Georgia Quality Management System

Year 3
Annual Report

July 2010 - June 2011

Eddie Towson
Director of Quality Assurance
Georgia Division of Developmental Disabilities
August 31, 2011

Table of Contents

Executive Summary 4
Introduction 14
Section 1: Significant Review Activity and Accomplishments 16
Training Updates 16
Physical and Nutrition Management 16
Power of Roles 16
Social Connections 16
True Choice 17
Goals to Action 17
Documentation 101: Template Training 17
Other Training Updates 17
Quality Improvement (QI) Councils 18
Region 1 18
Region 2 18
Region 3 19
Region 4 20
Region 5 20
Region 6 21
Statewide QI Council 22
Person Centered Review (PCR) Updates 23
Quality Enhancement Provider Review (QEPR) Updates 24
Tool Updates 24
Application Updates 24
QEPR Workgroup 24
Follow-up with Technical Assistance Consultation (FUTAC) Updates 25
Critical Incident Reporting (ROCI) 26
Human Rights Councils (HRC) 26
Website Development and Updates 27
Georgia Quality Management System Website Updates 27
Provider Public Reporting Website 27
Georgia Quality Management System Portals 27
Performance Measures 28
Quality Assurance 28
Status Meetings 28
Staff Meetings/In-service 28
Internal Staff Training 29
Inter-rater Reliability (IRR) 29

Report and Process Oversight 30
Data Correction Process 30
Feedback Surveys 31
HSRI Feedback Survey for NCI Consumer Survey Process 31
QEPR and PCR Feedback Surveys 31
Miscellaneous Accomplishments 33
Individual Support Plan Workgroup 33
Staffing Updates 33
Section 2: Data Analysis and Results 34
Samples 34
Data Presentation 34
General Demographic Characteristics 35
PCR and QEPR Combined Results 37
Individual Interview Instrument (III) 38
Individual Support Plan Quality Assurance (ISP QA) Checklist 44
Provider Record Review (PRR) 52
Staff/Provider Interviews 58
Observations 61
Person Centered Review Results 63
Support Coordinator Record Review (SCRR) 63
Comparison of PCR Components 69
NCI Consumer Survey Results for Focused Areas 70
Quality Enhancement Provider Review 71
QEPR Administrative Review 73
Strengths and Barriers 75
Focused Outcome Recommendations 77
Follow-Up Reviews 78
Follow up with Technical Assistance (FU w/TA) 78
Follow up with Technical Assistance Consultation (FUTAC) 78
Individuals Who Decline to Participate 80
Section 3: Discussion and Recommendations 82
Health 82
Community Life 84
Person Centered Practices 84
NOW v COMP 86
Focused Outcome Recommendations 86
Other Findings 87
Attachment 1: Overview of Delmarva Processes 89

Executive Summary

On June 30, 2011, Delmarva completed the third year of the Georgia Quality Management System (GQMS) quality assurance contract. Throughout the year, Delmarva's Quality Improvement Consultants (QIC), Regional Managers, and Project Director have worked collaboratively with the Georgia Division of Developmental Disabilities (DD) to provide continuous improvement to various components of the quality management system. This report provides information about contract activity and results from data analysis for the contract year, with comparisons to Year 1 and Year 2 as appropriate. Major activities included the following:

- Review processes were revised to include: drop down boxes with recommendations in each Focused Outcome Area; reasons CIS information did not match documentation; HRST score added to the Individual Support Plan Quality Assurance (ISP QA) Checklist; GIA services added to the list of available services.
- Scoring for provider/staff and individual records was revised to include an aggregate score.
- Implemented the revised ISP QA Checklist process, which was further modified to clarify Expectations for each section.
- Updated the provider public reporting website (www.georgiaddprovider.org) so providers can directly enter information.
- Conducted the third annual Joint Quality Improvement Council meeting in September 2010 and supported each Regional and the Statewide Quality Improvement Council, assisting with quality improvement projects and final presentations at the joint statewide meeting to be held in September 2011.
- Completed 37 sessions with 1,011 attendees across the six regions.
- Supported the Division of DD in developing policy and procedures for statewide Human Rights Councils and Mortality Reviews.
- Developed and implemented the Follow Up with Technical Assistance Consultation (FUTAC) that utilizes a referral process to provide assistance to providers and individuals. A total of 506 were completed, with a majority completed onsite and a majority at the individual level.

Person Centered Reviews are used to assess the effectiveness of an individual's service delivery system, from the perspective of the individual, and the appropriate development and implementation of the Individual Support Plan (ISP). The process begins with the person and explores the extent to which the system enhances the person's ability to achieve self-described goals and outcomes, as well as satisfaction with the service delivery system. The PCR includes the following review components:

- National Core Indicator (NCI) Consumer Survey (face-to-face);
- Individuals Interview Instrument (III), face-to-face interview used to supplement NCI data;

- ISP QA Checklist, used to determine the quality of the Individual Support Plan;
- Support Coordinator Record Review (SCRR);
- Provider Record Reviews (PRR) for each service provided to the individual ;
- Staff/Provider interviews (SPI) for staff included in any service provided to the individual;
- Onsite Observations of any residential or day program used by the individual.

Quality Enhancement Provider Review activities are used to evaluate the effectiveness of the provider's supports and services, organizational systems, records, and compliance with Georgia's Department of Behavioral Health and Developmental Disabilities' standards for policies and procedures, as well as staff training and qualifications. The QEPR is designed to be consultative in nature. Therefore, strengths and barriers of the provider's service delivery systems are identified as well as recommendations and ideas to help support the provider to improve practices. The QEPR includes the following review components:

- Individual Interview Instrument (same as used for the PCR but with larger sample specific to the provider);
- ISP QA Checklist;
- Provider Record Reviews
- Administrative Record Review Policies and Procedures (P&P) , Staff Qualifications and Training (Q&T) ;
- Staff/Provider interviews;
- Onsite Observations of residential and/or day program.

Delmarva also distributes and records data for several other NCI survey instruments, the Family/Guardian Survey and the Adult Family Survey. Data from all NCI activities are collected and entered into a web-based application designed by the Human Services Research Institute (HSRI), a sub-contractor with the project. HSRI combines data from Georgia and approximately 30 other states to develop national trends and allow for state to state comparisons.

During the third contract year, July 2010 – June 2011, Delmarva completed 481 PCRs and 41 QEPRs. Detailed findings are presented in this report, with statewide and regional results for key components summarized below, and comparison to Year 1 and Year 2 results as possible.

Results from the III, ISP QA Checklist, PRR, SPI, and Observations are presented using data from both the PCR and QEPR combined. SCRR and NCI results are specific to the PCR only and the Administrative P & P and Q & T are specific to the QEPR only. Analyses include results from 1,161 interviews and 41 QEPR completed this year.

The III measures nine different Expectations, presented in Figure ES-1. Figure ES-2 shows the average III results across the different regions in Georgia.

- The average III score improved somewhat, from 83.2 percent to 86.3 percent.
- Results by region indicate the greatest gains in Regions 2 and 5.

Figure ES-1: Individual Interview Instrument
Percent Present by Expectations, July 2010 – June 2011
(Year 1 = 1,283, Year 2 = 1,260, Year 3 – 1,161)

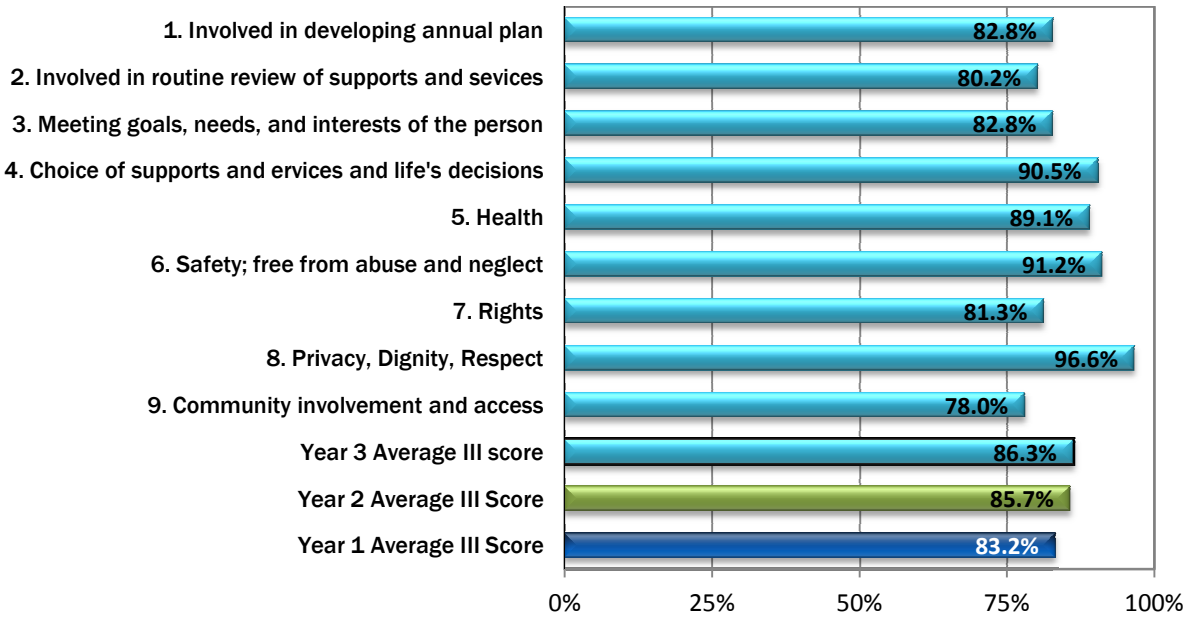
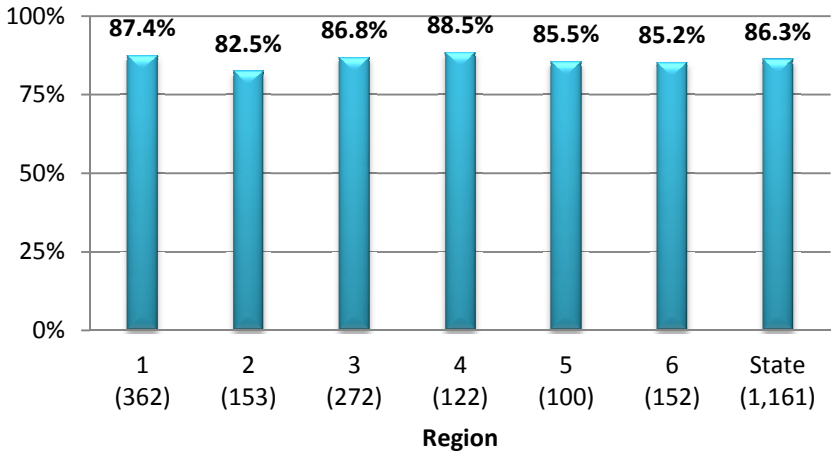


Figure ES-2: PCR and QEPR, Individual Interview Instrument
Percent Present by Region, July 2009 – June 2010

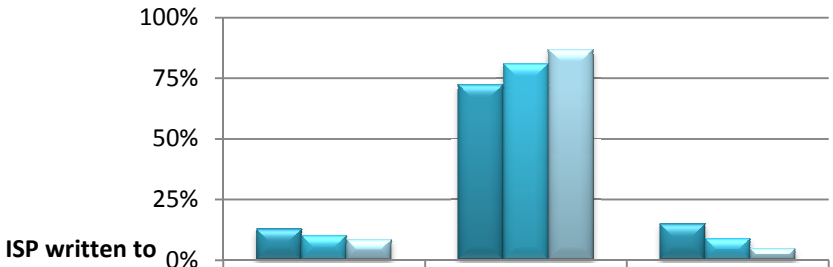


The ISP QA Checklist was developed by the state to ensure the ISP includes all necessary requirements as dictated by the state, to ensure what is "important to" and "important for" the individual is captured in the overall plan for that year, and ensure the individual has a healthy, safe, and meaningful life. Delmarva Quality Improvement Consultants use the ISP QA Checklist form to evaluate various sections of the ISP, rating them on the degree to which they address all requirements. The ISP rating is given in terms of the type of life the plan is written to support.

- Service Life means the individuals uses paid supports and services and has little to no connection with the community.
- Good but Paid Life means the plan supports life in the community, but real community connections are lacking. The individual has both paid and unpaid supports.
- Community Life means the ISP is written to move people toward a community life as the person chooses.

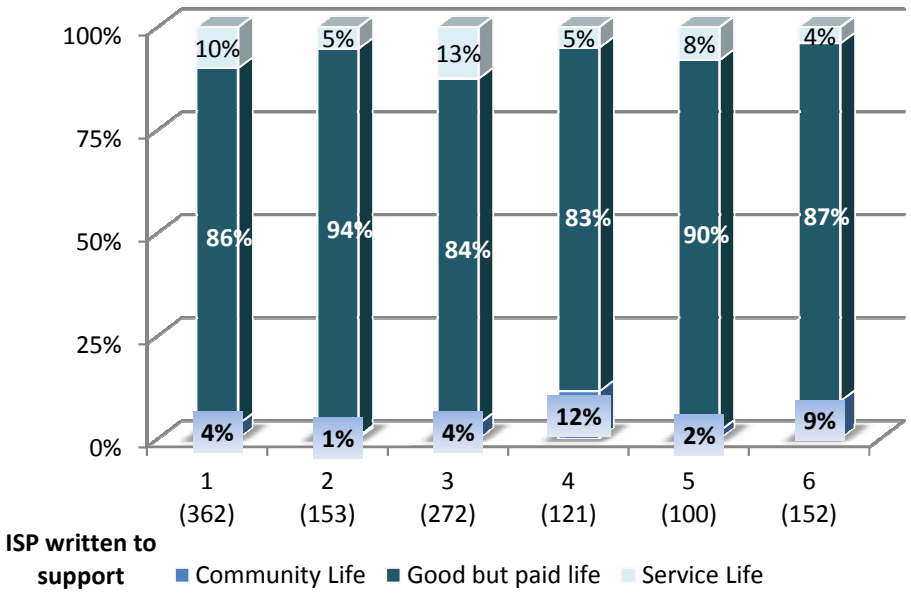
ISP QA Checklist results (N=1,161) indicate there was a greater proportion of ISPs written to support a Good But Paid Life in Year 3 compared to Year 1 (72.4% v 86.9%), and a smaller proportion written to support a Community Life (14.8% v 4.7%) (Figure ES-3). Figure ES-4 shows results by Region.

Figure ES-3: PCR and QEPR
ISP Rating July 2008 – June 2011



	Service Life	Good But Paid Life	Community Life
Year 1 (1283)	12.8%	72.4%	14.8%
Year 2 (1260)	10.2%	81.0%	8.9%
Year 3 (1160)	8.4%	86.9%	4.7%

Figure ES-4: PCR and QEPR
ISP Rating by Region
July 2010 – June 2011



Provider Record Review results demonstrate the extent to which service providers maintain adequate documentation for a sample of individuals receiving their services. Providers are scored on 15 different Expectations and each service rendered by the provider receives a record review with up to 34 individual records reviewed for each Expectation. Findings (Figures ES-5 and ES-6) indicate:

- Providers continue to struggle with maintaining proper documentation in many areas, with six Expectations scored at approximately 60 percent or lower each year.
- Fewer than 30 percent of providers had documentation to support a person centered focus to service delivery, a means to identify health status and safety needs, or that individuals choose services and supports in their communities.
- Most providers did well documenting that personal funds are managed by the individual, maintaining a central record, and having a means to evaluate the quality of and satisfaction with services.
- Provider in Regions 4 and 5 appear to perform better with required documentation than providers in the other regions.

Figure ES-5: QEPR Provider Record Review
Percent Present by Expectation
July 2010 – June 2011

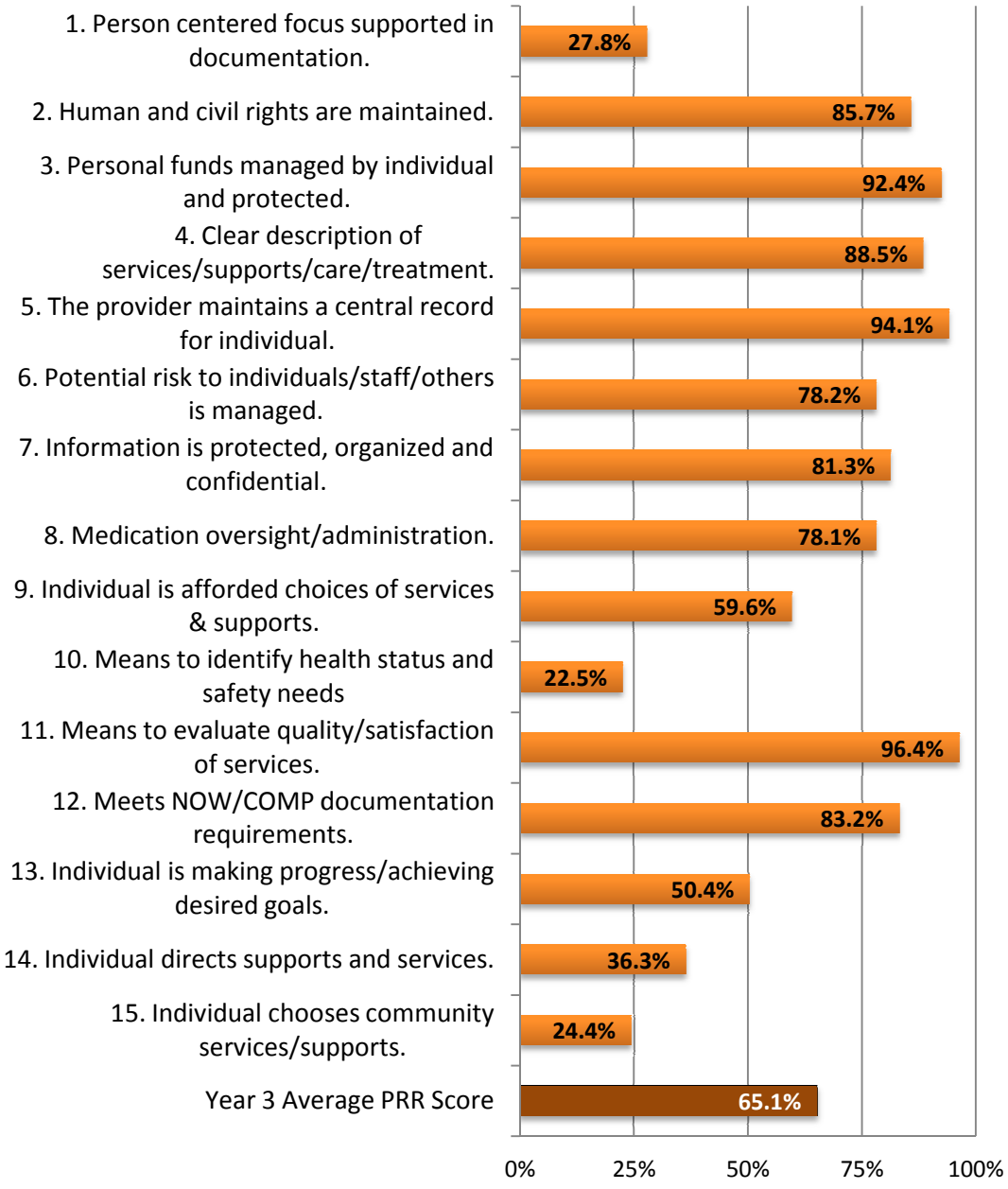
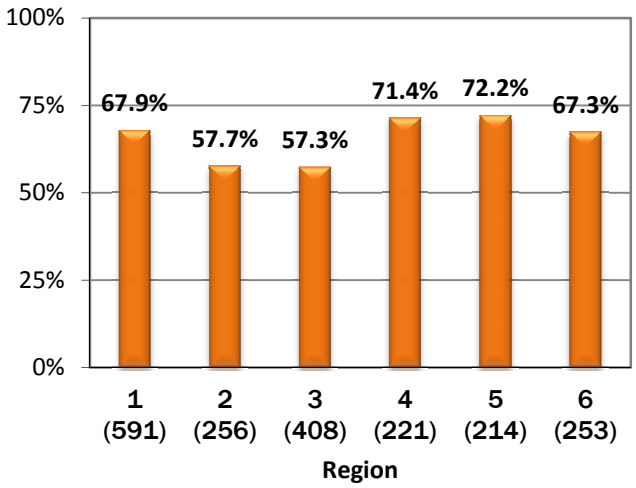


Figure ES-6: Provider Record Review
Percent Present by Region
July 2010 – June 2011



For each individual who participates in a PCR (N=481), the records maintained by the support coordinator are reviewed, measuring nine different Expectations. Figure ES-7 shows results for each Expectation from the Support Coordinator Record Review, and Figure ES-8 presents results by region. Support Coordinators Record Review scores were lower in Year 3 (72.9%) than in Year 1 (78.0%). Support coordinators in Regions 5 showed the highest performance rate.

Figure ES-7: Support Coordinator Record Review
Percent Present by Expectation
July 2010 – June 2011 (N=481)

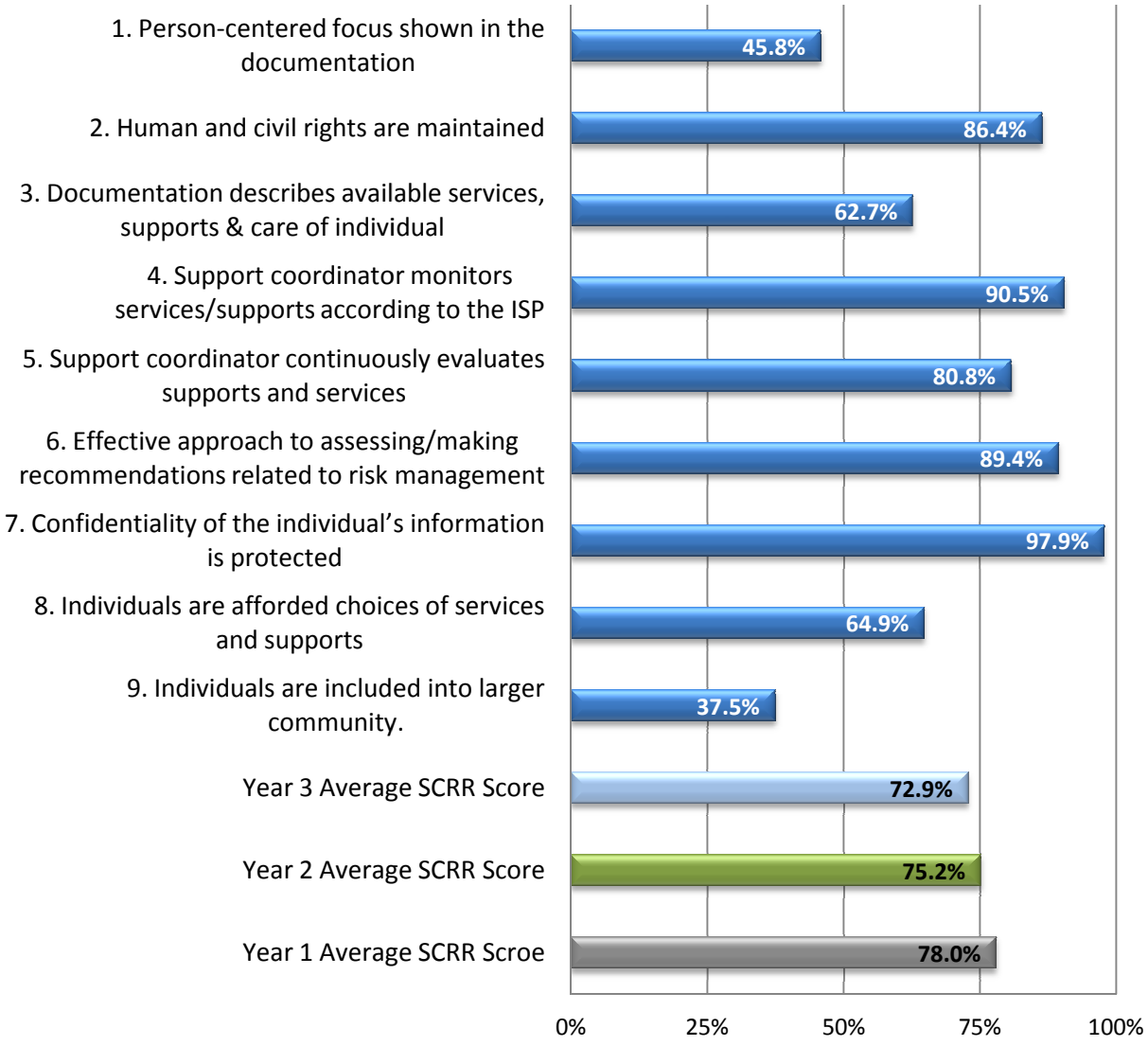
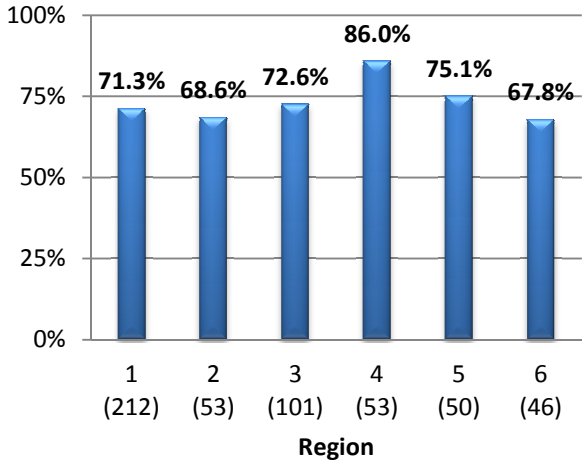


Figure ES-8: Support Coordinator Record Review Percent Present by Region, July 2010 – June 2011



Two other review components are used to assess performance, the Staff/Provider interview and Onsite Observations, often done simultaneously. Results from these showed consistently high compliance rates across Expectations, 90 percent or higher on each.

The National Core Indicator (NCI) Consumer Survey is a face to face survey used to assess system performance from the perspective of the individual. Questions from the survey were grouped into several Focused Outcome Areas. The percent of questions within each Area scored as positive was calculated to determine an overall score for the Focused Outcome Area. NCI survey findings are presented in the following table for the first three years of the contract. Results across the first three years of the contract are similar.

NCI Results by Focus Areas
Consumer Survey 08-09 thru 10-11

	Percent Positive		
Focused Outcome Area	Year 1	Year 2	Year 3
Achieving Results/ Person Centered Approach	78.8%	74.8%	76.9%
Choice	36.4%	43.2%	40.6%
Health	94.8%	96.2%	97.5%
Safety	88.8%	93.3%	90.4 %
Rights	88.5%	90.1%	88.8%
Community Inclusion/ Social Roles	68.1%	70.3%	66.5%

Key findings from the reviews completed during the contract year point to some challenges in the areas of health, community life/integration, person centered systems, and some differences in results between NOW and COMP service recipients. These and other findings are discussed, with 17 recommendations presented to the state for further consideration in Section 3 of this report.

Introduction

Delmarva Foundation provides quality assurance for services provided to individuals with developmental disabilities through Medicaid Waivers in Florida, South Carolina and Georgia. In each of these states, the processes developed, while specific to the needs of each unique program, adhere to Delmarva's mission and vision.

- Mission: Supporting people to live everyday lives through collaborative quality improvement strategies designed to promote a person directed service delivery system.
- Vision: A globally recognized leader in advancing quality through enhancement of community support systems for people with disabilities.

July 1, 2010, marked the beginning of the third 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 25 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 year of the contract (July 2010 – June 2011) with overall trends compared to Year 1 and Year 2 as appropriate (July 2008 – June 2010). The first section presents **Significant Review Activity and Accomplishments** that occurred during the quarter, including:

[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.

- Training Updates
- Quality Improvement Councils
- Person Center Review Updates
- Quality Enhancement Provider Review Updates
- Human Rights Committees
- Web Development and Updates
- Performance Measures
- Quality Assurances
- Feedback Surveys
- Miscellaneous Accomplishments

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. The third section, **Discussion and Recommendation**s, is a discussion of key findings and interpretations of results, and recommendations to the state.

Section 1: Significant Review Activity and Accomplishments

Training Updates

During the year GQMS successfully completed a total of 37 sessions with 1,011 attendees. The training and education plan for GQMS completed all sessions with positive response from attendees. Each session was developed in collaboration with DBHDD- Division of Developmental Disabilities and included Physical Nutritional Management, Social Connections, Goals to Action, True Choice, Power of Roles and Documentation 101: Template Training.

Georgia's stakeholders were receptive to new concepts and ideas expressed in each session. Each session was developed specifically from feedback received during 2009-2010 training sessions conducted and data collected from all GQMS activities.

Physical and Nutrition Management

This training session was developed by Delmarva's Certified Developmental Disabilities Registered Nurse Linda Tupper, designed specifically for staff that supports people who require physical and nutritional management. Training emphasized posture and position, and their effect on a person's functioning. The nutritional management segment emphasized the way in which food is synthesized and eliminated with particular focus on areas of concern including dehydration, constipation, gastro esophageal reflux and aspiration. The session focused on sensory and motor challenges.

Power of Roles

The Power of Roles training was developed to assist support coordinators and providers understand how individuals with developmental disabilities are often de-valued as citizens, and to learn ways to help increase the value of individuals with developmental disabilities. The purpose of this event was to give participants a practical introduction to the concept of Social Role Valorization (SRV) and some of its main elements. SRV provides a framework for supporting persons who are or are at risk of being devalued by society. Participants learned to understand the power of social roles to counteract some of the effects of devaluation. This training series was conducted in collaboration with the Georgia Advocacy Office (GAO).

Social Connections

Social Connections was designed to support the person's team in identifying what is important to and important for the person based upon individual interests, and to help develop and maintain community connections based upon those interests. The training also utilized scenarios to introduce the concept of education, exploration and experience to identify different community activities surrounding individualized interest. The goal of the training is to assist support coordinators and providers to overcome barriers to social networking and build strategies to support integrated community connection activities.

True Choice

The True Choice training module was developed and presented in collaboration with Human Services Research Institute (HSRI). The goal of the training was to empower individuals and their families to make meaningful choices and also to offer providers guidance on how to assist those they support to make meaningful choices. Participants were given information on how to value the decision-making process and how to make important choices in their lives. Providers received training on how to support individuals in exploring options so that choosing one option over another is meaningful. Finally, participants learned to identify ways of helping individuals gain confidence; strategies were taught so providers can offer support while individuals gain experience in making important choices.

Goals to Action

This presentation was designed for all members of a person's support team. The focus was to develop goals and action plans based on what is important to and important for the individual and on how to develop person centered goals, objectives and strategies.

Documentation 101: Template Training

In preparation for this training the original documentation workgroup was re-established to continue to assist providers with documentation that not only reflects the person but also meets the dictated standards. The Department of Community Health agreed to allow this workgroup to develop a template providers could use to document services and supports. With extensive collaboration from the Division of Developmental Disabilities, Department of Community Health and other stakeholders, the workgroup developed templates that met all billing standards and requirements, and could also be used to identify what mattered most to the person served and evaluate the effectiveness of services.

Once approved training was developed to assist providers in utilizing these specific templates. They provide a place to capture daily notes, weekly notes, and monthly quality assurance tracking for services and supports provided to individuals. During the training, providers were informed that using the templates was not mandatory and did not guarantee the provider's documentation would be in compliance with the standards.

Other Training Updates

In an effort to improve training for all stakeholders in Georgia, the Division hired a Training Coordinator and several training specialists. Delmarva collaborated with the newly formed training team to discuss how the team could take over some critical training presentations. As of June 2011 the Division's training team will assimilate the following presentations into their curricula:

- Goals to Action,
- Social Connections
- Documentation 101: Template Training

Georgia's providers of services have expressed a need for training in several areas to support their processes and meet the standards of the state. Topics include a holistic approach to services, health and safety plans including self-preservation skills, and how to communicate with individuals who utilize alternative communication styles.

Quality Improvement (QI) Councils

Region 1

This past year, Region 1 QI Council's main focus was on communication for all stakeholders within the region. The Council identified the need for a mechanism to provide information and keep all stakeholders informed. Therefore, they developed a quarterly newsletter, The Chatter, a regional informational newsletter to share information and communication throughout the region. It is the intent of the council to have the regional office assumes production of the newsletter at some point in the future.

The Council requested an ad-hoc report from Delmarva for a very specific data report reflecting several of the highest and lowest scoring elements for the region. Council members were able to identify specific needs for improvement and discussed how they might develop initiatives to address these in the upcoming year. The council requested that all future reports be developed in this format as it helped them pinpoint areas of focus for future action.

Region 1 Council struggled with membership after the reorganization from five to six regions. However, they are now working with a full council devoted to quality changes for their region. The council also finalized a letter campaign designed to ask all 99 providers to become more involved in regional quality improvement activities, such as the Council. Providers were asked to forward the letter to the individuals and families they serve.

Region 2

Due to the reorganization of the Regions, the Region 2 QI Council welcomed new members this fiscal year including family advocates and provider representatives, and is now fully staffed. The council also elected a new co-chair.

To further promote a person centered philosophy, the Council developed a video showing individuals and families sharing what it means to be person centered. People First of Augusta helped sponsor the video and several self advocates were interviewed about what their goals are and how person centered practices can impact their lives to ensure their team focus is on the person's wants, needs, and desires rather than on services.

The video was under a continued editing process throughout the first few months of the fiscal year. The video was initially presented at the Joint QI Council meeting in September, 2010; has since been completed, debuted and distributed throughout the state. It was shared with council members and

providers who attended the Region 2 Provider Meeting on March 9, 2011. Additionally, the video has been posted to the Delmarva website. Throughout the year, the council has been collecting data to track the number of community members who have viewed the video. These data will be presented at the Joint QI Council Meeting in September, 2011.

Based upon review of the data presented by Delmarva, the Region 2 QI Council decided the next project would focus on safety. The Council spent time discussing how this area could be addressed and what initiative might have the greatest impact in helping support people to be safe in their community.

The Region 2 QI Council agreed that most individuals have not been supported as well as they could be to plan and prepare for emergencies. The Council's goal to support individuals, providers and families to strengthen their evacuation preparedness led to the development of a user friendly tool called My H.E.L.P.S. (Health, Emergency and Personal Safety) Profile. H.E.L.P.S will help support people with intellectual/developmental disabilities take an assertive, proactive approach to ensure their life safety needs are included in all emergency planning, such as anticipated or unanticipated evacuations in situations that include, but are not limited to: chemical, biological, radiological, and transportation accidents, and explosions, fires, floods, earthquakes, mud slides, hurricanes, tornadoes, snow storms and power outages, etc.).

The Council hopes to support 50-100 individuals in the region to obtain and create "GO BAGs" that are on hand and ready to grab in the event of an emergency, and contain the "My H.E.L.P.S Profile" for that person. Individuals will be educated and trained on how to use their GO BAG as a means for self preservation in the event of an evacuation. A pilot will be conducted with providers, individuals and families. Feedback will be solicited and used to implement identified modifications to the My H.E.L.P.S Profile and/or evacuation process. The tool will be used as a resource for all providers, but will be especially useful for individuals who are transitioning (i.e.: from institution, from school, from provider to another provider).

Region 3

The Region 3 Quality Improvement Project Plan was to gather Person Centered Thinking training attendance/participation information and results from the Person Centered approach index for Region 3 providers, to help determine if there has been a positive impact from the Person Centered. Attendance rosters are completed and gathered by Person Centered Thinking trainers. However, after several unsuccessful attempts to gather the attendance information from trainers and/or providers, rosters were obtained from Division staff. The Council then compiled a comprehensive list of Providers in Region 3 who had attended the Person Centered Thinking training.

Review of the Person Centered Approach data reflected some improvement over the last two years, since the person centered training has been offered, in the use of a person centered approach among providers who had received the training. The Council presented results at a provider meeting, encouraging providers to continue efforts in utilizing Person Centered practices. Providers who had not yet attended

Person Centered Thinking training expressed an interest in becoming a Person Centered service/support provider. Some providers shared how they have recently enhanced their Person Centered practices.

The council reached the Quality Improvement Project goal this year and looks forward to expanding membership and beginning more collaborative efforts towards quality improvement initiatives in the region. After the PCT presentation, several providers expressed an interest in joining the council as voting or advisory members. The Council also welcomed three new members this fiscal year, a family advocate and two self advocates. Members began recruiting for one vacant family advocate seat and plan to finalizing the selection in early October of 2011, at which time the council will have a full complement of members. Council members have already begun to plan for next year's project and as a result have requested an ad hoc report inclusive of region specific data relative to community involvement.

Region 4

Due to the reorganization of the regions, Region 4 Council has several vacancies and currently needs a family advocate representative.

Continuing from last year's project, Region 4 QI Council recognize providers, at the providers' meetings, who have been successful in supporting individuals to achieve their hopes and dreams. This year, three providers were recognized.

Through results of an ad hoc report, the Council decided to discuss promoting a person centered approach and helping support quality supports and services. With the assumption that satisfied staff will better support individuals, the Council decided to solicit from providers how they support, empower and promote direct support providers (DSP). The project plan was to develop a list of ideas with which provider organizations can empower, recognize and support DSPs.

Provider practices were collected and examined, with four key areas identified as important: staff training, recognition of staff, monetary recognition of staff, and empowering staff. The Council is planning to present this information at the next provider meeting in August and develop workgroups to promote networking amongst providers. The Council hopes to have these networking opportunities at each provider meeting to support sharing of information and best practices.

Region 5

The fiscal year 2010-11 the Region 5 QI Council initiatives were to continue efforts to afford Region 5 providers opportunities to receive Person Centered Thinking training within their communities. Council members felt that prior to moving on to providing training for other providers, it was best to offer follow up training for providers who had participated in the initial Person Centered Thinking training during fiscal year 2010-11. This training for staff would specifically address areas they identified as having limited understanding or difficulties implementing.

The council examined data indicating that many providers and support coordinators continue to struggle to ensure the Individual Support Plan (ISP) reflects the person's (e.g., the individual's interests, talents, strengths, social roles). Region 5 Council members created a person centered questionnaire aimed at supporting providers and support coordinators during pre-ISP and ISP meetings. The questionnaire addresses various domains in the ISP, such as "my relationships" and "important to and for me." The Council decided the tool should be shared during at least two Region 5 Provider Meetings to support the best possible outcomes and reach the greatest number of providers.

The hope is that providers will share the tool with individuals and families. The intent is to help the individual and his or her team to prepare for the ISP meeting to ensure the individual's hopes and dreams, important to and for the person, are identified and included as part of the ISP meeting. As of the close of fiscal year 2010-11, the council had met both objectives and data were being reviewed in preparation for presentation during the upcoming Statewide QI Council meeting in September 2011.

Region 6

As part of the expanded contract which began on December 15th, the first quarterly meeting occurred for the newly formed Region 6 QI Council on December 16th. Ground rules were established, and members voted on the Chair and Co-Chair. The first quarter data for Year 3 were reviewed with ensuing discussions surrounding critical incidents, self direction, parents not being given access to the budget and the ISP addendum process.

The Council decided to develop a project around the ISP becoming a "living" document as the person's needs and goals change. A project plan objective related to the ISP addendum process was established and a sub-committee was formed and met on January 18 to develop recommendations to modify the ISP addendum process. On January 25, recommendations from the QI Council were presented to the ISP workgroup. Members of the workgroup were in agreement with the recommendations presented by the sub-committee and subsequently incorporated them into the new process being developed.

During a meeting on February 28, council members reviewed progress regarding ISP addendums. Based upon this discussion, the Council members felt a list of tactics that can be used to avoid addendums was needed to help improve the current process. This list was sent to the Division and it was decided by the Division to include a majority of the recommendations in the modified policy and procedures being developed for addendums.

The last meeting for the fiscal year took place on June 1, 2011. The project update included an official announcement that suggestions on how to avoid addendums were accepted, approved and implemented by the Division. The Council began discussing goals for the upcoming fiscal year and concluded that one

of the main focuses should be on community outreach and education regarding developmental disabilities.

Statewide QI Council

The Council's project plan to improve supports and services related to choice continued in Year 3. The Guideline to Support Choice was developed and endorsed by the Division of DD:

> An individual has the right and the power to select from a variety of options, with an awareness of the risks and responsibilities of those options. Success of choice is measured by the amount of control an individual has over his/her life.

Magnets and cards were printed and distributed at training sessions conducted by Delmarva and also at provider meetings. The Council discussed how to share information collected during last year's project, regarding best practices related to supporting choice for people and using a person centered approach. I was decided to develop a Blog to enhance communication, share ideas and develop a consortium for stakeholders.

Several meetings were held to design and develop the Blog and prepare for implementation. The main focus of the Blog is for stakeholders to share best practices, seek assistance from each other and share information. The Blog address is http://gaddmakingithappen.wordpress.com. A template of different categories to be used on the Blog was developed including the following sections: best practices, success stories, identify challenges to seek advice, and new policies and/or legislative updates.

The Council also analyzed data and began discussions about the drop in community inclusion across the state and the potential to use that for the next quality improvement initiative. An ad-hoc report was requested and reviewed related to recommendations generated during the Delmarva reviews that are related to community inclusion. Ensuing discussions related to the fear of liability and the development of natural supports.

Joint Statewide Annual QI Council Meeting

The joint Statewide QI Council meeting was held on September 15th. The "Meet and Greet Meeting" on September 14th was attended by self advocates, family members, Regional staff, providers, support coordinators, Delmarva staff and a representative from HSRI. Participants reviewed the agenda for the meeting the next day and participated in a session regarding self advocate participation on the QI Councils.

The agenda for the Joint Meeting included a welcome by Beverly Rollins, Executive Director of Division of DD, and data presentations of the NCI data (Georgia and National), Delmarva's review data, and information on critical incidents. Each QI Council made presentations on their annual project plans. Council members were each recognized by the Division of DD for their contributions and dedication to quality improvement for the state and people served.

Person Centered Review (PCR) Updates

Year 3 of the contract has provided a significant improvement in scheduling and completion of PCRs. Additional application changes were made to the PCR and included the following:

- Drop down boxes with recommendations in each Focused Outcome section,
- Reasons CIS information did not match documentation were added as a drop down box,
- HRST score was added to the ISP QA Checklist,
- GIA services were added to the list of available services.

The Observation tool was also modified to ensure staff-to-individual ratios were a part of this process. The PCR application and the report were modified to accommodate all of the updates identified above. Based upon recommendations from Delmarva, the Regional Health and Safety Quality Managers (HQMs), and Division staff, the ISP QA Checklist was modified to clarify Expectations for each section of the ISP and include guidance for three new sections: Dreams and Vision, Training Goal Action Plan, and Action Plans. The tool was implemented at the beginning of this year as part of both the PCR and Quality Enhancement Provider Review.

Later in the year, an internal workgroup consisting of Delmarva consultants and managers met to improve the ISP QA Checklist tool. The proposed modifications were presented at a stakeholder workgroup consisting of support coordinator representatives from each agency, Division of DD staff and Delmarva, with further recommendations for modifications to the ISP QA Checklist. The changes were submitted to Health and Safety Quality Managers for input and recommendations. Once compiled, a final draft version was submitted to the Division of DD for approval and integration into the PCR and QEPR processes, and implemented July 1, 2011, to allow time for it to be incorporated into the CIS and Delmarva systems.

Additional modifications were made to both the PCR and QEPR to track and trend specific recommendations in each of the Focused Outcomes Areas. The new PCR sample for the upcoming fiscal year was selected, which included individuals transitioning from institutions to community living (DOJ).

Quality Enhancement Provider Review (QEPR) Updates

Tool Updates

The Administrative Review tools for Policies and Procedures and staff Training and Qualifications were revised to include the July 2010 implementation of Standards for All Providers. Updates to the tools were reviewed by the Division, approved and incorporated into the FY 2010 QEPR application. Based upon modifications to the Administrative Review Qualifications and Training review tools, the Observation Guide was modified to include observation of staff ratios. The Observation modifications were reviewed and approved by the Division on August 12, 2010, and implemented that same day. The application was modified to reflect the changes.

Application Updates

Changes implemented in the QEPR application/database include the following:

- Drop down boxes with recommendations in each Focused Outcome section,
- Reasons CIS information did not match documentation added as a drop down box,
- HRST score added to the ISP QA Checklist,
- GIA services added to the list of available services.

During the first two years of the contract, a sample of individuals was used to review provider records for each service offered by the provider. The number of records reviewed for each service varied, depending upon the number of individuals served by the provider. Expectations on the Provider Record Review (PRR) component of the process were scored as Not Present if the Expectation on any one of the individual records was scored as Not Present. At the beginning of this contract year, it was decided that as part of the QEPR process, the results of individual record reviews would be captured versus only capturing aggregate information by service. Currently, all of the individual record reviews are scored and stored in the database. Therefore, the PRR score is based on the average number of records scored as Not Present from all the individual records reviewed.

The application was revised to accommodate the new process, which was implemented October 1. QEPR Provider Reports were also revised based on the new data collection process. Results from the III, PRR, Staff/Provider Interview, and Observations are presented separately for information collected through the PCR and QEPR, for all individuals reviewed who were served by that provider.

QEPR Workgroup

A QEPR workgroup was created in an effort to bring together ideas to streamline the QEPR process, make interpretations more clear, and create greater consistency interpreting Expectations. The first QEPR workgroup met on April 28, 2011, and has since continued to generate new ideas and efficiencies to enhance the QEPR process. Workgroup activity will continue through FY 2012. A new addition was made to the Georgia Portal for team discussions via a "blog like" forum. The QEPR Blog has been and

will continue to be utilized to support the team through discussions, questions & answers and resources specific to the QEPR process.

As of June 30th, 40 QEPRs had been completed and 34 QEPR 90-day Follow up with TA's. In anticipation of the upcoming fiscal year changes for 2012 to the Standards for All Providers, modifications were made to the Administrative Review Policy and Procedures and Training and Qualification review tools. They were submitted to the Division of DD for review and approved in June of 2011. The QEPR sample for the upcoming year was determined and the schedule was submitted to the Division in May, 2011.

Follow-up with Technical Assistance Consultation (FUTAC) Updates

Due to feedback from stakeholders including Regional staff, parents and/or families, individuals receiving services, support coordination, and direct service providers, in early January 2011 the state of Georgia expanded technical assistance opportunities to Georgia providers, with the hopes of improving supports for individuals being served, and their families. The process, the Follow Up with Technical Assistance Consultation (FUTAC), was developed in collaboration with different stakeholders including a family advocate and self advocate representatives. The additional supports offered through the FUTAC include, but are not limited to, technical assistance regarding policies and procedures, documentation, person centered approach, health, safety, and community inclusion.

The FUTAC is not a new review process but an addition to current practices, and is equally important for individuals who need assistance in being supported. Hence, there are provider level FUTACs and individual level FUTACs, depending on the issue or concerns The FUTAC is fashioned to support providers who are having challenges in specific areas identified by either themselves, the Regional Office, the Division, support coordinators or other reporting mechanisms (critical incidents, QEPR or PCR process). The purpose is to strengthen the provider's current practices and/or service delivery system through a consultative quality improvement technical assistance session(s) enabling them to provide enhanced services to the individuals they support.

The FUTAC process can be initiated through an external (Regional Health Quality Manager (HQM), or other regional staff, Division staff, or providers) or internal (Delmarva staff through the PCR or QEPR) referral. The specific criteria for a referral include the following:

- If a provider organization or an individual being served receives one or more low ratings on the monthly support coordinator monitoring report, an HQM can make a referral.
- A provider who has already been through the Delmarva QEPR process, or a new provider who is not yet "certified" through the Provider Compliance Unit, can request technical assistance.
- If a complaint or grievance is submitted through the Region or Division, a request can be submitted.
- If a health, safety, behavioral, or rights concern has been identified through the PCR or QEPR process, technical assistance is requested to address this "alert."

- If the regional nurse identifies an issue, the nurse can request technical assistance.
- Concerns related to support plans may need to be addressed.
- If the Provider Compliance Unit identifies an issue that needs follow up and technical assistance, it can make a referral
- Critical incident(s) requiring follow up to ensure supports are in place to help prevent further incidents.

Procedures were developed in collaboration with regional office staff and the division of DD outlining the referral process, designed to be consultative while ensuring providers enhance services, rectify concerns, generate improvement and provide ideas and recommendations. In implementing the FUTAC, Delmarva staff, regional office staff, and Division staff were trained on the FUTAC referral process and procedures. Providers were introduced to the FUTAC through various means:

- Regional provider meetings
- E-Bulletin
- GQMS website post that encouraged providers to learn about the FUTAC opportunities.

The FUTAC process is supported electronically using a web-based application that was made accessible to Regional and Division office staff.

Critical Incident Reporting (ROCI)

Critical Incident Reports were developed quarterly and submitted to the Division for review. At the annual joint Statewide Quality Improvement Council meeting held on September 15, 2010, the previous years's Critical Incident data were presented to assist in the development of quality improvement initiatives. The last report for the 2010 – 2011 year will be completed by the end of August, 2011, for the third contract year, and will include comparison to previous years as possible.

Human Rights Councils (HRC)

Over the past year, Delmarva and Human Services Research Institute (HSRI) (sub-contractor with Delmarva) assisted the Division with implementation of the Human Rights Council quality improvement initiative. Members were recruited from across the state to represent a wide variety of stakeholders. Because fewer volunteers agreed to participate than had been expected, the Division decided to move forward with one Statewide HRC and defer implementation of Regional HRCs until a Human Rights Coordinator was hired, expected in September. Statewide HRC activity included preparing training sessions, securing speakers and resource materials, crafting forms for the HRC to conduct business, and constructing the internet portal for secure HRC communication.

In June, 2010, the first meeting and training of the Statewide HRC was held and covered human rights and psychotropic medication. HRC members conducted mock case reviews. The training was well received; members noted they looked forward to receiving real referrals and training in other areas of

potential rights violations. Statewide HRC members offer experience, diversity, and commitment to assisting the Division to promote the human rights of people receiving services.

Website Development and Updates

Georgia Quality Management System Website Updates

The GQMS application supporting the PCR, QEPR and FUTAC processes was updated based upon tool changes, database updates, and functionality changes. The public pages of the GQMS website were updated throughout the year to include revised tools used in the review processes, training announcements and presentations, new Best Practices, annual report information, FUTAC process announcements, new web-based resources, QI Council meeting minutes, and new processes for the Provider Public Reporting website.

Provider Public Reporting Website

The provider public reporting website (www.georgiaddproviders.org) made two significant changes this year:

- Providers can now register to log on to the site itself to complete their organization's information or to update the information already posted on the site.
- If a provider organization has facilities/offices in more than one location, they can now include the other locations on the site.

These two major changes helped provide more accurate and up to date information for individuals searching the site. A presentation with detailed instructions was developed and posted to the site on how to submit and update provider information.

Georgia Quality Management System Portals

There are a total of five (5) portal sites to help support internal (Delmarva staff) and external (Division and Regional staff and Human Rights Council members) users in communicating and sharing information, and are described as follows:

- Georgia Reports: Where all PCR, QEPR, and FUTAC reports are posted for Regional and Division staff to review
- Georgia Quality Improvement Councils: Where all meeting minutes and resources for each Council can be posted.
- Human Rights Council: Where these members can review cases being considered by the Council, and include meeting minutes and case study determinations.
- Georgia Team: Where information, resources, and schedules are maintained for the Delmarva staff.

- Manager Reports: Where the managers track and monitor production.

Performance Measures

As requested and needed, HSRI consulted through the year on performance measures and response to CMS comments.

Quality Assurance

Delmarva uses various methods to help ensure provision of effective and efficient QA processes that respond to the needs of the state while maintaining standards for providers that result in continuous improvement to the service delivery system.

Status Meetings

Each month, Delmarva facilitates 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.

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. Training on different areas of need may also be presented, as well as updates to policy and procedures. In addition, consultants may present on external training they have attended. Consultants shared on following topics:

- Person Centered Thinking
- New Georgia Crisis Response System,
- Power of Roles,
- Best Practice Standards for Behavioral Support Services, I
- Individual Service Planning (ISP) for Persons with Developmental Disability Diagnosis: Incorporating the New Waivers, the Supports Intensity Scale and Person Centered Action Planning,
- Reporting & Investigating Deaths &Critical Incidents,
- NOW and COMP Waivers: Policies & Procedures and Personnel Requirements.

This year's in-service training topics included:

- Review of updates to the list of "red flags," what to look for and the reporting procedures,
- Review of ISP QA Checklist scoring,
- Education on the Waiver Information System (WIS),
- QEPR Lead's role and expectations,
- Tips for writing reports,
- Developmental Disability Professional's role,
- Encryption of PHI/PII information (sending information via electronic methods),
- Workshops to improve review tools,
- Modifications to Administrative tools.

To help develop and maintain reliability among the consultants, Timothy Coons (Regional Manager) distributes trivia questions and scenarios to Quality Improvement Consultants. Consultants score these independently and discussions regarding the results occur during the staff meetings. Discrepancies in scoring are discussed, as well as the technical assistance suggestions provided by the consultants. On average, consultants continue to score scenarios in agreement with the management team.

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

Annually, six (6) training sessions are conducted for the members of the GQMS. The sessions are provided either by eternal experts or internally by staff. This year, three sessions were completed by external trainers and the others were conducted by Regional Managers. The following table lists the trainer and session topic.

Internal Training: July 2010 - June 2011	
Trainer	**Training Topic**
Ann Tria DBHDD	Training WIS System
Linda Lawrence	Report writing 101
Mary Lou Bourne	Person-Centered Practices Training
Linda Tupper RN CDDN	Physical and Nutritional Management and Health Risk Indicators
Menorca Collazo	Introduction to Follow-up with Technical Assistance Consultation (FUTAC)
Timothy Coons	Introduction to ISO Policies and Procedures

Inter-rater Reliability (IRR)

During fiscal year 2010-11, all regional mangers and eligible consultants successfully completed inter-rater reliability (IRR) for the tools related to the PCR, QEPR and FUTAC activities. Most consultants

achieved a passing score of 80 percent or better on the first test. Consultants who scored less than 80 percent participated in remediation activity on June 8, 2011, which involved discussing the tools at length and addressing any of their concerns about scoring. It should be noted that most of the consultants participating in remediation were recent hires. After the remediation activity, consultants were re-tested occurred and all passed. Consultants with less than 90 days on the job training were exempt and will participate in fiscal year 2011-12 inter-rater reliability activities.

In addition to formal reliability procedures, trivia and scenarios, as discussed above, are used to help further ensure consistency in the processes. Scenarios consist of narratives about situations consultants may face while conducting PCR or QEPR activities. The results for each scenario generally met expectations and were scored correctly.

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 periodically accompany QICs on PCRs, QEPRs and Follow Up with Technical Assistance Consultation. 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.

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 QA/QI regional manager for possible trends. After the data in the report have been corrected, a new report is generated and distributed as necessary.

Six QEPR errors were identified in the current quarter indicative of aberrations in the GQMS system due to upgrades. The most common errors were individuals' regions defaulting to "0" and missing levels/focused outcome areas for identified barriers. Three additional PCR errors were identified and two required new reports be sent to providers.

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 contract year, July 2010 – June 2011, 78 surveys were returned to HSRI. A report of activity was submitted to the Division of DD. A summary of findings includes the following:

- The majority of respondents (84.1%) indicated the person receiving services participated in answering the Consumer Survey. Approximately 18 (23.1%) of the feedback forms were completed in part by individuals receiving services, and 17.9 percent by advocates, relatives, or guardians. Approximately 52 forms were completed by staff where the person lives or at the service location.
- Thirty (38.5%) interviews were conducted in the person's home and approximately 44 (57%) respondents indicated they were asked where they would like to have the interview.
- 72 of 78 respondents felt the interview was scheduled at a convenient time, 16 individuals felt the questions were difficult to answer, 73 of 78 respondents felt the interviewer explained what the survey was about , and 60 respondents indicated the interviewer explained the questions did not need to be answered.
- 69 respondents (89%) indicated the interview took the right amount of time and all but one person indicated the interviewer was respectful.

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. Between July 2010 and June 2011, Delmarva received 79 feedback surveys from individuals who had participated in a PCR and 49 surveys from providers who had participated in a QEPR.[3] Results from the PCR and QEPR surveys are displayed in the following two tables, and are very positive.

[3] Three additional QEPR surveys were received but each question was blank except providers noted not wanting someone to contact them for further discussion.

PCR Feedback Results July 2010 –June 2011			
	Strongly Agree/ Agree	Neither Agree/ Disagree	Strongly Disagree /Disagree
Consultant asked the individual if he/she wanted to participate in the interview.	76	3	0
Consultant was flexible in the scheduling process.	74	3	2
Consultant was accommodating to the individual's preferences and needs.	77	2	0
Consultant interacted in a professional manner.	78	1	0
Consultant provided helpful information and suggestions to enhance current supports/services	77	2	0
Consultant explained the Person Centered Review process.	76	2	1
Consultant listened to my responses.	78	1	0
Consultant was approachable and responsive.	79	0	0
Consultant answered all my questions.	78	0	1
Consultant gave meaningful recommendations.	75	3	1
You would contact the consultant for more assistance in the future.	75	4	0

QEPR Provider Feedback Results July 2010 –June 2011			
	Strongly Agree/ Agree	Neither Agree/ Disagree	Strongly Disagree /Disagree
Consultation identified the strengths of your organization.	49	0	0
The consultation provided your organization with constructive feedback.	49	0	0
Feedback will help you provide supports and services that meet desired outcomes for individuals you serve.	49	0	0
Barriers, challenges, and/or needs were addressed.	49	0	0
The consultant interacted with you in a professional manner.	49	0	0
The consultant interacted with the people you serve in a professional manner.	49	0	0
You and the Delmarva consultant brainstormed ways to enhance your services.	48	1	0
The consultant facilitated a collaborative and positive environment.	49	0	0
You would contact your consultant for more brainstorming and/or technical assistance?	46	3	0

Miscellaneous Accomplishments

Individual Support Plan Workgroup

Delmarva Foundation has been collecting information on system performance through record reviews, meetings with individuals, families and providers. These data show Individual Support Plan compliance is relatively low. Delmarva included a recommendation in last year's annual report calling for a workgroup to examine the ISP process. Furthermore, Service Coordinators (SC) have also made suggestions to update ISPs and the process and the Division plans to build a new web-based data system. Therefore, the Division of DD gave Delmarva permission to develop a workgroup representing all stakeholders to revise the Individual Support Plan (ISP) process and format. The first meeting of the ISP Workgroup was on January 25, with subsequent meetings and conference calls through June 16, 2011.

During the initial meeting, members of the group laid the foundation for the modifications and developed a goal to "create a meaningful person centered template that visually, and in words, tells the person's story. The service plan should be built by the person and his or her team and capture the state requirements." This statement helped guide the work and ensure activities were focused. During the meetings, the group developed two separate components of the ISP: a clinical section to include all required health and safety needs information, and a person centered section. Templates were constructed and procedures on the new ISP process supporting a "real time" update system were developed. The new procedures and the two templates will be presented to the Division management team in the upcoming year.

Staffing Updates

From January through March, eight full time consultants and one part time consultant started with Delmarva to assist in meeting contract deliverables, including the expanded work for follow up with technical assistance consultations (FUTAC). All new consultants participated in anorientation training and received training on the PCR, QEPR and FUTAC process.

One new (to Delmarva) Regional Manager was hired, a Team Lead was promoted to a Regional manager, and one Regional Manager was promoted from a consultant position. The new (to Delmarva) manager completed orientation, was trained on the PCR and QEPR process. She will manage the PCR process and work with the Region 6 QI Council. The manager promoted from within is managing the QEPR process and working with the Region 2 QI Council. The former Team Lead is responsible for the internal quality improvement/quality assurance component within GQMS. The former QA manager is now overseeing all aspects of the FUTAC process.

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, only 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 were first randomly selected proportionately from each region, and then individuals were randomly selected from those providers.

For the QEPR process, a sample of individuals, excluding individuals who have had a PCR, is randomly selected from the 39 service providers, with at least one and a maximum of 34 individuals per provider. 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 two review instruments: Administrative Qualifications and Training (A Q&T) and Administrative Policy and Procedures (A P&P). 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. The A P&P includes a review of organizational records to determine if policies are in place and if procedures are delineated that are in compliance with state regulations.

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. "PCR Only"

results include findings from the SCRR, comparisons across the different tools and comparisons across Focused Outcome Areas. "QEPR Only" results include provider specific scores for each QEPR review component as well as findings from the Administrative Reviews.

General Demographic Characteristics

Information in Table 1 provides a general description of the 1,161 individuals interviewed through a Person Centered Review (PCR, N = 481) or Quality Enhancement Provider Review (QEPR, N=680) process between July 2010 and June 2011.[4] The largest proportion of individuals interviewed to date resides in Region 1 (31.2%). Males continue to represent a larger proportion of the sample. The greatest number and proportion of individuals were identified with an Intellectual Disability as the primary disability.

Table 1: Demographic Characteristics
July 2010 – June 2011

Region	Number	Percent
1	362	31.2%
2	153	13.2%
3	272	23.4%
4	122	10.5%
5	100	8.6%
6	152	13.1%
Gender		
Female	523	45.1%
Male	638	54.9%
Age Group		
18-25	133	11.5%
26-44	502	43.2%
45-54	288	24.8%
55-64	163	14.0%
65+	75	6.5%
Disability		
Autism	18	1.6%
Cerebral Palsy	2	0.2%
Intellectual Disability	1,052	90.6%
Profound Intellectual Disability	88	7.6%
Spina Bifida	1	0.1%
Total	1,161	

[4] Results for one individual are used for both the PCR and QEPR process.

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 (35.7%) lived with a parent and a little over one fourth lived in a group home. Figure 2 shows the distribution of individuals, by waiver, interviewed during the contract year.

Figure 1: Percent of Individuals by Residential Type
July 2010 – June 2011

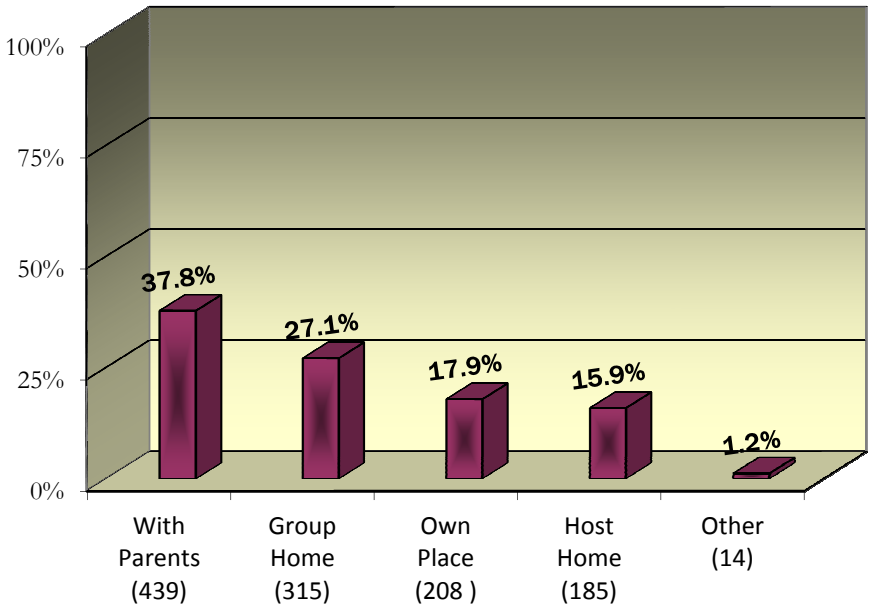
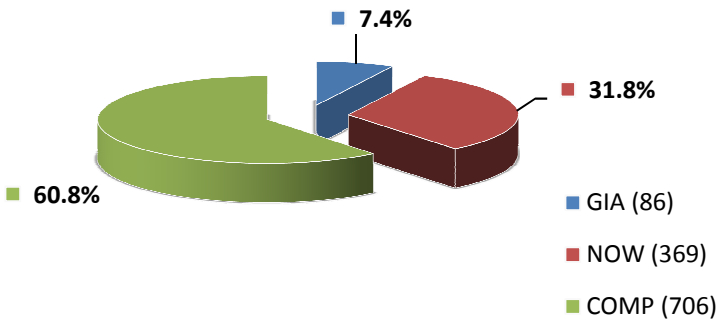


Figure 2: Percent of Individuals by Waiver Type
July 2010 – June 2011



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 help support 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. When data are presented for each review component, by expectation, results are presented for individuals on the COMP and NOW waivers separately. Individuals are identified as COMP or NOW by the type of services they receive.

The number of activities for each component, by region and statewide, is presented in the following table. Throughout this section some comparisons are made to Year 1 and Year 2. However, modifications to the QEPR application to collect record reviews for each service a person received make it inappropriate to make comparisons to previous years due to only colleting this information by service for that component of the review process.

Table 2: All review activities (PCR +QEPR) by Region
July 2010 - June 2011

Region	III/ISP QA Checklist	Support Coordinator Record Review	Provider Record Review	Staff/ Provider Interview	OBS	Admin Review
1	362	212	591	397	331	7
2	153	53	256	124	127	5
3	272	101	408	196	152	15
4	122	53	221	128	119	3
5	100	50	214	143	138	6
6	152	46	253	107	114	4
Total	1,161	515	1,943	1,095	981	40

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 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. 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?
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.

[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).

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 for individuals on the NOW and COMP waivers and for the statewide average (Figures 3 – 5), which also includes individuals on state funding (GIA).

- While results are similar across the three categories, individuals on the NOW waiver appear to be slightly less likely to be involved in developing their annual plan and their support coordinator is less likely to assist the person to learn about rights, compared to their COMP recipient counterparts.
- The average III score has increased by three percentage points over the three year period, from 83 percent to 86 percent.
- Individuals were most likely to indicate they have privacy, dignity and respect in their lives, compared to all other expectations, 97 percent scored as present. They were least likely to have community involvement and access, 77.8 percent present.
- Statewide, results are similar to Year 2. The greatest increase is by three percentage points indicating individuals were slightly more likely to feel safe and to have a choice of services and supports.
- Individual involvement in the development and evaluation of supports and services is down three points since Year 2.

Figure 3: Individual Interview Instrument (III)
Individuals Receiving Services On the NOW Waiver
Percent Present by Expectation (N=361)
July 2010 – June 2011

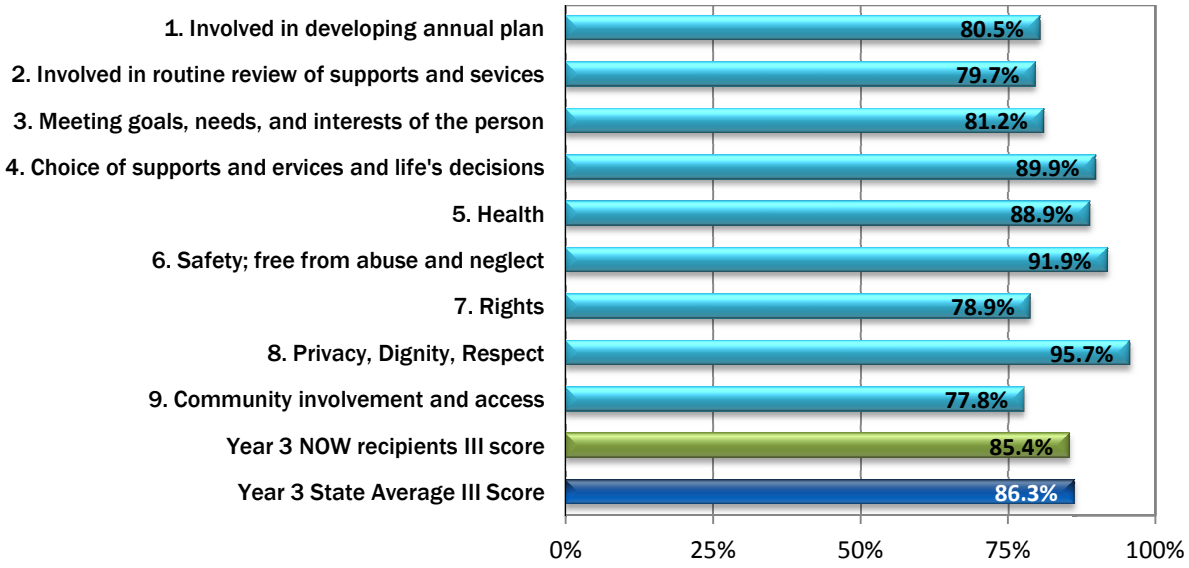


Figure 4: Individual Interview Instrument (III)
Individuals Receiving Services On the COMP Waiver
Percent Present by Expectation (N=716)
July 2010 – June 2011

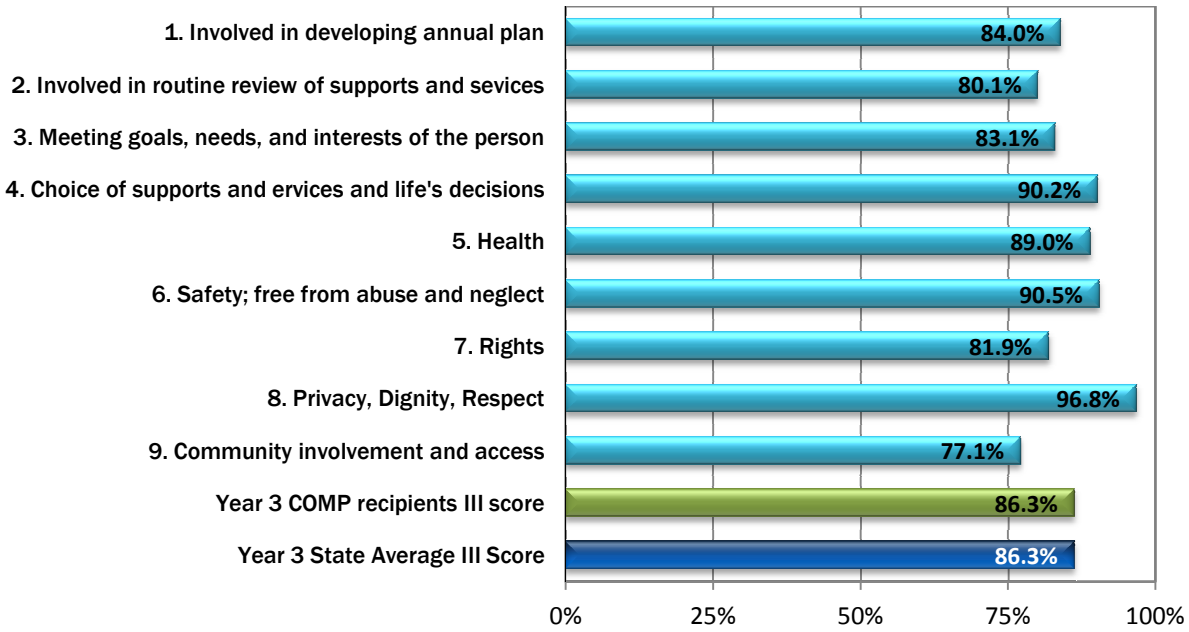
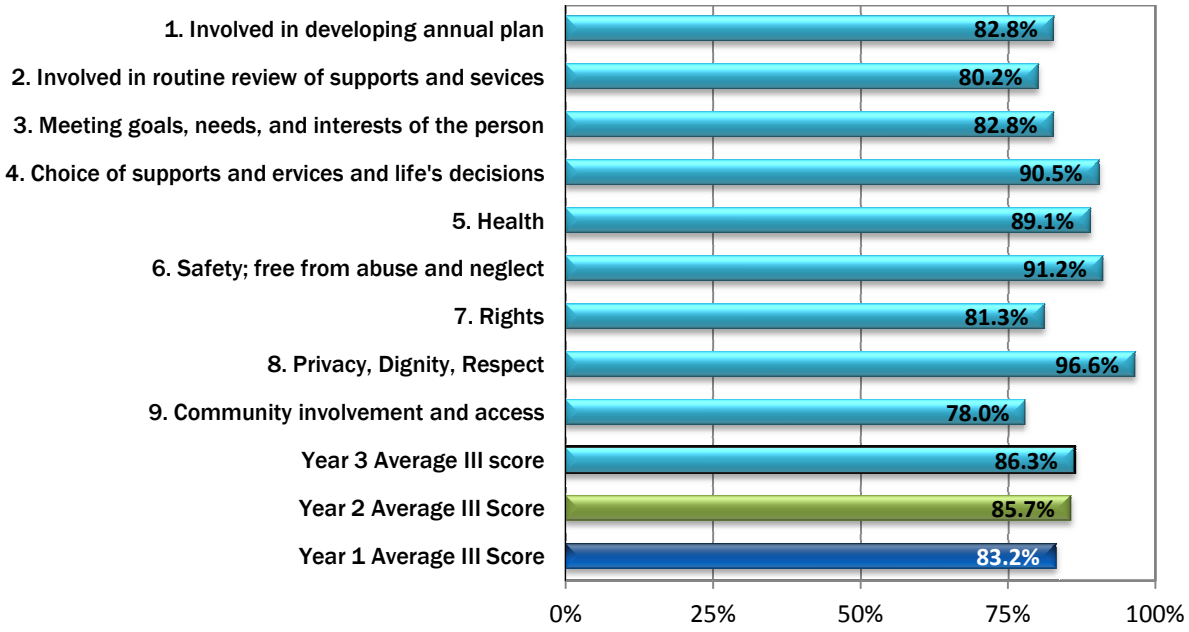


Figure 5: Individual Interview Instrument (III)
Individuals Receiving Services Statewide
Percent Present by Expectation (N=1,161)
July 2010 – June 2011



The following graphs show the statewide III results by Region, Residential Setting and Age Group (Figures 6-8. The following findings are indicated:

- Performance across regions varies somewhat, with a range of 82.5 percent in Region 2 to 88.5 percent in Region 4. Results are similar to the Year 2 distribution across regions.
- Individuals in Group Homes were somewhat less likely than other individuals to have III Expectations scored as Present (83.7%), and individuals in Host Homes were most likely to score III Expectations present (89.0%). This pattern is similar to previous years.
- There is little variation across different age groups.

Figure 6: Individual Interview Instrument (III)
Percent Present by Region
July 2010 - June 2011

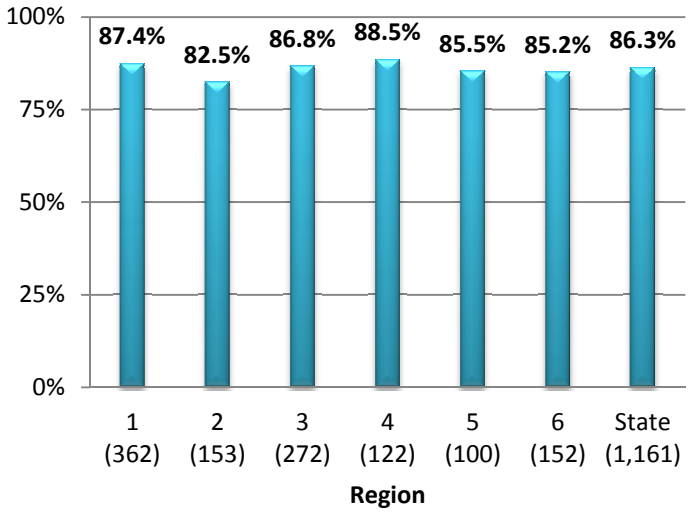


Figure 7: Individual Interview Instrument (III)
Percent Present by Residential Setting
July 2010 - June 2011

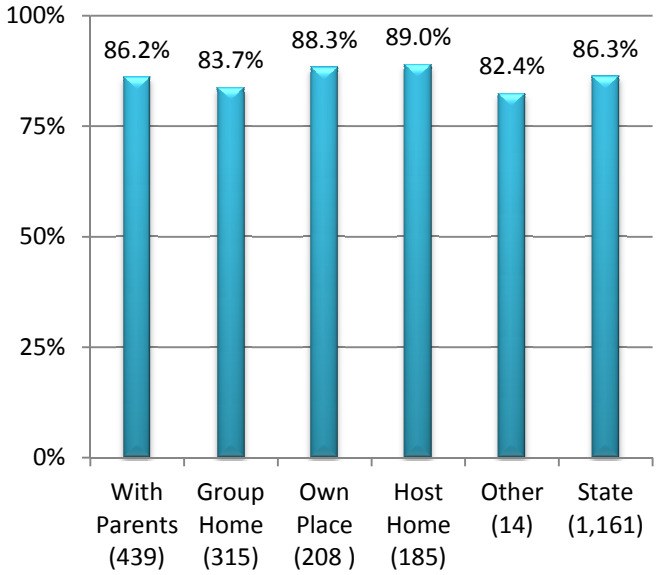


Figure 8: Individual Interview Instrument (III)
Percent Present by Age Group
July 2010 - June 2011

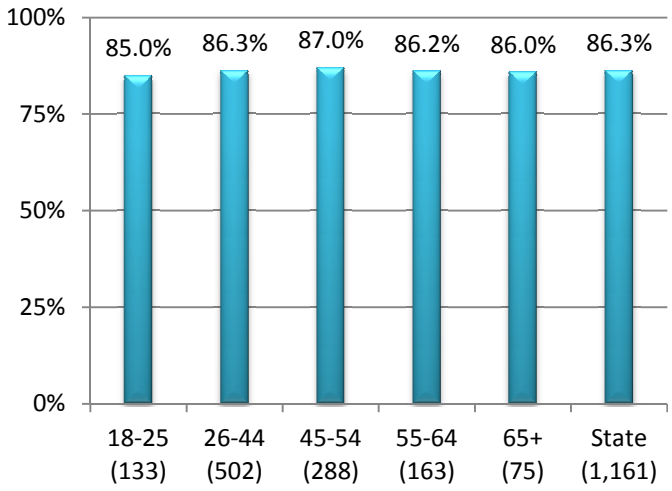
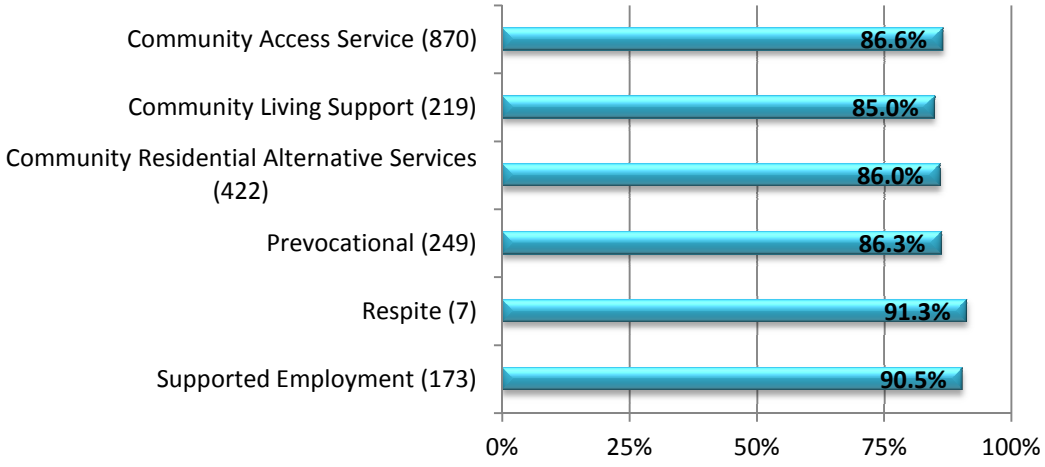


Figure 9 displays the average III score by service. Results for each individual who was receiving the service at the time of the interview are included in the calculation. It is important to note that individuals often receive more than one service, which could impact the III results. With the exception of seven individuals receiving Respite, the average III score for Supported Employment is somewhat higher than for individuals receiving other services (90.5%), the same as in Year 2.

Figure 9: Individual Interview Instrument (III)
Percent Present by Service
July 2010 - June 2011



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 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. Delmarva Quality Improvement Consultants use the ISP QA Checklist form to evaluate the various sections of the ISP, rating them on the degree to which they address all requirements.[6]

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.

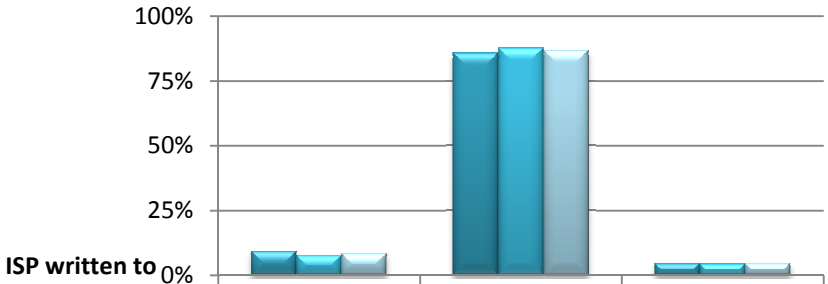
1. Service Life: The ISP supports a life with basic paid services and paid supports. The person's needs that are "important for" the person are addressed, such as health and safety. However, there is not an organized effort to support a person in obtaining other expressed desires that are "important 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.

[6] 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 is presented in Figures 10 and 11 for individuals receiving services through the COMP or NOW waiver, and statewide, with findings from Year 1 and Year 2 provided for comparative purposes.[7]

- Results for individuals on the NOW or COMP waiver are very similar.
- The proportion of individuals with an ISP written to support a Community Life has decreased each year since Year 1, from over 14 percent to only 4.7 percent Year 3.
- The proportion of ISPs written to support a Service Life has also decreased, but not to the same degree, from 12.8 percent to 8.4 percent.
- At the same time, the proportion of ISPs written to support a Good But Paid Life has increased from 72.4 percent to 86.9 percent.

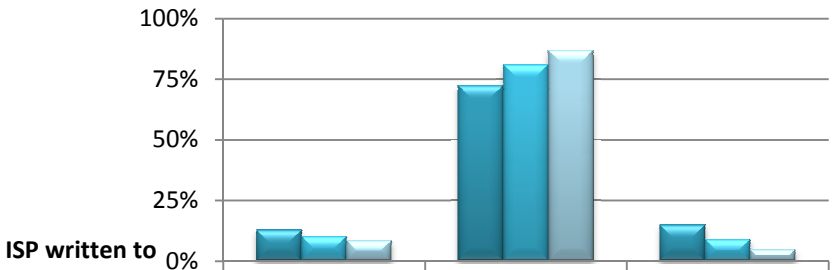
Figure 10: ISP QA Checklist Results by Waiver
July 2010 - June 2011



ISP written to support	Service Life	Good But Paid Life	Community Life
NOW (361)	9.4%	85.9%	4.7%
COMP(716)	7.8%	87.7%	4.5%
State Average	8.4%	86.9%	4.7%

[7] At the time of the PCR, one individual did not have a support coordinator and therefore had no ISP.

Figure 11: ISP QA Checklist Results Statewide
July 2008 - June 2011



	Service Life	Good But Paid Life	Community Life
Year 1 (1283)	12.8%	72.4%	14.8%
Year 2 (1260)	10.2%	81.0%	8.9%
Year 3 (1160)	8.4%	86.9%	4.7%

The following three figures show the ISP QA Checklist results by region, residential type, and age groups for Year 3, July 2010 – June 2011.

- Individuals in Regions 4 were most likely to have an ISP written to support a Community Life. A rate of 12 percents is considerably higher than the statewide average of 4.7 percent. While this is lower than in Year 2 (18.4%), the region ranked highest then as well. In Year 2, close to 17 percent of Region 4 ISPs were written to support a Service Life, compared to only five percent in Year 3.
- With the exception of 14 individuals in an "other" residential setting, individuals living with a parent were most likely to have an ISP written to support a service life, a pattern the same as in Year 2.
- Elderly individuals age 65 or over were least likely to have an ISP written to support a service life. This is the opposite as in Year 2, where elderly individuals were most likely to be represented in this category. However, the large difference could be due to relatively small numbers, 58 in Year 2 and 75 in Year 3.

Figure 12: ISP QA Checklist Results by Region
July 2010 - June 2011

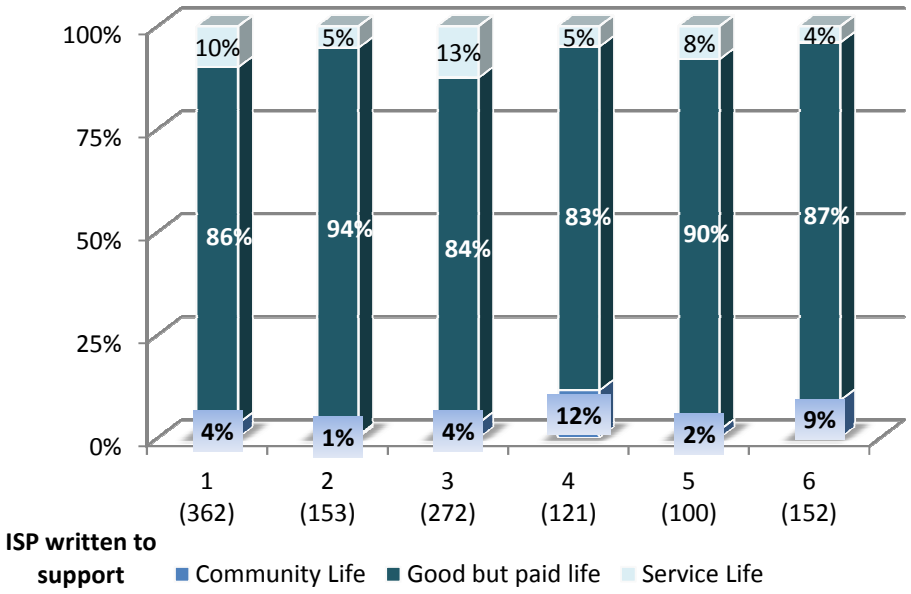


Figure 13: ISP QA Checklist by Residential Setting
July 2010 - June 2011

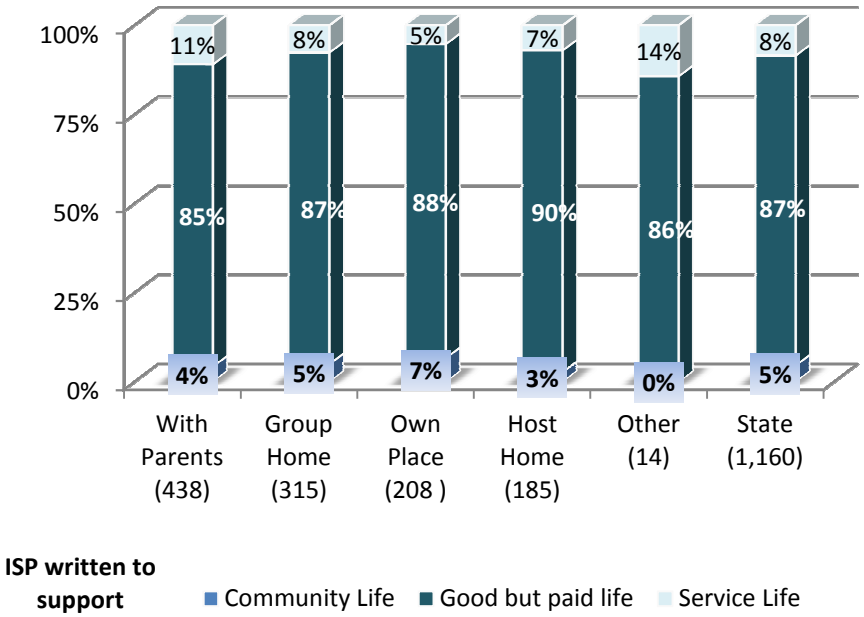
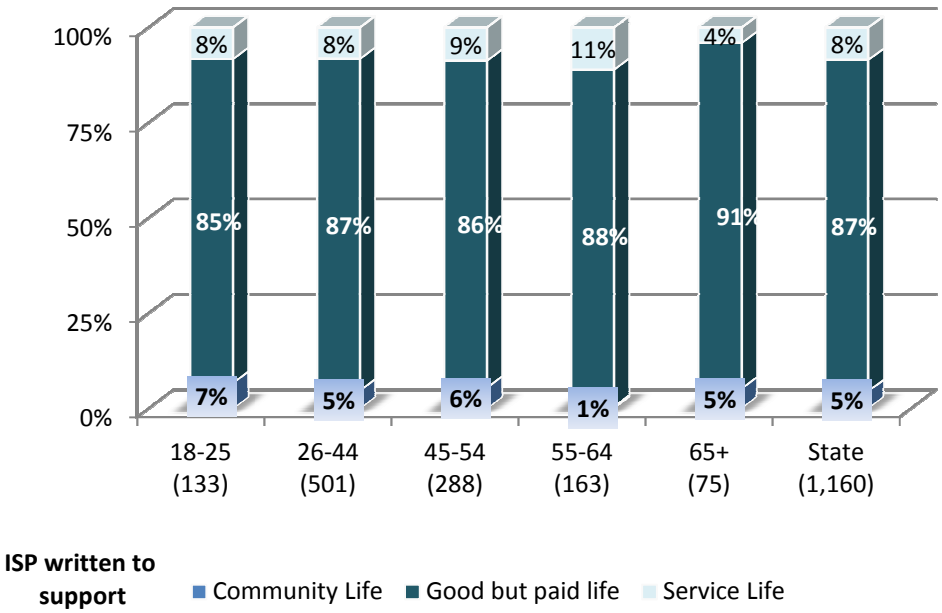


Figure 14: ISP QA Checklist by Age Group
July 2010 – June 2011



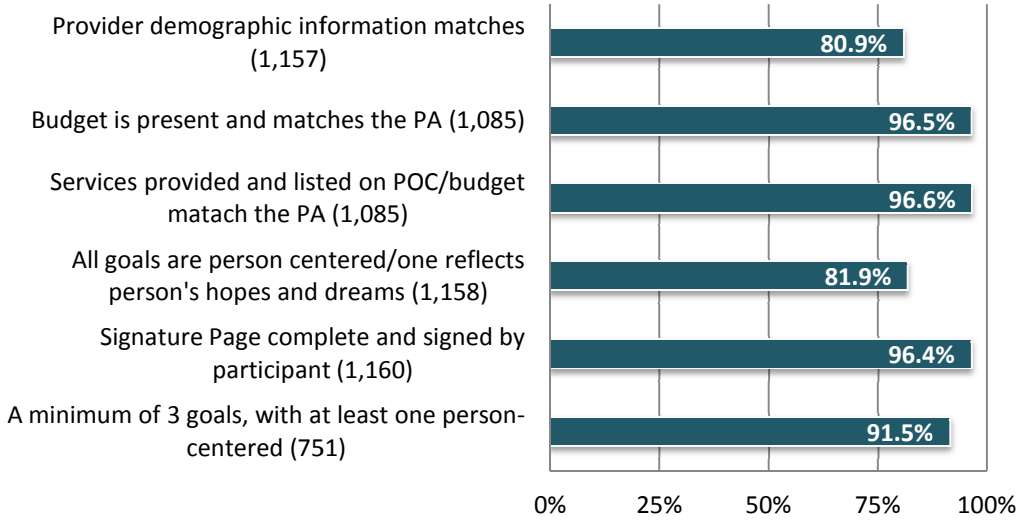
The ISP QA Checklist is also used to monitor several other aspects of the support plan:

1. If the provider information on the demographic page of the web-based system matches the provider information on the Plan of Care (POC).
2. If the Personalized Budget is present and matches the Prior Authorization (PA).
3. If services provided and listed in the Plan of Care and budget match the Prior Authorization.
4. All goals are person centered and at least one goal reflects the person's hopes and dreams.
5. If the signature page is complete and signed by the participant.
6. The ISP has a minimum of three goals, with at least one person centered.[8]

The percent of ISPs with these criteria scored as present is shown in Figure 16. ISPs were least likely to have demographic information in the POC match the web-based system, or to have all goals written with a person centered focus, with at least one addressing the hopes and dreams for the person (80.9% and 81.9%).

[8] This standard was added December 1. While this was scored in previous years, in July 2010 the standard was changed to the one shown as Number 4 on the list. However, in December it was decided to return to the previous standard (Number 6). While providers are not actually scored on the Number 4 standard, data are collected for analytical purposes.

Figure 16: ISP QA Checklist
Percent Met On Each Additional Criterion
July 2010 – June2011



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 2010, 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:[9]

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.

[9] 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).

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. 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 3: ISP QA Checklist Ratings by Expectation					
July 2010 - June 2011 (N=1,160)					
	Ratings				
ISP QA checklist description	0	1	2	3	4
Relationship Map/ how to develop relationships	0.6%	7.0%	21.4%	37.0%	34.1%
Communication Chart	29.3%	0.1%	1.9%	13.0%	55.7%
Person-centered Important to/For	8.1%	8.8%	19.9%	27.7%	35.5%
Dreams and Visions	9.5%	8.5%	16.0%	25.3%	40.7%
Service Summary	3.4%	9.6%	21.4%	35.8%	29.9%
Rights, Psychotropic Medications, Behavior Supports	0.3%	0.5%	5.9%	28.1%	65.2%
Meeting Minutes	7.0%	15.3%	27.9%	27.2%	22.6%
SIS completed; needs are addressed in the ISP	1.5%	14.4%	31.9%	16.8%	35.4%
Health and Safety Review Section completed	47.1%	0.9%	3.0%	13.2%	35.8%
Goals are Person Centered	8.1%	7.8%	14.1%	25.7%	44.4%
Training Goal Action Plan	2.0%	4.9%	10.1%	25.9%	57.1%
Action Plans	0.4%	2.7%	17.2%	44.7%	35.0%
Average	9.8%	6.7%	15.9%	26.7%	40.9%

Information in Table 3 shows, for each of the 12 ISP expectations, the percent of ISPs that fall into each rating. For the 1,160 ISPs reviewed this year:

- On average, approximately 41 percent of ISP expectations were rated as **four**, meaning all of the four requirements listed were present. This is down from close to 53 percent in Year 2. Over 67 percent showed compliance with at **least three** standards, down from 77 percent in Year 2.
- Almost 30 percent of the ISPs had **no** requirements met for the Communication Chart, a substantial increase over Year 2, with less than a percent in this category.
- Over 47 percent had **no** requirements present on the health and safety review section.[10]
- Support Coordinators appear to do well with rights, psychotropic medications and behavioral supports, with 65 percent of ISPs addressing **all four** components of the standard and approximately 93 percent addressing **at least three** of the components, results similar to the previous year.

[10] It was discovered this quarter that each time the HRST is updated, the date of the update is what appears in the application. A stipulation in the Health and Safety section is to score it zero (o) if the HRST is not completed/ updated 90 to 120 days before the birthday. Therefore, the 41.1% scored at zero may not be a true reflection of whether the health and safety section included all required components.

- A large proportion of ISPs had **one or none** of the requirements met for documenting a Person Centered To/For focus (16.9% compared to 19.2% in Year 2)), for addressing opportunities to enhance the dreams and visions of the person (18.0%), for maintaining adequate meeting minutes (22.3% compared to 21% in Year 2), or ensuring goals are person centered (15.9%, up from 11.2% in Year 3).

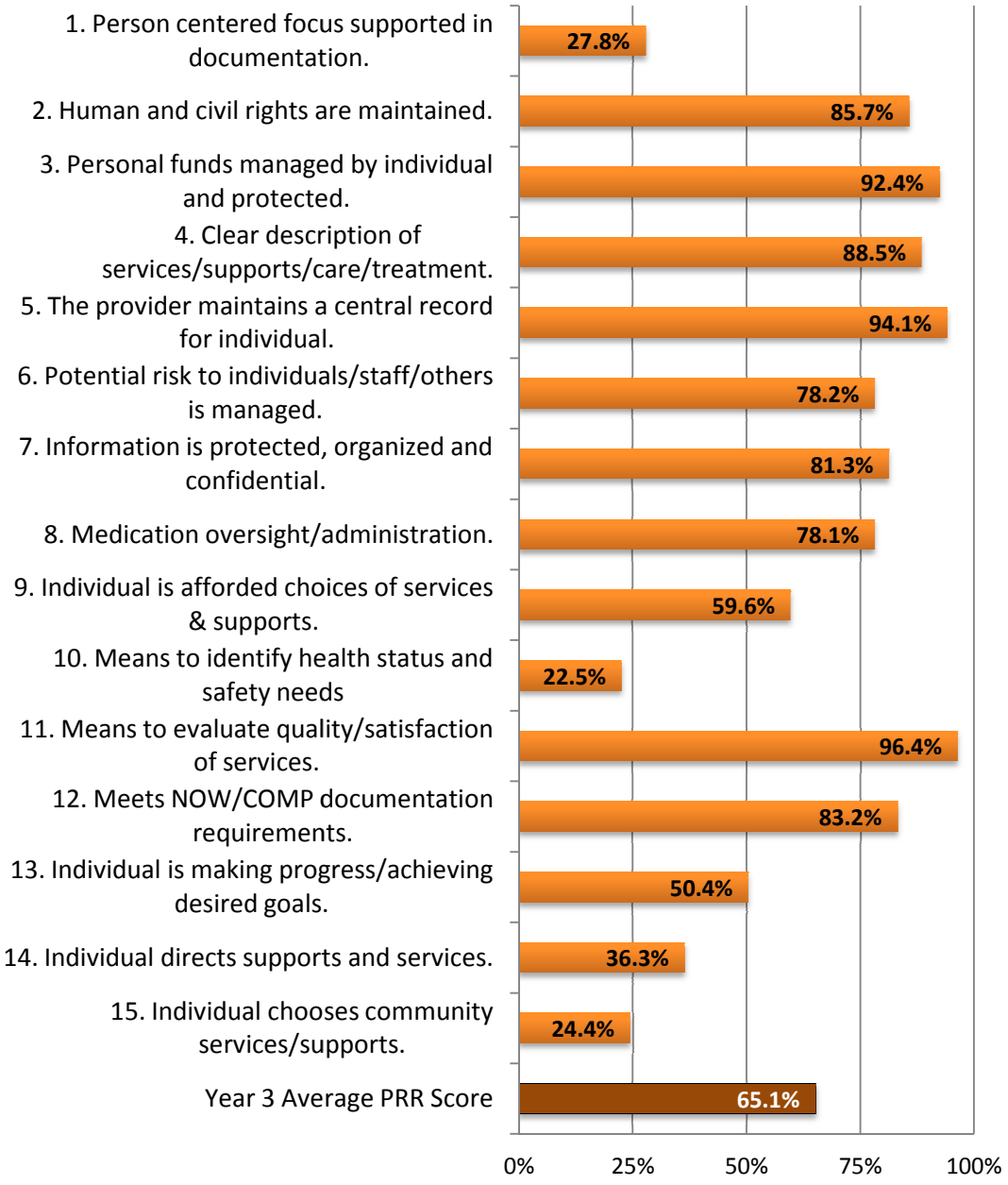
Provider Record Review (PRR)

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 17 displays the percent present for each PRR Expectation for all providers working with the 1,161 individuals who participated in a PCR or QEPR between July 2010 and June 2011. A record review is completed for each service received by the individual, with 1,943 record reviews completed in this time period.

Figure 17: Provider Record Review (PRR)
Percent Present by Expectation (N=1,943)
July 2010 - June 2011



Results from the Provider Record Reviews are similar to the previous quarter. However, comparison to previous years' results is not appropriate due to the change in the scoring process (Figure 17):

- The average Provider Record Review score for Year 3 is approximately 65 percent present.
- Three Expectations were met in over 90 percent of the records reviewed. Most providers maintained a central record for the person, had a means to evaluate the quality of and satisfaction with services, and ensured personal funds were managed by the individual and protected.
- Most of the records reviewed (1,493 of 1,935—77.5%) did not document a means to identify health status or safety needs.
- Documentation is often not present that supports a person centered focus (27.8% present); that indicates individuals have a choice of services and supports in the community (24.4% present); or that indicates the individual directs supports and services received (36.3% present).

Figures 18 and 19 show results for the PRR for the COMP and NOW waivers. Overall results are similar to the statewide findings for both groups. However, there are some differences between them:

- A somewhat higher proportion of individuals on the NOW waiver managed funds and had them protected, 97.3 percent compared to 91.3 percent for COMP participants.
- Individuals on the COMP waiver were more likely to have a provider with a means to identify health status and safety needs, 24.0 percent compared to 19.6 percent for NOW participants.
- COMP participants were more likely to choose community services and supports, 25.0 percent compared to 20.8 percent for NOW participants.
- However, NOW participants were more likely to have information protected, organized and confidential than individuals on the COMP waiver, 87.7 percent and 77.2 percent respectively.

Figure 18: Provider Record Review (PRR) (NOW Waiver)
Percent Present by Expectation (N=554)
July 2010 - June 2011

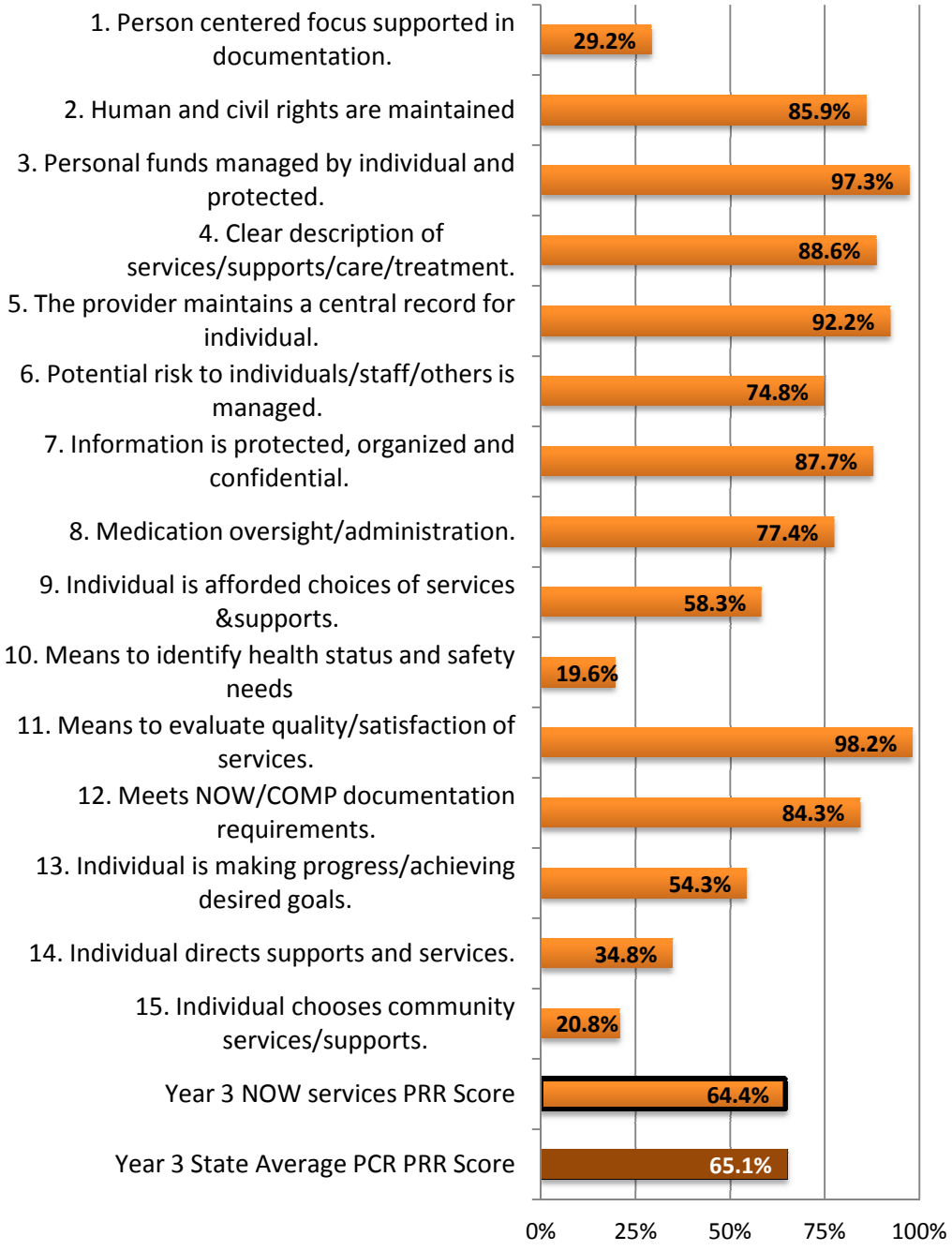


Figure 19: Provider Record Review (PRR) (COMP Waiver)
Percent Present by Expectation (N=1,267)
July 2010 - June 2011

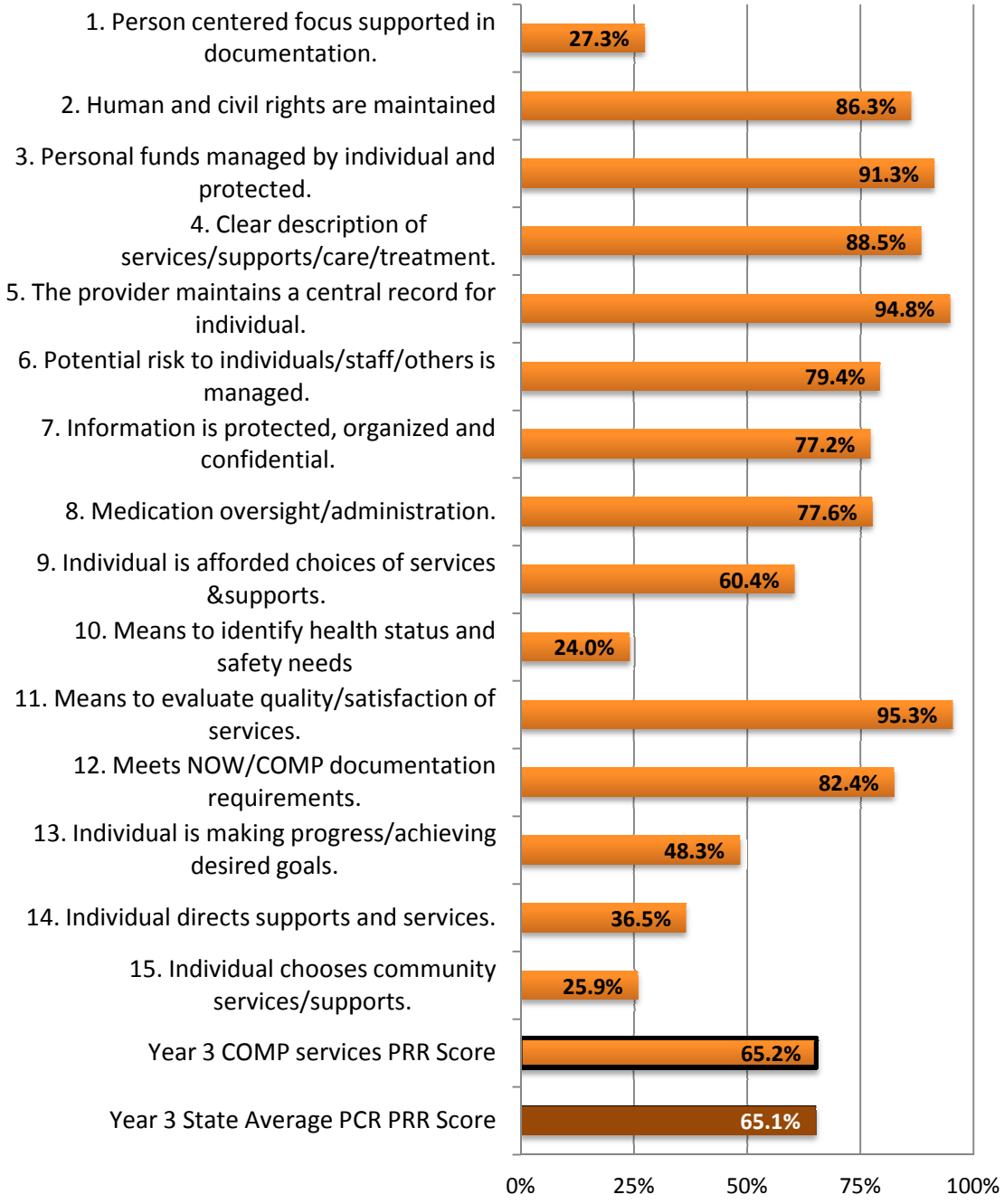
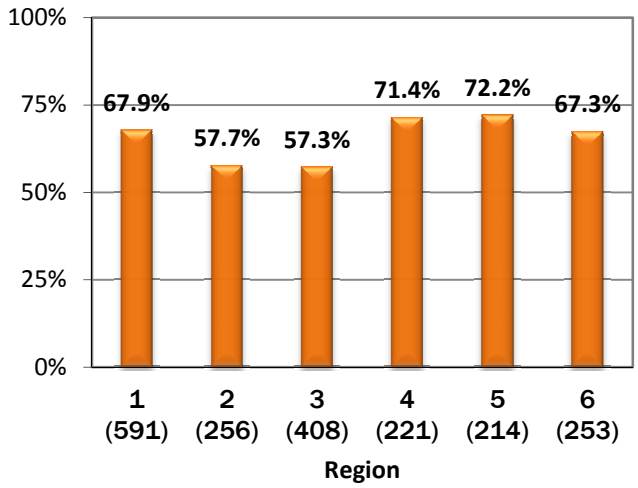


Figure 20 provides results for the Provider Record Reviews by region. The numbers in parentheses represent the total number of record reviews completed in each region. Regional results range from a low of 57 percent in Regions 2 and 3, to a high of 72.2 percent in Region 5.

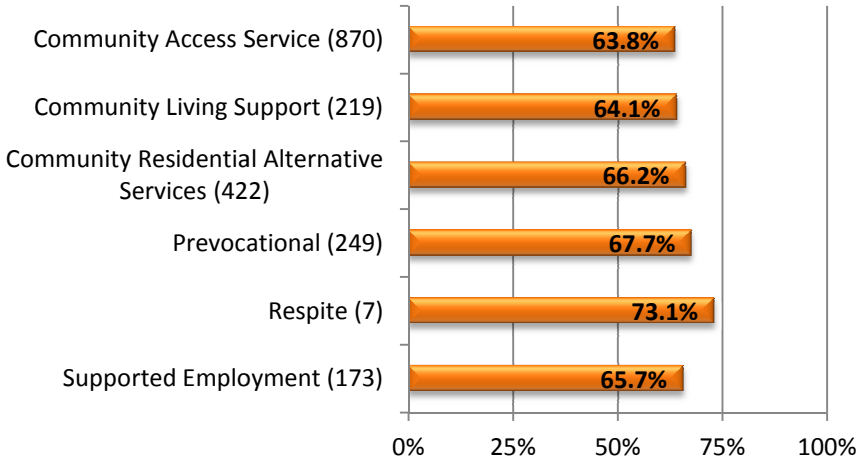
Figure 20: Provider Record Review (PRR)
Percent Present by Region
July 2010 - June 2011



Provider Record Review results are presented in Figure 21 for each service individuals were receiving at the time of the interview.[11] The number of records reviewed is provided in parentheses. The percent present is based on the total number of expectations reviewed on each record. For example, 2,318 Expectations were scored for the 173 records reviewed for Supported Employment. Results this contract year show little variation across the different services for provider documentation in individual's records.

[11] Self Directed Community Living Supports (1 record at 90%) and Transportation (2 records at 88%) are not shown.

Figure 21: Provider Record Review (PRR)
Percent Present by Service
July 2010 - June 2011



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. Through the staff interview, Delmarva Consultants score the provider/staff on 23 indicators that measure seven different Expectations:[12]

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)

Interviews (SPI) were conducted with 1,095 staff or providers. The percent present on each of these Expectations is presented in Figures 22 – 24 for the NOW and COMP waivers and statewide. Findings to date indicate:

[12] 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)

- Staff Interview performance appears to be relatively good statewide and by waiver.
- Six of seven Expectations scored at or above 93 percent.
- Staff scored lowest on the indicators measuring if staff is aware of the person's health needs and medications taken, and their possible side effects. This Expectation was lower for individuals on the NOW waiver (82.7%) than for COMP participants (86.8%).

Figure 22: Staff/Provider Interview (SPI)
Percent Present by Expectation NOW Waiver (N=306)
July 2010 – June 2011

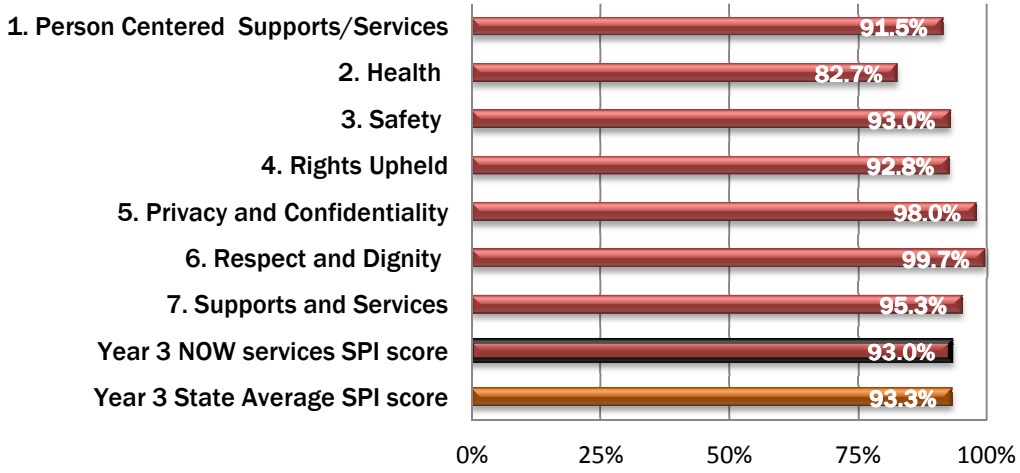


Figure 23: Staff/Provider Interview (SPI)
Percent Present by Expectation COMP Waiver (N=702)
July 2010 - June 2011

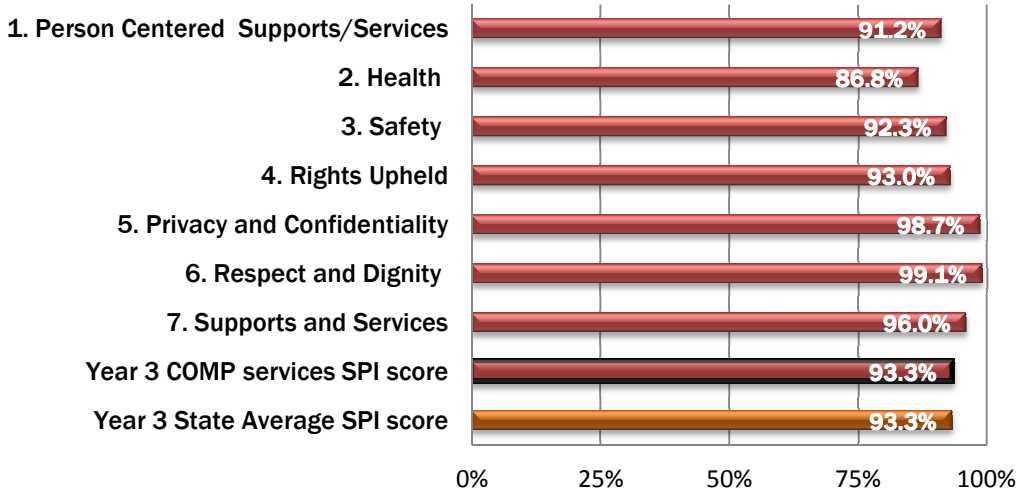


Figure 24: Staff/Provider Interview (SPI)
Percent Present by Expectation (N=1,095)
July 2010 - June 2011

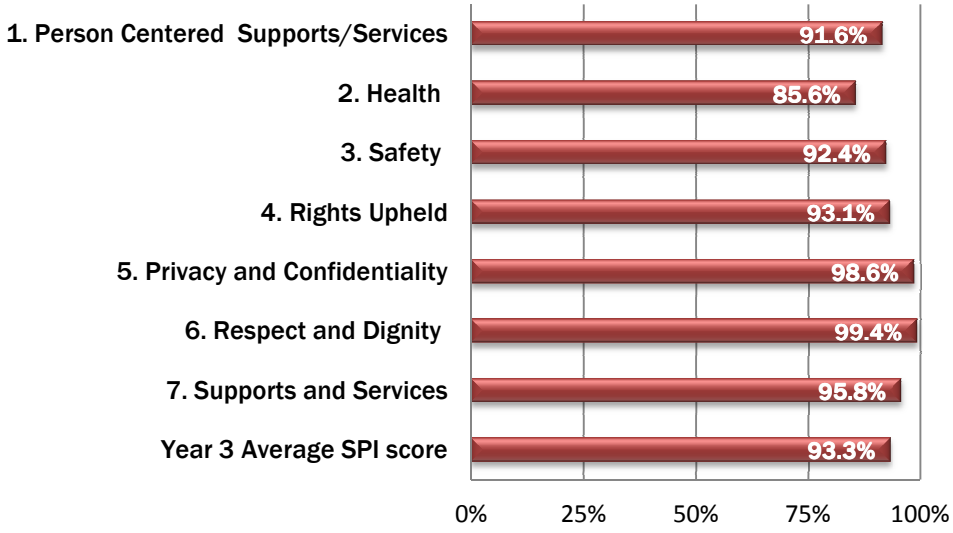
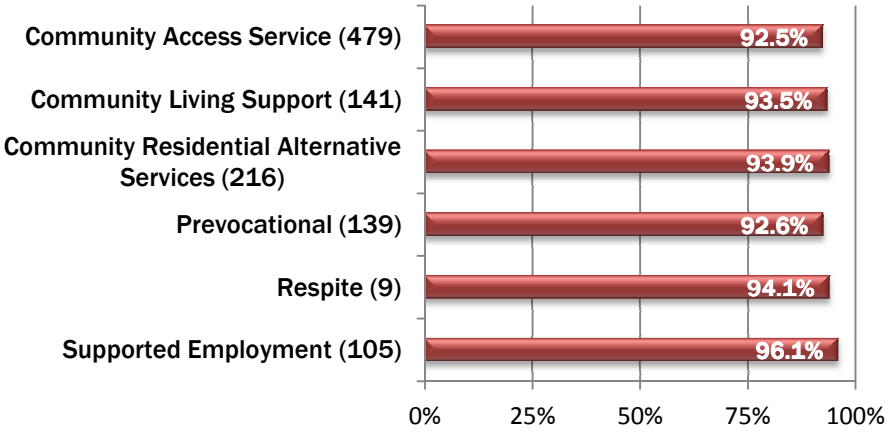


Figure 25 displays SPI by service. The number of records reviewed for each service is provided in parentheses. Variation across the different services is quite small, each service showing compliance rates above 90 percent.

Figure 25: Staff/Provider Interview (SPI)
Percent Present by Service (N=1,095)
July 2010 - June 2011



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, 981 sites were part of the Observation process. 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 graphs (Figures 25-27) show the Percent Present for the Observation Checklist by expectation for NOW, COMP and Statewide. A total of 981 Observation Checklists were completed but not every expectation is scored for each one. Results indicate providers perform very well on this portion of the reviews, with very little variation across expectations or waivers. However, it appears the NOW participants were less likely to have a community life (84.3%) than were COMP participants (95.9%). The calculation for this expectation for the NOW waiver is based on a much smaller sample size due to a large number of not applicable responses (N=70). Results by service are not displayed and reflect a compliance score of 98 percent or higher for each service.

Figure 25: Onsite Observations (OBS)
Percent Present by Expectation NOW Waiver (N=235)
July 2010 - June 2011

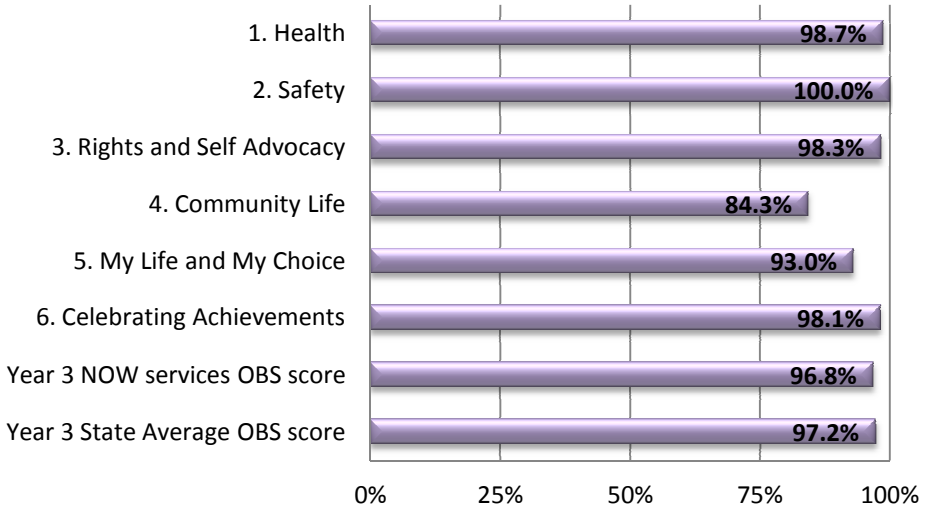


Figure 26: Onsite Observations (OBS)
Percent Present by Expectation COMP Waiver (N=663)
July 2010 - June 2011

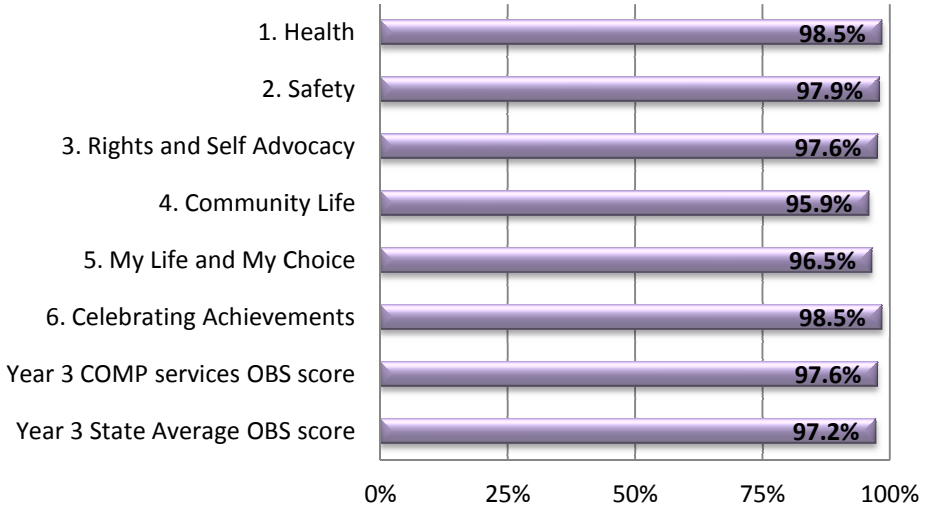
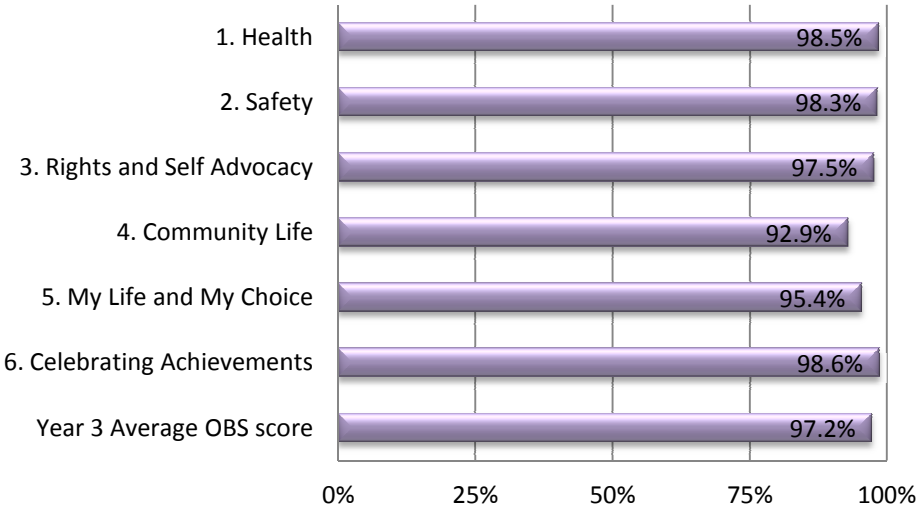


Figure 27: Onsite Observations (OBS)
Percent Present by Expectation (N=981)
July 2010 - June 2011



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):[13]

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

[13] 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)

9. Individuals are included in the larger community.

Information in Figures 28-30 reflects support coordinator record review results for the 481 PCRs and the 34 individuals interviewed for the Support Coordinator Agency QEPR in Year 3, by Waiver and Statewide. Data indicate the following:

- The overall trend for SCRRs indicates an average decline since Year 1, from 78 percent to 73 percent.
- Support Coordinators for individuals on the NOW Waiver reflected a lower score than for individuals on the COMP Waiver, 70.1 percent and 74.3 percent respectively.
- Support Coordinators for NOW recipients scored lower primarily on four Expectations:
    - Maintaining documentation describing available services and supports (58.3% NOW and 66.3% COMP);
    - Continuously evaluating supports and services (76.0% NOW and 83.7% COMP);
    - Documenting an effective approach to assessing and making recommendations related to risk management (84.7% NOW and 91.2% COMP);
    - Ensuring individuals are afforded choices of services and supports (55.4% NOW and 68.6% COMP).

Figure 28: Support Coordinator Record Review Results (SCRR)
Percent Present by Expectation NOW Waiver (N=175)
July 2010 - June 2011

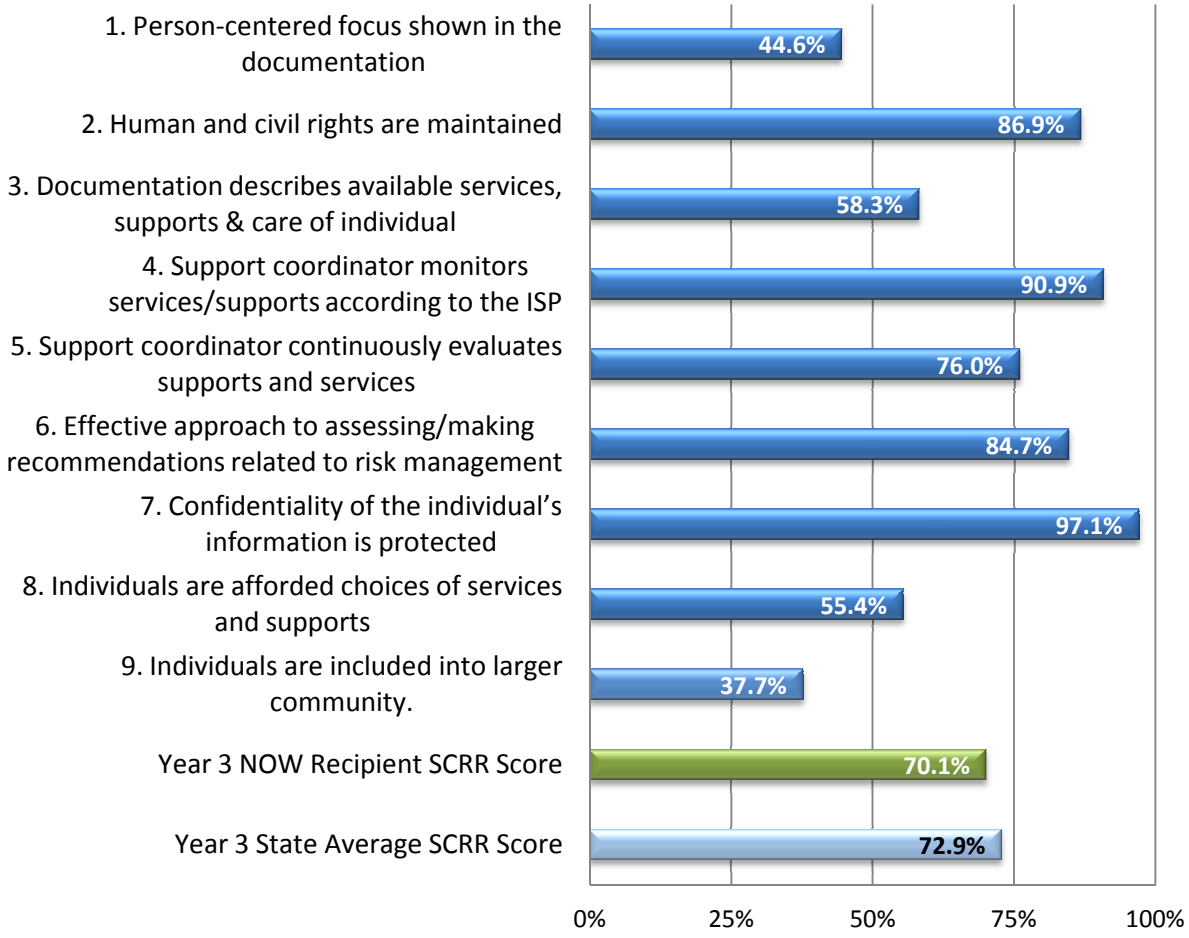


Figure 29: Support Coordinator Record Review Results (SCRR)
Percent Present by Expectation COMP Waiver (N=306)
July 2010 - June 2011

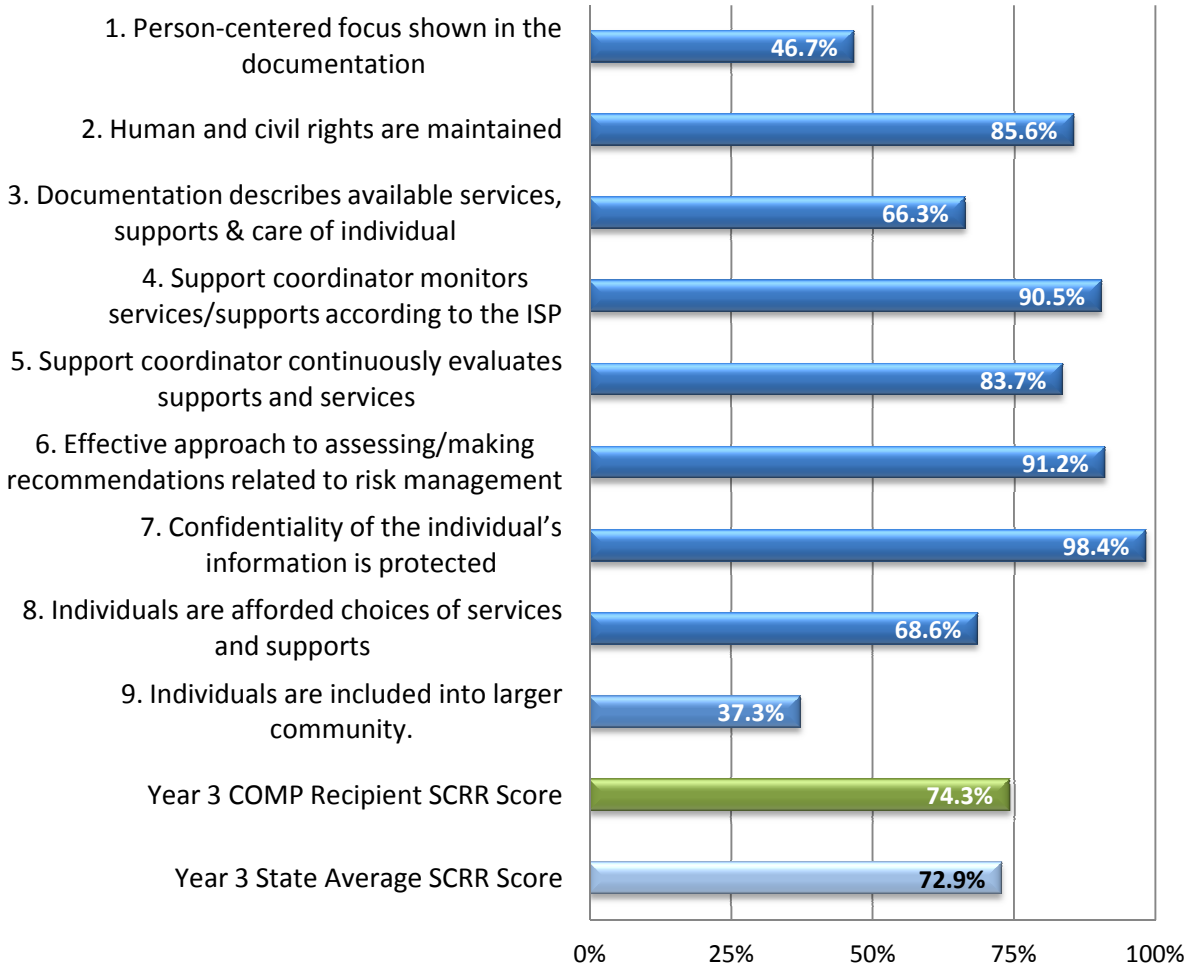
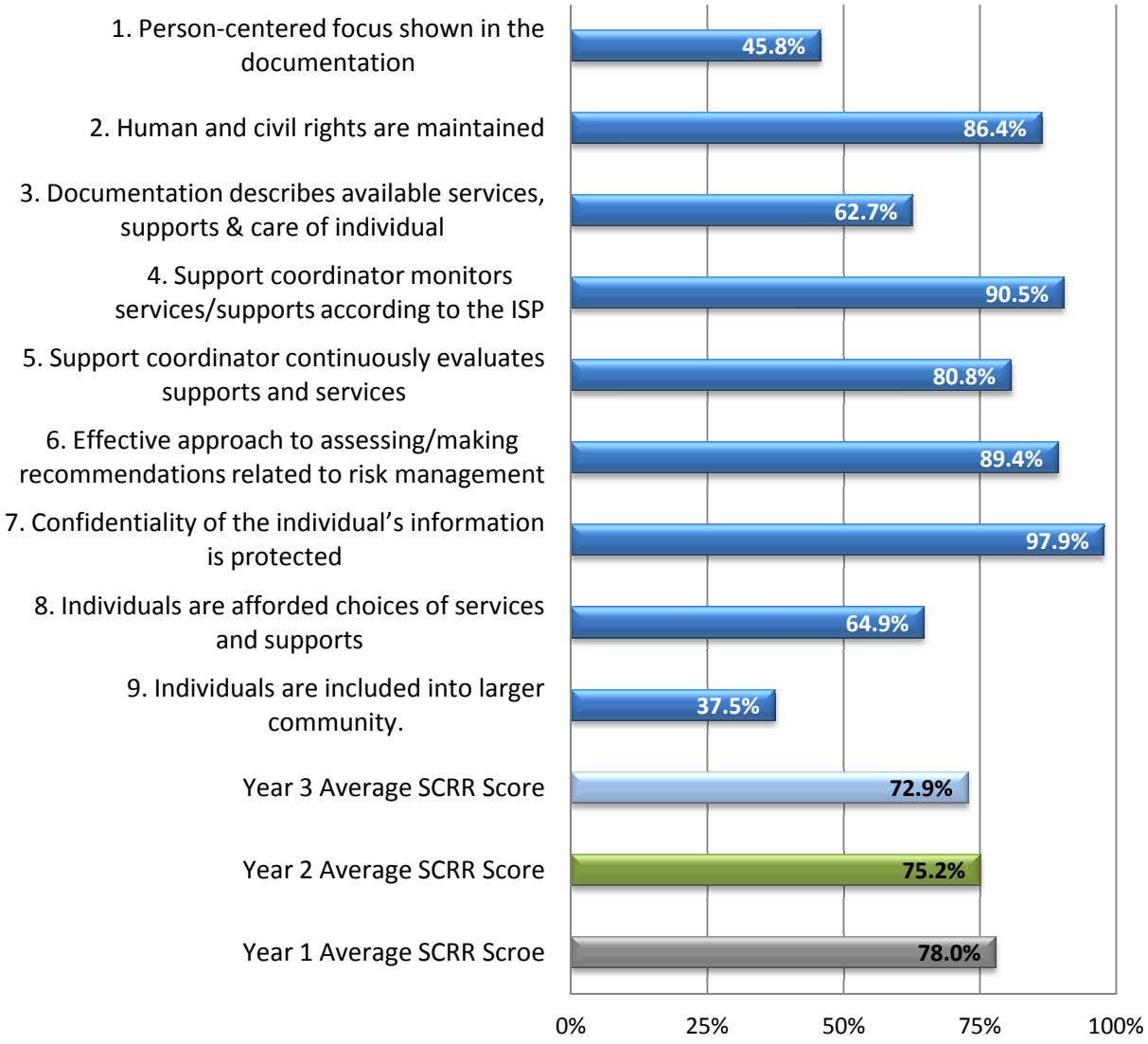


Figure 30: Support Coordinator Record Review Results (SCRR)
Percent Present by Expectation (N=515)
July 2010 - June 2011



The following three figures present results of the SCRR by region, residential setting, and age group. The number in parentheses represents the total number of SCRRs completed and the percent present is based on the total number of Expectations reviewed. Results within a few the categories are based on fewer than 50 record reviews and should be viewed with caution.

- The greatest variation in the percent present for support coordinators is across the different regions, ranging from a low of 67.8 percent in Region 6 to a high of 86.0 percent in Region 4.

- Support Coordinator records for individuals living with their parents were least likely to be in compliance with the Expectations, 70.9 percent, compared to individuals in other residential settings.
- SSRR results show that records for individuals age 55 to 64 were less likely to be in compliance with the Expectations than were records for individuals in any other age group, (69.7%).

Figure 31: Support Coordinator Record Reviews (SCRR)
Percent Present by Region
July 2010 - June 2011

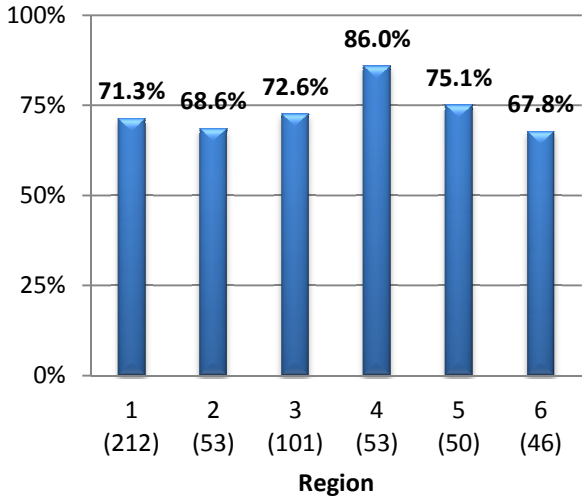


Figure 32: Support Coordinator Record Reviews (SCRR)
Percent Present by Residential Setting
July 2010 - June 2011

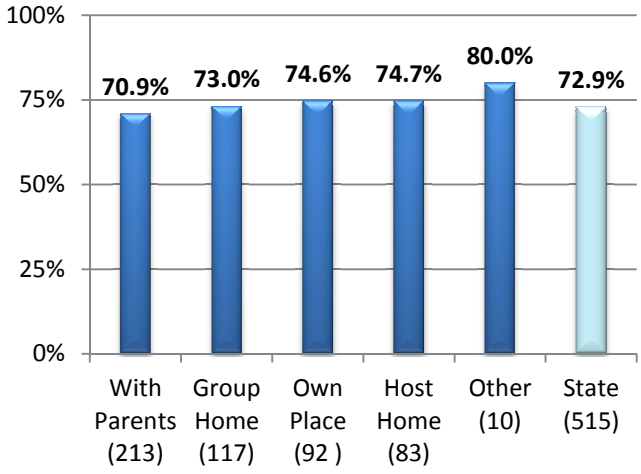
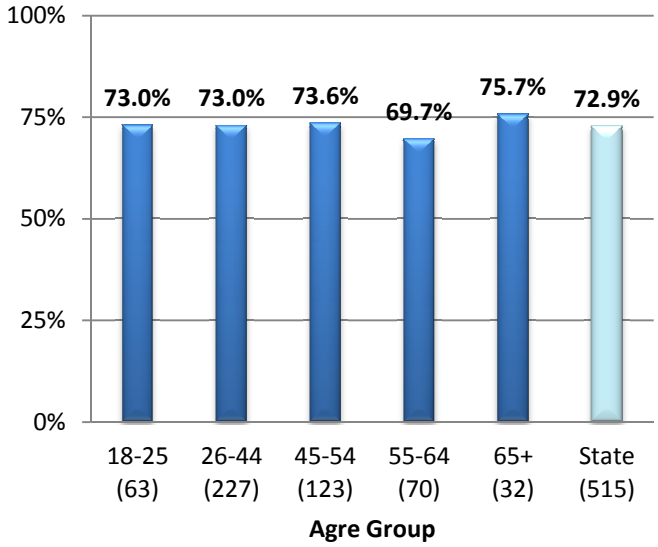


Figure 33: Support Coordinator Record Reviews (SCRR)
Percent Present by Age Group
July 2010 - June 2011



Comparison of Components

Almost every indicator within the different components of the PCR and QEPR targets one of six quality improvement Focused Outcome Areas (FOA) 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 and QEPR has been categorized within one of the Focused Outcome Areas. The Percent Present for each FOA is presented in Table 4, for the 1,161 individuals who participated in a review between July 2010 and June 2011. Results for Year 3 show some differences compared to Year 2, but these are primarily for the PRR. Because the scoring procedure changed, PRR comparisons should be avoided.

- Providers and Support Coordinators did not appear to do well documenting Person Centered Practices, Choice, and particularly issues surrounding Community Life.

- Support coordinator compliance with Community Life activities, 37.5 percent, is down over 17 percentage points compared to Year 2 (45.4%).
- Provider documentation of Health and Community Life was very low, 40.5 percent and 24.4 percent respectively.
- Approximately 78 percent of individuals indicated (III) they were connected to the Community as they desire, the lowest score from the individual's perspective. SCRRs and PRRs were very low scoring in this area as well. However, onsite observations resulted in scores for this area that were considerably higher (92.9%), as were Staff Interviews (82.2%).

Table 4: Comparison of PCR and QEPR Components Across Quality Improvement Areas
July 2010 – June 2011

	III	SC Record Review	Provider Record Review	Staff Interview	Observation
	N=1,161	N=515	N=1,943	N=1,095	N=981
Person Centered Practices	84.0%	63.3%	52.8%	94.8%	98.6%
Choices	86.1%	63.8%	59.6%	95.7%	95.4%
Health	89.1%	89.4%	40.5%	85.6%	98.5%
Safety	91.2%	89.4%	78.2%	92.4%	98.3%
Rights	91.5%	92.1%	87.8%	97.1%	97.5%
Community	78.0%	37.5%	24.4%	82.2%	92.9%

NCI Consumer Survey Results for Focused Outcome Areas

To examine individual responses on the Focused Outcome Areas, results from several questions in the 2008-2009, 2009-2010, and 2010-2011 NCI Consumer Surveys were grouped and analyzed. Each question grouped within the Focused Outcome Areas, for each time period, is provided in the Exhibit 5 of the Appendix. The following table displays a summary of results within each Focused Outcome Area. The percent positive for each question is given. The "positive" response may actually be a negative answer. For example, "Are you ever afraid or scared when you are at home?" This is positive if answered as "No". These types of questions are reverse coded for the analysis. Findings from the NCI analysis indicate the following:

- Individuals were least likely to report they have choice in their lives, and this was true for each year, slightly lower in Year 3 than in Year 2.

- The average score for Community Inclusion was only 66.5 percent. While individuals do report they can go out to go shopping (89%), to see family (81%), or to a restaurant or café (88%), only 26 percent have a job in the community and 33 percent have a volunteer position somewhere, and fewer than half appear to get regular exercise or go on vacation. The Community Integration score is lower in Year 3 than either of the previous two years.
- Approximately 98 percent of individuals reported having excellent or fairly good health, higher than the two previous years.
- Approximately 77 percent of individuals indicated they are Achieving Results or that a person centered approach to services is used.
- Average results indicate individuals are most likely to be healthy, safe and have rights honored.

NCI Results by Focused Outcome Areas
Consumer Survey 08-09 thru 10-11

	Percent Positive		
Focused Outcome Area	Year 1	Year 2	Year 3
Achieving Results/ Person Centered Approach	78.8%	74.8%	76.9%
Choice	36.4%	43.2%	40.6%
Health	94.8%	96.2%	97.5%
Safety	88.8%	93.3%	90.4 %
Rights	88.5%	90.1%	88.8%
Community Inclusion/ Social Roles	68.1%	70.3%	66.5%

Quality Enhancement Provider Review

The Quality Enhancement Provider Review (QEPR) has been completed for 40 service providers who were randomly selected from the list of providers who did not receive a QEPR during Year 1 or Year 2. 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 Year 3 of the contract is presented in Table 5, and includes the number of individuals served, the number of individuals who participated in an III,

the number of services the provider offers (ranging from 1 to 13) and the number of staff members working with the organization (ranging from 4 to 302) at the time of the QEPR.

Table 5. QEPR Provider Information
July 2010 – June 2011

Provider Name	Region	Number Receiving Services	Sample for III & ISP QA	Number of Services	Total Number on Staff
Allegiant Service LLC	3	2	2	1	7
Annandale Village	3	18	14	4	10
ARC of Macon	2	63	47	4	95
Avita Community Partners	1	312	82	10	96
BELLVIEW PERSONAL CARE HOME	5	3	3	1	6
Butler-Bowden Personal Care Home	3	6	6	1	10
Christ The King Day Habilitation Service	3	47	16	2	12
Cobb-Douglas County Community Service Board	1	104	68	10	47
Creative Community Services Inc	3	24	26	4	38
Creative Consulting Services	1	3,348	34	3	128
Creative Enterprises Inc	3	94	52	8	28
Creative Growth Consultant Inc	3	5	4	1	5
Dedicated Community Support and Services	1	10	6	1	4
Devine Trinity Personal Care Home	5	1	1	1	6
E and I Helping Hands PCH	5	21	18	3	16
Easter Seals of Middle GA	5	11	9	4	14
Family Bridge Healthcare Services	3	7	3	1	14
Feed the Hungry thru Christ the King	3	4	4	1	7
Floras Loving Hands	3	11	10	1	10
Frazer Center	3	90	54	5	18
Generations Adult Day Services Inc	2	21	12	2	38
Green Oaks MR-DD Service Center	4	105	55	10	38
Highland Rivers CSB	1	280	88	12	120
Just People	3	79	49	7	63
Kay Community Service Center	6	70	43	8	22
Lookout Mountain Community Service Board	1	214	83	11	73
Lutheran Services of Georgia	6	17	11	1	10
Magnolia House Personal Care Home	5	8	6	1	16
McIntosh Trail CSB	6	206	35	5	107
New Domus Personal Care LLC	3	6	5	1	8

Table 5. QEPR Provider Information July 2010 – June 2011					
Provider Name	Region	Number Receiving Services	Sample for III & ISP QA	Number of Services	Total Number on Staff
Normal Life of Georgia	4	252	67	7	250
Owls Retreat	3	17	15	1	10
Pathways CSB	6	130	51	12	125
Pineland CSB	5	301	60	13	302
Serenity Behavioral Health System	2	288	62	13	207
Sharlene Moore Personal Care Home Inc	4	4	3	1	6
Southern Resources Consultants Inc	3	5	6	2	9
Village Nursing	1	12	11	4	31
Wesley Glen Ministries	2	50	26	1	62
Yax Incorporated	2	4	4	1	7

QEPR Administrative Review

Each provider receives one Administrative Review, which includes two review instruments: Administrative Qualifications and Training (A Q&T) and Administrative Policy and Procedures (A P&P). The A Q&T includes a review of a sample of personnel/employee records to determine if staff has the necessary qualifications, specific to services rendered, and if the training was received within required timeframes. The A P&P includes a review of organizational records to determine if policies are in place and if procedures are delineated that are in compliance with state regulations. Due to the degree of revisions in the Standards for All Providers this year, those modifications were implemented in the Administrative tools and procedures, and consequently it is not appropriate to make comparisons to Years 1 or 2.

The Administrative Policy and Procedure review instrument measures 10 different Expectations. Each Expectation is comprised of a different number of elements/questions, ranging from one to 30, with a total of 124 questions scored for each provider. Administrative P&P Expectations are listed in Table 6, showing the average percent present for the 40 providers reviewed this year. The average A P&P compliance score for these providers was 77.6 percent, ranging from a low of 65.1 percent (Personal funds are managed by the individual and are protected) to a high of 86.3 percent (Quality improvement processes and management of risk are a priority).

Table 6: Administrative Policy and Procedure Elements		
Average Percent Present July 2010 - June 2011		
N = 40		
# of Questions	Policy	Pct Met
5	Strong operational procedures support the organization, staff and individuals served.	83.5%
4	Holistic services, supports, care and treatment for the individual that enhance the individual's capacity for a meaningful life are available.	77.4%
24	Human and civil rights are maintained.	81.8%
17	The personal funds of an individual are managed by the individual and are protected.	65.1%
24	The services environment demonstrates respect for the persons served and is appropriate to the services provided.	78.4%
2	Quality improvement processes and management of risk to the individual, staff and others are a priority.	86.3%
3	The organization maintains an information management system that protects individual information and is secure, organized and confidential.	82.5%
30	Organizations with oversight for medications or that administer medications follow federal/ state laws, rules, regulations and best practice guidelines.	74.6%
14	Individuals are provided services, supports, care and treatment properly licensed, credentialed, trained and competent staff.	78.2%
1	Infection control practices are evident in service settings.	80.0%
124	**Average Policy and Procedure Score**	77.6%

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 40 providers reviewed this quarter are listed in Table 7. The number of records reviewed for each A Q&T Expectation varies, depending upon the number of employees working for the organization. The average compliance score was 59.4 percent, ranging from a low of 45.0 percent (staff receives a minimum of 16 hours of annual training) to a high of 94.9 percent (professional staff is properly licensed, credentialed, experienced and competent). Results indicating providers and their staff have job descriptions in place for all personnel and that providers with medication administration oversight follow all relevant rules and regulations are also relatively low, 55.5 percent and 54.1 percent respectively.

Table 7: Administrative Qualifications and Training Elements		
Average Percent Present July 2010 - June 2011		
N = 40		
Number Questions	**Policy**	**Pct Met**
2	The type and number of professional staff attached to the organization are properly licensed, credentialed, experienced and competent.	94.9%
2	The type and number of all other staff attached to the organization are properly licensed, credentialed, experienced and competent.	74.7%
5	Job descriptions are in place for all personnel.	55.5%
2	There is evidence that a national criminal records check (NCIC) is completed for all employees.	81.0%
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.	80.0%
14	Within the first sixty days, and annually thereafter, all staff having direct contact with consumers shall have all required annual training.	62.4%
6	Provider ensures that staff receives a minimum of 16 hours of annual training.	45.0%
1	Organizations with oversight for medication or that administer medication follow federal and state laws, rules, regulations and best practices.[14]	54.1%
1	Provider has current certification from MHDDAD Division (receives less than $250,000 waiver dollars per year)	75.0%
1	Provider has current accreditation if required (receives $250,000 or more waiver dollars per year).	89.3%
38	**Average Qualifications and Training Score**	64.2%

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 8, as well as the number of times each is noted and the percent this represents of the total number documented.[15]

[14] While this standard is the same as the standard in the A P&P tool, in the P&P component of the review consultants examine organizational documentation to ensure providers have policies in place and in the Q&T component of the review consultants examine staff/employee records for evidence the education/training was actually completed.

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

A total of 664 strengths were identified, and a total of 417 barriers were documented during the reviews completed between July 2010 and June 2011. Providers may identify more than one strength or barrier, but each will be recorded only one time per provider. Information in Table 9 indicates:

- 32 of the 40 providers showed strength in receptiveness to improving quality of supports and services.
- 29 providers demonstrated concern for individuals and 28 showed strength in customer satisfaction.
- 27 of the 40 providers identified the support plan not being driven by the person as a barrier
- 26 providers indicated the cost of providing the service versus the reimbursement rate was problematic. These have rated as top barriers since data have been collected on this in Year 1.
- Other barriers included excessive paperwork, lack of support coordinator follow-through, lack of training and a lack of policies and procedures.

Table 9: Provider Strengths and Barriers

Top Results from 40 QEPR Conducted July 2010 – June 2011

Strengths	Times Noted	Pct
Provider's receptiveness to improving quality of supports and services	32	4.8%
Provider's demonstration of concern for individuals served	29	4.4%
Customer's satisfaction with supports and services	28	4.2%
Provider's relationship with individuals served	25	3.8%
Provider's attitude of putting the persons served first	24	3.6%
Trust built with the individual(s) served	24	3.6%
Provider's accessibility to individuals served	23	3.5%
Provider's longevity with the individuals served	23	3.5%
Dependability of the provider	21	3.2%
Provider's emphasis on health	20	3.0%
Total Number of Strengths Documented	664	
Barriers	**Times Noted**	**Pct**
Support plan not driven by the person	27	6.5%
Cost of doing business vs. reimbursement rates	26	6.2%
Excessive paperwork requirements	23	5.5%
Lack of Support Coordinator follow-through	16	3.8%
Conflicting messages - licensing verses person centered approach	14	3.4%
Needed services not approved/funded	11	2.6%
Ineffective or lack of training for provider/staff	10	2.4%
Lack of policies and procedures	10	2.4%
Total Number of Barriers Documented	417	

Information in Table 9 shows the top strengths and barriers identified from the entire list of options. However, many barriers are similar. For example, one barrier is "agency turnover" while another indicates "direct care staff turnover". By combining similar barriers the following appear to be problems for providers reviewed this year (times noted):

- Workload (35)
- Policies and procedures (25)
- Barrier impacting person centered focus/services (54)
- Limited community access/integration (13)
- Financial and/or resources issues (29)
- Lack of or need for providers/services/ medical professionals (28)
- Issues surrounding training (20)
- Communication barriers (18)

Focused Outcome Recommendations

As part of the QEPR process, Delmarva has begun to capture specific recommendations for each Focused Outcome section: Celebrating Achievements, Community Life, Health, My Life My Choice, Rights, and Safety. Information is collected through drop down menus and is available to further analyze areas in which the service delivery system for the provider may need the most attention. Recommendations may help offer insight into areas on which providers can focus to improve their organizational systems and practices. All of the recommendations provided through the reviews are listed by Focused Outcome Area in Appendix 1, Exhibit 4: a total of 1,271, ranging from 187 for Rights to 256 for Safety. Twenty or more of the 40 providers had recommendations to:

- Assist individuals in developing more person centered goals that matter most to the person.
- Document information reviewed with individuals.
- Document how individuals are being included in the development of outings.
- Support individuals with greater challenges to develop social roles and a presence in their community.
- Connect individuals to resources that will help develop more natural and unpaid supports in the community.
- Ensure individuals become more knowledgeable regarding their medications.
- Reflect choices being offered in various settings.
- Expand the choices offered for everyday life activities.
- Explore alternate rights educational materials to accommodate individuals with different communication and learning styles.
- Review rights more often with individuals to facilitate more learning.

- Support and find ways for individuals who use alternate communication styles to exercise their rights and express their preferences.
- Explore alternate educational materials to accommodate individuals with different communication and learning styles regarding safety.

Follow-Up Reviews

Follow up with Technical Assistance (FU w/TA)

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 provided to support providers and to offer suggestions and guidance to help improve their service delivery systems. During the third contract year, Delmarva completed 34 FU w/ TA reviews.

Follow up with Technical Assistance Consultation (FUTAC)

Providers are tagged to receive a FUTAC through a referral system and may or may not have participated in a QEPR. 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 help improve systems to better 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. It helps also support the State's efforts in remediating areas of concern identified through other monitoring processes (See FUTAC description in Section 1).

Table 9: Follow Up with Technical Assistance Consultation
Number and Percent by Region
January - July 2011

Region	Number	Percent
1	86	17.0%
2	67	13.2%
3	169	33.4%
4	53	10.5%
5	56	11.1%
6	75	14.8%
Total	506	

Table 10: Follow Up with Technical Assistance Consultation Number and Percent by Type and Referral Level January - July 2011		
Type	**Number**	**Percent**
Desk	196	38.7%
Onsite	310	61.3%
Referral Level	**Number**	**Percent**
Individual	365	72.1%
Provider	141	27.9%

Table 11: Follow Up with Technical Assistance Consultation Number and Percent by Referral Source and Reason January - July 2011		
Referral Source	**Number**	**Percent**
Division	211	41.7%
Health Quality Manager (HQM)	211	41.7%
Internal	70	13.8%
Other Regional Office Staff	2	0.4%
Provider	12	2.4%
Referral Reason	**Number**	**Percent**
SC Monthly Monitoring Scores of 3 & 4s	191	37.7%
Corrective Action Plan (CAP)/Critical Incident	188	37.2%
QEPR Alert	54	10.7%
Provider Request	49	9.7%
PCR Alert	10	2.0%
Complaints/Grievance	8	1.6%
Support Plan Needing Improvement	6	1.2%
Level of Care Registered Nurse (LOC RN) Review	0	0.0%
Compliance Review	0	0.0%

Delmarva provided 506 FUTAC between January and June 2011, completed and approved. The greatest proportion of FUTAC reviews was completed in Region 3 (Table 9), most FUTAC were Onsite (310) versus Desk (196) reviews (Table 10) and most were referred through the Division (211) or the Health Quality Manager (211) (Table 11). The majority of the referral reasons were based upon external reporting/monitoring processes, either the monthly support coordinators ratings (37.7%) or through critical incidents (37.2%).

FUTAC reviews are categorized by Focused Outcome Area (Table 12) and more than one Focused Outcome Area can be identified for each FUTAC. Most of the FUTAC surrounded issues of Health or Safety. During the review, Delmarva consultants provide various recommendations within the identified Focused Outcome Areas. More than one recommendation can be provided per review. A list of all recommendations is included as Exhibit 3 in the Appendix.

Table 12: Follow Up with Technical Assistance Consultation Number and Percent by Focused Outcome Area January - July 2011		
Type	**Number**	**Percent**
Health	199	27.0%
Safety	186	25.3%
Rights	28	3.8%
Choice	16	2.2%
Community Life	3	0.4%
Person Centered	32	4.3%
Administrative Policies and Procedures	62	8.4%
Administrative Qualifications & Training	51	6.9%
Documentation Support Coordinator Record Review	57	7.7%
Documentation Provider Record Review	99	13.5%
Documentation ISP QA Checklist	3	0.4%

Individuals Who Decline to Participate

Individuals selected to take part in the interview have the right to decline to participate. The following table lists the reasons given for the declines. During Year 3 of the contract, there were 60 individuals who declined or were otherwise unavailable to participate. Close to 45 percent simply refused to participate, but this represents a small percent (60/1,161=5.2%) of the total number of individuals interviewed. The proportion of refusals is down from Year 2, and at about the same level as in Year 1.

Table 13: Reason Individual Declined Interview						
July 2008 – June 2011						
PCR and QEPR						
	Year 1		Year 2		YTD Yr 3	
Decline Reason	Number	Percent	Number	Percent	Number	Percent
Refused	48	44.0%	53	53.0%	27	45.0%
Moved Out of State	4	3.7%	0	0.0%	4	6.7%
Deceased	2	1.8%	3	3.0%	5	8.3%
No Longer Receive Service	55	50.5%	44	44.0%	24	40.0%
Total	109		100		60	

Section 3: Discussion and Recommendations

Throughout Year 3 of the Georgia Quality Management Systems (GQMS) contract (July 2010 – June 2011), Delmarva has continued to work in collaboration with the Georgia Division of Developmental Disabilities, Regional Offices, and other Stakeholders to build an effective and high quality QA system for the state. The Delmarva review (FUTAC) offering technical assistance to over 500 providers across the state was successfully implemented. Quality Improvement Councils have completed an informational newsletter and a person centered video, utilized stories to promote person centered practices, began developing a pre-ISP interview tool, and initiated the creation of a blog to be used statewide to share information and best practices. During the final quarter of the year each Council began work on the presentation of their projects for the statewide inter-council meeting in September.

Delmarva Quality Improvement Consultants (QIC) and Regional Managers completed 481 Person Centered Reviews (PCR) and 40 Quality Enhancement Provider Reviews, for a combined total of 1,161 interviews with individuals receiving services through the waiver programs. 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. Because many of the QEPR tools and procedures were revised, comparisons to previous years are often not appropriate.

III results are similar to previous years and fairly positive on average (86.3%), a small increase since Year 1 of the contract (83.2%). Performance on the Staff/Provider Interviews and onsite Observations was also quite positive, 93.3 percent and 97.2 percent respectively and similar to previous years. Provider results for the Administrative Policy and Procedure reviews reflect a 77.6 percent rate of compliance. However, compliance with Qualifications and Training requirements reflected an average of only 59.4 percent.

Health

Several measures of the health status of individuals indicate either poor documentation or practice in helping individuals achieve and maintain the best possible health. While results from staff/provider interviews are generally quite high, the Expectation measuring health issues was the lowest scoring of all the SPI Expectations, with 85.6 percent present. Only 35.4 percent of the ISP QA checklists completed showed that for the Health and Safety Review section (HRST information is noted throughout the ISP), all of the four components were present.

Most provider records (77.5%) did not provide adequate documentation the provider has a means to identify current health status and safety needs and/or is knowledgeable of the individual's ability to self preserve. In addition, approximately 22 percent of the provider records did not document that correct procedures are utilized regarding medication management and administration.

Administrative reviews also reflected some issues documenting medication management requirements. Close to 75 percent of providers with oversight for medications or who administer medications follow federal and state laws. However, only 54.1 percent of employee records indicated staff/employees had documentation of education on medication administration in terms of following all the federal and state laws, rules, regulations or best practices. Some key areas where fewer than 69 percent of providers scored the element as not present are summarized as follows:

- Having written policies, procedures and practices on all aspects of medication management including procuring medication and refills as well as dispensing those medications.
- Education regarding the risks and benefits of medication is documented and explained in language the individual can understand, including maintaining documentation for the education efforts as well as informed consent in the clinical record.
- The organization defines requirements for timely notification of the prescribing professional.
- There are practices for regular and ongoing physician review of prescribed medications.

Further, Heath was the top area providers and individual's support teams received technical assistance during the FUTAC process.

Recommendation 1: The Health Risk Screening Tool (HRST) is being use to help the person's support team identify areas of potential health concern and how to address and monitor areas of poor health previously identified. It is recommended the Division examine how the results and recommendations for training generated by the (HRST) are being implemented. The Division should examine if it is being used to its fullest potential to better support current and potential health needs and supports.

Recommendation 2: Recommend a training tool be developed to help support staff in learning about individual diagnoses, medications, possible side effects and health needs. Recommend the Division require competency based training for these areas and medication administration.

Recommendation 3: It is recommended the Division monitor results of the pilot project using the Region 2 QI Council initiative related to the development of a health and safety tool to better prepare individuals for emergency situations. If successful, the Division could consider implementing the tool statewide. The Division, in collaboration with Delmarva, could research other tools providers are using to effectively collect and document the safety skills of individuals served and provide a range of options providers could utilize.

Community Life

Several different areas of the review process point to issues in ensuring and documenting that individuals are integrated into their communities at desired levels. The III expectation measuring community involvement and access has increased somewhat since Year 2, but shows the lowest score of all the III expectations (78%). ISP QA checklist results indicate a decline each year since Year 1 of the contract in the percent of plans written to provide supports and services that will help the individual develop social roles and attend desired activities in the community, from 14.8 percent to only 4.7 percent. Also, data from the NCI interviews indicated Community Integration reflected the lowest average score for individuals.

Documentation by providers and support coordinators that reflects integration into communities for individuals has consistently had a high proportion scored as Not Present. Only 37.7 percent of the Support Coordinator Record Reviews documented that individuals are included in the larger community and less than a ¼ of Provider Record Reviews documented a choice of supports and services in the community are offered to individuals receiving services.

A barrier noted by 27of the 40 providers reviewed during the contract year indicated the support plans are not driven by the person, which may constrain the provider's ability to improve community integration even if this is what the person truly wants. In addition, 13 providers indicated issues impacting community access and integration.

Recommendation 4: The Division should consider a campaign to develop and implement best practices and success stories to help provide direct support for providers to ensure individuals have support in developing social roles and connections.

Recommendation 5: Ensure the ISP includes a mechanism to more effectively capture the interests of the person and ideas how the ISP can be used to support the person to make connections with others in the community with those same interests. Specifically, provide better guidance under the Community Life section of the Dreams and Visions portion of the ISP.

Person Centered Practices

Providing service delivery systems that are person centered has been the focus of the GQMS since the onset of the contract, and was the focus of the Division of DD prior to implementation of the GQMS contract. However, some data through Year 3 indicate a person centered focus is not always used or documented.

While the overall III results have improved somewhat over the three years, some indicators have not, including meeting goals, needs and interests of the person and ensuring the individual is involved in the development of supports and services. In addition, 15.9 percent of ISPs reviewed had one or none of the components for the Expectation indicating goals are person centered and 16.8 percent of the plans had none or one component for the person-centered Important to/for Expectation. As noted previously, a key barrier for providers is not having a support plan that is driven by the person. In total, 54 barriers noted an issue impacting a person centered focus or the provider's ability to maintain a person centered service delivery system.

Providers and support coordinators often do not adequately show in their documentation that a person centered focus is used, 27.8 percent and 45.8 percent present respectively. Issues surrounding choice are often not documented as well, including choice of services and supports or choice of community supports. NCI data indicate choice for individuals has improved over the three years of the contract, from an average of 36 percent to 41 percent present. However, this remains relatively low, particularly in choice of home, work, and people who help individuals at work and during the day.

Recommendation 6: Support coordinators have scored well on the ISP expectation indication the person's team ensures at least one goal is person centered. It is recommended the Division either increase the number of person centered goals required in the ISP (more than only one) or enforce that all goals be required to be person centered. This could help ensure goals are driven by the person and are person centered. This new requirement could be incorporated into the new support plans being developed at the time of the annual support plan meeting.

Recommendation 7: The ISP Work group results should be shared and adopted by the State to support a support plan process that is more reflective of a person's goals and dreams, which can be easily modified as these change.

Recommendation 8: Prior to the implementation of the new ISP process and tool, it is recommend the Division support the Region 5 QI Council initiative to pilot the tool developed to collect information prior to the ISP. If successful, the Division could consider providing this tool statewide to help individuals become more involved in the development of their goals and support plan.

Recommendation 9: The state should consider developing a stakeholder group to evaluate all of the current information support coordinators and Planning List Administrators (PLA) are required to document.

NOW v COMP

This report is the first to display findings from the NOW and COMP waiver participants separately. While results for the two groups are similar there were some differences that may be worth monitoring. Individuals receiving NOW services were somewhat more likely to manage their own funds and have those funds protected; were more likely to have information protected, organized and confidential; or to be making progress toward achieving desired goals (PRR). NOW service recipients were also more likely to have a support coordinator monitor services and supports according to the ISP.

However, individuals receiving NOW services were less likely than their COMP counterparts to be involved in developing an annual plan (III); have providers with a means to identify health status and safety needs or to be able to choose community services and supports (PRR); have staff members aware of their health needs or specific medication signs and symptoms (SPI); or to have a Community Life (OBS). NOW service recipients were also less likely to have a support coordinator who has documentation that describes available services, support and care; a support coordinator who continuously evaluates supports and services or has an effective approach to assessing and making recommendations related to risk management; or be afforded choice of services and supports (SCRR).

Issues surrounding health, safety and medications specific to NOW services are reflected in several different areas of the reviews. In addition, providers and support coordinators appear to be less likely to offer choice through NOW services, or to document that choice is indeed offered to the individuals. It is not clear why there may be a five to 13 percentage point difference between these two groups in the different areas.

Recommendation 10: Develop an Ad Hoc report to drill down further as it relates to the differences in the scoring for the NOW and COMP waivers to help determine root causes for the variations. Other factors, such as residential setting, may be impacting the overall results.

Focused Outcome Recommendations

This contract year, during the QEPR, Delmarva captured specific recommendations for each Focused Outcome Area. Data are collected through drop down menus. Therefore this information is available to further analyze areas in which the service delivery system for the provider may need the most attention. Recommendations provided to at least half the providers reviewed this year reflect many of the issues found in the data and noted above, such as:

- Assist individuals in developing more **person centered goals** that matter most to the person.
- Document **how individuals are being included in the development of outings**.

- Support individuals with greater challenges to **develop social roles and a presence in their community**.
- Connect individuals to resources that will help **develop more natural and unpaid supports in the community**.
- Ensure individuals **become more knowledgeable regarding their medications**.
- Reflect **choices** being offered in various settings.
- **Expand the choices** offered for everyday life activities.
- Support and find ways for individuals who use alternate **communication** styles to exercise their rights and express their preferences.
- Explore alternate educational materials to accommodate individuals with different **communication** and learning styles regarding safety.

Recommendation 11: Develop a training regarding how providers/staff can better support individuals who have alternative communication styles.

Recommendation 12: To help support providers in making modifications requested by the Division, it is recommended the Division send updates regarding new and/or changes in policy and procedures on a quarterly basis rather than as they are developed. This could help reduce confusion and allow providers to make quarterly updates rather than continuous changes.

Other Findings

In addition to these broad focused outcome areas, more specific findings are also apparent. Individuals receiving Support Employment have, over the three years, been more likely to have III outcomes present in their lives. In addition, many individuals have indicated they do not choose the place they work or the people who help them at their jobs, and only 26 percent have a job in the community.

Recommendation 14: Pursue policy and funding allocations that will continue to move individuals out of day programs and into competitive employment. Continue to promote supported employment initiatives and collaboratives with other national and state employment entities.

Individuals living with a parent were more likely to have an ISP written to support a service life than individuals in other residential settings.

Recommendation 15: The Division should explore an education session or online module for support coordinators and parents of individuals living in the home to help them work together in developing plans that enhance the individual's ability to integrate into the community.

Throughout the three years of the contract, results from the staff/provider interviews and observations have remained relatively high. It is not clear why there has been so little variation in these areas when facilities are likely to present a wide variety of quality in their services.

Recommendation 16: Delmarva and the Division should consider revising the tools or processes used to collect information from observations and onsite interviews with staff. Procedures could be modified to include unannounced observations of day and residential programs. If results are similar to previous findings, this would lend support to the current processes and tools.

Administrative policies and procedures indicated only 65.1 percent present for the Expectation measuring if the individual's personal funds are managed by the person and are protected. Data indicate some key issues in this area include:

- Not having procedures regarding personal funds incorporated in the Quality Improvement Plan.
- For an individual who has a combination of earned and unearned income or solely earned income, the room and board rate is not always the equivalent of 90% of the current year's SSI federal benefit rate, with all remaining funds, earned or unearned, belong available to the person served.
- Persons who receive SSDI do not always pay the equivalent of 90% of the current year's SSI federal benefit rate amount towards room and board.
- Providers of residential services, upon admission and annually thereafter, often do not complete Attachment C - Standard Room and Board Contract. Copies of each contract must be maintained in the record of the person served.

Recommendation 17: Providers who are handling funds for individuals need more training in this area. It is recommended the Division provide training and/or a FAQs sheet regarding the new policy recently distributed.

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 though 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).[16]

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

[16] 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.