. Work on the application should begin next quarter to include a check box identifying QEPR Type; automation of the Provider Record Review (PRR) and Administrative Staff Qualification and Training preliminary findings; and updates to the Strengths and Barrier section of the QEPR application.

Follow up with Technical Assistance Consultation (FUTAC)

At the beginning of the quarter, the new Health Quality Manager's (HQMs) were trained on the FUTAC process and how to submit referrals. Debbie Strickland and Darletha Charleston were unable to attend and were trained individually and at their regional offices.

Competency based FUTAC training was also provided to all Delmarva staff in March 2013. Procedures, processes and an overview of practices were reviewed. In addition, training on how to conduct a Person Centered Documentation FUTAC was demonstrated to all Quality Improvement Consultants.

Website Development and Updates

[Provider Public Reporting Website](#)

A stakeholder work group was convened in February to develop a provider report card that will be available to the public via the Public Reporting Website. The group formed two sub-groups. One group was tasked with developing a survey to post on the website targeted at gathering information from individuals and families regarding providers they utilize for services. The second group was tasked with exploring different data and information sources available to use to post relevant information to the website.

The sub-committees met on March 19th and both developed recommendations to present to the larger group at the next meeting scheduled for April 5th.

One Page Provider Profile

On March 5th, the provider public reporting website introduced a new section to be completed by providers called the One Page Provider Profile. Part of the Division of DD's initiatives is to help support families and individuals in the community make an informed decision in choosing providers to render services. To that end, training was offered in 2012 to assist providers in developing a one page synopsis of the services and supports they provide. To support this initiative, this tool was added to the provider public reporting website.

Providers who are registered on the provider public reporting website would be able to either upload an already completed profile or they could enter in their information using a template that was designed for the site.

Quality Assurance

Status Meetings

Delmarva continues to facilitate monthly status meetings to bring together representatives of the state (Eddie Towson and others as needed), HSRI, and the Delmarva Director, managers, scientist and IT manager. These meetings are a forum to provide updates on the Delmarva processes and changes in the Division of DD, progress reports on various components of the GQMS contract, as well as discussion on any problems or issues that may need to be addressed. Status meetings this quarter were held on January 25, and February 22. The meeting scheduled for March 25 was cancelled by the Division of DD contract manager due to scheduling conflicts. Rather than meeting face to face, a written report outlining the updates of the contract was submitted to the contract manager.

Staff Meetings/In-service

Staff meetings are conducted every two weeks with consultants and managers. The meetings are used to continue to enhance communication among the key Delmarva QA staff: the director, managers, QICs, and the lead analyst for the project. The meetings provide an informal forum

for discussion of best practices and problems/challenges QICs encounter in the field. In addition, consultants may present on external training they have attended.

Questions and answers regarding a wide variety of topics are regularly uploaded to the GQMS portal and available for all consultants and managers to reference. This is designed to help consultants with frequently asked questions, sharing updates on procedures and available resources

Internal Staff Training

2/19/13 – Person Centered Review refresher training and completion of six scenarios.

3/19/13 – Follow Up with Technical Assistance Consultation refresher training and completion of six scenarios.

Inter Rater Reliability (IRR)

Consultants continue to schedule and participate in inter-rater reliability. To date, 11 GQMS consultants have completed and passed reliability. Twelve scenarios were completed by consultants and coaches during this quarter. After the activity, the entire team was afforded an opportunity to discuss the results and ensure we are all scoring tools according to GQMS standards and the State's expectations.

Report and Process Oversight

All provider reports are reviewed by the Regional Manager before approved, posted, or sent to the provider. Managers ensure determinations of the QICs are adequately supported with documentation provided in the report as necessary. When questions arise, they are discussed with the QIC and modifications made as necessary.

Regional managers continue to periodically accompany QICs on PCRs and QEPRs. They help with the review process and also provide feedback, guidance, and training when appropriate.

On a monthly basis, the QA/QI regional manager reviews a list of all types of reports that have been approved to ensure reports are correctly uploaded to the Regional Office portal site, the CIS (as necessary) and on the Atlanta Office database. If any missing reports are identified, notification is sent to the Administrative Assistant (AA) and posted to the appropriate site. The AA and QA/QI regional manager determine the error to prevent it from occurring in the future. All reports were posted appropriately.

Data Correction Process

Every two weeks, the analyst working with GQMS runs a report to identify any incorrect or missing data from the database. This process generates a report from data collected as part of

the PCR and QEPR processes which is reviewed by managers, who correct any identified errors. In order to ensure proper handling of possible missing data or data errors, a Data Correction Protocol has been developed to track data errors and necessary correction. For approved reviews or reports, all changes in the data are documented in the “Reopen Review Log” section on the QIC portal. This information is reviewed periodically by the QQ/QI regional manager for possible trends. After the data in the report have been corrected, a new report is generated and distributed as necessary. Twelve data entry errors were identified and quickly resolved this quarter.

Feedback Surveys

HSRI Feedback Survey for NCI Consumer Survey Process

After each individual NCI interview, Delmarva provides the individual with a feedback survey. The individual is encouraged to complete the feedback survey, which is mailed directly to HSRI. During the first three quarters, July 2011 – March 2013, 35 surveys were returned to HSRI. A report of activity was submitted to the Division of DD. A summary of findings indicates the following:

- 28 of the 35 respondents (80%) participated in the Consumer Survey interview.
- 10 individuals (28.6%) filled out the feedback survey form and 26 forms (74.2%) were filled out by a staff person at the service location or where the person lives (can provide multiple answers to this question).
- 12 interviews (34.3%) took place in the person’s home and 22 (62.8%) took place at the person’s work or day program.
- 27 individuals (77.1%) indicated they had been asked where they would like to meet for the interview.
- 32 of the 35 respondents felt the interview was scheduled at a convenient time, 27 respondents felt it took the right amount of time, and 32 respondents indicated they did not think the questions were too difficult to answer.
- All 35 respondents felt the interviewer was respectful and the interviewer explained what the survey was about.
- 27 of 35 respondents (78.1%) indicated the reviewer explained they did not have to answer the questions.

Some remarks related to the interviewer and interview process include the following:

- He liked the interview
- She was very respectable on the time and convenience for the person being interviewed.
- She was a nice lady.

- The interviewer was very helpful and pleasant.

QEPR and PCR Feedback Surveys

After each QEPR, the provider is given the opportunity to complete a survey about the review process and the performance of the Delmarva consultant conducting the review. Individuals are given a similar survey after the PCR. Providers and individuals have the option of mailing or faxing the survey to Delmarva, or completing it online.

Delmarva received 79 feedback surveys from providers who participated in a QEPR or PCR between July 2012 and March 2013, seven surveys from providers who had participated in a QEPR, 16 submitted subsequent to a FUTAC and FU w/ TA, and 56 from providers who participated in a PCR record review process. Results are displayed in the following table, and are very positive.

PCR Feedback Results July 2012 – March 2013			
	Strongly Agree/ Agree	Neither Agree/ Disagree	Strongly Disagree /Disagree
The feedback you received will help you provide supports and services that meet the desired outcomes of the people you support.	71	5	2
The consultant(s) interacted with the people you support in a professional manner.	76	1	1
The consultant(s) interacted with you (and your staff) in a professional manner.	76	0	1
The consultation identified the strengths of your supports and services.	74	1	3
The consultation provided constructive feedback.	75	2	1
The consultation addressed the barriers, challenges, and/or needs of your supports and services.	73	1	3
You and your Delmarva consultant(s) brainstormed ways to enhance your services.	71	3	3
The consultant(s) facilitated an environment which was collaborative and positive.	75	0	1
You would contact your Delmarva consultant(s) for more brainstorming and technical assistance.	72	2	3

Miscellaneous Accomplishments

Real Time Data Reporting

During the previous quarter, the design of a web-based Real Time Data Reporting site was developed. During this quarter, the actual development of the site began. The site includes reports that cover the following areas:

- **Production:** Current count of review activity that has taken place since the start of the fiscal year. This site allows you to drill down to view the list of reviews completed by review type and access the actual reports.
- **Scheduled:** This shows the user the current number of reviews that are scheduled to be completed. This report will drill down to view the list of reviews to be completed by review type.
- **Specialized Report:** This site allows the user to input several different parameters such as date range, review type, provider, and/or region. Depending on the parameters identified, the system will generate a specialized report.
- **Georgia Performance Dashboards:** This report has several components by which real time data results are presented using charts and graphs demonstrating the quality of service delivery system. The results are displayed by Focused Outcome Area, Region, Review Year, Review Tool and Specific Expectations. Each page on the site has links to drill down through various levels, ultimately demonstrating results by provider.

Roll out of this new web-based system is planned for May.

Section 2: Data Analysis and Results

Samples

The Georgia Quality Management System (GQMS) contract mandates that each provider rendering services through the Medicaid waivers to individuals with developmental disabilities has one annual review over the course of five years. Therefore, 40 providers are reviewed each year through the Quality Enhancement Provider Review (QEPR) process (39 service providers and one support coordinator agency). Providers to receive the QEPR are randomly selected each year and 480 individuals for the Person Center Reviews (PCR) are randomly selected from the caseloads of the 39 service providers. The PCR sample is stratified by region and providers, meaning providers are first randomly selected proportionately from each region, and then individuals are randomly selected from those providers, excluding individuals who have had a PCR.

For the QEPR process, in addition to the sample of individuals who were interviewed as part of the PCR, at least one individual is randomly selected for the interview and record review process. The maximum number to be selected as part of the QEPR depends upon the number of individuals served. The sample is stratified by service to ensure all services are represented. In addition to the sample of individuals for the QEPR, staff personnel records are reviewed for each service offered by the provider. A random sample of staff rendering supports and services, including sub-contractors, is selected from a list of all staff working with the provider. A minimum of two staff per service is selected, or 25 percent, whichever is greater. A maximum of 30 records is selected for review. For Support Coordination, up to 30 records are randomly sampled from the support coordinators rendering services.

Data Presentation

Individuals from both the PCR and QEPR samples participate in the Individual Interview Instrument (III) activity and Individual Support Plan Quality Assurance Checklist (ISP QA). Both processes also include a Provider Record Review (PRR), Staff/Provider Interview (SPI), and Onsite Observations of day and/or residential programs.

The PCR and QEPR also have some components that are specific to the review type. During the PCR, a Support Coordinator Record Review (SCRR) is completed for the Support Coordinator working with the individual. During the QEPR, each provider receives one Administrative Review, which includes the Administrative Qualifications and Training (A Q&T). The A Q&T includes a review of a sample of personnel records to determine if staff has the necessary qualifications, specific to services rendered, and if the training was received within required timeframes.

In this report, data from the III, ISP QA Checklist, PRR, SPI and Observations are presented using aggregate information from individuals who participated in a PCR or QEPR process. Demographic characteristics are also presented for the combined sample of individuals. “PCR Only” results include findings from the SCRR, comparisons across the different PCR tools and comparisons across Focus Areas. “QEPR Only” results include provider specific scores for each QEPR review component as well as findings from the Administrative Review.

In addition to the PCRs completed for the sample of individuals, as described above, Delmarva has implemented processes to complete PCRs for Individuals Recently Transitioned to the Community (IRTC) from an institutional setting. Many of these transitions are the result of an agreement between the State of Georgia and the United States Department of Justice to accommodate individuals with developmental disabilities to live in the community and to provide services necessary for them to do so. Individuals from this transition process participate in all aspects of the PCR with the exception of the NCI interview. IRTC findings are analyzed and presented separately from the findings for individuals already established in the community.

General Demographic Characteristics

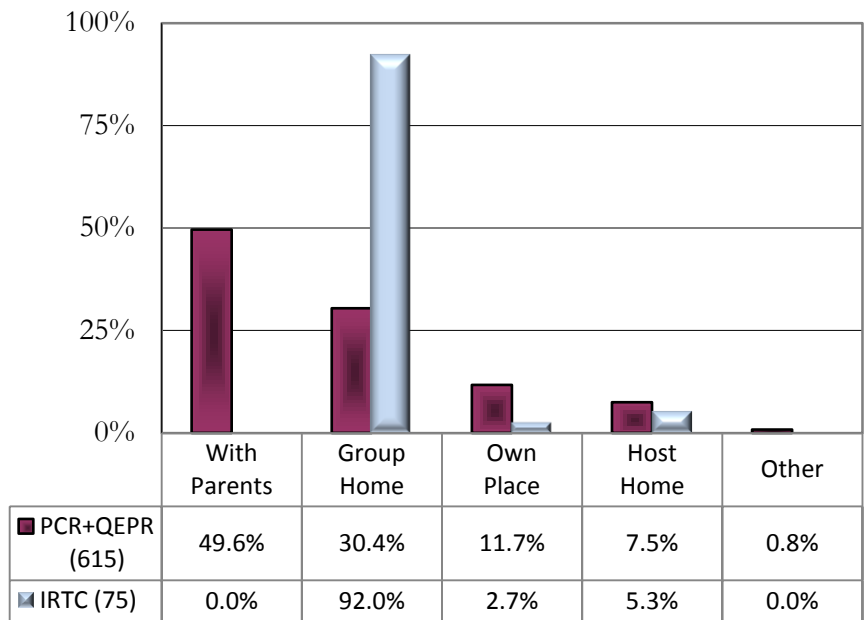
Information in Table 1 provides a general description of the 615 individuals interviewed through a Person Centered Review (PCR, N = 403) or Quality Enhancement Provider Review (QEPR, N= 212) process between July 2012 and March 2013. The largest proportion of individuals interviewed using the PCR and QEPR processes to date resides in Region 2 (28%). This region also had more IRTCs conducted and the others as well. Males continue to represent a larger proportion of the sample. While close to nine percent of individuals already established in the community have a Profound Intellectual Disability, the proportion for the IRTC group was close to 51 percent with this type of disability.

Table 1: Demographic Characteristics				
Jul 2012 - Mar 2013				
Region	PCR and QEPR		IRTC	
1	119	19.3%	6	8.0%
2	172	28.0%	25	33.3%
3	157	25.5%	13	17.3%
4	45	7.3%	9	12.0%
5	36	5.9%	16	21.3%
6	86	14.0%	6	8.0%
Gender				
Female	240	39.0%	30	40.0%
Male	375	61.0%	45	60.0%
Age Group				
18-25	54	8.8%	5	6.7%
26-44	313	50.9%	19	25.3%
45-54	140	22.8%	24	32.0%
55-64	80	13.0%	17	22.7%
65+	28	4.6%	10	13.3%
Disability				
Autism	6	1.0%	0	0.0%
Cerebral Palsy	1	0.2%	0	0.0%
Intellectual Disability	554	90.1%	38	50.7%
Profound Intellectual Disability	54	8.8%	37	49.3%
Total	615		75	

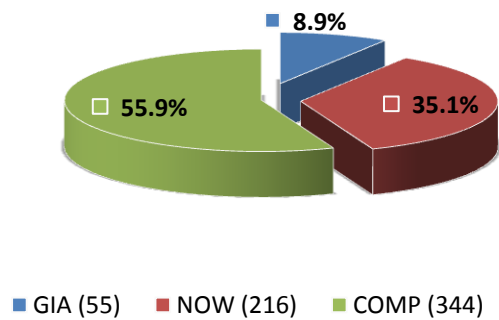
There are several different types of residences available for individuals who receive services through the waivers. These are grouped into five categories (four plus other) and the percent of individuals living in each type of residence is displayed in Figure 1. The largest proportion of individuals already established in the community (61.3%) lived with a parent or own place, and approximately one third lived in a group home (30.4%). However, a majority of the 75 IRTC

residents lived in a Group Home (92.0%). Figure 2 shows the distribution of individuals by waiver for the first three quarters of the contract year.

**Figure 1: Percent of Individuals by Residential Type
 July 2012 – March 2013**



**Figure 2: Percent of Individuals by Waiver Type
 July 2012 – March 2013**



PCR and QEPR Combined Results

The purpose of the PCR is to assess the effectiveness of and the satisfaction individuals have with the service delivery system. Delmarva Quality Improvement Consultants (QIC) use interviews, observations and record reviews to compile a well-rounded picture of the individual's circle of supports and how involved the person is in the decisions and plans laid out for that person. The purpose of the QEPR is to monitor providers to ensure they meet requirements set forth by the Medicaid waiver and Division of DD and to evaluate the effectiveness of their service delivery system. In this section results from the combined data for the III, ISP QA Checklist, PRR, Staff Interview and Observations are presented for individuals established in the community.

The number of activities for each component, by region and statewide, is presented in the following table. Throughout this section results from previous years are presented when appropriate. However, it is important to remember these are Year to Date results for Year 5 and may change as information from the total sample of 480 PCRs and 40 QEPRs is collected.³

Table 2: All review activities (PCR +QEPR) by Region July 2012 – March 2013						
Region	III/ISP QA Checklist	Support Coordinator Record Review	Provider Record Review	Staff/ Provider Interview	OBS	Admin Review
1	119	58	200	127	106	5
2	172	118	297	248	203	5
3	157	123	233	209	155	7
4	45	44	83	83	70	1
5	36	22	63	54	42	3
6	86	38	114	71	51	4
Total	615	403	990	792	627	25

Individual Interview Instrument (III)

Two different interview tools are used to collect information from individuals: the NCI Consumer Survey and the Individual Interview Instrument (III or I³). The focus of the NCI

³ Modifications to the PPR make it inappropriate to make comparisons to Years 1 and 2.

survey is on the system—the unit of analysis is the service delivery system. The focus of the III is the individual, if desired goals and outcomes are being addressed through the service delivery system, including both paid and unpaid supports and services. Together they help provide a clear picture of service delivery systems and provider performance.⁴ The person's participation in this process is voluntary and the Quality Improvement Consultant confirms whether he/she would like to participate before beginning the interview.

The Individual Interview Instrument is comprised of 15 elements designed to evaluate individuals' services and well being through nine different Expectations—each scored as Present or Not Present. Quality Improvement Consultants use the III tool as a guide to determine if the expectations are being met for the person interviewed. These are summarized below, with the number of elements included in each Expectation given in parentheses.⁵

1. Involvement in Planning (2): Is the person involved in the development of his/her annual plan and identification of supports and services? Does the person direct the design of the service plan, identifying needed skills and strategies to accomplish desired goals?
2. Involvement in Development and Evaluation (1): Is the person involved in the development and ongoing evaluation of supports and services? Does the person participate in the routine review of the service plan and direct changes as desired to assure outcomes are achieved?
3. Meeting Goals and Needs (2): Is a personal outcome approach used to design person-centered supports and services and assist the person to achieve personal goals? Is the person achieving desired outcomes and goals, or receiving supports that demonstrate progress toward these outcomes and goals?
4. Choice (2): Is the person afforded choices related to supports and services (paid and unpaid) and is the person involved in life decisions relating to the level of satisfaction? Does the person actively participate in decisions concerning his or her life? Is the person satisfied with the supports and services received?
5. Health (1): Does the person feel healthy and does the person get to see a doctor when needed? Are there things about the person's health that could be better?

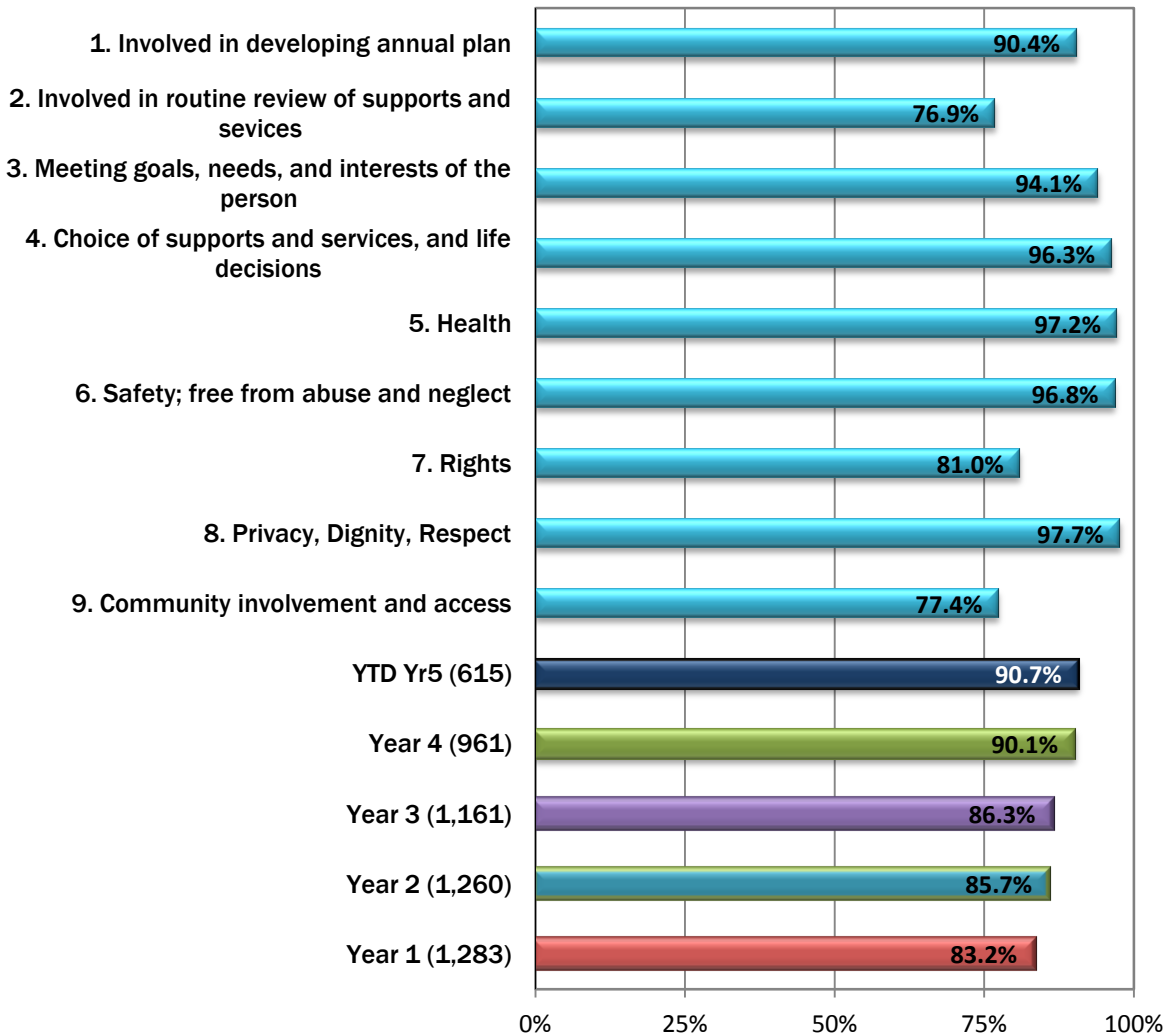
⁴ NCI results are reported separately in the Annual Report.

⁵ Go to Delmarva's GQMS website for a detailed description of each expectation and the type of probes used to determine the appropriate outcome (http://www.dfmc-georgia.org/person_centered_reviews/index.html).

6. Safety (2): Consultant identifies the person's knowledge of self preservation, what is done in case of an emergency. Included in this expectation is if the person is free from abuse, neglect and exploitation.
7. Rights (1): Is the person educated and assisted by supports and services to learn about rights and fully exercise them, particularly rights that are important to that person?
8. Privacy/Dignity/Respect (2): Is the person treated with dignity and respect and are the person's privacy preferences upheld?
9. Community Involvement and Access (Community) (2): Is the person provided with opportunities to receive services in the most integrated settings that are appropriate to the needs and according to the choices of that person? Is the person also developing desired social roles?

Results for the III are presented by Expectation in Figure 3. Findings by year, for each of the 15 elements, are shown in Exhibit 5 of the Appendix.

Figure 3: Individual Interview Instrument (III)
Percent Present by Expectation (N=615)
July 2012 – March 2013



For the 615 interviews completed between July 2012 and March 2013, the following findings are indicated (Figure 3):

- On average, the III score was 90.7 percent, showing an increase each year since Year 1.
- Individuals were most likely to indicate they have privacy (dignity and respect), health, safety and choice of supports and services present in their lives compared to all other expectations, 96 percent present or higher.
- Individuals were least likely to be involved in the review of their supports and services (76.9%) or to have community involvement (77.4%).
- Results at the element level (Exhibit 5 of the Appendix) indicate approximately 30 percent of individuals interviewed to date had not been developing desired social roles.

The following three graphs provide results by Region, Residential Setting, Age Group, and Service (Figures 4 – 6). It is important to note that **several categories have a small number of cases** such as individuals age 65 and older, living in Regions 4 or 5, and individuals living in a Host Home. It is also important to note that individuals receive more than one service and results for each person are likely duplicated across some services. Results vary somewhat across the different categories, with the following ranges:⁶

- Low of 86.4 percent in Region 1 to a high of 98.4 percent in Region 4
- There is very little variation across residential settings
- Individuals age 65 and over appear to be more likely to have outcomes present, but results for this group are based on only 25 interviews
- With the exception of one individual receiving Transportation services, individuals receiving Prevocational services were least likely to have outcomes present

⁶ Findings across services show very little variation and will be presented in the Annual Report.

Figure 4: Individual Interview Instrument (III)
Percent Present by Region (N=615)
July 2012 – March 2013

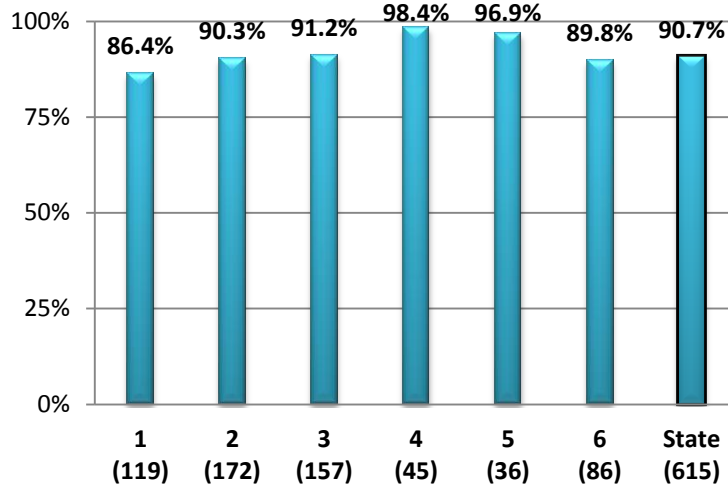


Figure 5: Individual Interview Instrument (III)
Percent Present by Residential Setting (N=615)
July 2012 – March 2013

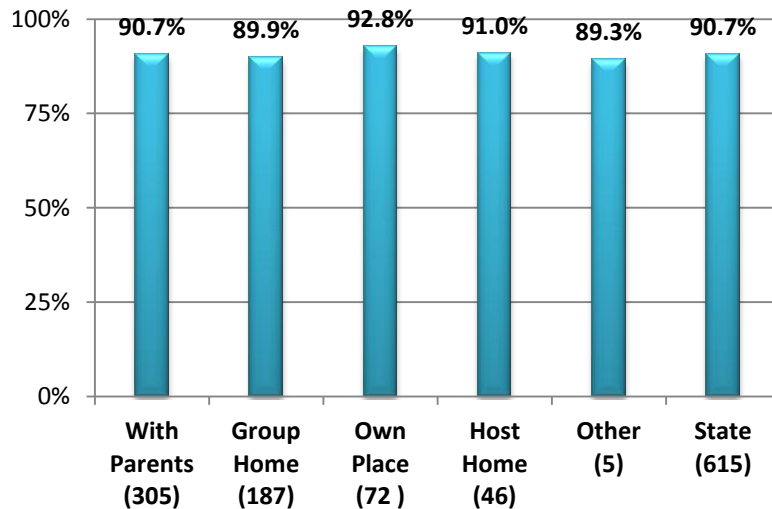


Figure 6: Individual Interview Instrument (III)
 Percent Present by Age Group (N=615)
 July 2012 – March 2013

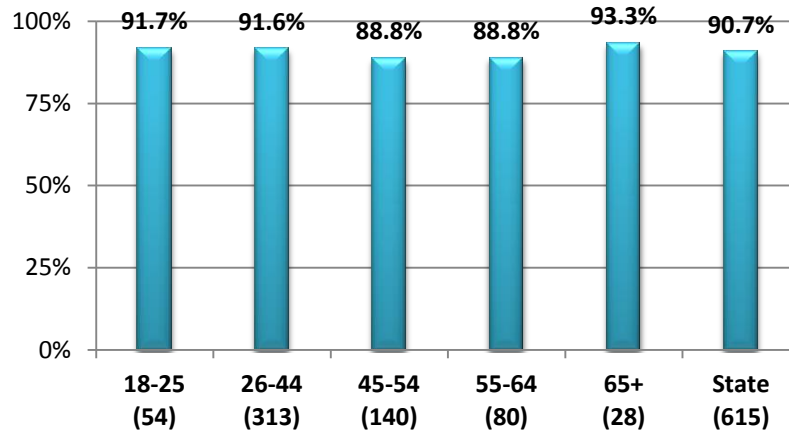
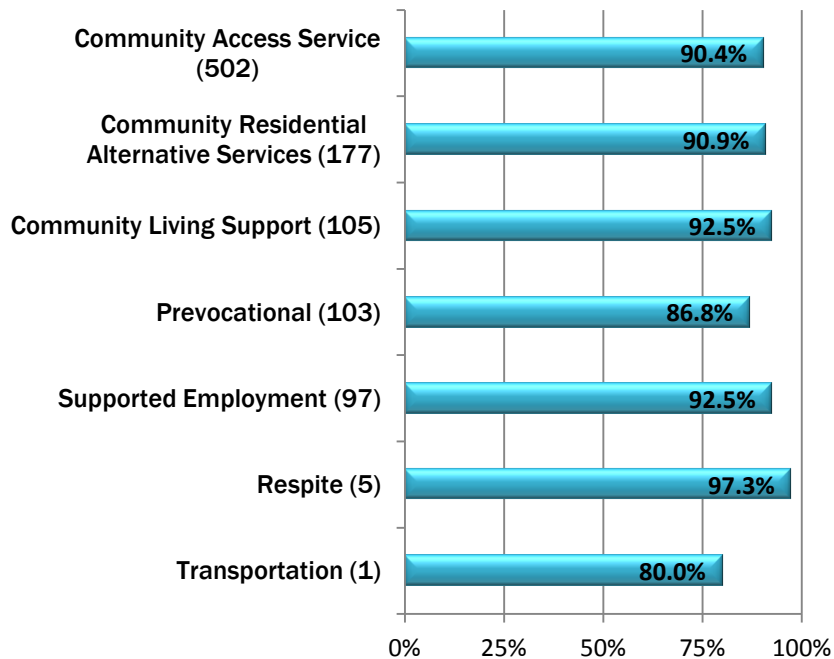


Figure 7: Individual Interview Instrument (III)
 Percent Present by Service (N=615)
 July 2012 – March 2013



Individual Support Plan Quality Assurance (ISP QA) Checklist

Each individual's team of supports should meet annually to develop an ISP that supports the individual's needs and desired goals. The ISP QA Checklist was initially developed by the state to ensure the ISP includes all necessary requirements as dictated by the state, and that it helps ensure the individual has a healthy, safe, and meaningful life. Revisions to the process, based upon recommendations from a broad-based stakeholder group, were initiated in Year 4.⁷

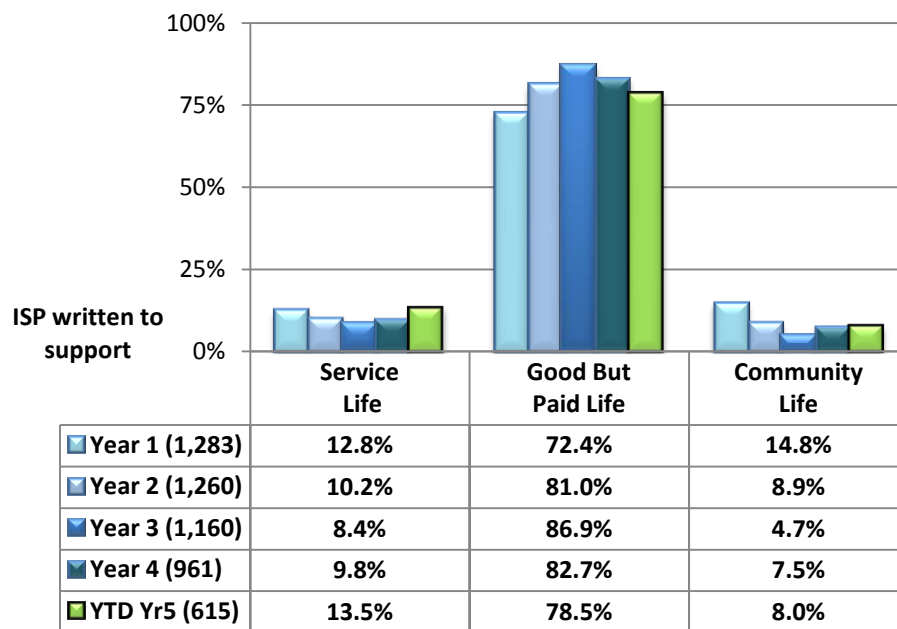
Delmarva QICs determine an overall rating for each individual reviewed, based upon the degree to which the ISP is written to provide a meaningful life for the individual receiving services. There are three different categories for each ISP.

1. Service Life: The ISP supports a life with basic paid services and paid supports. The person's needs that are "important for" the person are addressed, such as health and safety. However, there is not an organized effort to support a person in obtaining other expressed desires that are "important to" the person, such as getting a driver's license, having a home, or acting in a play. The individual is not connected to the community and has not developed social roles, but expresses a desire to do so.
2. Good but Paid Life: The ISP supports a life with connections to various supports and services (paid and non-paid). Expressed goals that are "important to" the person are present, indicating the person is obtaining goals and desires beyond basic health and safety needs. The person may go out into the community but with only limited integration into community activities. For example, the person may go to church or participate in Special Olympics. However, real community connections are lacking and the person indicates he or she wants to achieve more.
3. Community Life: The ISP supports a life with the desired level of integration in the community and in various settings preferred by the person. The person has friends and support beyond providers and family members. The person has developed social roles that are meaningful to that person, such as belonging to a Red Hat club or a book club or having employment in a competitive rather than segregated environment. Rather than just going to church the person may be an usher at the church or sing in the choir. Relationships developed in the community are reciprocal. The ISP is written with goals that help support people in moving toward a Community Life, as the person chooses.

⁷ Information is taken from Michael Smull's training manual, "Promoting Quality through Person Centered Thinking". Contact the Office of Developmental Disabilities for more information.

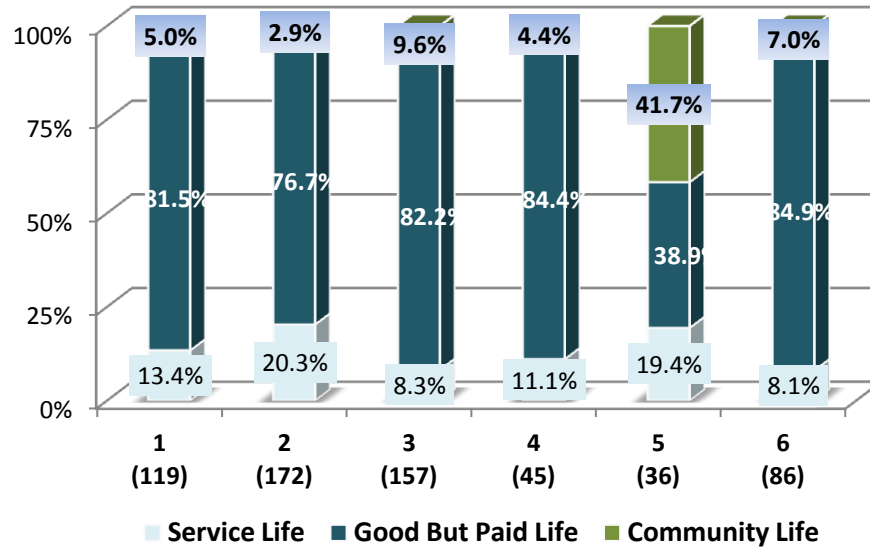
The distribution of the ISP rating for results to date this year is presented in Figure 8, with findings from previous years provided for comparative purposes. Between Year 1 and Year 3 there was a decline in the proportion of ISPs written to support a Community Life, but since that time this has trended up to Year 2 levels (8.0%). At the same time, there had been a decrease in the proportion of Plans written to support a Service Life, but this has increased to greater than in Year 1 (13.5%). The proportion of Plans written to support a Good But Paid life increased from Year 1 to Year 3, but has shown a decline since that time.

Figure 8: ISP QA Checklist Results
July 2008 – March 2013



Information in Figure 9 shows the ISP QA Checklist results by region. Findings to date this year indicate support coordinators in Regions 5 much more likely document ISPs written to support a community life. However, Region 5 had a very small sample size. While 15 ISPs in Region 5 were written to support a Community Life (41.7%), the same number of ISPs was written to support a Community Life in Region 3 (9.6%), with a much greater overall sample size. Comparative results across demographic categories should be made with caution.

Figure 9: ISP QA Checklist Results by Region
 July 2012 – March 2013



Results by residential setting and age groups are presented in the following two graphs, Figures 10 and 11. Results indicate the following:

- Individuals in a group home or living with a parent were most likely to have an ISP written to support a Service Life.
- Almost all of the 46 individuals living in a Host Home had a plan written to support a Good But Paid life.
- Living in your Own Place appears to be most beneficial in terms of how the ISP is written, 21 percent supporting a Community Life.
- People in the youngest and oldest age groups were most likely to have a Plan written to support a Service Life.

Figure 10: ISP QA Checklist Results by Residential Setting
 July 2011 – March 2012

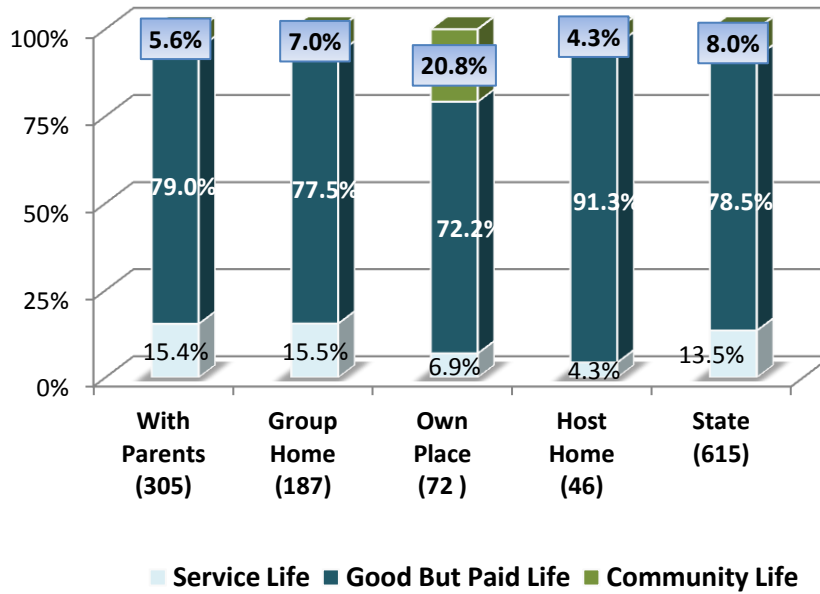
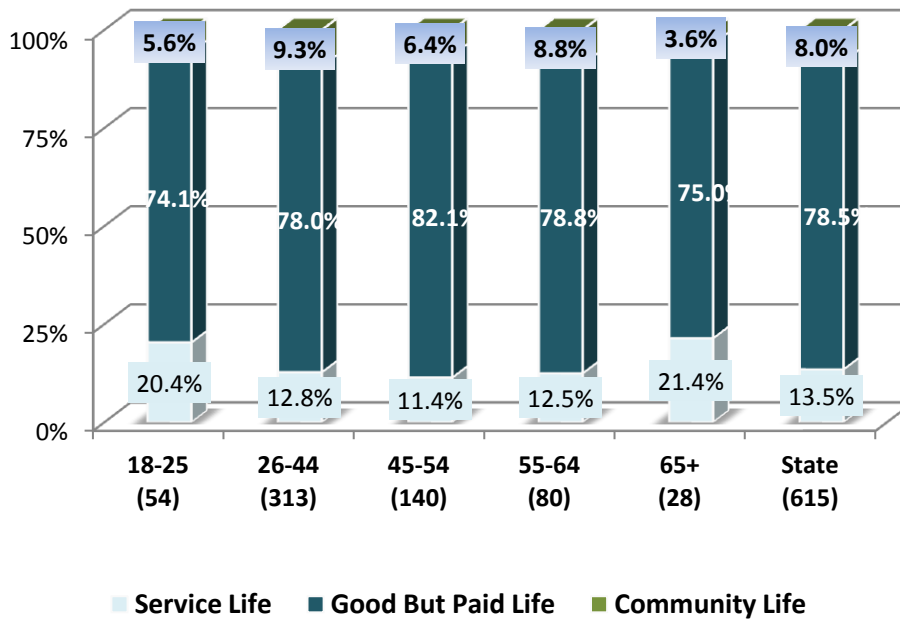


Figure 11: ISP QA Checklist Results by Age Group
 July 2012 – March 2013



The ISP QA Checklist is also used to monitor several other aspects of the support plan. This section of the Checklist has changed somewhat since Year 3 and comparisons to previous years may not be appropriate. Each criteria scored is presented in Table 3. Results to date this year indicate that close to 63 percent of ISPs did not have the annual informed consent for psychotropic medications present in the record. However, the compliance rate is up from 25 percent in Year 4. Close to 40 percent of ISPs did not have the authorized medical support section fully completed. However, this is also an improvement since Year 4, of 11 percentage points. The proportion of ISPs with a signed Behavior Support Plan, Crisis Plan, and Safety Plan has decreased by almost 20 points, to 34.5 percent compliance.

Table 3: ISP QA Checklist Additional Criterion		
July 2012 – March 2013		
Criteria	Percent Present	Number Reviewed
Provider information on demographic page matches POC.	87.0%	609
Budget is present?	98.6%	563
PA matches the service(s) and unit rates on the budget.	97.6%	536
ISP contains a minimum of three goals.	99.3%	611
ISP contains at least one goal/objective per DD service.	99.0%	611
All goals are person centered.	69.3%	609
At least one goal reflects the person’s hopes and dreams.	76.7%	609
Signature page is signed by the individual.	96.6%	610
Annual informed consent for psychotropic medications is present.	37.3%	343
Behavior Support Plan/Crisis Plan and/Safety Plan are signed.	34.5%	110
Signature page of the ISP is in place, identifying that rights have been reviewed with the person.	94.4%	607
All required and applicable assessments are completed: Nursing assessment, Psychosocial review, and Physician summary.	77.6%	295
HRST is updated annually and within 90 days prior to the individual service plan expiration date.	53.3%	606
The Health and Safety section includes discussion on HRST training consideration.	89.1%	608
Authorized medical support section is fully completed, including plans for an emergency.	61.4%	607

Delmarva Consultants check 12 different sections on the ISP with the Checklist, rating each on a scale from zero (0) to four (4), zero meaning the section is blank or the section inadequately addresses the requirements and four meaning 100 percent of the “bullets” or requirements in the section are adequately addressed in the ISP. Each section represents an Expectation and has four (4) bullets (ratings are 0, 25%, 50%, 75%, or 100% (0-4)).

Beginning July 2011, a revised ISP QA Checklist was implemented. Because many of the requirements measured for each of the Expectations have changed, comparisons to previous years is not advised. The Expectations are briefly described as follows:⁸

1. Relationship map and discussion on ways to develop relationships: The relationship map is a map with four quadrants to identify people, paid and non-paid supports, friends or family members, who are important to the person. In this section QICs check to determine if the ISP has names of people, paid and unpaid supports and if there is documentation on how to build relationships with non-paid supports.
2. Communication Chart: The communication chart should identify how the person communicates, which may be with signs, gestures or phrases and what is happening in the environment to cause the reaction/communication. Does the chart reflect the person's communication style, including what others think different gestures or phrases may mean? Does it include how others should respond?
3. Person Centered Important To/For: Does the ISP reflect the person's interests, capacities, achievements, and visions that are important both to that person and also for the person? Does it identify ways to further develop the person's capacities and networks and does it include health and safety risks as well as what others say is important for the person?
4. Dreams and Visions: This section of the ISP identifies the dream or vision the individual has related to where he/she lives, daily activities, friendships, and community life.
5. Service Summary: Does the service section summary include all services received, including staffing requirements and daily supports (paid and unpaid)? Does it provide an overview of changes in needs/services, continued concerns, and review of what the person has accomplished, barriers/opportunities to achieving hopes and dreams?
6. Rights Restriction/Psychotropic Medications/Behavior Support Sections: If indicated, are any concerns described regarding rights restrictions, medications, challenges, informed consent, or a need for a positive behavior support plan, crisis plan or safety plan?
7. Meeting Minutes: The ISP team should meet annually to update and modify the ISP. Meeting minutes should reflect community presence, choices of supports and services, health and safety, and goals and outcomes desired by the person.

⁸ See the Delmarva GQMS website for a list of items checked within each section of the ISP QA Checklist. (http://www.dfmc-georgia.org/person_centered_reviews/index.html)

8. Support Intensity Scale (SIS) completed and support needs are addressed in the ISP: SIS information should be noted throughout the entire ISP. Has the team reviewed the SIS data? Does the SIS support section identify needs that will be deferred and those that will be developed, and why?
9. Health and Safety Review Section completed accurately and thoroughly: HRST information should be noted throughout the ISP. Are medications section of health and safety section of ISP complete? Are identified support needs included? Are required assessments appropriately completed? Is the authorized medical support section fully completed?
10. Goals are Person Centered: Do new goals address and build on what is important to the person? Are the person’s dreams and vision for home, family, and community involvement addressed? Do new goals address changes the person wants to make?
11. Training Goal Action Plan: Does the plan have the desired outcome of the person, discussion and rationale based on assessment information? Is the goal measureable and reflective of what is important to and for the person?
12. Action Plans: Are all objectives reflective of the Action Plan with a definition of how the person will know they are met? For each object are supports, frequency, and how progress will be documented/identified?

Table 4: ISP QA Checklist Ratings by Expectation					
July 2012 – March 2013 (N=615)					
ISP QA checklist description	Ratings				
	0	1	2	3	4
Relationship Map/ how to develop relationships	1.5%	5.1%	14.0%	38.5%	41.3%
Communication Chart	2.8%	2.0%	5.5%	30.7%	59.4%
Person-centered Important to/For	1.0%	0.7%	6.5%	32.6%	59.5%
Hopes and Dreams	14.0%	8.2%	14.5%	21.9%	41.8%
Service Summary	2.6%	7.8%	16.6%	26.3%	47.0%
Rights, Psychotropic Medications, Behavior Supports	1.0%	0.2%	1.8%	10.3%	87.1%
Meeting Minutes	4.1%	11.3%	21.0%	25.4%	38.5%
SIS completed; needs are addressed in the ISP	0.8%	0.2%	4.2%	42.1%	53.0%
Health and Safety Review Section completed	0.8%	0.5%	2.6%	20.4%	76.0%
Goals are Person Centered	6.2%	13.1%	18.9%	25.9%	36.2%
Training Goal Action Plan	3.1%	9.6%	12.4%	51.9%	23.3%
Action Plans	1.0%	5.7%	28.2%	35.4%	30.0%
Average	3.2%	5.3%	12.2%	30.0%	49.3%

Information in Table 4 shows, for each of the 12 ISP expectations, the percent of ISPs that fall into each rating. For the 615 ISPs reviewed to date this year:

- On average, approximately 49 percent of ISP expectations were rated as **4**, meaning all of the four requirements listed were present, and over 79 percent with at least three present—similar to Year 4 results.
- Close to 20 percent of ISPs had none or one of the Expectations present for person centered goals.
- Approximately 22 percent of ISPs had none or one standard present in the Dreams and Visions section, which is where some goals are generated for the Goals and Action Plan section.

Provider Record Review (PRR)

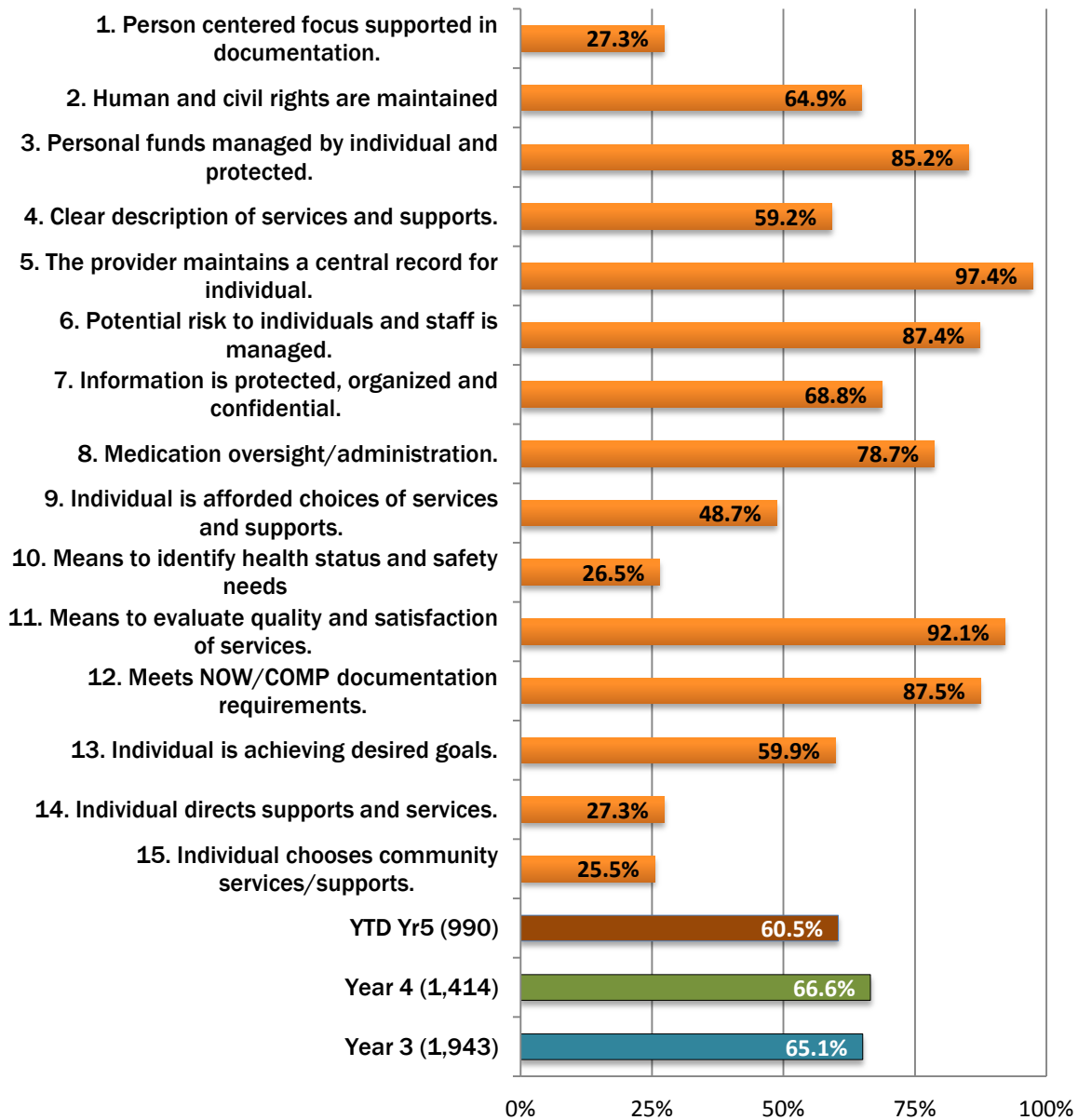
During the Provider Record Review, Delmarva QICs assess the provider's records on 15 different Expectations:

1. A Person Centered focus is supported in the documentation.
2. Human and civil rights are maintained.
3. The personal funds of the individual are managed by the individual and protected.
4. The provider clearly describes services, supports, care and treatment of the individual.
5. The provider maintains a central record for the individual.
6. The provider manages potential risk to the individual, staff and others.
7. The provider maintains a system for information management that protects individual information and that is secure, organized and confidential.
8. Providers with medication oversight or who administer medication follow Federal and State laws, rules, regulations, and best practice guidelines.
9. The individual is afforded choice of services and supports.
10. The provider has means to identify current health status, health/behavioral safety needs and is knowledgeable of individual's ability to self preserve.
11. The provider has a means to evaluate the quality and satisfaction of services provided to the individual.
12. The provider meets NOW and COMP documentation requirements.
13. The individual is making progress and achieving desired goals.
14. The individual directs supports and services.
15. The individual chooses services and supports in the community.

Figure 13 displays the percent present for each PRR Expectation for all providers working with the 615 individuals who participated in a PCR or QEPR between July 2012 and March 2013. A

record review is completed for each service received by the individual, with up to 990 reviews completed for each PRR Expectation.

**Figure 13: Provider Record Review (PRR)
 Percent Present by Expectation
 July 2012 - March 2013 (N=990)**



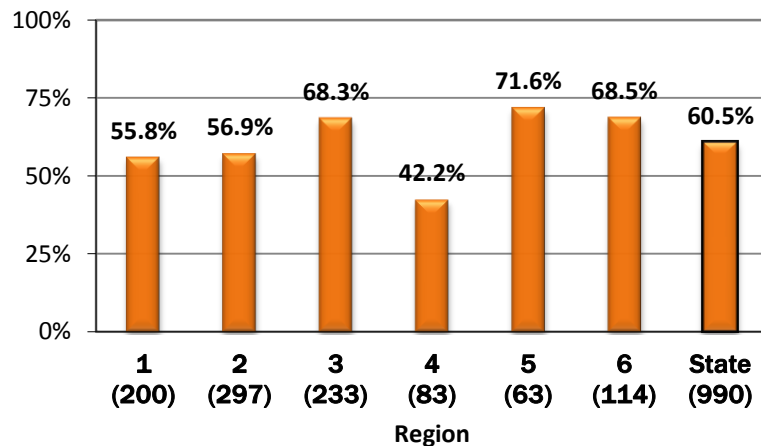
Results from the Provider Record Reviews are similar to previous quarters:

- The average Provider Record Review score to date in Year 5 is approximately 6 percent present, lower than in previous years.

- Two Expectations were met in over 90 percent of the records reviewed: maintaining a central record for the person and having a means to evaluate the quality or and satisfaction with services.
- Most of the records reviewed (727 of 989—73.5%) did not document a means to identify health status or safety needs.
- Documentation was often not present that supports a person centered focus (27.3% present); that indicates individuals have a choice of services and supports in the community (25.5% present); that indicates the individual directs supports and services received (27.3% present), or that individuals have choice of services and supports (48.7%).

Figure 14 provides results for the Provider Record Reviews by region. The numbers in parentheses represent the total number of record reviews completed in each region. The number of Expectations scored in each region ranged from 873 (Region 5) to 4,054 (Region 2). Findings to date range from 42 percent present in Region 4 to 72 percent in Region 5.

Figure 14: Provider Record Review (PRR)
Percent Present by Region
July 2012 – March 2013



Staff/Provider Interviews

Staff and/or provider interviews are conducted with all providers and/or staff who provide a specific service for the individual participating in the PCR and for all services offered by the

provider receiving a QEPR. A total of 792 interviews were completed during the first three quarters of the year. Through the staff interview, Delmarva Consultants score the provider/staff on 23 indicators that measure seven different Expectations:⁹

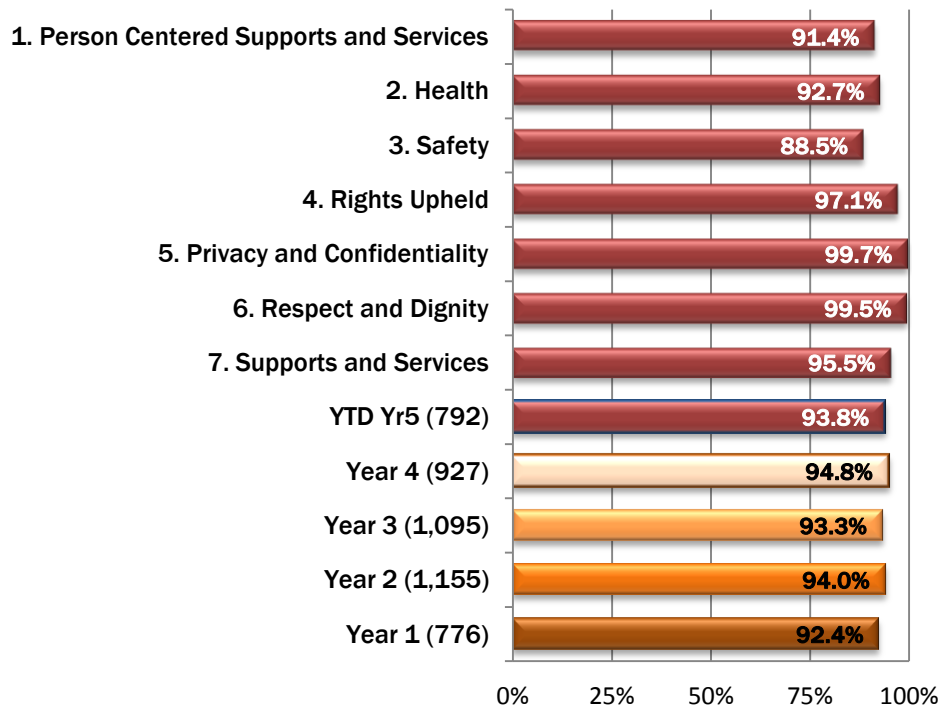
1. Implementation of Person Centered/Directed Supports and Services (7 indicators)
2. Health (2 indicators)
3. Safety (3 indicators)
4. Rights Upheld (3 indicators)
5. Privacy and Confidentiality (2 indicators)
6. Respect and Dignity (1 indicator)
7. Implementation of the Plan's Identified Supports and Services (5 indicators)

The percent present on each of these Expectations is based on the number of indicators reviewed and is presented in Figure 15. Findings to date indicate:

- Staff Interview performance appears to be relatively good, with six of seven Expectations scored at or above 90 percent, an average score of 94.0 percent.
- Staff scored lowest in the area of safety.

⁹ See the Delmarva GQMS website to review the tool used during the staff interview and a description of each indicator used to measure the expectations. (http://www.dfmc-georgia.org/person_centered_reviews/index.html)

Figure 15: Staff/Provider Interview (SPI)
Percent Present by Expectation (N=792)
July 2012 – March 2013



Results have remained fairly similar across the different services and will be displayed in the Annual Report when all the data are available.

Observations

Onsite observations are completed for all individuals participating in the PCR who go to a day program or live in a paid residential setting such as a Personal Care Home or Host Home. During the QEPR, up to 20 residential and all day activity sites are visited per provider. Observations completed during the PCR are incorporated into the QEPR process and different sites are visited. Therefore, if the provider has 20 residential programs, four may be observed during the PCR process for individuals receiving services from the provider. An additional 16 will be observed during the QEPR process, for up to a total of 20 per provider.

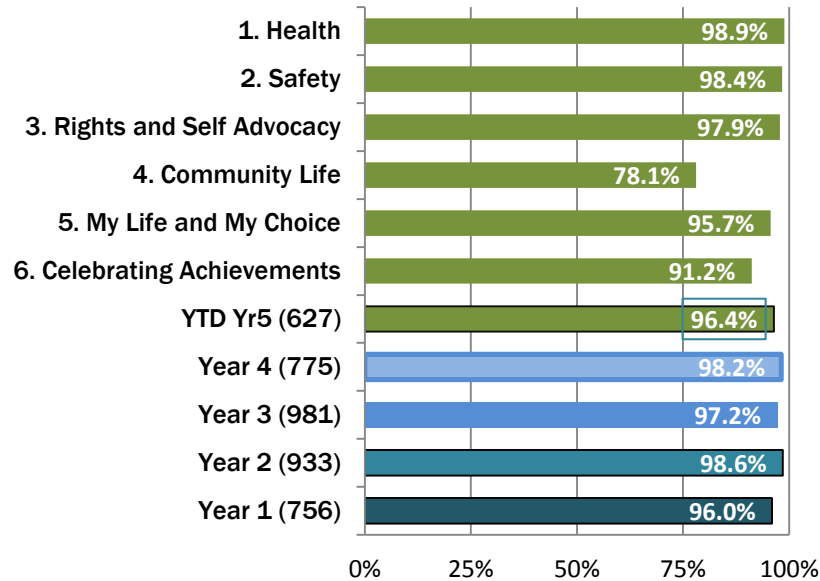
Observations are made to determine how supports are being rendered to the person and how the person responds to those supports and services. Any health and safety issues, including suspected or observed abuse, are included as part of this observation guide. During the current

time period, 627 Observations were completed. The Observation Guide, available on the Delmarva website (http://www.dfmc-georgia.org/person_centered_reviews/index.html), is used to assess the following Expectations for the individual in the facility.

1. Health: Observe the individual's physical well being, medication needs/effects, air quality and if any signs of illness are apparent.
2. Safety: Are there any safety issues, signs of abuse or neglect, and is the environment safe?
3. Rights and Self Advocacy: Look for rights restrictions, access to personal possessions, any privacy issues.
4. Community Life: Individual decides where to go and when, helps make choices, and staff support helping individual develop different social roles.
5. My Life, My Choice: Individual has information to make informed choices, chooses own routine, and is able to expand opportunities as desired.
6. Celebrating Achievements: Individual is acknowledged for accomplishments, and staff support person using a person centered approach and in making progress.

The following graph shows the Percent Present for the Observation Checklist by expectation (Figure 16). A total of 627 Observation Checklists were completed but not every expectation is scored for each one. In particular, only 73 observations were scored on Community Life, the lowest compliance rate (78.1%). Results by service are not displayed and reflect a compliance score of approximately 97 percent or higher for each service.

Figure 16: Onsite Observations (OBS)
Percent Present by Expectation
July 2012 – March 2013
(N=627)



Person Centered Review Results

Support Coordinator Record Review (SCRR)

Each individual who is eligible for services through one of the waivers selects a support coordinator to act as an advocate and help identify, coordinate, and review the delivery of appropriate services, based on specific goals, needs and requirements of the individual. During each PCR, the Quality Improvement Consultants review the individual's record that is maintained by the individual's support coordinator. Information from the record is used to score the support coordinator on nine different Expectations (scored as Present or Not Present):¹⁰

1. A person centered focus is supported in the documentation.
2. Human and civil rights are maintained.

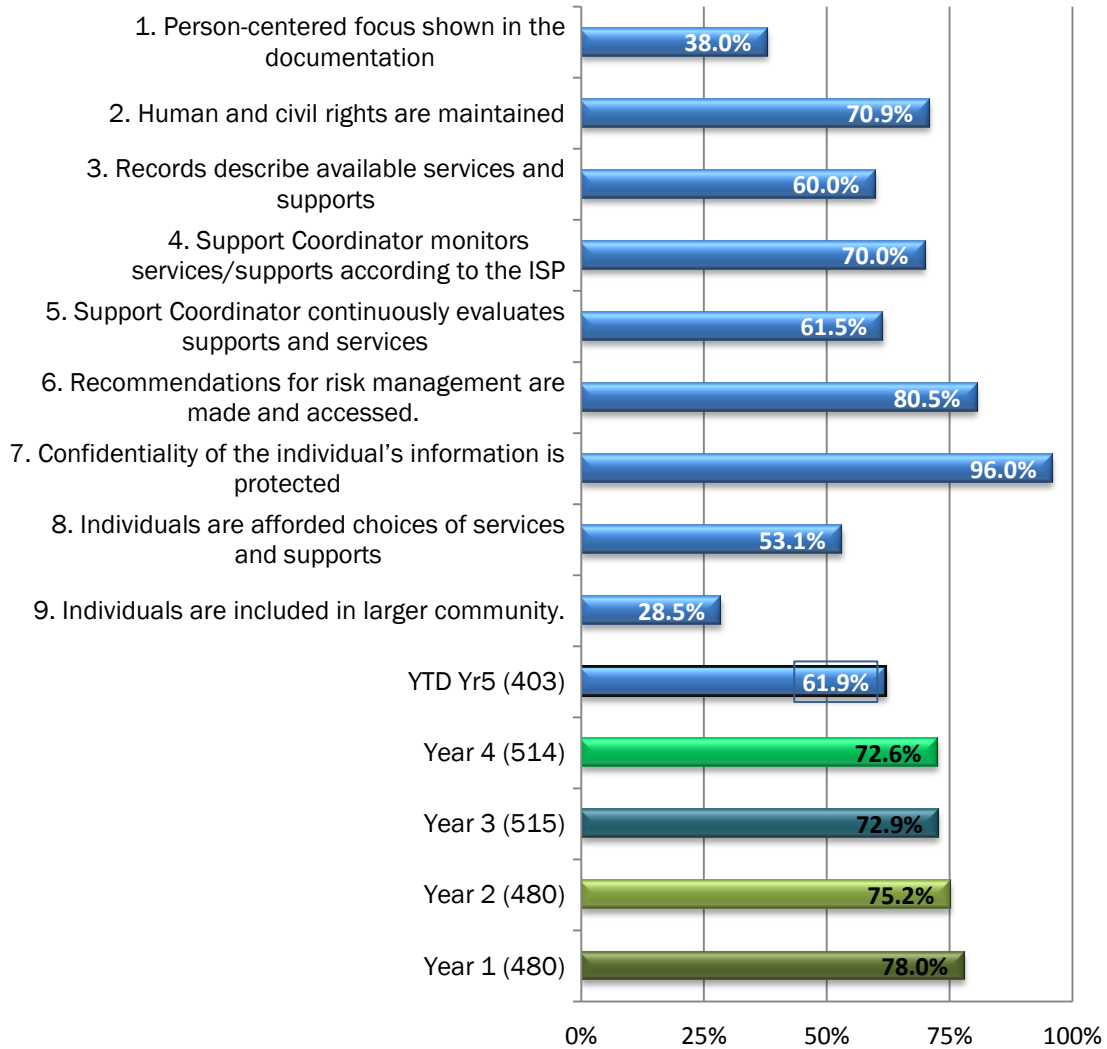
¹⁰ Go to Delmarva's GQMS website for a detailed description of each expectation and the type of probes used to determine the appropriate outcome. (http://www.dfmc-georgia.org/person_centered_reviews/index.html)

3. Documentation describes available services, supports, care, and treatment of the individual.
4. Support coordinator monitors services and supports according to the ISP.
5. Support coordinator continuously evaluates supports and services.
6. The support coordinator has an effective approach for assessing and making recommendations to the provider for improving supports and services related to risk management.
7. The support coordinator maintains a system of information management that protects the confidentiality of the individual's information.
8. Individuals are afforded choices of services and supports.
9. Individuals are included in the larger community.

Information in Figure 17 reflects Support Coordinator Record Review results for the 403 PCRs completed year to date in Year 5. Data are similar to previous years and reflect a wide variety of results for different Expectations:

- Records are least likely to document that individuals are included in the larger community (28.5%)
- The majority of records (72%) do not show a person-centered focus in the documentation
- The statewide average to date this year (62%) is considerably lower than in previous years

**Figure 17: Support Coordinator Record Review Results (SCRR)
 Percent Present by Expectation
 July 2012 – March 2013**

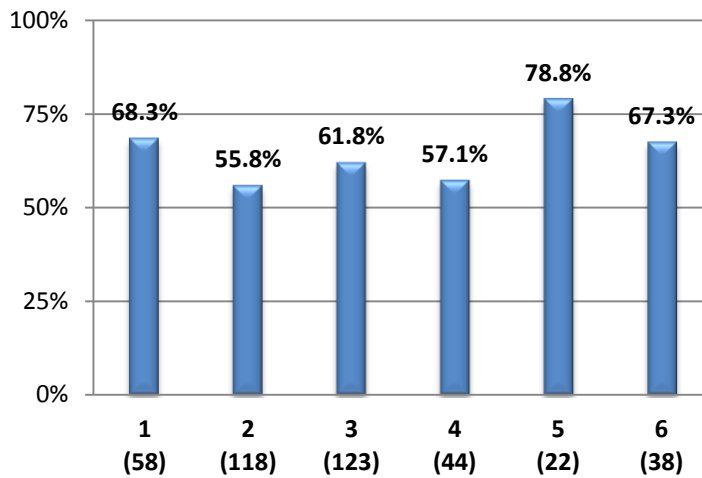


Support Coordinator Record Review results are displayed by Region, Residential Setting and Age Group in the following graphs (Figures 18 – 20).

- Results by Region range from a low of 56 percent in Region 2 to 79 percent in Region 5.
- Support coordinator documentation appears to be somewhat better for individuals living in Host Homes compared to all other residential types.

- Results for individuals age 45 to 54 appear to be somewhat lower than for other age groups with the exception of the 24 young individuals (age 18 to 25).

**Figure 18: Support Coordinator Record Review Results (SCRR)
 Percent Present by Region
 July 2012 – March 2013**



**Figure 19: Support Coordinator Record Review Results (SCRR)
 Percent Present by Residential Setting
 July 2012 – March 2013**

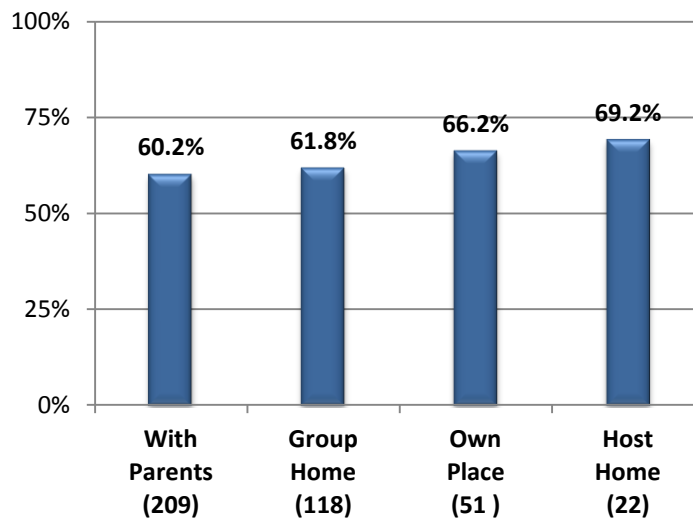
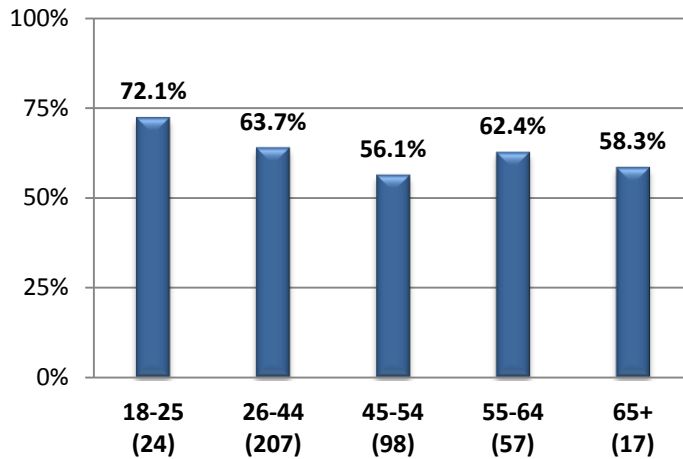


Figure 20: Support Coordinator Record Review Results (SCRR)
Percent Present by Age Group
July 2012 – March 2013



Comparison of PCR Components

Almost every indicator within the different components of the PCR targets one of six quality improvement Focused Outcome Areas important to the success of any service delivery system:

- Health
- Safety
- Choices
- Community Life
- Person Centered Practices
- Rights

Each element from the various components of the PCR has been categorized within one of the Focused Outcome Areas (FOA). The Percent Present for each FOA is presented in Table 5, for the 420 individuals who participated in a PCR between July 2011 and March 2012. Results to date are consistent with previous findings and indicate some variation across the different components, but are similar to previous years: Support Coordinators and providers do not document well in most of the areas, but particularly in Celebrating Results, Choice, Health, and Community Integration. However, in some of the FOAs, results to date this year are considerably lower than in Year 4:

- Support Coordinator documentation is lower in all the FOAs, between eight and 14 percentage points lower than in Year 4
- Provider record documentation is showing a 15 point decline in the area of choice and 14 point decline in Rights

Table 5: PCR and QEPR Comparison Across Focused Outcome Area July 2012 – March 2013					
Focused Outcome	III	SCRR	PRR	SPI	OBS
	N=615	N=403	N=990	N=792	N=627
Celebrating /Achieving	89.7%	49.8%	51.6%	95.2%	91.2%
Choices	94.9%	56.5%	48.7%	99.2%	95.7%
Health	97.2%	80.5%	40.6%	92.7%	98.9%
Safety	96.8%	80.5%	87.4%	88.5%	98.4%
Rights	92.1%	83.5%	73.4%	98.2%	97.9%
Community	77.4%	28.5%	25.5%	78.1%	78.1%

Quality Enhancement Provider Review

The Quality Enhancement Provider Review (QEPR) has been completed for 25 service providers who were randomly selected from the list of providers who had not yet received a QEPR. The QEPR is comprised of six distinct components and the number of cases for each component is dependent upon the number of individuals receiving services, number of services provided, and the number of residential and/or day programs the provider offered at the time of the review. Results have been reported for the III, ISP QA Checklist, Provider Record Reviews, Staff/Provider Interviews, and Onsite Observations. Provider demographic information and results from the Administrative Review are presented here.

A summary of information for each provider reviewed during the first three quarters of the year is shown in Table 6. Information includes the number of individuals served (ranging from 1 to 100), the number of individuals who participated in an III (ranging from 1 to 61), the number of services the provider offers (ranging from 1 to 13) and the number of staff members working with the organization (up to 37). On average, for the QEPR Delmarva consultants interviewed approximately 66 percent (447/676) of the provider’s case load.

Table 6: QEPR Provider Information					
July 2012 - March 2013					
Provider Name	Region	Individuals Served	Individuals Interviews	# of Services	# of staff
BSA Blessings Assurance Community Services	6	11	5	5	6
Baileys Healthcare	4	3	1	1	4
Burnt Mountain Center	1	75	58	9	37
EDLYN Healthcare Services	3	2	2	1	6

Table 6: QEPR Provider Information					
July 2012 - March 2013					
Provider Name	Region	Individuals Served	Individuals Interviews	# of Services	# of staff
Easter Seals Southern Georgia	5	12	12	3	30
Easter Seals of West Georgia	6	52	36	2	19
FEHE Enterprises	3	1	1	1	4
Gentility PCH	3	31	15	2	37
Helping Out People Environment	2	72	48	6	86
Hope Haven of Northeast Georgia	2	110	57	13	0
Le Fevre Personal Care Homes Inc	1	10	8	2	12
NiceKare Inc	5	20	11	2	13
Pats House Assisted Living	6	8	6	1	10
Paulding Enterprises	1	58	51	4	16
People Making Progress	3	46	32	5	18
Positive Care PCH	6	22	11	4	21
Precious Living	3	3	3	1	3
Rainbow Ridge Personal Care Home	2	3	3	1	6
Residential Living	3	4	2	1	5
River Edge	2	100	61	11	97
Signature Care of Georgia	2	2	2	1	6
Southern Choices	5	18	11	3	26
Summer Street Community Services	1	3	1	1	2
Touching Lives PCH	3	9	9	1	11
Vemandal Nursing Services	1	1	1	2	3

QEPR Administrative Review

Each provider receives one Administrative Review, monitoring the Qualifications and Training (A Q&T) of providers and staff. The A Q&T includes a review of a sample of personnel records to determine if staff has the necessary qualifications, specific to services rendered, and if the training was received within required timeframes.

Due to the degree of revisions implemented in the Administrative tools, procedures, and the Standards for All Providers, comparisons to Years 1 or 2 are not appropriate. However, it is possible to compare providers reviewed to date in Year 5 to Year 3 and 4 average results.

The Administrative Qualification and Training Checklist is used to score providers on 11 Expectations pertaining to service specific qualifications and receiving training within appropriate timeframes. Each Expectation, the number of elements/questions used to score each Expectation, and results for the 25 providers reviewed this year are listed in Table 7. The number of records reviewed for each A Q&T standard varies, depending upon the number of employees working for the organization.

- The average compliance score for the 25 providers reviewed to date in Year 4 was 68.8 percent, the same as in Year 4.
- To date, Year 5 providers performed considerably better maintaining current certification and accreditation, up 21 and 13 points respectively.
- Providers continue to score relatively low in documenting job descriptions (63.2%), completing annual training (64.2%), and receiving training to ensure medication administration rules, laws, regulations and best practices are followed (66.7%).

Table 7: Administrative Qualifications and Training Percent Present by Expectation (N=25) July 2012 - March 2013			
Number Questions	Expectations	YTD Yr5	Year 4
2	The type and number of professional staff attached to the organization are properly licensed, credentialed, experienced and competent.	93.9%	87.8%
2	The type and number of all other staff attached to the organization are properly Licensed, Credentialed, Experienced and Competent.	79.2%	81.1%
5	Job descriptions are in place for all personnel.	63.2%	63.0%
2	There is evidence a national criminal records check (NCIC) is completed for all employees.	85.7%	82.5%
4	Orientation requirements are specified for all staff. Prior to direct contact with consumers, all staff and volunteer staff shall be trained and show evidence of competence.	72.6%	72.8%
15	Within the first sixty days, and annually thereafter, all staff having direct contact with consumers shall have all required annual training.	64.2%	65.1%
6	Provider ensures staff receives a minimum of 16 hours of annual training.	53.3%	58.2%
1	Organizations having oversight for medication or that administer medication follow federal and state laws, rules, regulations and best practices.	66.7%	62.9%
1	Provider has a current certification from MHDDAD Division (receives less than \$250,000 waiver dollars per year).	100.0%	78.9%
1	Provider has the required current accreditation if required (receives \$250,000 or more waiver dollars per year).	100.0%	87.5%
3	The organization has internal structures that support good business practices.	79.4%	78.3%
42	Average	68.8%	69.0%

Comparison of QEPR Component Scores by Providers

Table 8 provides a summary of scores for each component of the QEPR process, by provider. The percent present for each tool is dependent on a varying number of elements scored in the tool. However, comparing scores across them identifies where providers may have challenges to meet within their systems. Findings for III, PRR, and Observations include results from the QEPR and also PCR reviews applicable to the QEPR provider.

There is a great deal of variation not only within the different review components but also for many providers across the review components. For example, results for River Edge range from 24.4 percent on Qualifications and Training to 90.9 percent compliance on III results.

Table 8: QEPR Percent Present by Providers					
July 2012 - March 2013					
Provider Name	Q & T	III	PRR	PSI	OBS
BSA Blessings Assurance Community Services	100.0%	88.0%	87.0%	95.5%	100.0%
Baileys Healthcare	52.0%	100.0%	40.0%	100.0%	80.0%
Burnt Mountain Center	55.2%	79.4%	42.0%	91.4%	96.6%
EDLYN Healthcare Services	92.7%	96.7%	86.7%	95.7%	100.0%
Easter Seals Southern Georgia	35.9%	97.2%	70.8%	96.0%	100.0%
Easter Seals of West Georgia	30.8%	87.0%	46.9%	96.5%	92.0%
FEHE Enterprises	95.1%	100.0%	86.7%	91.3%	100.0%
Gentility PCH	45.2%	97.8%	70.6%	96.1%	100.0%
Helping Out People Environment	36.6%	91.4%	48.3%	94.4%	93.8%
Hope Haven of Northeast Georgia	77.5%	91.9%	67.6%	94.8%	97.4%
Le Fevre Personal Care Homes Inc	82.9%	92.5%	71.0%	89.1%	96.4%
NiceKare Inc	22.0%	98.8%	68.8%	98.6%	100.0%
Pats House Assisted Living	85.4%	76.7%	44.4%	88.4%	90.0%
Paulding Enterprises	97.5%	92.9%	77.3%	97.5%	100.0%
People Making Progress	77.5%	96.5%	60.0%	100.0%	100.0%
Positive Care PCH	25.6%	93.3%	71.5%	94.6%	100.0%
Precious Living	100.0%	97.8%	60.0%	97.8%	100.0%
Rainbow Ridge Personal Care Home	87.8%	44.4%	55.6%	89.9%	83.3%
Residential Living	97.0%	96.7%	76.7%	95.7%	100.0%
River Edge	24.4%	90.9%	50.4%	90.8%	87.3%
Signature Care of Georgia	100.0%	80.0%	76.7%	97.8%	87.5%
Southern Choices	70.7%	95.2%	62.3%	94.8%	100.0%
Summer Street Community Services	97.6%	100.0%	86.7%	97.8%	100.0%
Touching Lives PCH	48.8%	83.7%	52.2%	89.1%	100.0%
Vemandal Nursing Services	87.8%	86.7%	64.3%	89.1%	NA

Strengths and Barriers

During the QEPR, Delmarva works with each provider to identify strengths and best practices as well as barriers providers face in developing optimal service delivery systems. Quality

Improvement Consultants have a list of strengths and barriers in a “drop down” menu. However, when “other” is listed, a comment is included in the data. The top strengths and barriers noted during the reviews are listed in Table 9, as well as the number of times each is noted and the percent this represents of the total number documented.¹¹

Table 9: Provider Strengths and Barriers		
Top Results, July 2012 - March 2013		
Strengths	Times Noted	Pct
Customer's satisfaction with supports and services	16	6%
Provider is flexible	15	5%
Provider's receptiveness to improving their quality of supports and services	14	5%
Provider's accessibility to individuals they are serving	13	4%
Provider's demonstration of concern for individuals served	12	4%
Provider's patience	11	4%
Provider's attitude of putting the persons served first	11	4%
Provider's respect for individuals served	10	3%
Provider's relationship with individuals served	10	3%
Provider's longevity with the individuals served	10	3%
Dependability of the provider	10	3%
Total Number of strengths Documented	290	
Barriers	Times Noted	Pct
Cost of doing business vs. reimbursement rates	16	8%
Excessive paperwork requirements	14	7%
Support plan not driven by the person	10	5%
Conflicting messages - licensing verses person centered approach	8	4%
Undue family/guardian influence	7	4%
Limited understanding of how to access and network with other resources	7	4%
Competing priorities	7	4%
Workload	6	3%
Lack of Support Coordinator follow-through	5	3%
Needed services not approved/funded	5	3%
Lack of qualified pool of potential employees	5	3%
Individual lacks financial resources	5	3%
Agency turnover	5	3%
Community preconceptions and/or prejudices	5	3%
Total Number of Barriers Documented	192	

¹¹ See Appendix 1, Exhibits 1 and 2 for a complete list of strengths and barriers used to date this year.

A total of 290 strengths were identified, and a total of 192 barriers were documented during the reviews completed between July 2012 and March 2013. Providers may identify more than one strength or barrier, but each will be recorded only one time per provider. Information in Table 9 indicates:

- Many of the strengths identified for the 25 providers reviewed to date in Year 5 reflect areas of respect, trust, responsiveness to needs, improving quality of supports and services, and flexibility.
- Barriers noted by many of the providers include excessive paperwork and lack of financial resources (cost of doing business vs. reimbursement rates), and problems surrounding not having the support plan driven by the person.

Decline codes

Individuals selected to take part in the interview have the right to decline to participate. During the first three quarters of the year, 43 individuals were recorded as a decline for the process: 32 declined, two had moved out of the state, and 13 were no longer receiving services.

Follow-Up Reviews

Follow-up with Technical Assistance

Delmarva conducts two types of Follow-up reviews: Follow up with Technical Assistance (FU w/ TA) and the FUTAC (Follow-up with Technical Assistance Consultations). The FU w/ TA is conducted 90 days after completion of the QEPR. Using findings from the QEPR, technical assistance is offered to support providers, including suggestions and guidance to help improve their service delivery systems.

During the first three quarters of the contract year, Delmarva completed 31 FU w/ TA reviews. Results are displayed in Table 10. The percent of Expectations scored as Met at the Follow-up is based on the number of Expectations scored as Not Met at the QEPR (N in the table) and the number scored Met at the Follow-up. For example, Burnt Mountain Center had 12 Expectations scored Not Met during the Q & T Administration Review, of which 17 percent scored Met at the Follow-up.

Table 10: Follow Up with Technical Assistance (Jul 2012 - Mar 2013) % Met on expectations that were originally scored "Not Met"					
Provider	Region	Training and Qualification		Provider Record Review	
		% Met	(N)	% Met	(N)
Aspirations 2B	3	0%	6	8%	12
Bobbi Personal Care Home Inc	6	77%	13	36%	11
Burnt Mountain Center	1	17%	12	3%	206
Carroll County Training Center	6	100%	3	34%	125
Choices of Change Llc	5	100%	6	0%	16
Coastal Center for Developmental Service	5	57%	7	59%	179
Douglas County Retardation Association I	1	100%	7	35%	17
EDLYN Healthcare Services ²	3	0%	2	-	0
Easter Seals Southern Georgia	5	100%	25	74%	19
Easter Seals of West Georgia	6	48%	27	34%	250
First Paths Inc	3	0%	2	56%	9
Foundation of Exceptional Achievers	3	100%	1	37%	122
Gentility PCH	3	70%	23	18%	38
Hand-n-Hand PCH	4	33%	6	83%	6
Helping Out People Environment	2	4%	26	43%	350
Jones-Cody PCH Inc	3	-	-	100%	15
Key Foundation	1	-	0	30%	43
Le Fevre Personal Care Homes Inc	1	100%	7	42%	31
Lynndale Inc	2	0%	21	9%	366
Metro Community Services	3	-	-	67%	9
Pats House Assisted Living	6	67%	6	26%	34
Paulding Enterprises	1	0%	1	100%	103
People Making Progress	3	100%	9	16%	97
Positive Care PCH	6	90%	29	-	-
Precious Living	3	-	0	83%	12
Professional Case Management	4	0%	21	93%	98
Southern Choices	5	100%	12	18%	40
Supported Employment Specialists Inc	1	100%	2	97%	37
Touching Lives PCH	3	0%	21	15%	48
Tranquility Personal Care Home	3	67%	6	25%	4
Vemandal Nursing Services ³	1	40%	5	-	0

" - " means Not Applicable.

Follow Up with Technical Assistance Consultation (FUTAC)

Providers are tagged to receive a FUTAC through a referral system. The review process utilizes a consultative approach to assist providers in their efforts to increase the effectiveness of their service delivery systems. The focus is to improve systems that meet the needs, communicated choices, and preferences of the individuals receiving services.

The FUTAC also supplements the PCR and QEPR processes by affording the State of Georgia and contracted providers the opportunity to solicit technical assistance for specific needs within the service delivery milieu. During the first three quarters of the contract year, 152 FUTAC were completed. The following series of tables provides information about the region and type of FUTAC, the referral process, the Focused Outcome Area addressed, and the type of technical assistance provided.

- FUTACs have been completed in each of the six Regions
- Most of the reviews were onsite (95.4%), referred at the individual level (84.2%), the source of the referral from one of the Regional Office HQMs (82.9%), with the Support Coordinator monthly score of a 3 or 4 as the primary reason for the referral (79.6%).
- Health, Safety and Provider Record Review documentation were most often the Focused Outcome Area addressed.
- Technical assistance most often included discussion with the provider and brainstorming.

Table 11: FUTAC Number and Percent by Region		
July 2012 - March 2013		
Region	Number	Percent
1	32	21.1%
2	20	13.2%
3	33	21.7%
4	8	5.3%
5	33	21.7%
6	26	17.1%
Total	152	

Table 12: FUTAC by Type and Referral		
July 2012 – March 2013		
Type	Number	Percent
Desk	7	4.6%
Onsite	145	95.4%
Referral Level	Number	Percent
Individual	128	84.2%
Provider	24	15.8%
Referral Source	Number	Percent
Division	1	0.7%
Health Quality Manager (HQM)	126	82.9%
Internal	2	1.3%
Other Regional Office Staff	9	5.9%
Provider	14	9.2%
Referral Reason	Number	Percent
SC Monitoring Scores of 3 & 4s	121	79.6%
Corrective Action Plan (CAP)/Critical Incident	4	2.6%
Provider Self Request	18	11.8%
Complaints/Grievance	9	5.9%
QEPR Alert	0	0.0%
PCR Alert	0	0.0%
Compliance Review	0	0.0%

Table 13: FUTAC by Focused Outcome Area		
July 2012 - March 2013		
Type	Number	Percent
Health	92	26.2%
Safety	57	16.2%
Rights	35	10.0%
Choice	17	4.8%
Community Life	1	0.3%
Person Centered	36	10.3%
Administrative Q&T	6	1.7%
Documentation SCRR	1	0.3%
Documentation PRR	105	29.9%
Documentation ISP QA	1	0.3%

Table 13: Follow Up with Technical Assistance Consultation		
Type of Technical Assistance Provided		
July 2012 - March 2013		
Type	Number	Percent
1:1 Training	24	6.2%
Brainstorming	83	21.3%
Group Training	26	6.7%
Individual Discussion with Provider	106	27.2%
Strategic Planning	18	4.6%
CAP Development	6	1.5%
Resources-Hard Copy	16	4.1%
Group Discussion	49	12.6%
Resources-web-based	34	8.7%
Role Play	5	1.3%
Skill Building	23	5.9%

Focused Outcome Recommendations

As part of the QEPR process, Delmarva has begun to capture specific recommendations for each Focused Outcome Area (FOA): Celebrating Achievements, Community Life, Health, My Life My Choice, Rights, and Safety. Information is collected through drop down menus during the QEPR and the FUTAC, and is available to further analyze areas in which the service delivery system for the provider may need the most attention.

Recommendations from the QEPR are listed by Focused Outcome Area in Exhibit 3 of Appendix 1.¹² A total of 553 recommendations have been provided, with 82 to 1143 per FOA. Many of the providers were given the following recommendation:

- Assist individual in developing person centered goals
- Identify ways to expose individuals to new opportunities in the community
- Ensure documentation reflects the individuals’ interactions and response to outings
- Review health topics with individuals regularly
- Improve on documentation of person’s choices and responses
- Expand on choices offered in everyday life activities

¹² The FOA recommendations from the 199 FUTAC completed this year are included as Exhibit 4 in the Appendix.

- Provide education about the consequences/responsibilities associated with making choices and exercising their rights.
- Explore alternate rights educational materials to accommodate individuals with different communication and learning styles
- Support and find ways for the individuals who use alternate communication styles to exercise their rights and express their preferences.
- Support and encourage individuals to role play safety scenarios to teach safety and self preservation skills.
- Conduct “what if” scenarios to determine an individual’s skills in various safety situations.

Individuals Recently Transitioned to the Community (IRTC)

A total of 75 individuals who transitioned from an institution to the community participated in a Person Centered Review with a Delmarva consultant. Findings to date from the Individual Interview are presented in Table 14, with results from the PCR/QEPR interviews shown for comparison.

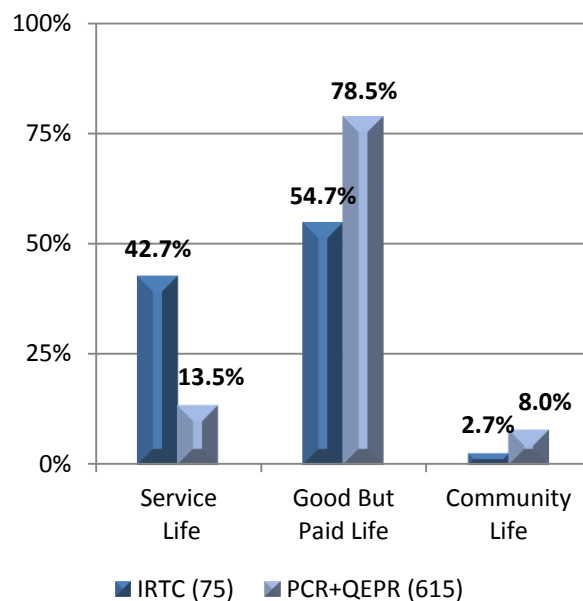
- The average percent of outcomes met is the same for both groups of individuals
- Results for IRTC were somewhat higher on two outcomes indicating they appear to be more likely achieve desired goals and exercise rights
- Individuals recently moving into the community scored 49.3 percent in the area of developing desired social roles, considerably less than their counterparts (69.3%).

Table 14: Individual Interview Instrument July 2012 - March 2013	PCR/QEPR (615)	IRTC (75)
The person is afforded choice of services and supports.	95.1%	96.0%
The person is involved in the design of the service plan.	85.7%	86.7%
The service plan is reviewed with the person, who can make changes.	76.9%	72.0%
The person's goals and dreams are reflected in supports and services.	94.0%	90.7%
The person is achieving desired outcomes/goals	94.1%	98.7%
The person actively participates in decisions concerning his or her life.	94.6%	94.7%
The person is satisfied with the supports and services received.	97.9%	98.7%
The person is free from abuse, neglect and exploitation.	97.4%	93.3%
The person is healthy.	97.2%	94.7%
The person is safe or has self-preservation skills.	96.3%	97.3%
The person is educated and assisted to learn about and exercise	81.0%	85.3%

Table 14: Individual Interview Instrument July 2012 - March 2013	PCR/QEPR (615)	IRTC (75)
rights.		
The person is treated with dignity/respect.	98.2%	98.7%
The person’s preferences related to privacy are upheld.	97.2%	98.7%
Person has opportunities to access and participate in community activities.	85.5%	88.0%
The person is developing desired social roles.	69.3%	49.3%
III Average	90.7%	89.5%

In addition, 32 of the 75 IRTC ISPs (42%) were written to support a Service Life, compared to 13.5 percent for individuals already established in the community (Figure 21). Additional tables presenting comparative results between the two groups are in Exhibit 6 of the Appendix, and analysis will be completed in the Annual Report when more cases are available.

**Figure 21: ISP Written to Support What Kind of Life?
 IRTC v PCR+QEPR
 July 2012 – March 2013**



Section 3: Discussion and Recommendations

During the first three quarter of Year 5 of the Georgia Quality Management Systems (GQMS) contract (July 2012 – March 2013), Delmarva has continued to work closely with the Georgia Division of Developmental Disabilities, Regional Offices, and other Stakeholders to build an effective and high quality QA system for Georgia. QI Councils have worked on new initiatives for this contract year, supporting the development of community connections and supported employment. The statewide QI Council will be providing input for the re-design of the GQMS across the state.

Based on feedback from providers, the review processes and QEPR sample methodology were revised to streamline the activities but maintain the integrity of the data collected through the processes. The QEPR sample was modified to include individual interviews and record reviews completed during the PCR process, but also ensuring additional records are reviewed during the QEPR. The new procedure reduces the total number of records reviewed and time spent by consultants at the provider's facilities. Work has begun on a report card to be posted on the Public Reporting Website and Delmarva consultants have begun to interview, for a longitudinal panel study, individuals who recently transitioned from an institution who have agreed to be interviewed several times over the years.

Through the third quarter this year, Delmarva Quality Improvement Consultants (QIC) have completed 403 Person Centered Reviews (PCR) and 25 Quality Enhancement Provider Reviews, for a combined total of 615 interviews with individuals receiving services through the waiver programs. An additional 75 individuals who were recently transitioned to the community (IRTC) from an institution participated in a PCR. Data from the interviews conducted during either the PCR or QEPR processes were used to present results for the III, ISP QA Checklist, Provider Record Reviews, Staff/Provider Interviews and Observations. Some IRTC results are presented, but a more complete analysis will be incorporated into the Annual Report.

III results to date are similar to previous years and results are fairly positive on average (90.7 %), an increase since Year 1 of the contract (83.2%). Performance on the Staff/Provider Interviews and Observations remain quite positive, 93.8 percent and 96.4 percent respectively and similar to previous years. Provider results for the Administrative Qualifications and Training requirements is the same as for providers reviewed in Year 4, approximately 69 percent.

IRTC individuals are almost always moved into a group home when transitioning from an institution to the community. Over 92 percent of IRTC individuals live in a group home compared to 30 percent for their counterparts.

Recommendation 1: The Division should help ensure a variety of residential settings, specifically host homes and supported living arrangements are available for newly transitioned individuals.

While results from the Individual Interview have improved over the years, data through the third quarter this year indicate a decline in performance on the Support Coordinator and Provider Record Reviews. Since Year 3, PRR compliance has decreased from 65.1 percent to 60.5 percent, with a decrease reflected in eight of the 15 Expectations. SCRR compliance has decreased from 72.9 percent to 61.9 percent over the same time period, and from 78.0 percent in Year 1. Compared to Year 3, Support Coordinators have shown a decrease in compliance on each of the SSRR Expectations from 2.8 percentage points (Describing available supports and services) to over 20 points (Monitoring supports and services according to the ISP).

Recommendation 2: In previous years, documentation training was developed and presented at various locations across the state. If the Annual results indicate a continued decline in documentation compliance for providers and support coordinators, the Division should revisit the training curriculum and explore why there has been a decreasing performance level. Several focus groups could be used to gather information from providers and support coordinators.

Recommendation 3: Consider developing additional training focused on specific areas of documentation identified above that providers and support coordinators continue to struggle with the most year after year.

Other findings are similar to results reported in previous reports and many recommendations are still relevant. Results continue to reflect possible issues surrounding health and/or safety, Community Access/Integration, and Person Centered Practices.

Results around Health and Safety indicate the following:

- HRST is not updated in the ISP as needed (53.3% present in ISP QA Checklist)
- Annual informed consent for psychotropic medications is often not present but has improved since Year 2 (37.3% present in ISP QA Checklist)
- Behavior support plan, crisis plan, and safety plan are often not signed (34.5% present in ISP QA Checklist)
- Only 26.5 percent of provider records reviewed documented a means to identify health status and safety needs
- Health and Safety represented over 26 percent of the FUTAC Focused Outcome Areas to be addressed

Currently, the web-based application which houses the HRST database and captures updates to this assessment tool does not allow the user to identify the date the annual update has been completed. Therefore, if the HRST was completed within the required timeline but needed to be updated again prior to the ISP date, the annual review date is overridden by the date any additional changes to the HRST are made. The system does not allow for the annual update to be captured. To date this has not deterred providers from updating the HRST when necessary (which is most important). This issue has been brought to the Division of DD's attention and attempts have been made to change the programming for the HRST but to no avail due to reasons beyond the control of the Division.

Recommendation 4: Request the HRST annual date be included as part of the CIS database because the Division of DD has more control over this system. The CIS website could be modified to be able to capture the annual update of the HRST.

A workgroup has been formed by the Division of DD to address the issue of having consent forms for people who are receiving psychotropic medications. This issue is being spotlighted by the ADA settlement agreement monitor. Since then other questions related to individuals' right to truly understand the consent form and or consequences of taking the psychotropic medications have been raised by support coordinators and providers. Furthermore, data show behavior support plan, crisis plan, and safety plan are often not signed.

Recommendation 5: It is recommended the Division of DD work with the Georgia Advocacy Office and the Georgia Ombudsman to evaluate consent form issues and barriers to these rights and develop an action plan to address these concerns with the goal of improving the person's ability to exercise these rights of informed consent.

Region 2 QI Council has developed the My HELPS Profile, a tool to assist the person and provider in identifying the person's health and safety needs; an informative and effective tool to capture safety supports a person may need to remain safe in the community. Since then it has been shared with many different providers across the State. Furthermore, Region4 QI Council's project attempts to help educate community health practitioners about the DD community and supporting health needs in the community. The reason for this initiative is to help the healthcare community better prepare for IRTC individuals to be served in the community and also to possibly help build more capacity in the community.

Recommendation 6: Recommend the Division of DD consider posting the My HELPS Profile to the Provider Resource Kit available on the DBHDD website endorsing its use.

Recommendation 7: Recommend the Division and Region 4 Regional Office support the Region 4 QI Council’s project and help evaluate its effectiveness. If successful, this model could be used in other Regions to help accomplish the same goals.

Results regarding Community Access indicate the following:

- Over 30 percent of individuals interviewed had not been developing desired social roles (III)
- The proportion of ISPs written to support a Community Life has decreased since Year 1, from 14.8 percent to 8.0 percent
- Only 26 percent of records indicated the person had choice of community services and supports
- Approximately 29 percent of support coordinator records documented including individuals in the larger community
- QEPR recommendations for almost half of the 25 providers reviewed to date this year indicated a need to identify ways to expose individuals to new opportunities in the community

As a part of the redesign of the quality management system, performance measures will be developed in order to hold providers more accountable to providing quality supports and services. Providers will have to report back to the state on their performance in specific areas.

Recommendation 8: Include social role development and community inclusion training as part of the new provider curriculum. In the Standards for All Providers require this training as a part of new employee orientation and annual in-service.

Recommendation 9: With the help of the Statewide QI Council and the recommendations from the consulting firm, the Division should develop performance measures reflective of how well a provider is supporting people to develop or maintain meaningful social roles.

Person Centered Practices:

- Approximately 23 percent of individuals had not been involved in the routine review of supports and services (III)
- Approximately 30 percent of ISPs did not contain goals that were all person centered and 19 percent of the service plans had two or fewer expectations met in the checklist section indication goals are person centered
- Provider Record Reviews often do not use a person centered focus in documentation (27.3% present)
- 62 percent of the Support Coordinator Record Reviews did not show person centered documentation

- Several recommendations provided during the QEPR address person centered practices such as regularly reviewing progress with the person, documenting that information is reviewed by the person, and document how individuals are being included in the planning process for outings.

Some recommendations from previous reports are still relevant.

Recommendation 10: The Division of DD, with support from HSRI, could research how other states are supporting community integration for people with developmental disabilities. Best practices and effective methods of supporting people to develop social roles and connect with their community could be the focus.

Recommendation 11: Review documentation requirements with support coordinators. Develop a stakeholder group to evaluate all of the current information support coordinators and Planning List Administrators (PLA) are required to document to ensure their efforts related to supporting the individuals to develop relationships and receive person centered supports and services are an integral part of their role.

Because data were only complete for 25 of the 40 providers who will have a QEPR this year, we have not focused on the QEPR results. Additional analysis will be included in the Annual report, including more in-depth trending for each review tool, Expectation and Focused Outcome Area.

Attachment 1: Overview of Delmarva Processes

The Georgia Quality Management System consists of two main processes, the Person Centered Review (PCR) and the Quality Enhancement Provider Review (QEPR). The PCR is designed to assess the overall quality of the supports and services a particular person receives through interviews with the individual and his or her provider(s), record reviews, and observations. The process explores the extent to which the system enhances the person's ability to achieve self-described goals and outcomes, as well as individuals' satisfaction with the service delivery system. Each PCR includes a face to face interview with a randomly selected individual using the National Core Indicator (NCI) individual survey tool and additional interview questions using Delmarva's Individual Interview Instrument (III).¹³

In addition to the interview, records of the most recent twelve (12) months of services received by the person are reviewed and used to help determine the person's achievement of goals that matter most. Onsite observations are conducted for individuals who receive day supports or residential services to observe the person in these environments, the individual's reaction to supports, and how well supports interact with the person. Interviews with the individual's support coordinator and provider/staff further assist the consultant in gathering information to help determine how the person is being supported and the person's knowledge of the supports and services being provided. A review of the person's central record is also part of this process and includes a review of how well the person's Individual Support Plan (ISP) reflects the person, including goals, talents, strengths and needs. A total of 480 PCRs will be completed each year of the contract.

The QEPR is used to evaluate the effectiveness of the provider's supports and services, organizational systems, records, and compliance with Division of DD standards for policy and procedures, as well as staff training and qualifications. The intent of the GQMS contract is for Delmarva to complete a QEPR with all providers at least one time over the course of five years. During the each contract year, 39 providers and one support coordinator agency will participate in a QEPR. For each provider, a representative sample of individuals is chosen to participate in an interview using the III, which begins the QEPR process and helps determine what individuals receiving services perceive as strengths and/or areas needing improvement within the provider's service delivery system.

Other resources used during the QEPR to gather information regarding the provider's supports and services are individual record reviews, onsite observations for individuals receiving day supports and/or

¹³ Individual participation in any interview as part of the QA process is voluntary. Individuals may refuse to participate for any reason and may also have anyone present at the interview they choose to have present.

residential services, and administrative review of the organization's policies and procedures, as well as staff training and qualifications, and provider/staff interviews. Information from the PCR interviews will be used to enhance the QEPR findings, as appropriate, to help support the provider in identifying trends, strengths, and areas needing improvement. The QEPR was implemented in January 2009.

The FUTAC (Follow Up with Technical Assistance Consultation) review was implemented during the third contract year. This process utilizes a consultative approach to assist providers in their efforts to increase the effectiveness of their service delivery systems in order to meet the needs, communicated choices, and preferences of individuals they serve, and to comply with the standards set forth by the State of Georgia that govern all providers. By implementing the FUTAC, the State of Georgia and contracted providers are given the opportunity to solicit technical assistance for specific needs in the service delivery milieu. This process provides resources to mitigate barriers that impact service delivery while identifying organizational strengths.

Through various avenues, providers are referred to Delmarva for a FUTAC, and certain criteria are used to determine if the referral will result in a FUTAC:

- Issues identified through the LOC RN Review
 - Determined by the HQM
- PCR & QEPR Alerts
 - Generated from Delmarva's PCR and QEPR processes and is based upon the Red Flag Policies and Procedures.
- Providers with continuous non-compliance in the Administrative Review Policy and Procedures and Staff Training and Qualifications tools, even after receiving the 90 day Follow Up with Technical Assistance.3 & 4 SC monitoring
 - Generated from the HQM monthly report which identifies when a provider has more than three, 3 or 4 ratings within a three month period.
 - Generated from the HQMs' review of individuals' services receiving ratings of 3 or 4 more than once in a three month period.
 - Requested a Corrective Action Plan (CAP) on 3 occasions and the provider has not yet responded.
- Support Plans that need improvement
 - Generated from the HQM when support coordination agency has not submitted a CAP request based upon the ISP QA Checklist scores.
- Corrective Action Plans based upon critical incidents
 - Generated by the Department's Critical Incident Investigations Unit
- Complaints and grievances
 - Generated by HQMs who have determined Delmarva is the best resource to complete the technical assistance.
- Compliance Review

- Generated by Division of DD Certification Department staff that has determined Delmarva is the best resource to provide technical assistance.
- Provider Request
 - Providers who have been identified by the Division or Region who need assistance
 - Providers who would like to receive technical assistance and who have already received a QEPR and a 90 day Follow Up with Technical Assistance.
- Provider has not already received 2 TA consultations within the preceding 12 month period.