Attachment 1

Georgia Quality Management System

Year 4
Annual Report

July 2011 – June 2012

Produced by Delmarva Foundation

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The Georgia Department of Developmental Disabilities
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Introduction

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

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

July 1, 2011, marked the beginning of the fourth 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 fourth year of the contract (July 2011 - June 2012) with overall trends compared to previous years as appropriate (July 2008 – June 2011). 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

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

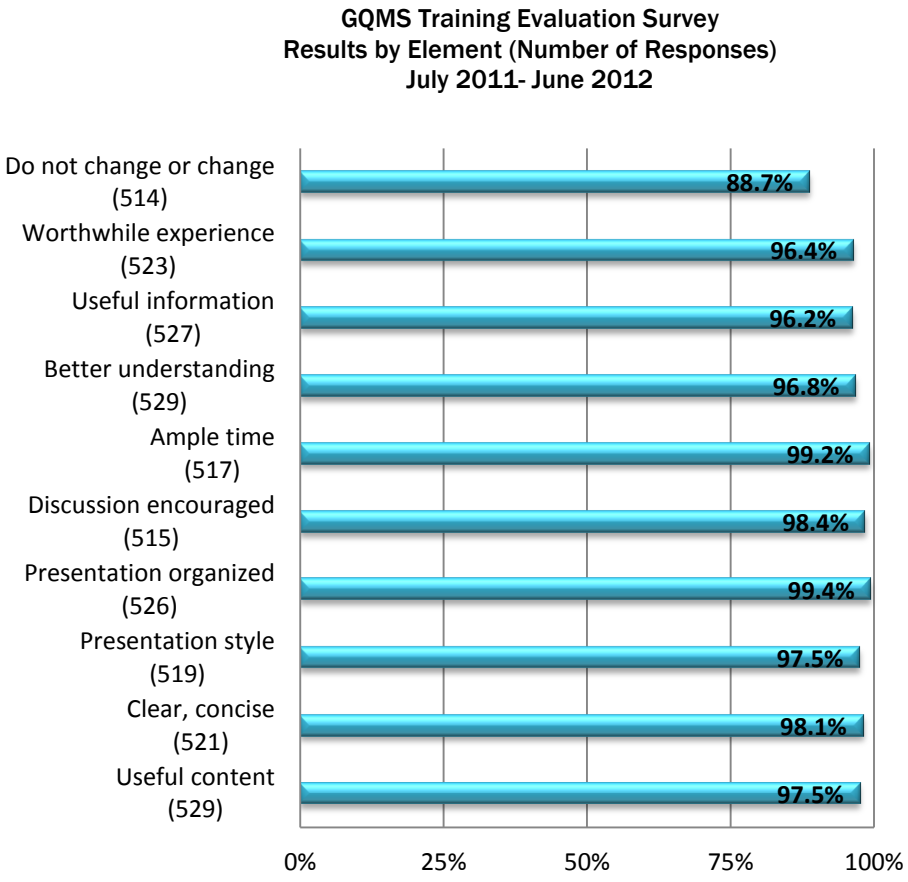
Section 1: Significant Review Activity and Accomplishments

Training Updates

The training and education plan for 2011-2012 was approved in August 2011. Thirty training sessions were presented throughout the State, on the following topics: Documentation 101, Health Risk Indicators, Safety Beyond the Basics, and Communication Alternatives. A total of 1,110 participants attended the sessions. A summary of each training module are identified below:

- Documentation 101 Template training module was originally developed in December 2010 and revised in June 2011 to assist providers in utilizing documentation templates designed to meet various requirements in the waivers. The templates help providers capture daily notes, weekly notes and monthly quality assurance tracking for services and supports provided to individuals being served. Documentation 101 offered during Year 4 was a continuation of the 2010-2011 training plan module, as requested by stakeholders. Six sessions were completed and a total of 273 participants attended.
- Health Risk Indicators' module was presented by Linda Tupper, Delmarva's RN, CDDN. The goal of the training was to provide education on common health risks for individuals with intellectual and developmental disabilities. It was designed to assist in the identification of health concerns encountered to improve supports and the wellbeing of individuals served and the quality of healthcare management in general. Medications, interactions and potential side effects were covered as part of this training. This six session series had a total of 126 participants.
- Safety Beyond the Basics' module was designed to encourage participants to think beyond the minimal requirements of keeping people safe. Tools, resources and supports in relation to safety and self preservation were provided to enhance services and supports in this area. A total of 354 participants attended 12 sessions throughout the state.
- Communication Alternatives' module was designed to assist providers and support coordinators in supporting people who have alternative communication styles. Information examined ways to help people with alternative communication styles have a voice. There were six sessions of this module and a total of 357 participants.

After each training session, evaluations were provided to the participants. The results below show the vast majority of participants were pleased with the training provided and felt it was useful, worthwhile, clear and concise.



Quality Improvement (QI) Councils

Joint Statewide and Regional QI Council Meeting

The statewide meeting was held September 27 and 28, 2011. On the morning of the first day there was a pre-meeting attended by self advocates, family members, regional staff, providers, support coordinators, and Delmarva staff. The agenda for the day was reviewed, including what to expect and everyone's role. The joint meeting opened with a welcome from Eddie Towson. Val Bradley presented 2009-2010 NCI data and Sue Kelly presented information from Delmarva reviews.

QI Councils made a presentation of their improvement projects and members received recognition of appreciation from the Division. Two special awards were presented to Region 1 and Region 2 for their projects. The regional data packets were given to the Councils on the first day to provide them an opportunity to review the data before meeting as a group the next day to begin work on new projects. A tutorial was given on how to utilize the QI Council portal and the meeting was wrapped up by Eddie Towson.

The next Joint QI Council Meeting is scheduled for October 3 and 4, 2012, in Macon. The first planning meeting is scheduled for August 21. A hotel and rooms have been reserved.

Region 1

The QI Council completed the 2011-2012 contract year with a full council membership and several advisory members. They have a very dedicated membership, who has committed countless hours towards their initiatives. Upon review of the annual data, the Council chose to develop a health forum to share information to individuals and family members as their annual initiative/project. It was decided the forum would be piloted in one county and if successful, would be offered throughout the region. The focus of the forum is preventative healthcare, nutrition, dental services and eye care. Members solicited health care professionals within the identified county to be involved and they also spread the word to families, individuals and others who would benefit from participating. Regional staff were also solicited to participate. The first health fair will be August 11, 2012 in Douglas County. Several partnerships have been identified including: Douglas County (DC) Special Olympic Therapeutic Board, the DC Disabilities Coalition, DC Schools, and Georgia Therapy Moms. The council has established a connection with the local news Channel 23 and will also be working with the DC Church Coalition to ensure adequate exposure for the event.

The council has also been addressing concerns about the HRST completion results and other preventative healthcare not being completed within the region. Therefore, a request has been submitted and approved for an ad-hoc report specific to health outcomes.

This year, the council continued its quarterly newsletter to communicate with stakeholders on specific targeted topics, for instance nutrition. Also, the Council's facebook page is up and running and is being maintained by a self-advocate on the Council and his direct support staff.

The council's next initiative is to focus on providing additional information to all stakeholders, on health related needs throughout their region, in order to improve the quality of healthcare for individuals. This will be accomplished through, provider meetings, the newsletter and their facebook page.

Region 2

During FY 2012, the Region 2 QI Council met each quarter. The Council focused on the next phase of the My HELPS Profile, which entailed formatting the profile into a pocket sized card. Individuals will have the opportunity to carry the profile in their pocket or wallet and enhance their safety in the community. Along with reformatting the My HELPS Profile, a provider in Region 2 volunteered to pilot the use of the My HELPS Profile along with a "GO BAG." The intent is to help individuals complete a My HELPS Profile, obtain a GO BAG and have it ready to go with items necessary to assist them in an emergency situation. Based on the provider's feedback, the pilot was successful.

The QI Council's next initiative involved the development of a training module on Abuse, Neglect and Exploitation for individuals within the region and for possibly adopting throughout the state. This project is titled the "ANE" project. The Council has developed an interactive abuse, neglect and exploitation training module that captures real life scenarios through storyboard videos and is planning to premier the training during the joint regional and statewide QI Council meeting in October. The QI Council will also present the final product of the My HELPS Profile and GO-BAGS at the statewide QI Council meeting. The Council continues to support the Region and other regions in the state with obtaining the My HELPS Profile and GO-BAGS.

Region 3

The Region 3 Council met 8 times this year. Based upon the annual data from 2010-2011, the Council decided they wanted to tackle the issue of low scores related to community integration and connections. One of the barriers they identified was the lack of awareness of the available resources in the Region for individuals and families to tap into. Another barrier identified was the lack of money for community outings. Therefore, the Council's project focused on developing a community resource guide in an effort to improve community integration throughout Region 3.

The Council spearheaded their initiatives by gathering provider, family and self advocate data related to community interests via surveys which were distributed in various methods. Upon gathering the survey data from various entities, the council compiled a comprehensive list of resources and created a resource guide in a brochure format. The council distributed the resource guide at the Region 3 Provider Fair in Duluth, Georgia and added the PDF version on the Region 3 DBHDD website. They also plan on presenting at the Region 3 Provider meeting in September 2012 on how to use the resource guide in order to enhance community integration using free to low cost resources.

The Region 3 council elected a new co-chairs and new members joined this year. Currently, there is one vacant seat for a self advocate. The Council members are pursuing leads for the membership seat and will review candidates in October 2012.

Region 4

At the beginning of this year, the Region 4 QI Council finished up the initiative to develop methods to better support direct support staff, with the goal of improving morale and the quality of services. The Council met on August 4, 2011, and prepared information on best practices related to improving morale and presented this information at a provider meeting. The members also met on September 19, 2011, to finalize this project and prepare to present it at the Statewide QI Council meeting held in September.

Based upon the annual data presentation at the joint statewide QI Council meeting in September, the Council met in November and began to formulate a focus for the current year's project. Several ideas were discussed by the members but all centered around utilization of a person centered approach to services and how providers could support one another in this area through the use of sharing best practices and success stories. They met on January 5, 2012, and developed a quality improvement plan with a focus on continuing to promote person centered practices through the use of person centered thinking tools. In order to do so, the council decided to collaborate with the Regional office who was conducting direct support staff training every other month and focusing on health and safety. The Council felt this would be a perfect opportunity to target person centered thinking training using the person centered thinking tools. In these training sessions, providers were shown how to use person centered thinking tools to support and maintain a person's health and safety in the community. They met again on April 11, 2012 and to help measure the effectiveness of this project decided to develop a survey to be presented to training participants. The survey was developed and once finalized will be distributed. The data will be analyzed and presented at the next joint Regional and Statewide QI Council meeting scheduled for October 2012.

Region 5

The fiscal year 2011-12 the Region 5 QI Council initiatives were the following:

- Conduct a provider fair,
- Develop a FaceBook social networking web-page,
- Provide providers training to develop their own one-page profiles for their agencies, and
- Develop a resource tool kit for regional stakeholders (individuals, families, providers and support coordinators).

The Region 5 QI Council's FaceBook page is up and running; however, there has been little activity partially because state and provider employees' information technology departments restrict access to social networking sites. During May 2012, providers were trained to complete 1 page profiles for their own organizations during a Region 5 Provider Meeting. It is hoped providers will be completing/ refining these profiles soon and sharing the results with the Region 5 QI Council so their profiles may be added to the Region 5 QI Council FaceBook page. The Resource Tool kit is essentially complete; however, the team has experienced challenges within the last quarter of fiscal year 2012; e.g., loss of the council chair person, self advocates and a family advocate. Due to reallocation of social worker duties, on-going Person Centered Thinking training planned for the region with providers who had received the training the previous year did not occur. Finally, the council successfully sponsored the Region 5 Provider fair on 6/30/2012. Initially, due to difficulties securing a venue, the event had been postponed to occur during FY 2012-13; but DBHDD then mandated the activity for all regions. Fortunately, this new expectation allowed the council to secure space at Georgia Regional Hospital at Savannah.

The Region 5 Provider Fair was a success. Initial estimates are 30 providers participated along with 50 or more individuals and family members. Individuals and families were afforded opportunities to speak to Regional DBHDD staff and providers about the supports and services available and waiver application packets were also made available.

Region 6

The Region 6 QI Council members decided that their goals and efforts for the new fiscal year would be based on more community outreach and education. The Region 6 QI Council met on November 4, 2011 and decided that in addition to developing a list of organizations, businesses and institutions, a letter advising of whom the Council is and its purpose should be drafted and presented to the Council for approval. The approved letter would be dispersed to all applicable parties. Regional staff took on the task of developing the letter and presenting a draft to the Council at the next scheduled meeting. The Council also agreed to present the list of potential organizations, businesses and institutions at the next scheduled meeting in February. An email "blurb" for Council members to use when making phone contact with organizations, businesses and institutions regarding advising who the Council is and its purpose was developed. Each Council member took on a county to contact organizations in that area.

The Region 6 QI Council met on February 10, 2012 and the Council confirmed the letter advising of whom the Council is and its purpose would be confirmed and ready for submission by March 2012. It was not determined how the letter would be printed and distributed due to budgetary constraints. The Council met again on June 15, 2012 in Columbus, GA. Participation for this meeting was very low so the Council discussed the idea of conducting meetings virtually and on a monthly basis. Discussion around the distribution of the letter was revisited. It was confirmed that the letter would follow the initial call to identified community organizations, via email. It was decided that electronic submission of the letter was most economical. The Council also discussed the sharing of community contacts to ensure there would be no duplication of contacts occurring. The Council confirmed the initiation of monthly, virtual meetings and quarterly face-to-face meetings which had already been implemented.

Statewide QI Council

The Statewide Council met August 9, 2011 and continued work from last year's project on the Making It Happen Blog. However, due to posting restrictions, it was decided to focus on developing a Facebook page and therefore one was created to promote networking with Stakeholders. Later, the Statewide QI Council met in December to discuss ideas developed at the joint statewide meeting in September. The primary initiative focuses on supported employment and rates related to this and other community services. Byron Sartin, the Provider and Employment Specialists for DBHDD, was asked to participate and he shared several initiatives the state has related to becoming an Employment First state and possibly applying to become a part of the Supported Employment Leadership Network, which provides technical

assistance. He also spoke about how the Georgia Council on Developmental Disabilities has a Business Leadership Network and the Georgia Advocacy Office is utilizing an Employment First Grant.

The Statewide Council selected as a quality improvement initiative to work in supporting the Division of DD's employment initiatives. Council members met on February 7, 2012, and discussed some of the major barriers and misconceptions about employment. In order to address some of the barriers related to supported employment, several ideas including conducting an informational commercial on the topic were discussed. A conference call was conducted on March 13, 2012, and based upon further discussion, the council decided to develop a brochure and guide to be given to individuals and family members regarding supported employment. In order to accomplish this goal, a sub-committee was formed to develop these two informational tools.

The Council met on June 10th and was presented with draft versions of the brochure and supported employment guide. They intend to continue working on these two resources into next year until finalized.

Person Centered Review (PCR) Updates

Our contract for FY 2012 included 480 PCRs and the addition of 200 PCRs for people who recently transitioned into the community from an institution. This type of PCR is titled Individuals who Recently Transitioned into the Community (IRTC) PCRs and includes all of the same review activity of a PCR with the exception of the National Core Indicator (NCI) Consumer Survey. This is not conducted because the sample for the IRTC PCRs is not random. Also, in relation to the sample this year, in the latter part of this year, the Division's contract manager advised that individuals admitted into the hospital on TICs should not be included in the IRTC sample. From that point forward, these individuals were removed from the sample. At the end of the year, the Division's contract manager requested all IRTC reports be completed by June 30th so the reports can be reviewed as part of the DOJ Settlement Agreement annual report. This was accomplished.

An internal PCR workgroup was developed this year. The focus of this work group will be on PCR process and tool enhancement. The workgroup kicked off in February 2012. The group identified areas where the PCR process could be streamlined, for example: possibly combining the III and Staff Provider Interview tools, rewording the questions within the III to better capture more person centered information and creating efficiencies within the PCR process. To better collaborate with providers a large PCR sample selected, Delmarva implemented a new process which consisted of meeting with the provider to develop a "Delmarva" calendar to schedule out he PCRs for the year. This helps streamline the process and eliminate any added complications. Additionally, the contract manager advised director that he would like for follow up reviews to be completed on 20 randomly selected IRTC individuals. A

total of 480 PCRs, 480 NCI surveys and 203 IRTCs were completed, thus meeting the contract deliverables for FY 2012.

Quality Enhancement Provider Review (QEPR) Updates

During the FY2012, the team successfully completed 40 Quality Enhancement Provider Reviews (QEPR) and 34 Follow Up with Technical Assistance reviews based upon the QEPR. Three providers originally selected as part of the sample were replaced due to Moratorium /Special Review status deemed by the Division of DD.

An internal QEPR Workgroup worked this year on developing a strategic plan that encompassed streamlining current processes and identifying additional supports for providers. New forms were developed to enhance the QEPR process and to incorporate additional person centered practices into the QEPR process. A "What's Working" tool was designed to assist providers with identifying specific components of their service delivery system that are working, as well as, identifying areas of improvement. Consultants began utilizing this tool as well as a strategic planning tool to support providers to develop an action plan to enhance the quality of their service delivery system since December 2011. In addition to the new tools, a PCR/QEPR initial contact letter was developed and introduced to the process for FY 2013. The letter was designed to guide all stakeholders through the PCR and QEPR process. Additionally, the QEPR Initial Contact Script was revised as well as the QEPR policy and procedures. All modifications to procedures, tools and the letter were approved by the Division of DD.

Critical Incident Reporting (ROCI)

This year, the contract manager decided that only 2 ROCI reports would be completed due to the limited data generated on a quarterly basis. The first ROCI report was submitted on March 14, 2012. The Critical Incident Report for incidents occurring between July 2011 and June 2012 will be completed in September 2012. The Division now has the resources to analyze the ROCI data internally. Therefore, the next report will be the final one completed by Delmarva.

Human Rights Council (HRC)

Several training sessions were facilitated by and/or developed by Delmarva Foundation in collaboration with HSRI for the Human Rights Council (HRC) members and included the following topics:

- Experimental Research Guidelines
- Psychotropic Medication Guide
- Navigating the HRC Portal

- Review of Behavior Support Plans for Rights Violations

The GQMS Project Director provided guidance to the new HRC Coordinator for the Division on the functionality of the HRC and how to utilize the forms developed for their work.

The Statewide HRC met November 5th, February 4th and June 6th to review human rights cases related to multiple psychotropic medications to determine whether chemical restraints were being used. HSRI developed the review protocol, and decision and recommendation forms which were used to gather initial information about the individuals and used during the meeting to document the HRCs discussion, findings and recommendations.

Mortality Review Update

The scope of work related to mortality reviews centered on the design and development of procedures to guide a mortality review committee. The Division of DD had developed a workgroup (which Delmarva and HSRI were members) to do this work but due to competing priorities this year, no meetings were scheduled. Therefore, we were asked not to complete any formal work in this area. However, any directives, guidelines or information generated from the Center for Medicaid and Medicare Services (CMS) were shared with the Division of DD.

Website Development and Updates

Based upon the new Standards for All Providers FY 2012, updated PCR and QEPR tools (Administrative Policy and Procedures, Administrative Review Qualifications and Training) were developed and implemented on July 1, 2012. Also based upon a stakeholder workgroup's recommendations, the ISP Quality Assurance Checklist was revised and uploaded to the GQMS website and implemented. The PCR, QEPR and FUTAC applications were also updated to include the new tools.

The GQMS website was updated with new postings and includes the following:

- New training announcements
- New meeting minutes from the Statewide and Regional QI Councils
- Revised review tools and procedures
- The My HELPs Profile
- The 3rd Annual Report
- Regional and Statewide QI Council quality improvement project presentations
- Updated contact information
- New website resources
- New best practices

- New Feedback Survey for the review processes
- Training modules including PowerPoint presentation and handouts

E-bulletins were sent to subscribers when major updates were made to the site, which included all of the bulleted items above, with the exception of the new feedback survey.

For the Georgia Developmental Disabilities Provider Information Website, discussions and meetings took place regarding its re-design. Division representatives, HSRI and Delmarva staff to brainstormed on ideas including identifying indicators in data sets that lead to desired outcomes. This lead to the possible recommendation that key indicators that impact outcomes favorably could be utilized on provider report cards and posted to the public reporting website. Results from the study will be brought back to a stakeholder workgroup in the next fiscal year for consideration in including as part of a provider report card, scheduled to be implemented in FY 2013.

A redesign of the website was also conducted this year. The redesign focused on the presentation of information. The modifications will provide a more simplified means of sharing information about services provided by the state to individuals and family members. It will also be more user friendly and visually appealing. These modifications were "mocked up" and presented to the Division who approved the modifications which will take place in FY 2013.

This website continues to be maintained, particularly related to the login component. As of the end of this year, 76 providers were registered on the site and had the capability of updating their information at any time.

Delmarva also maintains several web-based portals used by external stakeholders such as the QI Councils, the Human Rights Council, and the FUTAC workgroup. These are updated as necessary and continue to be effective conduits for users to communicate.

A new Zoomerang feedback survey was created which combined each of the review types (PCR, QEPR, and FUTAC) so these data could be presented aggregately. Also, the new survey was designed to be more person-centered.

Several quality improvement updates were made to the review process applications including the following:

- Red Alert identifiers in the applications so they are more easily identified in the data.

- Correction and Reconsideration functions were tested and added to the PCR application.
- A checkbox to identify if a PCR was for an individual who had recently transitioned from the institution was added to the identifying page.
- A review ID number search function was added to the PCR and QEPR browser screen to access reviews easier.
- Modifications were made in the PCR browser screen to help easily identify PCRs that are conducted for an Individual Recently Transitioned into the Community (IRTC).
- Modifications were made in the FUTAC application to identify if an individual level FUTAC was conducted with recently transitioned person. This information was also incorporated into the FUTAC browser screen for easier identification.
- Modifications regarding the FUTAC browser was revised to make it more user friendly for both external (Regional Health Quality Managers) and internal users.
- The report management system to track FUTAC production was also modified to include more identifying information.

The system continued to generate the PCR, QEPR and FUTAC reports. Based upon feedback from Regional staff, these reports were modified this year to include a legend and wording related to recommendations were also changed.

Follow up with Technical Assistance Consultation (FUTAC)

It was learned early in the year the referral process required some adjusting and as a result an internal and external FUTAC workgroups were created. The FUTAC workgroups consisted of stakeholders such as Division staff, Providers (large and small), Support Coordination, Delmarva Consultants/Regional Manager, Developmental Disability Regional Service Administrators, Health Quality Managers (HQM) and Delmarva Technology staff. The workgroups evaluated the process, systems and reporting. Based upon their discussions, recommendations on how to enhance the processes affording more efficiency but still meeting the needs were developed. This external workgroup met several times first and their recommendations and ideas were shared with the internal workgroup to develop solutions based upon the new ideas and recommendations. The workgroup attained the goal of enhancing and/or improving FUTAC reports and processes based on direct feedback from stakeholders. Direct outcomes included modifications to the FUTAC criteria, the FUTAC reports generated and system/application upgrades. In addition, quality assurance practices were adopted for the FUTAC reports and report writing process.

Further exploration of practices, revealed that FUTAC referrals based upon 3 and 4 support coordination ratings should be "triaged" by the HQMS to assess the appropriateness of the referral. As a result, these FUTAC referrals are now submitted to Delmarva on a monthly basis, only after a Regional

HQM has determined that technical assistance is required. In addition, critical incident referrals are now generated by the FUTAC Manager if there are within a six month time period three to six "closed" critical incidents relating to the same issue(s) for the same provider or same individual.

Another change that took place as a result of the workgroup's suggestions was for providers who wanted technical assistance but had already received a QEPR and a 90 day Follow Up with Technical Assistance would be eligible for a FUTAC. In addition, new providers, within the preceding 12 month period, who had not gone through certification would also be eligible for FUTACs but only after verification of non certification was confirmed by the Division of DD Certification Department. All changes were approved by the Division within the fiscal year. These have streamlined practices and generated efficiencies within the FUTAC process and system while still meeting the needs for remediation of issues and concerns

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

Delmarva continues to facilitate monthly status meetings to bring together representatives of the state (Eddie Towson and others as needed), HSRI, and the Delmarva Director, managers, scientist and IT manager. These meetings are a forum to provide updates on the Delmarva processes and changes in the Division of DD, progress reports on various components of the GQMS contract, as well as discussion on any problems or issues that may need to be addressed. Status meetings were held on July 13, August 24, September 14, October 27, November 16, December 14, January 13, February 24, March 14, April 20, May 15 and June11.

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:

- Assistive Technology and Environmental Accommodations,
- Individual Service Planning for Persons with Developmental Disability Diagnosis: Incorporating the New Waivers, Support Intensity Scale and Person Centered Action Planning,
- Documentation 101

- Functional Analysis and Treatment of Severe Behavior Disorders
- Behavior 101 Seminar Series: Safety Planning and Staff Training for Developmental Disability Behavioral Professionals,
- Social Connections and Goals to Action
- Division of Developmental Disabilities Statewide Behavior Analysis Conference
- Psychotropic Medications Training
- Families One Page Profile Training
- Provider One Page Profile Training

Also, throughout the year, the Georgia GQMS staff attend face to face in-service training. These sessions are based upon analysis and trends identified through internal quality assurance processes and anecdotal data gathered from the consultants. This year's in-service training topics included:

- Implementation of Person Centered Practices,
- Route Cause Analysis Training,
- Quality Enhancement Provider Review,
- Georgia Crisis Response System (DBHDD staff presenters),
- Public Speaking,
- ISO Policies,
- ISO Core Corporate Procedures Overview:
    - DFMC Control of Records,
    - DFMC Control of Non-conforming Product,
    - DFMC Corrective Action,
    - DFMC Preventative Action,
    - DFMC Internal Audit,
    - DFMC New Procedure Development,
    - DFMC Procedure Revision or Review,
    - DFMC QMS Subcontractor Oversight,
    - DFMC Contract Implementation,
    - DFMC Customer Complaints, OPI, Non-conformity Tracking,
    - DFMC Purchasing,
    - DFMC Orientation and Training
    - DFMC Control of Documents
- Understanding Sample Selections,
- Process Mapping (QEPR, PCR, FUTAC and Person Centered Tools),

- Strategic Planning,
- Confidentiality,
- Individual Support Plan Quality Assurance Checklist
- Team Building, Conflict Resolution and Communication Skills

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.

Inter Rater Reliability (IRR)

During fiscal year 2011-2012, all regional mangers and eligible consultants successfully completed inter-rater reliability (IRR) for the tools related to the PCR, QEPR and FUTAC activities. All consultants achieved a passing score of 80 percent or better on their first test. Throughout the year, to help 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.
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, QEPR or FUTAC activities. The majority of results for each scenario met expectations and was 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 continue to periodically accompany QICs on PCRs, QEPRs and FUTACs. They help with the review process and also provide feedback, guidance, and training when appropriate.

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

Data Correction Process

Every 2 months, 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, QEPR and FUTAC 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.

These errors primarily consisted of discrepancies between the waiver identified on the demographics page and the waiver indicated on the services page and demographic data for the individuals who participated in the process, like missing home type or incorrect birth year (ex.: 2012). Total errors for the year are as follows:

FUTAC – 5

QEPR – 11

PCR – 27

The majority of these errors did not require a new report to be generated for the review.

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 Fiscal Year, July 2011 – June 2012, 70 surveys were returned to HSRI. A report of activity was submitted to the Division of DD. A summary of findings indicates the following:

- 60 respondents (85.7%) participated in the Consumer Survey interview.
- 20 (28.6%) individuals filled out the feedback survey form and 37 (52.9%) forms were filled out by a staff person at the service location.
- 46 interviews (65.7%) took place in the person's home or day program and 40 individuals (57.1%) indicated they had been asked where they would like to meet for the interview.
- 61 of the 67 respondents felt the interview was scheduled at a convenient time, 60 respondents felt it took the right amount of time, and 57 of 66 respondents indicated they did not think the questions were too difficult to answer.
- 59 of 67 respondents indicated the interviewer explained what the survey was about.
- 47 of 67 respondents (70.1%) indicated the reviewer explained they did not have to answer the questions.

QEPR and PCR Feedback Surveys

After each QEPR, PCR, and FUTAC providers are given the opportunity to complete a survey about the review process and the performance of the Delmarva consultant conducting the review. Delmarva received 73 feedback surveys from providers who had participated in one of the review processes between July 2011 and June 2012. Results are displayed in the following table, and are very positive.

Feedback Results December 2011 –June 2012	Strongly Agree/ Agree	Neither Agree/ Disagree	Strongly Disagree /Disagree
The feedback you received will help you provide supports and services that meet desired outcomes of people supported.	66	2	0
The consultant(s) interacted with the people you support in a professional manner.	70	2	0
The consultant(s) interacted with you (and your staff) in a professional manner.	69	2	1
The consultation identified the strengths of your supports and services.	66	5	0
The consultation provided constructive feedback.	67	4	0
The consultation addressed the barriers, challenges, and/or needs of your supports and services.	68	3	0
You and your Delmarva consultant(s) brainstormed ways to enhance your services.	67	4	1
The consultant(s) facilitated an environment which was collaborative and positive.	69	2	0
You would contact your Delmarva consultant(s) for more brainstorming and technical assistance.	64	7	2

Miscellaneous Accomplishments

Contract Amendment

The Division of DD requested an amendment to reduce the funding for this year's contract by $300,000. This is to support the budget deficit for the State. The amended contract included a reduction in the range of FUTACs to be completed from 300-500 to 200-400. Also, training and education sessions were reduced to 30 per year. The contract amendment was submitted to the Division of DD approved on May 17, 2012.

New ISP Process and Template

On January 4, 2012, members of the ISP Workgroup (consisting of 29 different stakeholder representatives) presented the new ISP format and process to the Division of DD staff on. Some suggestions and recommendations were made by the group regarding the new process and template. On February 2 and March1 members of the ISP Workgroup reviewed and discussed the recommendations and met face to face to finalize the new ISP procedures and template, recommendations for policy

change, functionality of the electronic record, and recommendations for training the new process. These finalized documents were submitted to the Division of DD on March 31.

Staffing Updates

Due to the contract amendment, reducing the funding, four open positions are not going to be filled. During the year, three consultants (two full-time and one part-time) and one Regional Manager left Delmarva. The Regional Manager position was filled and efforts to replace the other positions are being pursued.

Collaboration Efforts

This year steps were taken to support increased communication and collaboration efforts with the State and Regional operations. This included establishing quarterly meetings with the Regional Health Quality Managers. The first meeting was held on March 9, 2012 and another conference call was conducted on April 18, 2012. The purpose and intent of these meetings is to increase communication, develop processes related to remediation efforts based upon the review activities (results of FUTACs, QEPRs and PCRs) being conducted by Delmarva staff. The meetings allowed for open discussion and education on the review processes and education on the Regional Office procedures. It also provides an opportunity to obtain feedback and recommendations from them on the processes and systems. These were very successful and will therefore be continued into the next fiscal year.

Another collaboration that occurred involved the State's Certification Unit director. During the year, scheduling conflicts between the QEPR and Certification Unit arose. Further, complaints on the duplication of review activities between the two processes were also identified. Therefore, collaborative processes were put into place to eliminate scheduling conflicts. Also, plans were made to modify the QEPR process to exclude policy and procedure as part of the review process in the next contract year. Monthly contact was made thereafter with the Compliance Unit Director to maintain this communication and ensure the processes implemented continued to be effective.

Other collaboration efforts included a conference call on 11/2/2011 and a web-based meeting on 12/6/2011 with the Department of Community Health's Program Integrity Unit to train them on the new documentation templates and provide a review of the training given to providers on the templates. This was to ensure they understood the intent of and the implementation of the documentation templates in the NOW/COMP waivers. This would help prevent mixed messages or misinterpretation from occurring that contradicted the training given to providers.

Delmarva staff also met on several occasions with the Division's training director and staff to coordinate training and education efforts in the State. Meetings were held with Division staff taking over training modules originally developed and trained by Delmarva to ensure a smooth transition and provide any

suggestions for modifications to the modules. Also, Delmarva provided onsite support for staff when first training the modules. The training modules included Documentation 101, Goals to Action and Social Connections.

International Organization for Standardization (ISO) Audit

The Georgia office was involved in their first onsite ISO internal audit in November 2011. The results were positive and the auditors were complimentary regarding the processes and procedures developed by the Georgia team. A few areas were identified that need improvement: ensuring the format for procedures is uniform; ensuring we change our policy before changing our practices; and changing our confidentiality procedures to include shredding documents and the use of thumb drives. We also need a mechanism to document our review of website functionality. Since the audit, each of these areas were addressed and ensure they are corrected.

As part of the ISO process, the Georgia team continuously looks for opportunities for improvement and immediately addresses any issues or concerns brought to our attention by external or internal stakeholders. These are all tracked to resolution.

Section 2: Data Analysis and Results

Samples

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

For the QEPR process, 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.

Demographic characteristics are also presented for the combined sample of individuals. "PCR Only" results include findings from the SCRR, comparisons across the different PCR tools and comparisons across Quality Focus Areas. "QEPR Only" results include provider specific scores for each QEPR review component as well as findings from the Administrative Reviews.

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

General Demographic Characteristics

Information in Table 1 provides a general description of the 961 individuals interviewed through a Person Centered Review (PCR, N = 480) or Quality Enhancement Provider Review (QEPR, N= 481) process between July 2011 and June 2012. Table 1 also presents the demographic information for the 203 Individuals Recently Transitioned to the Community (IRTC) as part of the Olmstead settlement agreement. The largest proportion of individuals interviewed to date resides in Region 3 for both the PCR/QEPR and IRTC samples, 25.7percent and 34.5 percent respectively. Males continue to represent a larger proportion of the sample, and this is even more pronounced for the IRTC sample. A far greater proportion of individuals who transitioned from an institution are diagnosed with a profound intellectual disability, 43.8 percent compared to 7.7 percent.

Table 1: Demographic Characteristics

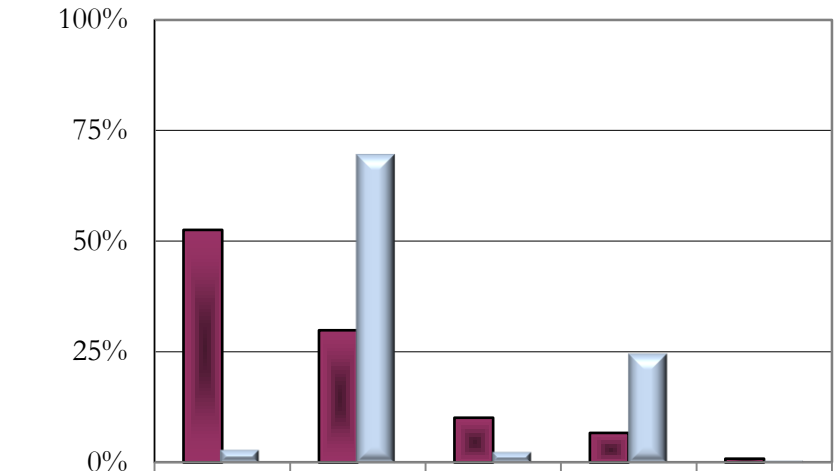
July 2011 - June 2012

Region	PCR and QEPR		IRTC	
1	167	17.4%	53	26.1%
2	139	14.5%	37	18.2%
3	247	25.7%	70	34.5%
4	128	13.3%	14	6.9%
5	144	15.0%	15	7.4%
6	136	14.2%	14	6.9%
Gender				
Female	394	41.0%	73	36.0%
Male	567	59.0%	130	64.0%
Age Group				
18-25	94	9.8%	18	8.9%
26-44	508	52.9%	62	30.5%
45-54	218	22.7%	57	28.1%
55-64	97	10.1%	43	21.2%
65+	44	4.6%	23	11.3%
Disability				
Autism	13	1.4%	3	1.5%
Cerebral Palsy	3	0.3%	0	0.0%
Intellectual Disability	871	90.6%	111	54.7%
Profound Intellectual Disability	74	7.7%	89	43.8%
Total	961		203	

There are several different types of residences available for individuals who receive services through the waivers. These are grouped into five categories (four plus other) and the percent of individuals living in each type of residence is displayed in Figure 1. The largest proportion of individuals already established

in the community (52.5%) lived with a parent and approximately 30 percent lived in a group home. However, a majority of the 203 IRTC residents lived in a Group Home (69.5%).

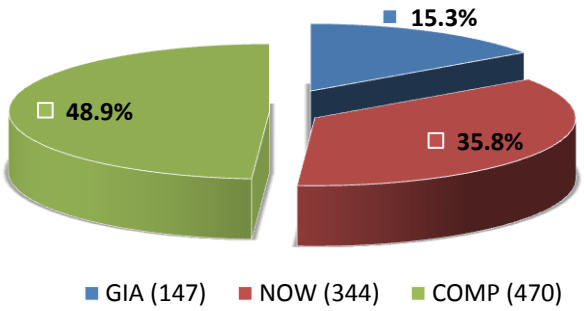
Figure 1: Percent of Individuals by Residential Type
July 2011 – June 2012



	With Parents	Group Home	Own Place	Host Home	Other
PCR+QEPR (961)	52.5%	29.9%	10.1%	6.7%	0.8%
IRTC (203)	3.0%	69.5%	2.5%	24.6%	0.5%

Figure 2 shows the waiver information among individuals already established in the community. Most individuals receive either the Comprehensive Support Waiver (COMP, 48.9%) or the New Option Waiver (NOW, 35.8%). Waiver information for IRTC is shown because almost all receive services through the COMP waiver (98.5%).

Figure 2: Percent of Individuals by Waiver Type
July 2011 – June 2012



PCR and QEPR Combined Results[3]

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

The number of activities for each component, by region and statewide, is presented in the following table. Throughout this section results from previous years are presented when appropriate.[4]

**Table 2: All review activities (PCR +QEPR) by Region
July 2011 – June 2012**

Region	III/ISP QA Checklist	Support Coordinator Record Review	Provider Record Review	Staff/ Provider Interview	OBS	Admin Review
1	167	68	246	147	118	7
2	139	80	205	140	126	4
3	247	146	391	276	249	14
4	128	67	198	114	80	5
5	144	98	175	137	101	4
6	136	55	199	113	101	6
Total	961	514	1414	927	775	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 I[3]). 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.[5] The person's participation in this process is voluntary and the Quality

[3] Results from the IRTC reviews are presented separately at the end of this section.
[4] Modifications to the PPR make it inappropriate to make comparisons to Years 1 and 2.
[5] NCI results are reported separately in the Annual Report.

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.[6]

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.
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?

[6] 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).

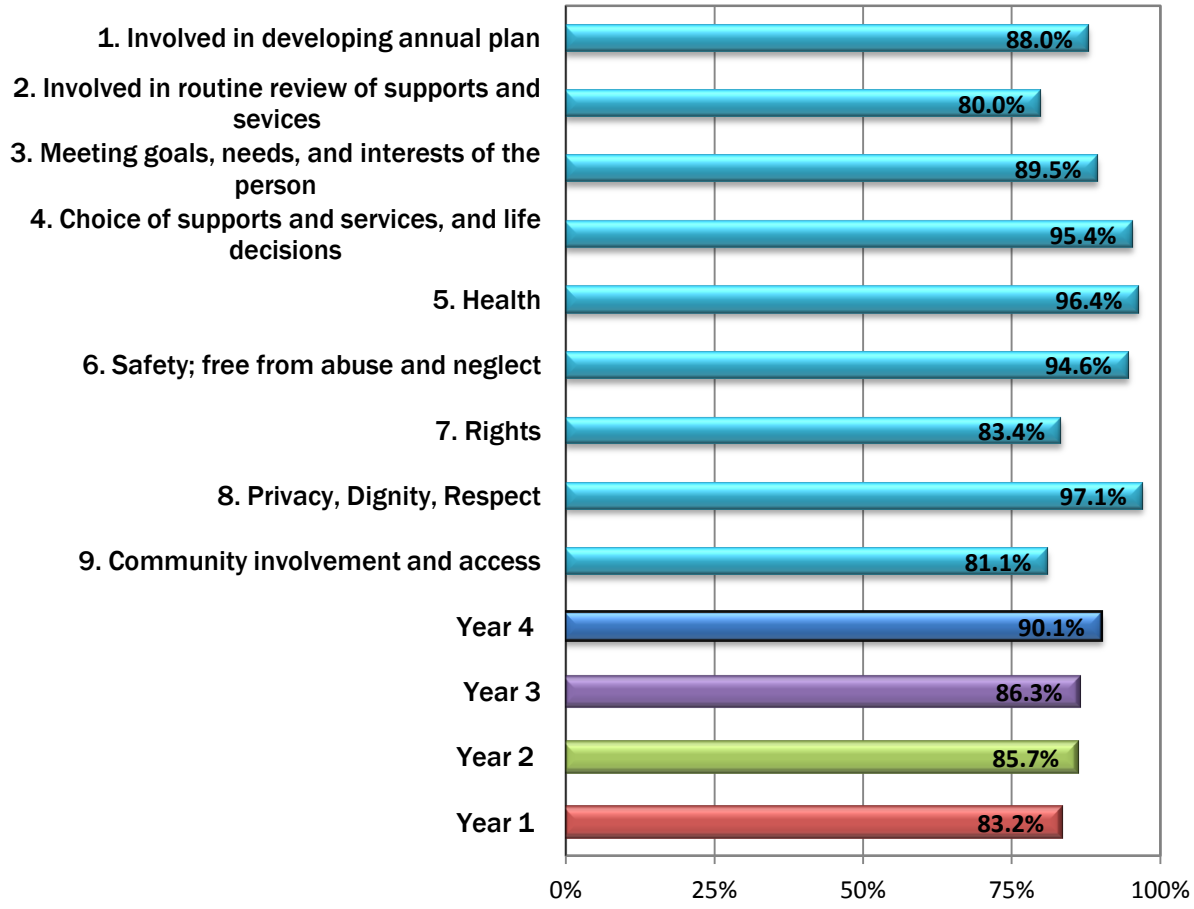
9. Community Involvement and Access (Community) (2): Is the person provided with opportunities to receive services in the most integrated settings that are appropriate to the needs and according to the choices of that person? Is the person also developing desired social roles?

Results for the III are presented by Expectation in Figure 3. Findings by year, for each of the 15 elements, are shown in Exhibit 5 of the Appendix. For the 916 interviews completed during the contract year, the following findings are indicated:

- On average, the III score was 90.1 percent, showing an increase each year since Year 1.
- Individuals were most likely to indicate they have privacy, dignity and respect and health outcomes present in their lives compared to all other expectations, 97.1 percent and 96.4 percent scored as present respectively.
- Compared to a three year unweighted average for Years 1 – 3, Year 4 results show an improvement of five percentage points or more on nine of the 15 Expectations:[7]
    - Involved in the design of the service plan (up 6 pts)
    - achieving desired outcomes/goals (up 7 pts)
    - actively participating in decisions concerning his or her life (up 10 pts)
    - satisfied with the supports and services received (up 6 pts)
    - healthy (up 6 pts)
    - safe or has self-preservation skills (up 11 pts)
    - educated and assisted to learn about and exercise rights (up 7 pts)
    - has opportunities to access and participate in community activities (up 6 pts)
- Individuals were least likely to be involved in the review of their supports and services (80.0%) or have community access and involvement (81.1%).
- Results at the element level (Exhibit 5 of the Appendix) indicate over a quarter of the individuals interviewed to date were not developing desired social roles.

[7] The unweighted average is an average of the percent met for each year.

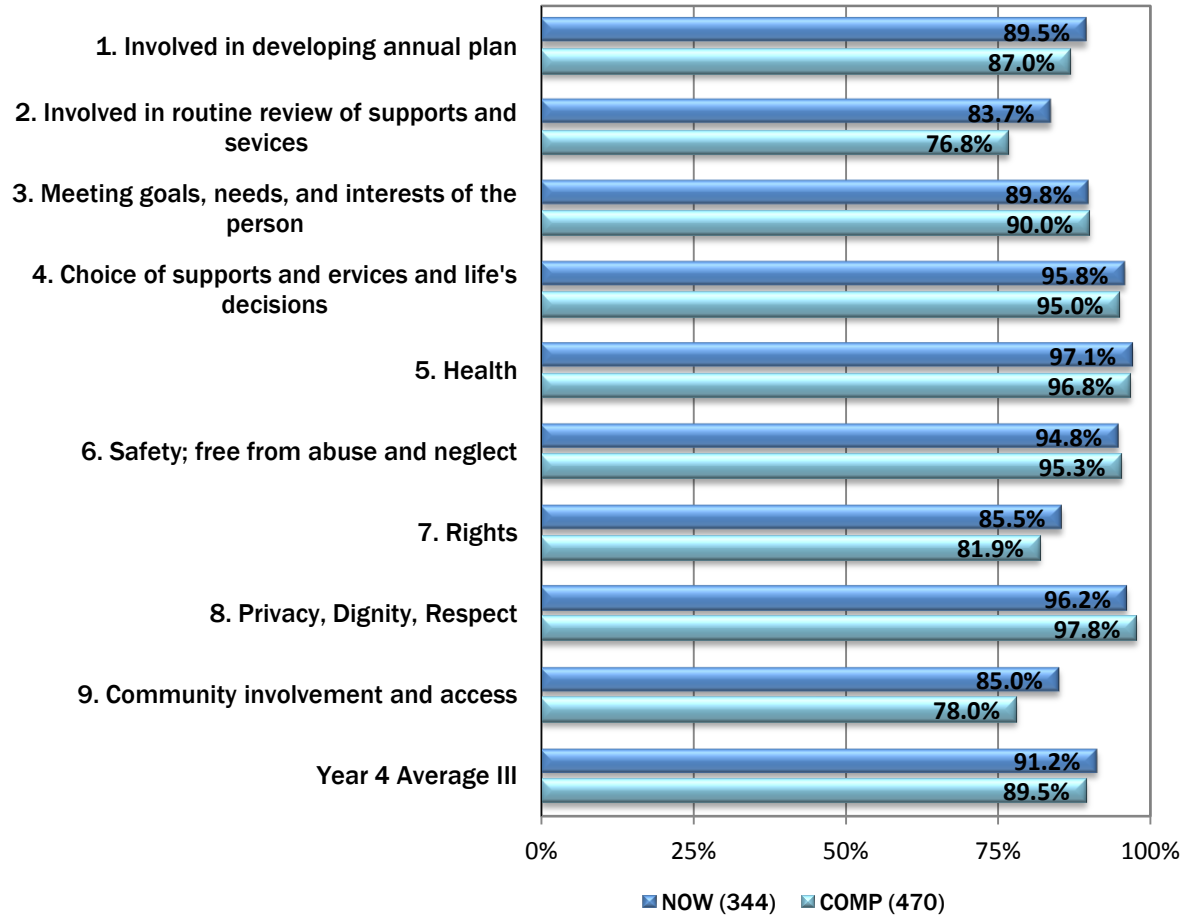
Figure 3: Individual Interview Instrument (III)
Percent Present by Expectation (N=713)
July 2011 – June 2012



III results are shown in Figure 4, for individuals on the NOW versus the COMP waivers.[8] Results across the III expectations were similar for both waivers with two exceptions:

- Individuals on the NOW waiver appear to be more likely to be involved in the routine review of their supports and services; and,
- More likely to have community access and involvement than individuals receiving services through the COMP waiver.

Figure 4: Individual Interview Instrument (III)
Percent Present by Expectation and Waiver
July 2011 – June 2012



[8] Appendix 2 shows results separately in tabular format for NOW and COMP for each Delmarva review tool.

The following four graphs provide results by Region, Residential Setting, Age Group, and Service (Figures 5 – 8).[9] Findings show little variation across regions, residential settings, age groups or services.

Figure 5: Individual Interview Instrument (III)
Percent Present by Region (N=961)
July 2011 – June 2012

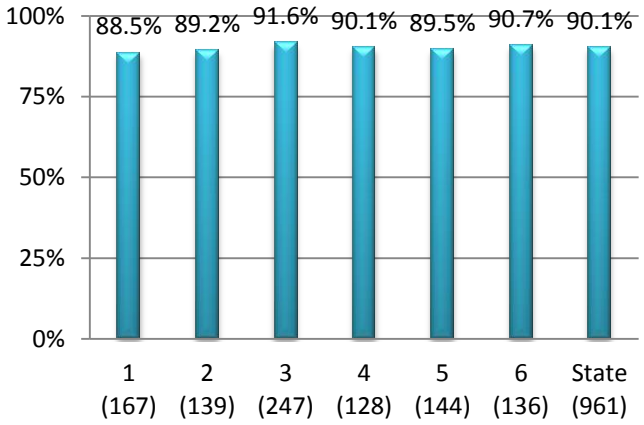
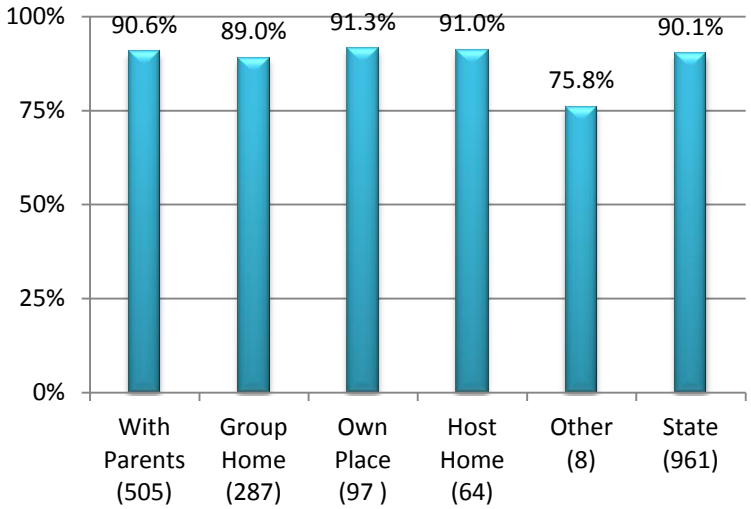


Figure 6: Individual Interview Instrument (III)
Percent Present by Residential Setting (N=961)
July 2011 – June 2012



[9] Individuals may receive more than one service.

**Figure 7: Individual Interview Instrument (III)
Percent Present by Age Group (N=961)
July 2011 – June 2012**

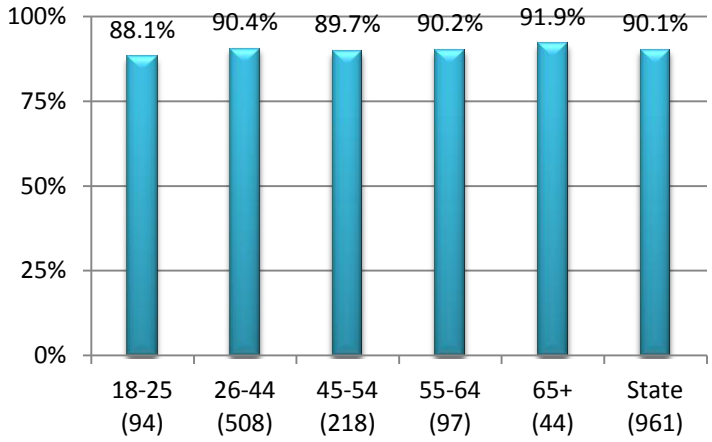
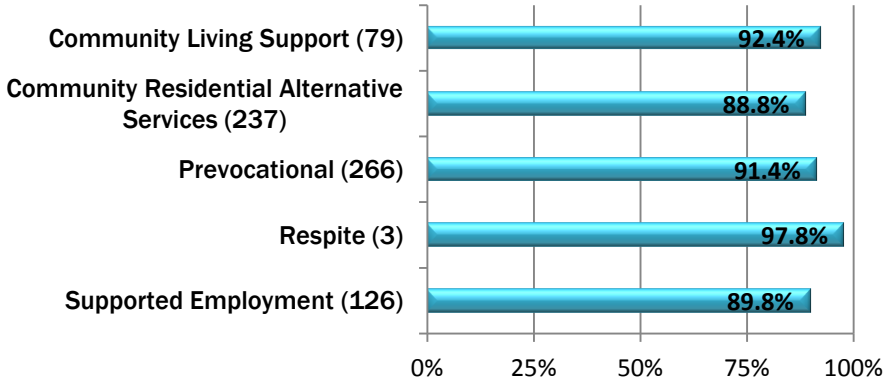


**Figure 8: Individual Interview Instrument (III)
Percent Present by Service (N=961)
July 2011 – June 2012**



Individual Support Plan Quality Assurance (ISP QA) Checklist

Each individual's team of supports should meet annually to develop an ISP that supports the individual's needs and desired goals. The ISP QA Checklist was initially developed by the state to ensure the ISP includes all necessary requirements as dictated by the state, and that it helps ensure the individual has a healthy, safe, and meaningful life. Last year, a stakeholder workgroup consisting of Support Coordination Agency representatives, Delmarva staff, Regional Office and Division of DD made modifications to the ISP QA Checklist, including clarification of the expectations within the ISP. These changes were implemented at the beginning of this year. 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.[10]

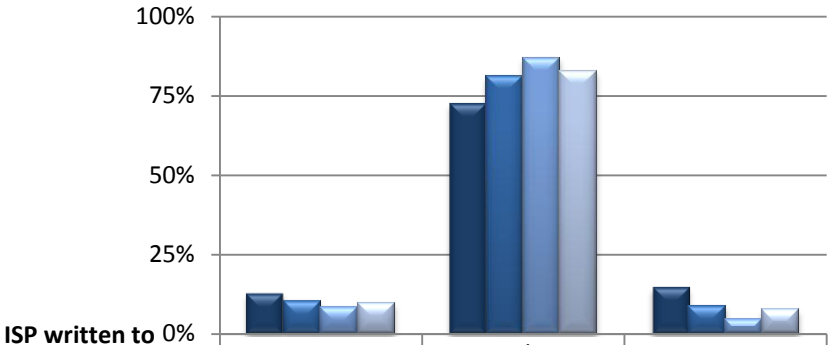
Delmarva QICs determine an overall rating for each individual reviewed, based upon the degree to which the ISP is written to provide a meaningful life for the individual receiving services. There are three different categories for each ISP.

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.

The distribution of the ISP rating for results to date this year is presented in Figure 9, with findings from Year 1 through Year 3 provided for comparative purposes. Between Year 1 and Year 3 there was a decline in the proportion of ISPs written to support a Community Life. At the same time, there had been an increase in the proportion of ISPs written to support a Good But Paid Life. Year 4 data show a slight increase in the Service Life and Community Life, with a decrease in the Good But Paid Life categories.

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

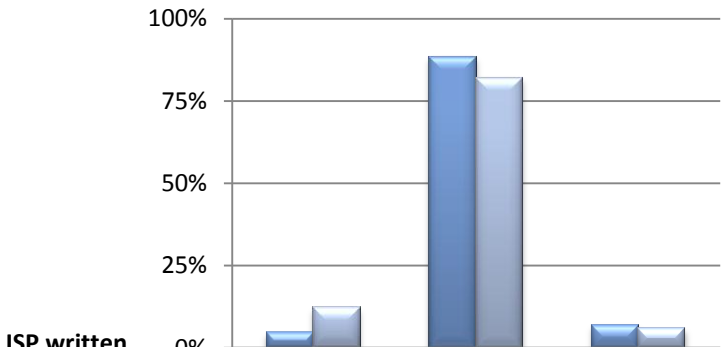
Figure 9: ISP QA Checklist Results
July 2008 – June 2012



ISP written to support	Service Life	Good But Paid Life	Community Life
Year 1 (1,283)	12.8%	72.4%	14.8%
Year 2 (1,260)	10.2%	81.0%	8.9%
Year 3 (1,160)	8.4%	86.9%	4.7%
Year 4 (961)	9.8%	82.7%	7.5%

Figure 10 shows the ISP results by waiver for the current contract year. Compared to receiving services through the NOW waiver, individuals on the COMP waiver were much more likely to have an ISP written to support a Service Life and less likely to have one written to support a Good But Paid Life.

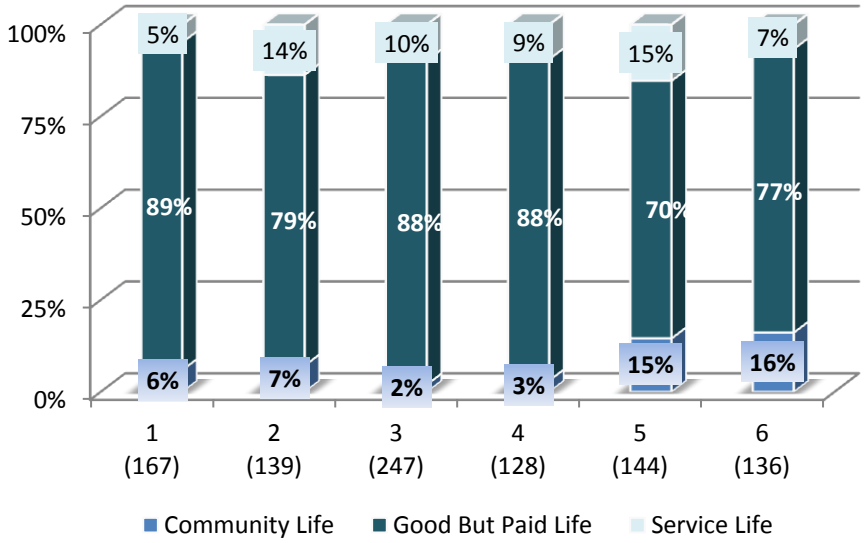
Figure 10: ISP QA Checklist Results by Waiver
July 2008 – June 2012



ISP written to support	Service Life	Good But Paid Life	Community Life
NOW (344)	4.7%	88.4%	7.0%
COMP (470)	12.1%	81.9%	6.0%

Information in Figure 11 shows the ISP QA Checklist results by region. Findings indicate support coordinators in Regions 5 and 6 were much more likely to document ISPs written to support a community life, 15 percent and 16 percent respectively. However, Region 5 also had the greatest proportion of ISPs written to support a Service Life (15%).

Figure 11: ISP QA Checklist Results by Region
July 2011 – June 2012



Results by residential setting and age groups are presented in the following two graphs, Figures 12 and 13.

- Individuals in a group home were most likely to have an ISP written to support a Service Life.
- Most all of the 64 individuals living in a Host Home had a plan written to support a Paid But Good Life.
- Individuals living in their Own Place were most likely to have an ISP supporting a Community Life.
- Older adults, age 65 and over, were least likely to have to have an ISP supporting a Community Life.

Figure 12: ISP QA Checklist Results by Residential Setting
July 2011 – June 2012

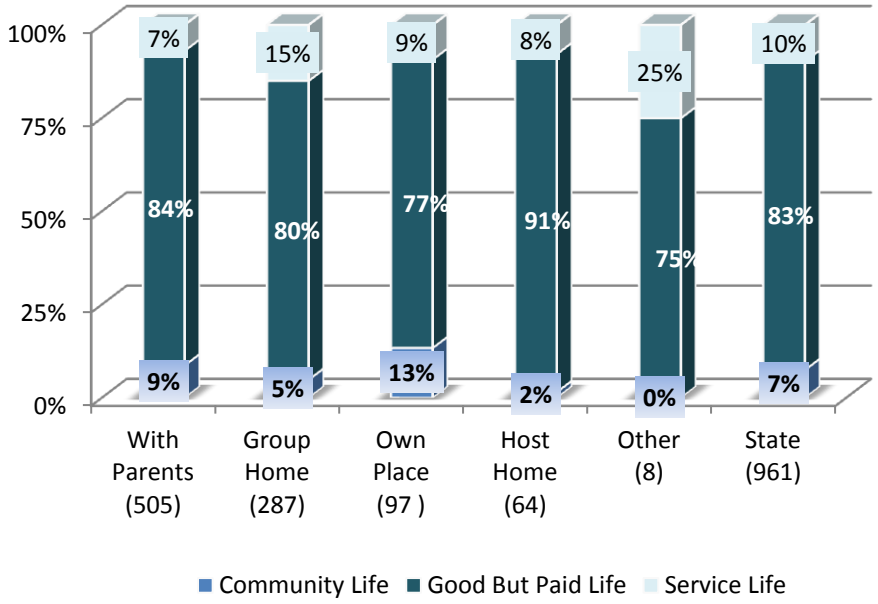
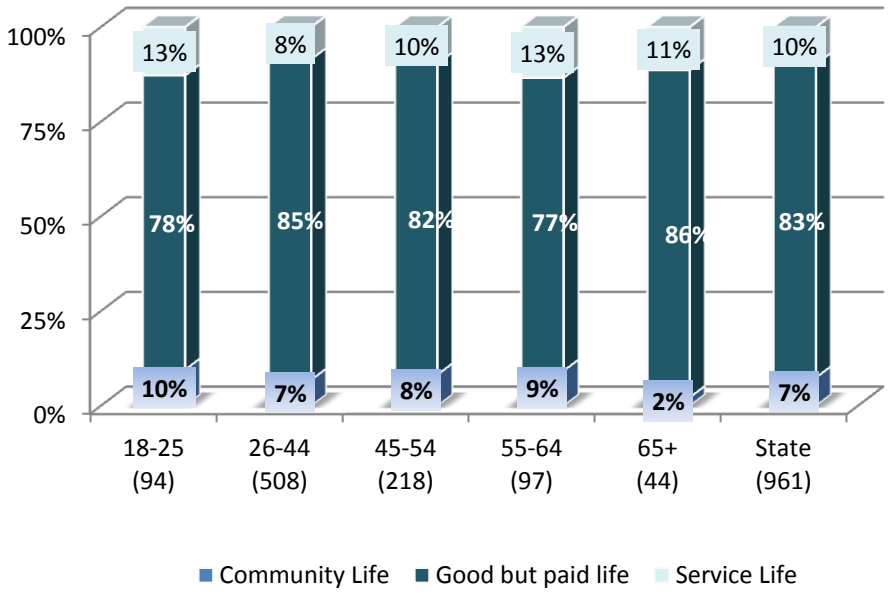


Figure 13: ISP QA Checklist Results by Age Group
July 2011 – June 2012



The ISP QA Checklist is also used to monitor several other aspects of the support plan. This section of the Checklist has changed somewhat since Year 3 and comparisons to previous years may not be appropriate. Each criteria scored is presented in Table 3. Results indicate that when applicable (N=490), approximately 75 percent of ISPs did not have the annual informed consent for psychotropic medications present in the record. In over half of the plans, the HRST is often not updated within required timeframes and half did not have the authorized medical support section fully completed.

Table 3: ISP QA Checklist Additional Criterion
July 2011 – June 2012

Criteria	Percent Present	Number Reviewed
Provider information on demographic page matches POC.	88.7%	955
Is the budget present?	98.4%	837
PA matches the service(s) and unit rates on the budget.	97.4%	799
ISP contains a minimum of three goals.	99.6%	961
ISP contains at least one goal/objective per DD service.	99.1%	961
All goals are person centered.	76.4%	959
At least one goal reflects the person's hopes and dreams.	82.9%	960
Signature page is signed by the individual.	97.4%	961
Annual informed consent for psychotropic medications is present.	24.7%	490
Behavior Support Plan/Crisis Plan and/Safety Plan are signed.	54.3%	162
Signature page of the ISP is in place, identifying that rights have been reviewed with the person.	96.5%	959
All required and applicable assessments are completed: nursing assessment, psychosocial review, and physician summary.	81.8%	500
HRST is completed or updated at least 90-120 days prior to the ISP expiration date.[11]	48.6%	959
The Health and Safety section includes discussion on HRST training considerations.	88.7%	951
Authorized medical support section is fully completed, including plans for an emergency.	50.6%	953

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

[11] Prior to August 2011, Expectation was: HRST is updated annually and within 90 days prior to the individual service plan expiration date.

requirements and four meaning 100 percent of the "bullets" or requirements in the section are adequately addressed in the ISP. Each section represents an Expectation and has four (4) bullets (ratings are 0, 25%, 50%, 75%, or 100% (0-4)).

Beginning July 2011, a revised ISP QA Checklist was implemented. Because many of the requirements measured for each of the Expectations have changed, comparisons to previous years is not advised. The Expectations are briefly described as follows:[12]

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

[12] 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)

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 4: ISP QA Checklist Ratings by Expectation
July 2011 – June 2012 (N=961)

	Ratings				
ISP QA checklist description	0	1	2	3	4
Relationship Map/ how to develop relationships	0.3%	4.8%	18.9%	37.7%	38.3%
Communication Chart	1.4%	1.4%	4.5%	34.8%	57.9%
Person-centered Important To/For	0.3%	0.6%	5.6%	22.0%	71.5%
Dreams and Visions	12.6%	6.5%	12.3%	24.5%	44.0%
Service Summary	1.3%	6.3%	15.0%	33.2%	44.2%
Rights, Psychotropic Medications, Behavior Supports	0.0%	0.1%	1.1%	9.4%	89.3%
Meeting Minutes	1.7%	10.0%	23.8%	30.6%	33.9%
SIS completed; needs are addressed in the ISP	0.1%	1.3%	10.8%	35.5%	52.3%
Health and Safety Review section completed	0.1%	0.0%	1.7%	8.6%	89.6%
Goals are person centered	4.9%	10.8%	16.5%	24.4%	43.3%
Training Goal Action Plan	0.6%	4.1%	13.6%	30.7%	51.1%
Action Plans	0.3%	2.2%	16.8%	50.2%	30.4%
Average	2.0%	4.0%	11.7%	28.5%	53.8%

Information in Table 4 shows, for each of the 12 ISP expectations, the percent of ISPs that fall into each rating. For the 961 ISPs reviewed this year:

- On average, approximately 54 percent of ISP expectations were rated as **4**, meaning all of the four requirements listed were present, and approximately 81 percent with at least three present.
- Close to 90 percent of ISPs scored all four requirements present for the sections covering rights, psychotropic medications and behavioral supports, and completing the Health and Safety Review.
- Fewer than 40 percent of the plans met all four requirements ensuring, the relationship map was adequately completed, the person's dreams and visions are addressed, meeting minutes are completed, goals are person centered, and action plans are adequately completed.
- Over 90 percent of support coordinators scored 3 or more on several Expectations: Communication Chart; Person Centered Important To/For; Rights, Medications and Behavioral Supports; and completing the Health and Safety Review section.
- Several Expectations showed only one or none of the requirements present: Person Centered Goals (17.6%); Meeting Minutes (10.6%) and the Dreams and Visions section (22.5%), which is where most goals are generated for the Goals and Action Plan section.

Provider Record Review (PRR)

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

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

13. The individual is making progress and achieving desired goals.
14. The individual directs supports and services.
15. The individual chooses services and supports in the community.

Figure 14: Provider Record Review (PRR)
Percent Present by Expectation
July 2010 - June 2012

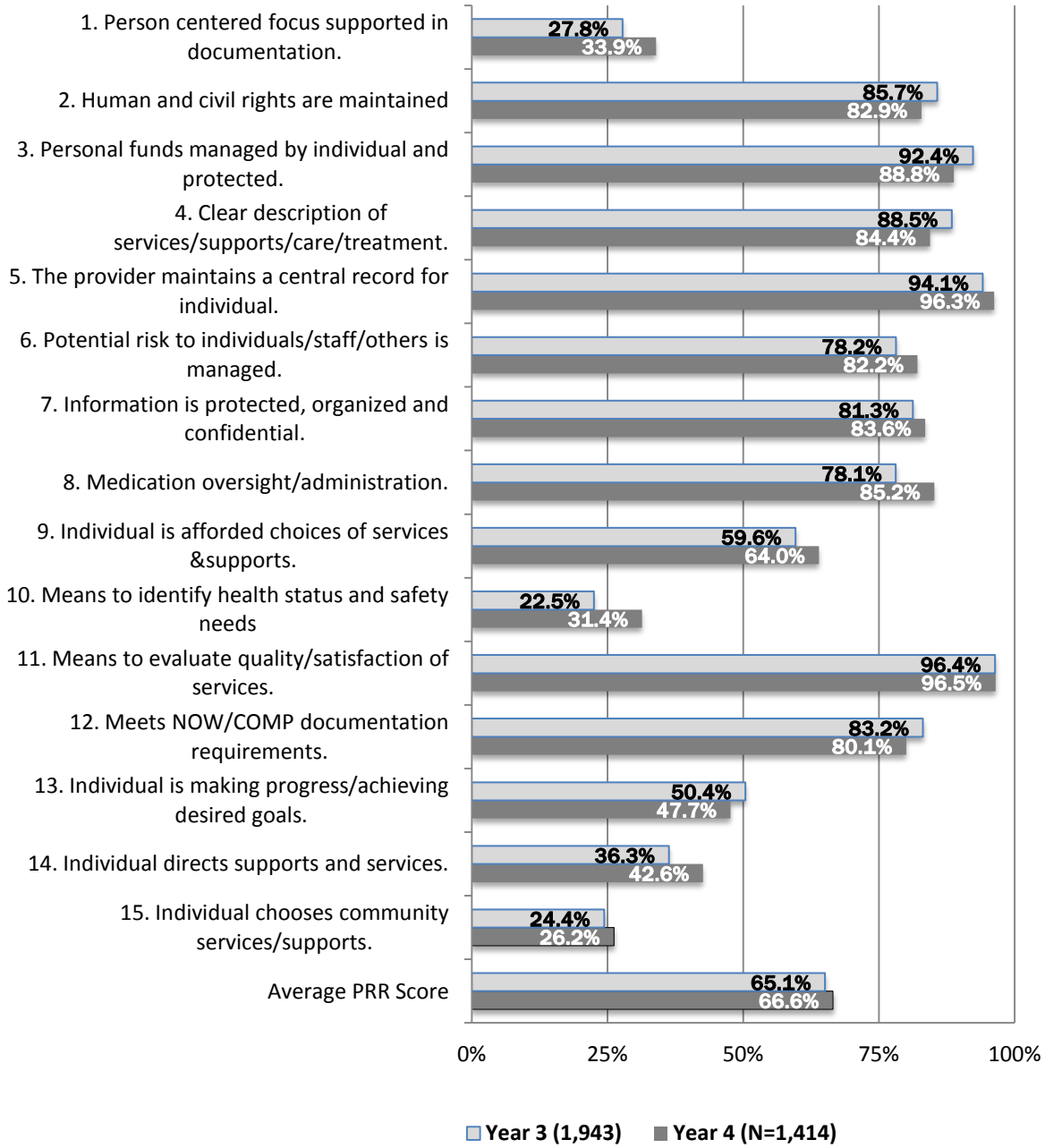


Figure 14 displays the percent present for each PRR Expectation for all providers working with the 916 individuals who participated in a PCR or QEPR between July 2010 and June 2012, and for record reviews completed in Year 3. A record review is completed for each service received by the individual, with up to 1,414 reviews completed for each PRR Expectation in Year 4, and up to 1,943 in Year 3. Results are presented for each from the Provider Record Reviews by year and indicate the following:

- The average Provider Record Review score to date in Year 4 is approximately 67 percent present, similar to Year 3.
- Providers have shown compliance rate of close to 95 percent or greater in Year 3 and Year 4 on two Expectations: maintaining a central record tor the person and having a means to evaluate the quality of and satisfaction with services.
- Since Year 3, providers have shown improvement documenting several Expectations:
    - Person centered focus in documentation
    - Medication oversight and administration
    - Afford individuals choices of services and supports
    - Means to identify health status and safety needs of individuals
    - Individual directs supports and services
- Compliance has remained fairly low, 50 percent or lower in both time periods, for documentation that: supports a person centered focus; shows the provider has a means to identify the person's health status and safety needs; individuals are making progress toward goals; individuals direct their supports and services; and individuals choose community services and supports. With the exception of making progress towards goals, documentation did improve in these areas in year 4.

Figure 15 provides results for the PRR Expectations for the current contract year. Comparison of NOW and COMP waiver findings indicates variation across the Expectations:

- Provider documentation for individuals on the NOW waiver was five percentage points or more higher than for COMP waiver recipients on eight expectations, particularly having a person centered focus in the documentation (11 points higher) and meeting NOW and COMP documentation requirements (15 points higher).
- However, provider documentation for NOW waiver recipients on medication oversight and administration was 11 points lower than for individuals on the COMP waiver, and NOW documentation was more likely to indicate providers did not have the means to identify the health status and safety needs of individuals.

**Figure 15: Provider Record Review (PRR)
Percent Present by Expectation and Waiver
July 2011 - June 2012**

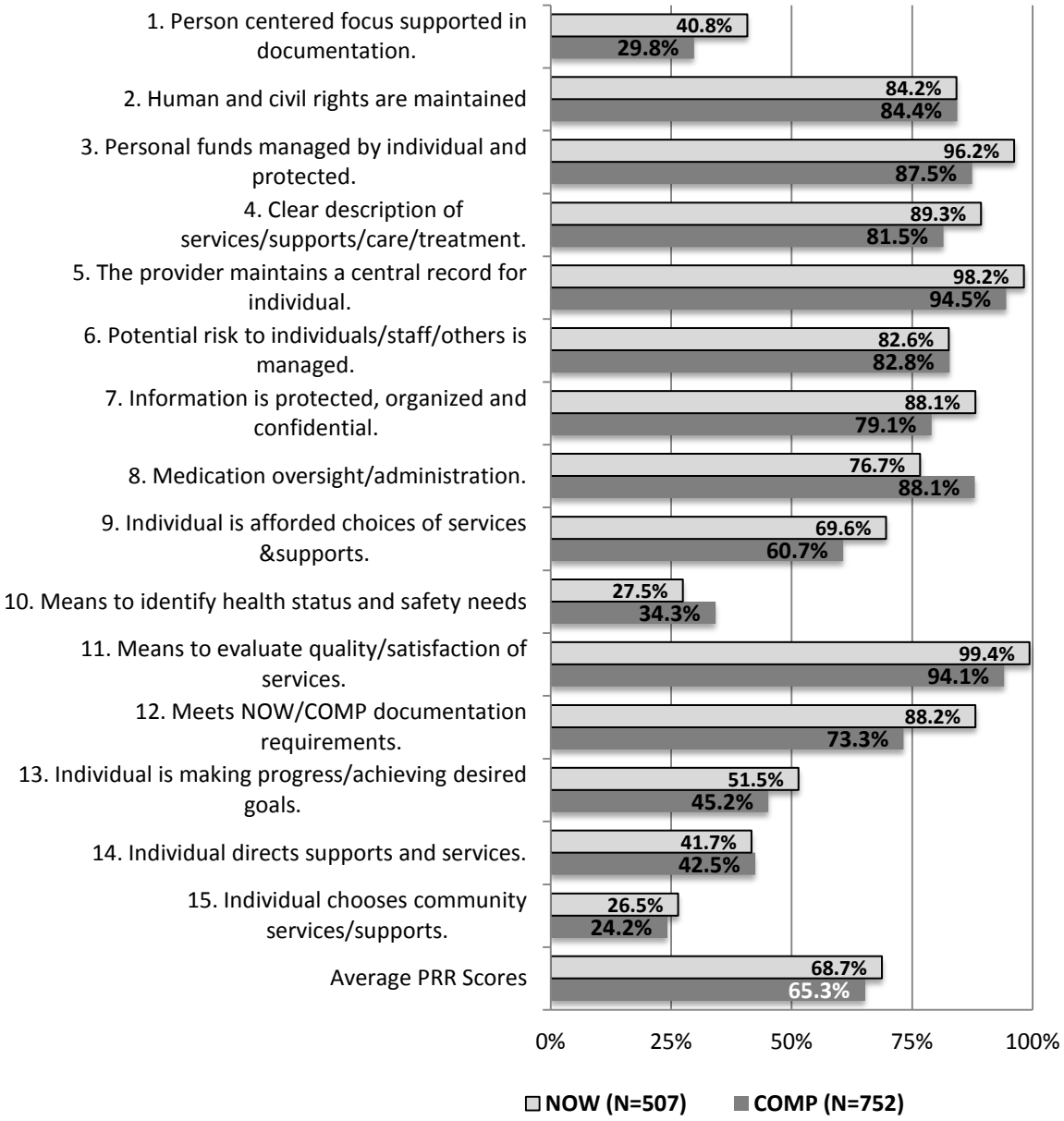
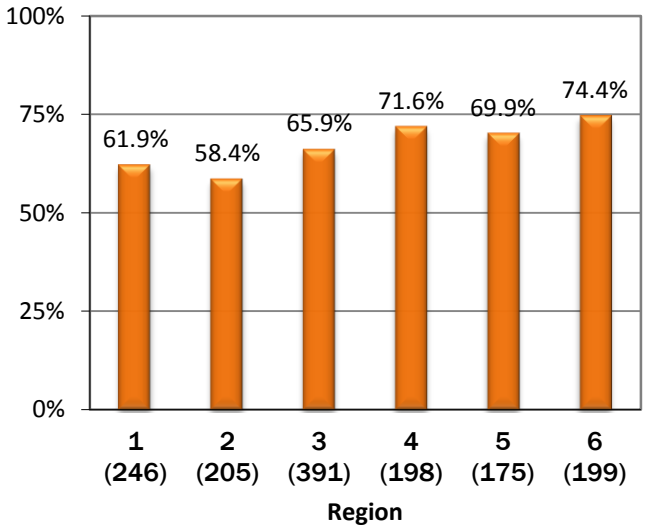


Figure 16 provides results for the Provider Record Reviews by region. The numbers in parentheses represent the total number of record reviews completed in each region. The number of elements scored

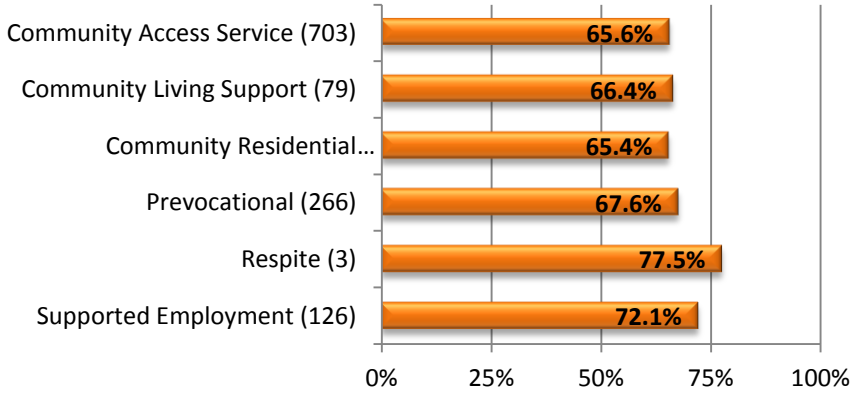
in each region ranged from 2,355 (Region 5) to 5,296 (Region 3). Findings suggest a range from 58 percent present in Region 2 to 74 percent in Region 6. Compared to Year 3, results for Regions 3 and 6 indicate an increase of 8.6 and 7.0 percentage points respectively. However, Region 1 showed a decrease of approximately 6 points.

Figure 16: Provider Record Review (PRR)
Percent Present by Region
July 2011 – June 2012



Provider Record Review results are presented by service in Figure 17. With the exception of the three individuals who received Respite services, individuals receiving Supported Employment were somewhat more likely to have provider documentation expectations Met. Findings on all services are similar to Year 3.

Figure 16: Provider Record Review (PRR)
Percent Present by Service
July 2011 – June 2012



Staff/Provider Interviews

Staff and/or provider interviews are conducted with all providers and/or staff who provide a specific service for the individual participating in the PCR and for all services offered by the provider receiving a QEPR. A total of 927 interviews were completed this year. Through the staff interview, Delmarva Consultants score the provider/staff on 23 indicators that measure seven different Expectations:[13]

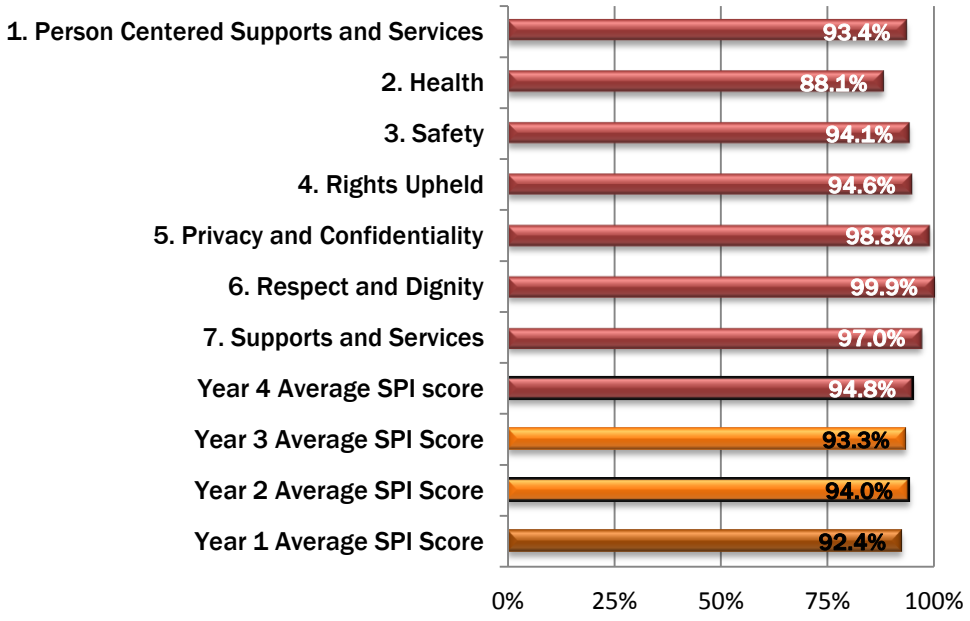
1. Implementation of Person Centered/Directed Supports and Services (7 indicators)
2. Health (2 indicators)
3. Safety (3 indicators)
4. Rights Upheld (3 indicators)
5. Privacy and Confidentiality (2 indicators)
6. Respect and Dignity (1 indicator)
7. Implementation of the Plan's Identified Supports and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

The percent present on each of these Expectations is based on the number of indicators reviewed and is presented in Figure 17. Findings to date indicate:

- Staff Interview performance appears to be relatively good, with six of seven Expectations scored at or above 90 percent, an average score of 95.0 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.
- The statewide average score has increased somewhat since Year 1, from 92.4 percent to 94.8 percent.
- Results on each Expectation were approximately the same or slightly higher in Year 4 compared to Year 3, but differences were small (less than 2.5 percentage points).

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

Figure 17: Staff/Provider Interview (SPI)
Percent Present by Expectation (N=927)
July 2011 – June 2012



Staff and Provider interview results have remained fairly similar across the different services and similar to previous years (Figure 18). Variation between the two different waivers, NOW and COMP, is also quite small (Figure 19).

Figure 18: Staff/Provider Interview (SPI)
Percent Present by Service
July 2011 – June 2012

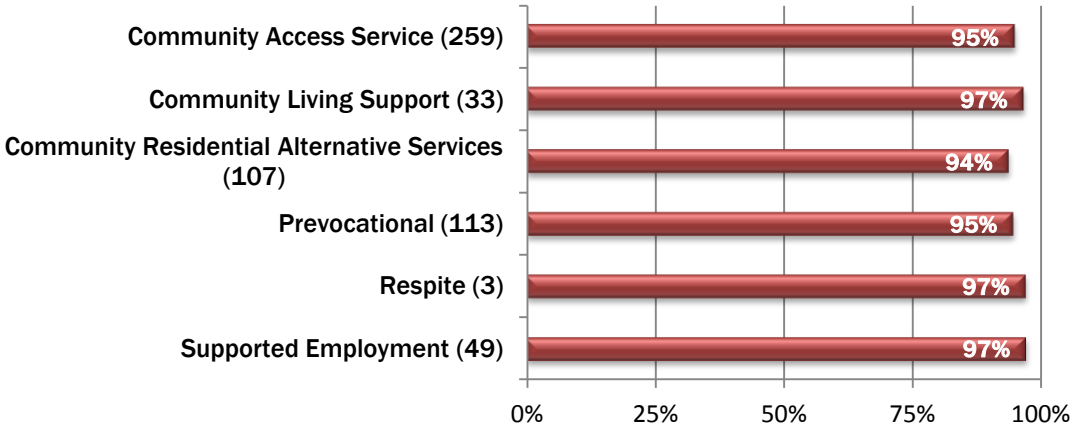
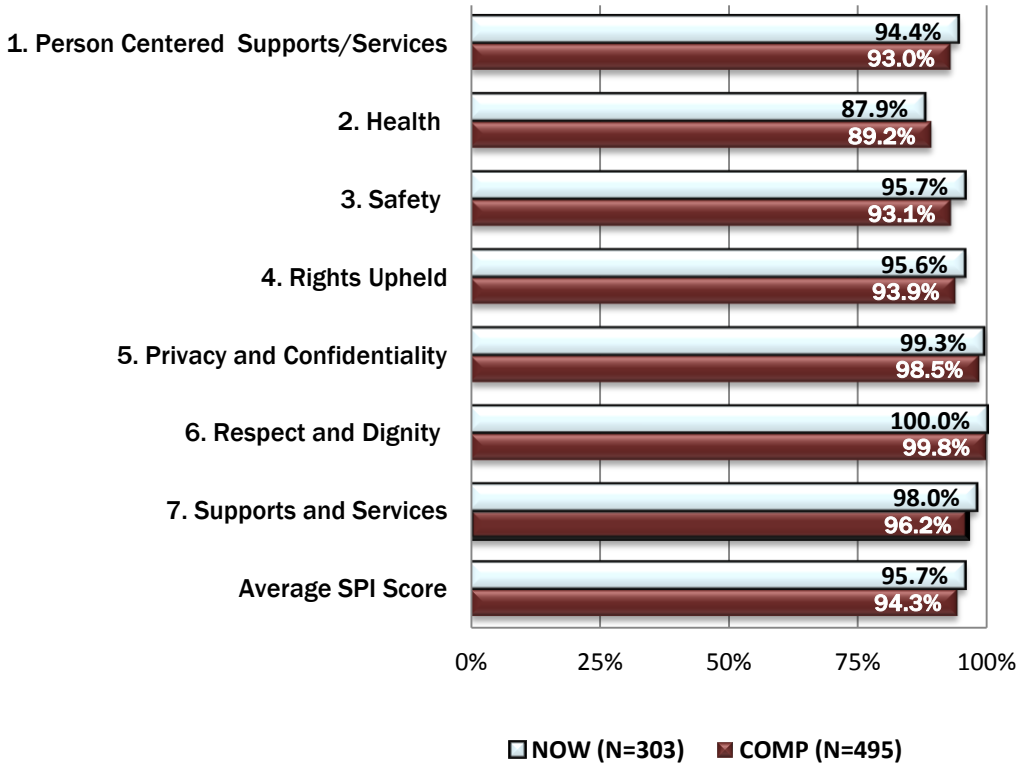


Figure 19: Staff/Provider Interview (SPI)
Percent Present by Waiver
July 2011 – June 2012



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, 775 locations 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 graph shows the Percent Present for the Observation Checklist by expectation (Figure 20). A total of 775 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. Results by service are not displayed and reflect a compliance score of approximately 97 percent or higher for each service. Figure 21 reflects OBS findings by waiver, showing only slight differences between the NOW and COMP results.

Figure 20: Onsite Observations (OBS)
Percent Present by Expectation
July 2011 – June 2012
(N=775)

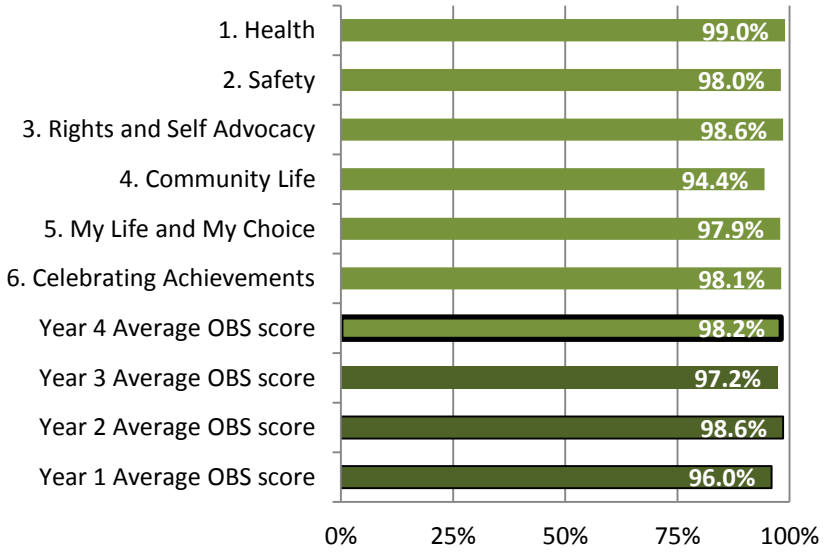
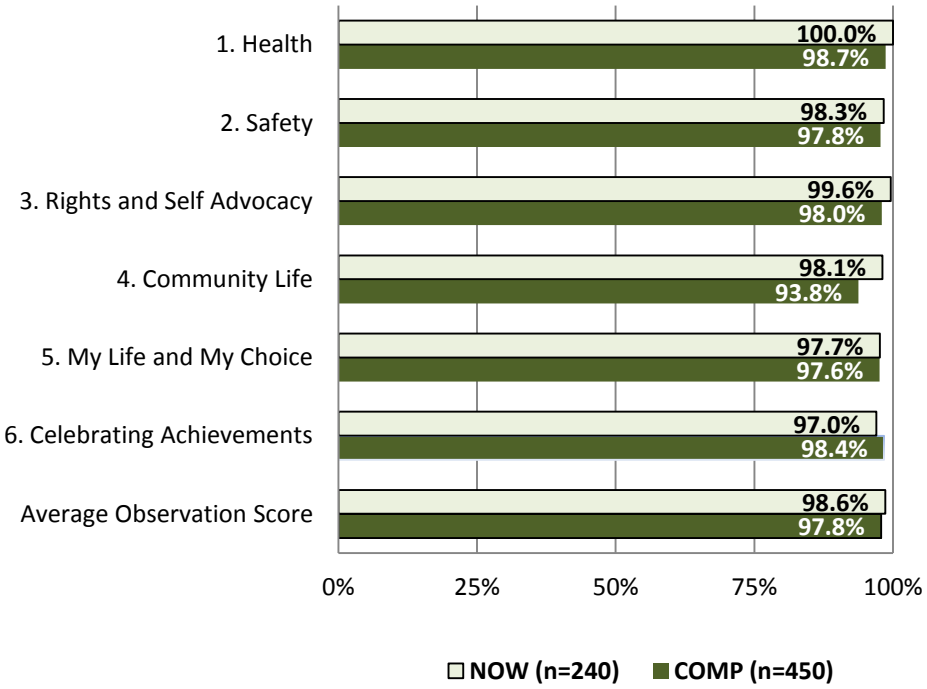


Figure 20: Onsite Observations (OBS)
Percent Present by Expectation
July 2011 – June 2012
(N=775)



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):[14]

[14] 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)

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.
9. Individuals are included in the larger community.

Information in Figure 21 reflects support coordinator record review results for the 480 PCRs completed in Year 4 and 34 additional SCRRs completed as part of the support coordinator's QEPR process. Data indicate the following:

- A slow decrease in SC compliance since the first year of the contract, from an average of 78 percent to 73 percent
- Improvement has been reflected on one standard; compliance with monitoring services and supports according to the ISP has increased by almost six percentage points since Year 1.
- Showing a person-centered focus in the documentation has decreased by eight points, a greater decline rate than for any other Expectation.

**Figure 21: Support Coordinator Record Review Results (SCRR)
Percent Present by Expectation (N=514)
July 2011 – June 2012**

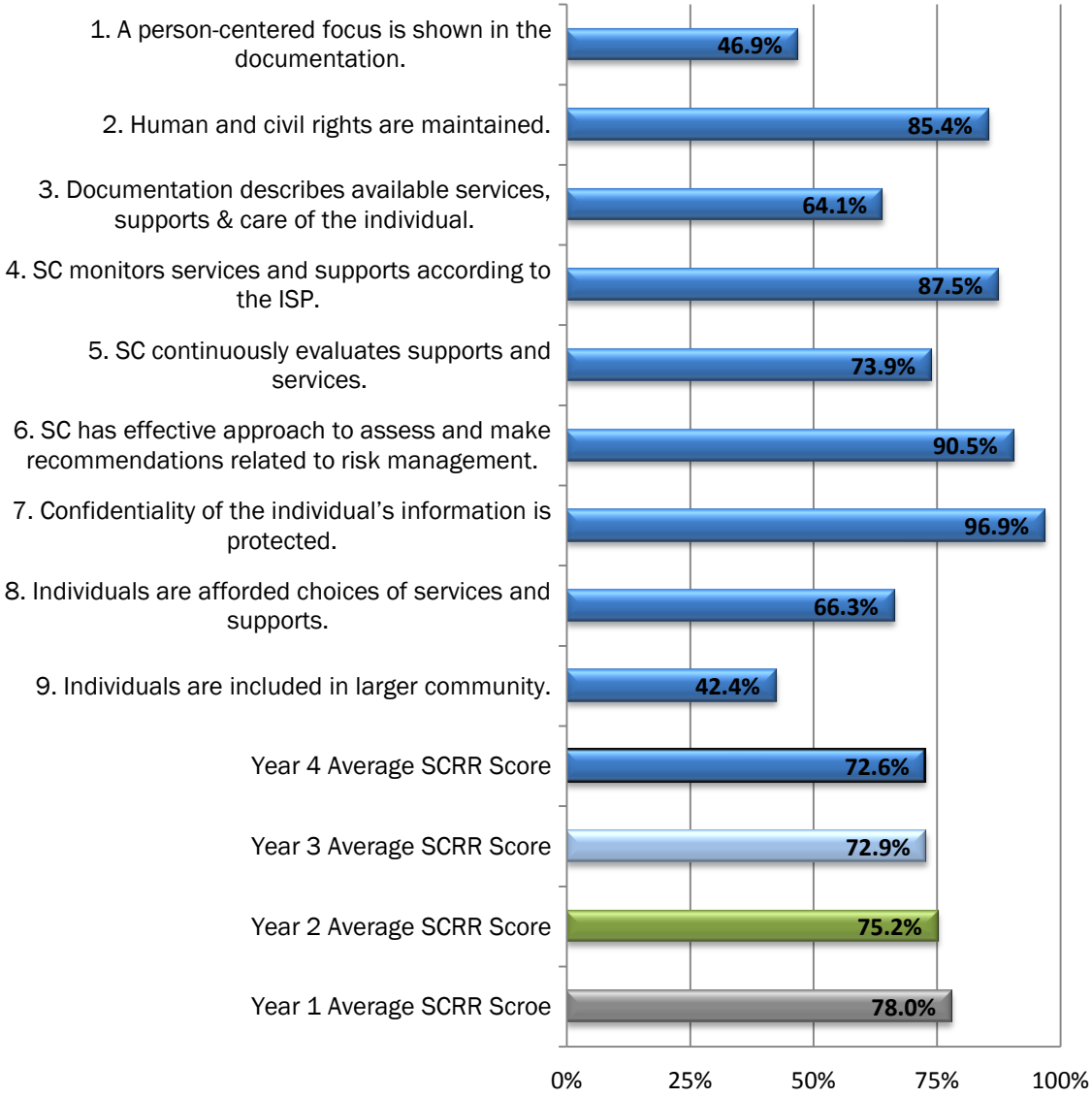
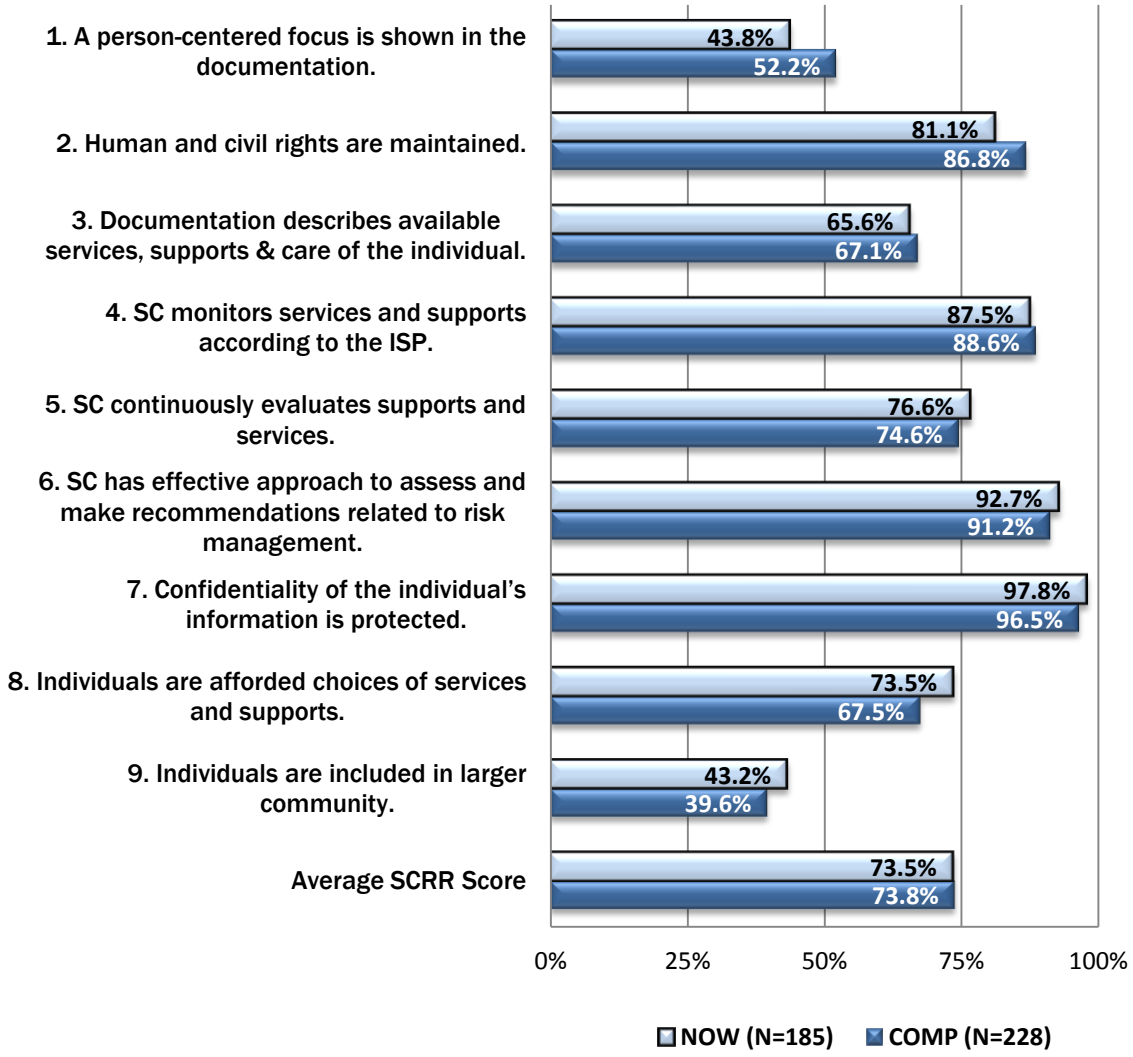


Figure 22 presents the Support Coordinator Record Review results by waiver for Year 4 (July 2011 – June 2012). The difference between results for NOW versus COMP recipients varied across the SCRR Expectations:

- Average SCRR scores for NOW and COMP were the essentially the same for the year.

- Compared to NOW recipients, records for individuals on the COMP waiver showed higher compliance in maintaining a person-centered focus in the documentation (8 points higher) and showing that human and civil rights are maintained (6 points higher).
- Compared to NOW results, COMP records showed lower compliance (6 points lower) documenting that individuals are afforded choice of services and supports and/or that individuals are included in the larger community (4 points lower).

Figure 22: Support Coordinator Record Review Results (SCRR)
Percent Present by Expectation and Waiver
July 2011 – June 2012



Support Coordinator Record Review results are displayed by Region, Residential Setting and Age Group in the following graphs (Figures 23 – 25).

- Results by Region range from a low of 70 percent in Region 2 to 78 percent in Region 6.
- Compared to Year 3, SCRR compliance has increased by 10 points in Region 6 but decreased by 10 points in Region 4 from 86 percent.
- SCRR results are similar across the different residential settings.
- Records for younger individuals, age 18 to 25, show higher compliance than for individuals in other age groups.

Figure 23: Support Coordinator Record Review Results (SCRR)
Percent Present by Region
July 2011 – June 2012

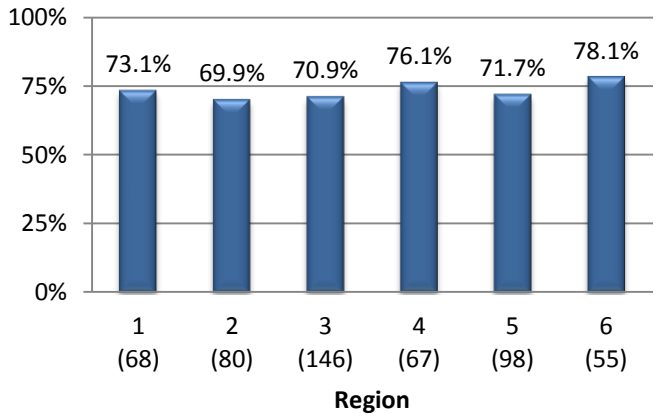


Figure 24: Support Coordinator Record Review Results (SCRR)
Percent Present by Residential Setting
July 2011 – June 2012

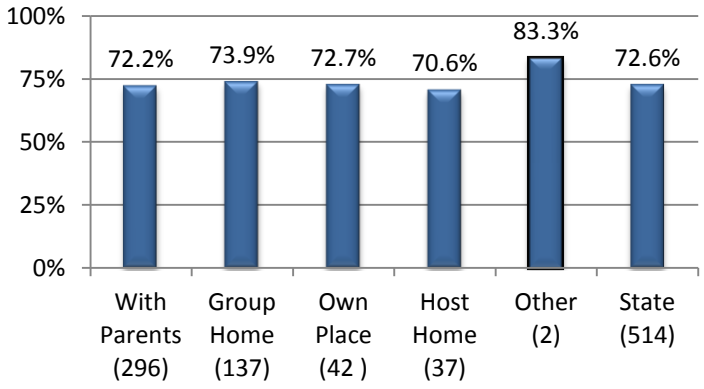
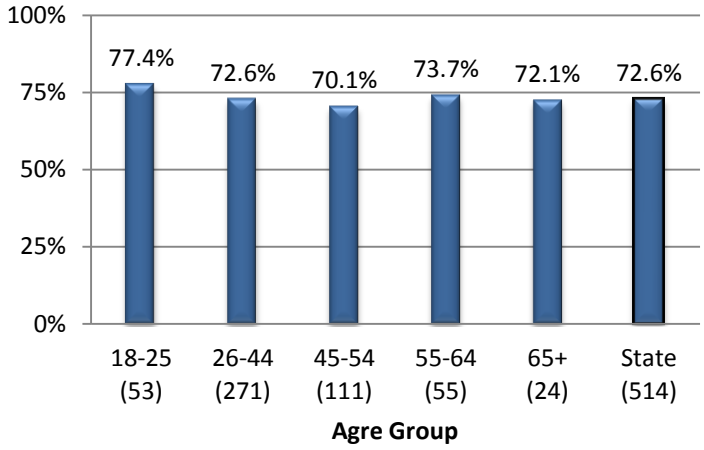


Figure 25: Support Coordinator Record Review Results (SCRR)
Percent Present by Age Group
July 2011 – June 2012



Comparison of PCR Components

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

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

Each element from the various components of the PCR has been categorized within one of the Focused Outcome Areas (FOA). The Percent Present for each FOA is presented in Table 5, for reviews completed between July 2011 and June 2012. Results to date are consistent with previous findings and indicate some variation across the different components, but are similar to previous years:

- Choice and Health, measured from the perspective of the individual (III) and through the Provider Record Reviews, have both increased somewhat since Year 3 (4 to 7 points).
- Providers and Support Coordinators continue to score relatively low in documenting Person Centered Practices (Achieving and Celebrating Results), Choice, and particularly issues surrounding Community Integration.

- Providers did not document issues surrounding health very well (PRR), with only 45.8 percent compliance.
- Provider documentation of Community Integration was very low, 26.2 percent.
- Approximately 81 percent of individuals (III) indicated they were connected to the Community as they desire, the lowest score from the individual's perspective. However, SCRRs and PRRs were very low scoring in this area. On the other hand, onsite observations resulted in scores for this area that were considerably higher (94.4%). It should be noted this area of the observation is only scored when the person is observed in his/her community which explains the high score.

Table 5: PCR and QEPR Comparison Across Focused Outcome Area July 2011 – June 2012

Focused Outcome	III	SCRR	PRR	SPI	OBS
	N=961	N=514	N=1414	N=927	N=775
Celebrating /Achieving	88.2%	60.4%	55.2%	96.6%	98.1%
Choices	92.3%	65.2%	64.0%	96.5%	97.9%
Health	96.4%	90.5%	45.8%	88.1%	99.0%
Safety	94.6%	90.5%	82.2%	94.1%	98.0%
Rights	92.5%	91.1%	86.9%	97.7%	98.6%
Community	81.1%	42.4%	26.2%	84.9%	94.4%

NCI Consumer Survey Results for Focused Outcome Areas

To examine individual responses on the Focused Outcome Areas, results from several questions in the NCI Consumer Survey were grouped and analyzed. Each question grouped within the Focused Outcome Areas is provided in the Exhibit 5 of the Appendix. The following table displays a summary of results within each Focused Outcome Area for the four contract years of the GQMS program. 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, the same in Year 4 as in Year 3.
- The average score for Community Inclusion was 69 percent, up somewhat since Year 3. While individuals do report they can go out to go shopping (92%), to see family (89%), or to a restaurant or café (91%), only 22 percent have a job in the community and 43 percent have a volunteer position somewhere, and approximately half appear to get regular exercise or go on

vacation. The Community Integration score has actually increased to levels shown in Year 1 and 2.

- Approximately 98 percent of individuals reported having excellent or fairly good health, about the same as in Year 3.
- Approximately 79 percent of individuals indicated they are Achieving Results or that a person centered approach to services is used. This is up from Year 3 and similar to results in Year 1.
- Each year, 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 11-12				
Focus Outcome Area	Year 4	Year 3	Year 2	Year 1
Achieving / Person Centered	79.3%	76.9%	74.8%	78.9%
Choice	40.1%	40.6%	43.2%	36.4%
Health	97.9%	97.5%	96.2%	94.8%
Safety	90.7%	90.4%	93.3%	88.8%
Right	89.3%	88.8%	90.1%	88.5%
Community	69.0%	66.5%	70.3%	68.1%
Total N	480	481	480	480

Quality Enhancement Provider Review

The Quality Enhancement Provider Review (QEPR) has been completed for 39 service providers and one support coordinator agency, randomly selected from the list of providers who had not yet received a QEPR. The QEPR is comprised of six distinct components and the number of cases for each component is dependent upon the number of individuals receiving services, number of services provided, and the number of residential and/or day programs the provider offered at the time of the review. Results have been reported for the III, ISP QA Checklist, Provider Record Reviews, Staff/Provider Interviews, and Onsite Observations. Provider demographic information and results from the Administrative Review are presented here.

A summary of information for each provider reviewed during the year is presented in Table 5, and includes the number of individuals served (ranging from 2 to 2,717), the number of individuals who participated in an III (ranging from 1 to 67), the number of services the provider offers (ranging from 1 to 116) and the number of staff members working with the organization (ranging from 1 to 105).

Table 6: QEPR Provider Information
July 2011 - June 2012

Provider Name	Region	# Served	# of III	# of Services	# of Staff
AmericanWork Inc	2	21	15	1	67
Another Chance	3	58	35	3	9
Art of Living CLA LLC	3	3	3	1	2
Aspirations 2B	3	4	3	1	3
B and O Services Inc	6	5	4	1	6
Bobbi Personal Care Home Inc	6	3	4	1	8
Carroll County Training Center	6	73	39	9	24
Changes of Choice Inc	3	3	1	1	5
Choices of Change Llc	5	13	9	2	13
Coastal Center for Developmental Services Inc	5	300	116	7	75
Comfort Community Center	1	56	41	4	8
Diversified Enterprises	4	88	63	7	105
Douglas County Retardation Association Inc	1	27	15	3	25
Encare Personal Care Home	5	6	4	2	7
First Born Outreach Center Inc	6	19	17	3	38
First Paths Inc	3	4	4	1	2
Foundation of Exceptional Achievers	3	68	50	2	18
Georgia Pals Inc	1	21	17	5	25
Good Samaritian	6	3	1	1	5
Hand-n-Hand PCH	4	3	1	1	5
Innovative Housing Residential Services Inc	3	3	2	1	2
Jones-Cody PCH Inc	3	4	4	1	4
Key Foundation	1	25	17	4	21
Lifetime PCH	2	13	13	3	29
Lynndale Inc	2	202	102	8	61

Table 6: QEPR Provider Information July 2011 - June 2012					
Provider Name	Region	# Served	# of III	# of Services	# of Staff
McDougle Personal Care Home	4	3	3	1	3
Metro Community Services	3	5	5	1	1
Network Day Service Center Inc	1	71	55	10	27
Professional Case Management	4	2,717	34	2	96
Reach For The Moon Inc	2	7	7	1	6
Reprah Enterprise Llc	3	2	2	1	5
Rutledge Center Inc	6	74	68	7	20
Southern Community Services Inc	5	8	9	1	8
Spectrum Habilitation Services Inc	3	9	9	1	8
Sunnydale Service Center	4	56	49	11	41
Supported Employment Specialists Inc	1	23	12	5	4
Tranquility Personal Care Home	3	2	2	1	3
We Speak for Ourselves LLC	1	3	64	7	8
WOW In-Sync Tucker	3	97	3	1	23
Younique Total Care Inc	3	2	1	1	4

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 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 to the Standards for All Providers warranting revisions implemented in the Administrative tools, procedures, comparisons to previous years are not appropriate.

The Administrative Policy and Procedure review instrument measures 11 different Expectations. Each Expectation is comprised of a different number of elements/questions, ranging from one to 45, with a total of 149 questions scored for each provider. A P&P Expectations are listed in Table 6, showing the average percent present for the 40 providers reviewed to date this contract year. Results indicate:

- Providers reviewed to date this contract year have scored approximately 80 percent.
- All providers had policy and procedures regarding infection control practices for their service systems.
- Faith based provider organizations that receive federal or state monies were in compliance with only half of applicable regulations for all providers (68 records reviewed).

Table 7: Administrative Policy and Procedure Elements		
Average Percent Present July 2011 – June 2012		
N = 40		
# of Questions	Policy	Pct Met
5	Strong operational procedures support the organization, staff and individuals served.	81.7%
4	Holistic Services, supports, care and treatment to the individual that enhances the individual's capacity for a meaningful life are available.	75.2%
26	Human and civil rights are maintained.	85.0%
19	The personal funds of an individual are managed by the individual and are protected.	72.0%
24	The services environment demonstrates respect for the persons served and is appropriate to the services provided.	83.3%
2	Quality improvement processes and management of risk to individual, staff and others are a priority.	85.0%
3	The organization maintains a system of information management system that protects individual information and is secure, organized and confidential.	83.3%
45	Organizations with oversight for medications or administer medications follow federal/ state laws, rules, regulations and best practice guidelines.	76.3%
15	Individuals are provided services, supports, care and treatment by staff who are properly licensed, credentialed, trained and who are competent.	80.8%
1	Infection control practices are evident in service settings.	100.0%
5	Faith or denominationally based organizations who receive federal or state monies follow applicable regulations in the standards for all providers.	50.0%
149	**Average Policy and Procedure Score**	79.8%

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 forty providers reviewed this year are listed in Table 7. The number of records reviewed for each A Q&T standard varies, depending upon the number of employees working for the organization.

- The average compliance score for the 40 providers reviewed in Year 4 was 69 percent, somewhat higher than the average in Year 3.
- Provider compliance for Q & T was 10 percentage points lower than compliance on the Policies and Procedures.
- Providers scored 65 percent or less maintaining documentation of job descriptions, training requirements, and medication administration.
- 14 of 80 records reviewed (17.5%) did not show documented evidence the national criminal records check was completed according to guidelines.

Table 8: Administrative Qualifications and Training Elements		
Average Percent Present July 2011 – June 2012		
N = 40		
Number Questions	**Expectations**	**Pct Met**
2	The type and number of professional staff attached to the organization are properly licensed, credentialed, experienced and competent.	87.8%
2	The type and number of all other staff attached to the organization are properly licensed, credentialed, experienced and competent.	81.1%
5	Job descriptions are in place for all personnel.	63.0%
2	There is evidence that a national criminal records check (NCIC) is completed for all employees.	82.5%
4	Orientation requirements are specified for all staff. Prior to direct contact with consumers, all staff and volunteer staff shall be trained and show evidence of competence.	72.8%
15	Within the first sixty days, and annually thereafter, all staff having direct contact with consumers shall have all required annual training	65.1%
6	Provider ensures that staff receives a minimum of 16 hours of annual training.	58.2%
1	Organizations with oversight for medication or that administer medication follow federal and state laws, rules, regulations and best practices.	62.9%
1	Provider has a current certification from MHDDAD Division (receives less than $250,000 waiver dollars per year)	78.9%
1	Provider has current accreditation if required (receives $250,000 or more waiver dollars per year).	87.5%
3	The organization has internal structures that support good business practices.	78.3%
42	**Average Qualifications and Training Score**	69.0%

Strengths and Barriers

During the QEPR, Delmarva works with each provider to identify strengths and best practices as well as barriers providers face in developing optimal service delivery systems. Quality Improvement Consultants have a list of strengths and barriers in a "drop down" menu. However, when "other" is listed, a comment is included in the data. The top strengths and barriers noted during the reviews are listed in Table 9, as well as the number of times each is noted and the percent this represents of the total number documented.[15]

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

Table 9: Provider Strengths and Barriers Top Results, July 2011 - June 2012		
Strengths	**Times Noted**	**Pct**
Customer's satisfaction with supports and services	29	4%
Provider's demonstration of concern for individuals served	29	4%
Trust built with the individual(s) served	26	4%
Provider is flexible	25	4%
Provider's attitude of putting the persons served first	25	4%
Provider's accessibility to individuals served	24	4%
Provider's receptiveness to improving the quality of supports and services	24	4%
The provider is well-liked by the individuals served	24	4%
Provider's emphasis on health	22	3%
Provider's relationship with individuals served	22	3%
Provider's responsiveness to the individuals' needs	21	3%
Provider's teamwork approach	20	3%
Total Number of strengths Documented	659	
Barriers	**Times Noted**	**Pct**
Cost of doing business vs. reimbursement rates	22	7%
Excessive paperwork requirements	19	6%
Support plan not driven by the person	17	5%
Lack of financial resources	15	5%
Conflicting messages - licensing verses person centered approach	12	4%
Lack of consistency in implementation of state policy and procedures	11	3%
Needed services not approved/funded	11	3%
Workload	11	3%
Ineffective or lack of training for provider/staff	10	3%
Changing priorities	9	3%
Competing priorities	9	3%
Transportation/Commuting	9	3%
Total Number of Barriers Documented	324	

A total of 659 strengths were identified, and a total of 324 barriers were documented during the reviews completed between July 2011 and June 2012. Providers may identify more than one strength or barrier, but each will be recorded only one time per provider. Information in Table 9 indicates:

- For 29 providers, customer satisfaction and/or a demonstration of concern for individuals were listed as strengths of the organization.
- Trust, flexibility, accessibility and attitude were also areas of strength for many providers.
- Barriers noted by many of the providers include excessive paperwork and financial issues, and problems surrounding not having the support plan driven by the person.

Decline codes

Individuals selected to take part in the interview have the right to decline to participate. During Year 4, 53 individuals were recorded as a decline for the process: 24 declined, eight had moved out of the state, two were deceased and 19 were no longer receiving services.

Follow-Up Reviews

Follow-up with Technical Assistance

Delmarva conducts two types of Follow-up reviews: Follow up with Technical Assistance (FU w/ TA) and the FUTAC (Follow-up with Technical Assistance Consultation). 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 fourth contract year, Delmarva completed 35 FU w/ TA reviews. Results are displayed in Table 10. The percent of Expectations scored as Met at the Follow-up is based on the number of Expectations scored as Not Met at the QEPR and the number scored Met at the Follow-up. For example, Allegiant had all Expectations scored Met during the QEPR for the Administrative Policies and Procedures as well as the Qualifications and Training; and four Expectations scored Not Met during the PRR, of which three were scored Met at the Follow-up (75%). Owl's Retreat FU score indicates all 94 Expectations scored Not Met during the QEPR were scored Met at the FU. Cells with NA indicate there were no Expectations scored as Not Met during the QEPR and none scored during the FU review.

Table 10: Follow Up with Technical Assistance
July 2011-June 2012

Provider	Region	Policy and Procedure		Training and Qualification		Provider Record Review	
		% Met	(N)	% Met	(N)	% Met	(N)
Allegiant Service LLC	3	NA	NA	NA	NA	75.0%	4
AmericanWork Inc	2	16.4%	67	31.3%	16	25.2%	107
Another Chance	3	92.3%	13	100.0%	18	65.2%	155
ARC of Macon	2	100.0%	25	100.0%	17	17.1%	362
Art of Living CLA LLC	3	85.0%	80	100.0%	23	0.0%	2
Avita Community Partners	1	87.5%	16	53.8%	26	4.3%	232
B and O Services Inc	6	100.0%	4	100.0%	1	100.0%	6
Christ The King Day Habilitation	3	NA	NA	100.0%	2	52.7%	55
Comfort Community Center	1	17.5%	40	0.0%	25	60.9%	266
Creative Consulting Services**	1	NA	NA	100.0%	5	52.7%	91
Diversified Enterprises	4	97.8%	91	40.0%	35	20.1%	219
Encare Personal Care Home	5	NA	NA	100.0%	6	75.0%	16

Table 10: Follow Up with Technical Assistance July 2011-June 2012							
		Policy and Procedure		Training and Qualification		Provider Record Review	
Provider	Region	% Met	(N)	% Met	(N)	% Met	(N)
First Born Outreach Center Inc	6	100.0%	5	100.0%	4	100.0%	120
Frazer Center	3	0.0%	43	60.9%	23	5.4%	316
Generations Adult Day Services	2	18.8%	16	100.0%	15	20.4%	54
Georgia Pals Inc	1	81.6%	76	47.2%	36	27.1%	107
Good Samaritan	6	100.0%	33	60.0%	5	42.9%	7
Lifetime PCH	2	46.7%	60	60.0%	20	55.6%	54
McDougle Personal Care Home	4	100.0%	3	50.0%	24	0.0%	1
McIntosh Trail CSB	6	NA	NA	100.0%	2	37.6%	149
Network Day Service Center Inc	1	0.0%	88	0.0%	29	16.7%	246
New Domus Personal Care Llc	3	42.9%	7	NA	NA	NA	NA
Normal Life of Georgia	4	100.0%	4	100.0%	11	29.6%	206
Owls Retreat	3	NA	NA	100.0%	14	100.0%	80
Pineland CSB	5	NA	NA	100.0%	1	15.9%	258
Reach For The Moon Inc*	2	NA	NA	NA	NA	NA	NA
Reprah Enterprise Llc	3	100.0%	22	80.0%	5	0.0%	4
Serenity Behavioral Health System	2	NA	NA	NA	NA	35.6%	298
Southern Community Services Inc	5	100.0%	32	0.0%	10	0.0%	21
Southern Resources Consultants	3	NA	NA	NA	NA	25.0%	12
Spectrum Habilitation Services	3	66.7%	48	60.0%	5	2.2%	46
Sunnydale Service Center	4	52.6%	19	36.7%	30	55.7%	235
We Speak for Ourselves LLC	1	100.0%	7	0.0%	3	0.0%	7
WOW In-Sync Tucker	3	NA	NA	100.0%	1	58.2%	282
Younique Total Care Inc	3	100.0%	7	25.0%	4	50.0%	8

* Reach For The Moon Inc was no longer in business at the time of the FU.
** Support Coordination Agency had SC Record Reviews instead of Provider Record Reviews.

Follow Up with Technical Assistance Consultation (FUTAC)

Providers are tagged to receive a FUTAC through a referral system. The review process utilizes a consultative approach to assist providers in their efforts to increase the effectiveness of their service delivery systems. The focus is to help improve systems to better meet the needs, communicated choices, and preferences of the individuals receiving services.[16]

The FUTAC also supplements the PCR and QEPR processes by affording the State of Georgia and contracted providers the opportunity to solicit technical assistance for specific needs within the service delivery milieu. During the contract year, 368 FUTAC were completed. The following series of tables provides information about the region, the Focused Outcome Area addressed, type and referral reason, and technical assistance provided.

- The greatest proportion of FUTAC has been completed in Region 3 (25%)
- Health, Safety and Provider Record Review documentation were most often the Focused Outcome Area addressed.
- Most of the reviews were onsite (84%), referred at the individual level (81%), the source of the referral from one of the Regional Office HQMs (72%), or with the Support Coordinator monthly score of a 3 or 4 as the primary reason for the referral (72%).
- Technical assistance most often included discussion with the provider and brainstorming.

Table 11: FUTAC Number and Percent by Region
July 2011 – June 2012

Region	Number	Percent
1	86	23.4%
2	35	9.5%
3	92	25.0%
4	43	11.7%
5	29	7.9%
6	83	22.6%
Total	368	100%

[16] Recommendations provided by Delmarva Consultants during the FUTAC are presented in Appendix 1, Exhibit 3.

Table 12: FUTAC by Focused Outcome Area July 2011 - June 2012		
Type	**Number**	**Percent**
Health	223	28.9%
Safety	166	21.5%
Rights	58	7.5%
Choice	12	1.6%
Community Life	12	1.6%
Person Centered	25	3.2%
Administrative Policies and Procedures	24	3.1%
Administrative Qualifications & Training	12	1.6%
Documentation Support Coordinator Record Review	20	2.6%
Documentation Provider Record Review	215	27.9%

Table 13: Follow Up with Technical Assistance Consultation Number and Percent by Type and Referral Information July 2011 - June 2012		
Type	**Number**	**Percent**
Desk	59	16.0%
Onsite	309	84.0%
Referral Level	**Number**	**Percent**
Individual	299	81.3%
Provider	69	18.8%
Referral Source	**Number**	**Percent**
Division	68	18.5%
Health Quality Manager (HQM)	265	72.0%
Internal	24	6.5%
Other Regional Office Staff	2	0.5%
Provider	9	2.4%
Referral Reason	**Number**	**Percent**
SC Monthly Monitoring Scores of 3 & 4	266	72.3%
Corrective Action Plan (CAP)/Critical Incident	67	18.2%
Provider Self Request	16	4.3%
Complaints/Grievance	8	2.2%
QEPR Alert	5	1.4%
PCR Alert	4	1.1%
Compliance Review	3	0.8%
Support Plan Needing Improvement	0	0.0%
Level of Care Registered Nurse (LOC RN) Review	0	0.0%

Table 14: Follow Up with Technical Assistance Consultation		
Type of Technical Assistance Provided		
July 2011 - June 2012		
Type	**Number**	**Percent**
1:1 Training	61	7.8%
Brainstorming	197	25.1%
Group Training	20	2.5%
Individual Discussion with Provider	285	36.3%
Strategic Planning	42	5.4%
CAP Development	15	1.9%
Resources-Hard Copy	31	3.9%
Group Discussion	74	9.4%
Resources-web-based	41	5.2%
Role Play	0	0.0%
Skill Building	19	2.4%

Focused Outcome Recommendations

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

Recommendations may help offer insight into areas providers can focus to improve their organizational systems and practices and are listed by Focused Outcome Area in Appendix 1, Exhibit 4.[17] A total of 1,065 recommendations have been provided, with 145 to 221 per FOA. Of the 40 providers reviewed, 19 or more were given the following recommendation:

- Document that information is reviewed with the individual
- Review progress with individuals regularly
- Identify ways to expose individuals to new opportunities in the community
- Ensure documentation reflects the individuals' interactions and responses to outings

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

- Support individuals with greater challenges to develop social roles and presence in their community
- Improve documentation of choices made by the person and the person's response
- Consistently document efforts related to offering choice
- Discuss and provide education about the consequences/responsibilities associated with making choices and exercising rights

Individuals Recently Transitioned to the Community (IRTC)

A total of 203 individuals who transitioned from an institution to the community participated in a Person Centered Review with a Delmarva consultant. The following table shows Expectations from the Delmarva Reviews that indicate a five percentage point difference, or more, between IRTC responses and individuals already established in the community.

- Individuals recently transitioned to the community were less likely to have choice or help with the design or review of their service plan, and much less likely to be developing desired social roles (III results).
- IRTC results indicated a much greater proportion of ISPs written to support a service life and smaller proportion written to support a Good But Paid Life.
- ISP QA criteria indicate the IRTC records showed better compliance in areas of health and medication management
- PRR and SCRR results show lower compliance for the IRTC sample in areas of choice and community inclusion but higher compliance in describing service, medication administration, meeting NOW/COMP documentation requirements and describing and evaluation supports and services.

Results by Expectation: PCR+QEPR v IRTC July 2011 - June 2012			
Individual Interview Instrument	**PCR + QEPR**	**IRTC**	**Difference**
The person is afforded choice of services and supports.	90.9%	76.7%	14.2%
The person is involved in the design of the service plan.	85.1%	70.6%	14.5%
The service plan is reviewed with the person, who can make changes.	80.0%	72.3%	7.7%
The person is developing desired social roles.	72.8%	44.6%	28.2%
ISP Written to support			
Service Life	9.8%	27.1%	-17.3%
Good But Paid Life	82.7%	68.5%	14.3%
Community Life	7.5%	4.4%	3.1%
ISP QA Criteria			
Provider info on demographic page matches POC?	88.7%	74.4%	14.3%
Are all goals person centered?	76.4%	64.0%	12.4%
Annual informed consent for psychotropic medications is present?	24.7%	46.5%	-21.8%
Behavior Support Plan/Crisis Plan and/Safety Plan is signed?	54.3%	70.3%	-16.0%
All required and applicable assessments are completed: Nursing assessment, Psychosocial review, and Physician summary?	81.8%	87.6%	-5.8%
HRST is updated annually and within 90 days prior to the individual service plan expiration date?	48.6%	25.0%	23.6%
The Health and Safety section includes discussion on HRST training consideration.	88.7%	94.5%	-5.8%
Authorized medical support section is fully completed, including plans in an emergency.	50.6%	59.1%	-8.5%
Provider Record Review			
Clear description of services/supports/care/treatment.	84.4%	92.1%	-7.6%
Medication oversight/administration.	85.2%	92.0%	-6.8%
Individual is afforded choices of services &supports.	64.0%	54.8%	9.2%
Means to evaluate quality/satisfaction of services.	96.5%	89.5%	7.1%
Meets NOW/COMP documentation requirements.	80.1%	89.3%	-9.2%
Individual chooses community services/supports.	26.2%	16.7%	9.5%
Support Coordinator Record Review			
Documentation describes available services, supports & care of individual	64.1%	70.3%	-6.2%
Support coordinator monitors services/supports according to the ISP	87.5%	79.8%	7.7%
Support coordinator continuously evaluates supports and services	73.9%	81.8%	-7.9%
Individuals are afforded choices of services and supports	66.3%	60.1%	6.2%
Individuals are included in larger community.	42.4%	30.5%	11.8%

Section 3: Discussion and Recommendations

During Year 4 of the Georgia Quality Management Systems (GQMS) contract (July 2011 – June 2012), Delmarva has continued a successful partnership with the Georgia Division of Developmental Disabilities, Regional Offices, and other Stakeholders to improve on the effectiveness and quality of the Quality Assurance (QA) system in Georgia. The joint statewide meeting held in September demonstrated the effectiveness of the quality management system built through the work of each Quality Improvement (QI) Council which presented information on the progress of their QI projects, implemented last year based upon data collected and presented through GQMS. QI Councils have worked on new initiatives for this contract, supporting the development of community connections and supported employment initiatives. Project updates will be presented at the next joint meeting in October, 2012.

In addition to facilitating the regional and statewide QI Council meetings, Delmarva developed four training modules and completed 30 training sessions across the state, attended by approximately 1,114 individuals, families and providers. Delmarva has also updated the public reporting website, completed reliability testing on all consultants and managers, and completed a quality improvement study identifying components of a provider service delivery system that best predict outcomes for individuals.[18]

Delmarva Quality Improvement Consultants (QIC) completed 480 Person Centered Reviews (PCR) and 40 Quality Enhancement Provider Reviews. As part of these reviews, Delmarva consultants completed 961 interviews with individuals that utilized Delmarva's Individual Interview Instrument and included a random sample of 480 individuals who participated in the National Core Interview using the NCI consumer survey. Consultants also completed 514 Support Coordinator Record Reviews, 1,414 Provider Record Reviews, 927 Staff/Provider Interviews, 775 onsite observations of residential and day program facilities, and 40 Administrative Reviews.

An additional 203 individuals who were recently transitioned to the community (IRTC) from an institution participated in a PCR. Compared to individuals already established in the community, IRTC results indicate recently transitioned individuals were much more likely to have a profound intellectual disability, much more likely to live in a group home, and more likely to have an ISP written to support a Service Life. They were much less likely to be developing desired social roles, have choice of services and supports or be involved in the design of their service plan. Support Coordinator and provider records were much less likely to show they are included in the larger community or given choice of community

[18] The QI study is currently under review by the Division.

services. In addition, IRTC results indicate goals on the ISP are less likely to be person centered and the HRST information is less likely to be updated as required.

Recommendation 1: The Division of DD should explore how the transition planning process is implemented for individuals transitioning from an institution. The planning process should ensure the person has input and is being connected to the community as desired even prior to the transition.

Recommendation 2: Support Coordinators should review the ISP for each person transitioned from an institution and update the plan as necessary to ensure goals are person centered and ensure the HRST is adequately and appropriately completed as required or necessary.

Recommendation 3: Because outcome scores for people living in host homes tend to be higher, the Division should help ensure a variety of residential settings, specifically host homes, are available and presented as an option for newly transitioned individuals. This will help support the person in making an informed choice related to supports and services available.

III results across various demographics were similar to previous years, and results are fairly positive on average (90.2 %), an increase since Year 1 of the contract (83.2%). Year 4 results reflect a higher percent of outcomes met than the combined average for the previous three years, particularly in key areas of choice, having input into the design of the service plan and life's decisions, achieving outcomes and satisfaction with supports and services, health and safety, education about exercising rights, and community participation. In addition, although the previous two years ISP QA checklist results indicated a decline in the proportion of ISP written to support a Community Life, data for Year 4 indicate a shift up.

Provider documentation has shown improvement since Year 3 in some critical areas: a person centered focus in provider documentation; medication oversight and management; offering individuals a choice of services and supports and allowing them to direct their services and supports; and identifying health and safety needs of individuals served. Support coordinator documentation has also improved in key areas such as showing a person centered focus in the documentation and ensuring human and civil rights for the person are maintained.

Extensive statistical analysis has not been completed to determine all the factors that may be positively impacting outcomes for individuals. However, the recently completed QI study suggests that adequately implementing policies and procedures (measured though the Provider Record) improves outcomes. In addition, conducting person centered reviews to help determine how well the provider systems are responding to individuals raises awareness of person centered practices for individuals, families and providers. Furthermore, the QEPR and FUTAC processes focus on improving practices for the provider's service delivery system.

Recommendation 4: People will perform to the test. Therefore, a continued focus on person centered practices and a person centered quality assurance/improvement process as well as continuing to include individual interviews as part of the Quality Enhancement Provider Review are recommended.

Administrative review of employee records reflected relatively low provider compliance on required qualifications and training. Approximately 17 percent of employees reviewed did not have adequate background screening documentation in place; 42 percent of staff did not receive the minimum of 16 hours of annual training; and 27 percent with oversight for medication did not follow rules, regulations or best practices.

Recommendation 5: Maintaining proper background screening practices and documentation are critical when working with a vulnerable population. The Division should consider a stricter policy and/or sanctions for noncompliance if appropriate.

Recommendation 6: A workgroup including Delmarva, the Division, and provider representation should be convened to develop a training curriculum providers can use to ensure staff receives the annual training as required by the Division. The workgroup should also develop a training curriculum for medication administration that providers can use for staff who monitor the self administration of medications for individuals and/ or develop best practice guidelines providers can use to develop internal quality assurance checks to ensure accuracy of the implementation of these procedures.

Findings continue to show that individuals who receive supported employment have better outcomes than individuals who receive any other service. Community integration and development of social roles are improved when individuals are employed in integrated settings.

Recommendation 7: The state should continue to emphasize supported employment initiatives (becoming an Employment First state, the Alliance for Full Participation) and access to community resources. Develop a stakeholder workgroup to identify barriers to this with the outcome being a plan and recommendations to the State to overcome the barriers.

Recommendation 8: Support the Statewide QI Council's initiative to try and educate individuals and families regarding the employment supports and services available. This could include an initiative requiring support coordination to educate individuals and family members not already involved with employment services using the supported employment brochure and guide.

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

Health and Safety:

- HRST is not updated in the ISP as needed (48.6% present in ISP QA Checklist).
- Annual informed consent for psychotropic medications is present (24.7% present in ISP QA Checklist).
- Behavior support plan, crisis plan, and safety plan are signed (54.3% present in ISP QA Checklist).
- Medical support section of the ISP is fully completed including plans for an emergency (50.6% present in ISP QA Checklist).
- Although higher than in Year 3, only 31 percent of provider records reviewed documented a means to identify health status and safety needs.
- Approximately 37 percent of providers scored not met on the Qualification and Training element: indicating employees are educated on medication administration and proper laws and regulations related to medication oversight were followed, or best practices were used.
- Health and Safety represented over 50 percent of the FUTAC Focused Outcome Areas addressed during the consultation.

Community Access:

- 19 percent of individuals interviewed were not developing or being supported to maintain desired social roles (III).
- The proportion of ISPs written to support a Community Life has increased since Year 3 but remains low, at 7.5 percent.
- Only 26 percent of provider records indicated the person had choice of community services and supports.
- Approximately 52 percent of support coordinator records documented how individuals are included in the larger community.
- QEPR recommendations for half of the 40 providers reviewed to date this year indicated a need to identify ways to expose individuals to new opportunities in the community.

Person Centered Practices:

- Over 190 individuals (20 percent) were not involved in the routine review of their supports and services (III).
- Approximately 24 percent of ISPs did not contain goals that were all person centered and 32 percent of the service plans had two or fewer expectations met in the checklist section indication goals are person centered.
- Provider Record Reviews often do not use a person centered focus in documentation (33.9% present).
- Less than half (47%) of the Support Coordinator Record Reviews showed person centered documentation.

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

Recommendation 9: The training developed by Delmarva on social roles and community connections should be a mandatory training for all staff, and should be competency based.

Recommendation 10: With the development of the new ISP process and template submitted to the Division of DD, it is recommended the State begin developing strategies to implement this new system which by design ensures the person's goals and needs change as the person desires and/or as necessary.

Recommendation 11: The Delmarva Nurse provided training across the state specific to medications, possible reactions to medications, and medication administration. These standards should be tracked through the next reporting period and a new and possibly revised training session offered if necessary.

The data appears to reflect some differences in outcomes and results for individuals receiving services through the NOW versus the COMP waivers. The COMP waiver is designed for people who need residential services and these individuals showed better health and safety outcomes than NOW recipients. However, they were less likely to be involved in the review of their supports and services, less likely to be educated on and exercise their rights, and less likely to have community access and involvement. In addition, they were more likely to have an ISP written to support a Service Life and provider documentation was less likely to have a person centered focus or to show the individuals was offered a choice of supports and services. An assumption might be made that because COMP services include Community Residential Alternative services which include more restrictive group home residential settings may be impacting the scores.

Recommendation 12: It is not clear why differences exist between NOW and COMP waiver results. Perhaps the Division should revise the standards for the COMP waiver and ensure they more explicitly define how areas of choice and rights should be addressed.

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).[19]

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

[19] 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:

- PCR & QEPR Alerts
    - Generated from Red Alerts (according to the guidelines) identified during a PCR or QEPR.
    - Based upon the results of the QEPR 90 Day Follow Up with Technical Assistance where the provider continues not to have elements in the Administrative Review Policy and Procedures and Staff Training and Qualifications tools present.
- 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. HQM's evaluate and assess 3 and 4 rating report to determine FUTAC appropriateness. Not all 3 and 4 ratings with more than 3 in a three month period will require a FUTAC. Determination is based on HQM decision.
- Corrective Action Plans based upon critical incidents
    - Generated by FUTAC Manager for 3-6 closed critical incidents relating to the same issue(s) for the same provider or same individual within the last 6 months.
- Complaints and grievances
    - Generated by HQMs that have determined Delmarva is the best resource to complete the 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 have already received a QEPR and a 90 day Follow Up with Technical Assistance.
- Providers that are new providers within the preceding 12 month period that have not gone through certification. Verification of non certification confirmed by the Division of DD Certification Department.