

# Virginia Quality Service Reviews

Year 3 Annual Report  
July 2017 – June 2018



Virginia Department of Behavioral Health &  
Developmental Services

Submitted by



Qlarant Quality Solutions  
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## List of Acronyms

AR – Authorized Representative  
DBHDS – Department of Behavioral Health and Developmental Services  
DD – Developmental Disability  
DMAS – Department of Medicaid Assistance Services  
FGI – Family Guardian Interview  
HCBS – Home and Community-Based Services  
ID – Intellectual Disability  
IDD – Intellectual and Developmental  
II – Individual Interview  
ISP – Individual Support Plan  
IT – Information Technology  
KPI – Key Performance Indicator  
NCI – National Core Indicators  
OBS - Observations  
P&P – Policy and Procedure  
PCR – Person Centered Review  
PM – Program Manager  
PPD – Partnership for People with Disabilities at Virginia Commonwealth University  
PQR – Provider Quality Review  
PI – Provider Interview  
PRR – Provider Record Review  
QQS – Qlarant Quality Solutions  
Q&T – Qualifications and Training  
QA – Quality Assurance  
QAR – Quality Assurance Reviewer  
QI – Quality Improvement  
QSR – Quality Service Review  
RR – Rater Reliability  
SC – Support Coordinator  
SCI – Support Coordinator Interview  
TL – Team Lead  
VCU - Virginia Commonwealth University  
VQSR – Virginia Quality Service Review  
WaMS – Virginia Waiver Management System

## Executive Summary

Qlarant contracts with the Virginia Department of Behavioral Health and Developmental Services (DBHDS) to conduct Quality Service Reviews (QSRs) for individuals with an intellectual disability (ID) or developmental disability (DD), receiving Home and Community-Based Services (HCBS) waiver services. The purpose of the QSR is to evaluate the quality of services, using Person Centered Reviews (PCR) and Provider Quality Reviews (PQR). The PCR (a representative sample of 400 individuals) is used to assess the supports delivery system and quality of the person's life from the perspective of the person and family members. The PQR (random selection of 50 providers offering In-Home Supports, Supported Living, Sponsored Residential, or Independent Living Support) assesses the provider's overall service delivery system and the extent to which person centered planning and practices are incorporated into the system. A combination of interviews, record reviews and observations were used to collect data from the perspective of individuals, family members/guardians, providers and Support Coordinators.

Overall results are calculated for each tool (perspectives) used during the reviews (Individual Interview, Family/Guardian Interview, Staff Interview, Provider Record Review, Support Coordinator Record Review, Observation, Individual Support Plan Quality Assurance Checklist, and Administrative Policies and Procedures). Findings from the tools are further organized and presented primarily around eight different Key Performance Areas (KPA) to determine if:

- Person centered thinking and planning is applied and people are supported in self-direction, including health and safety (Person Centered Practices, Ownership of Healthcare, Self-Directing Safety)
- Individuals' needs are identified and met, including health and safety (Needs are Met, Health Needs Are Met, Safety Needs Are Met)
- Services and supports are provided in the most integrated setting appropriate to individuals' needs and consistent with their informed choice (Integrated Setting)
- Individuals have opportunities for community engagement and inclusion in all aspects of their lives (Community Inclusion)

Each KPA is scored using a Likert Scale, with four categories, from low to high performance, as follows:

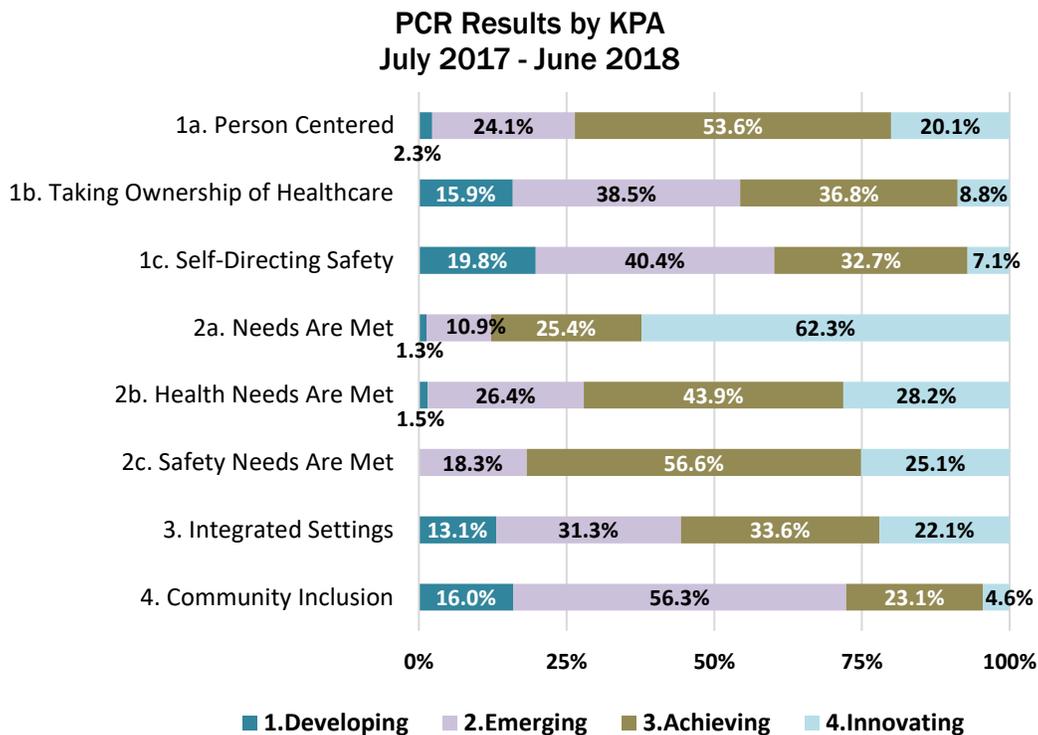
- Developing -  $\leq 50\%$
- Emerging -  $>50\%$  to  $\leq 75\%$
- Achieving -  $>75\%$  to  $\leq 90\%$
- Innovating -  $>90\%$

### Person Centered Reviews

Overall results from PCRs are similar to findings from the previous year (FY17). The following graphic shows the PCR findings by KPA for FY18, indicating the following:

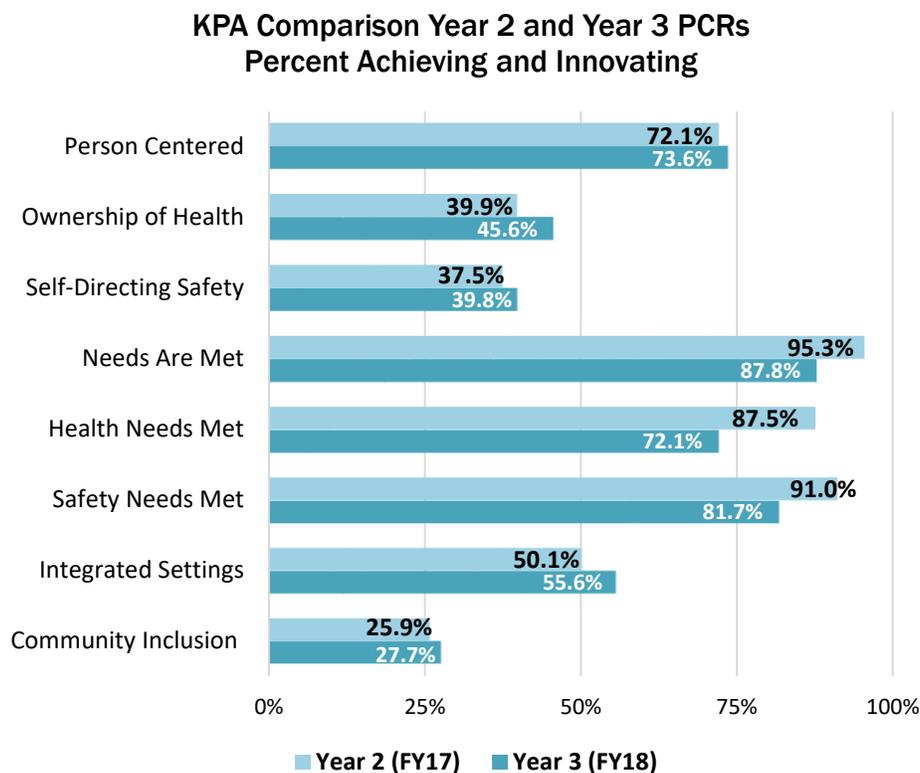
- Individuals appear to be getting their needs met but are less likely to be directing services and supports (person centered practices), particularly in terms of ownership of healthcare and self-directing safety.
- Individuals are least likely to be experiencing inclusion in the community and often were not receiving services in integrated settings as appropriate.

These findings are likely impacted by circumstances for individuals living in a group home (N=167) or family home (N=151). People in these residential settings were least likely to score Achieving or Innovating (A/I) for person centered practices, taking ownership of healthcare or experiencing community inclusion. In fact, individuals in the family home were least likely to score A/I on all of the KPAs.



The following figure provides a comparison of the top two KPA ratings (A/I) for FY17 and FY18. Trends by KPAs over the two-year period indicate:

- Having general needs and safety needs met were most likely to score A/I both years. However, these also both decreased significantly since last year ( $p < .05$ ), by 7.6 and 9.3 points respectively.
- The greatest significant decline was in having health needs met, a drop in the highest two levels (A/I) of approximately 15 points.
- Taking ownership of health and having services provided in integrated settings both increased somewhat, but these increases were not shown to be statistically significant.



Through examination of data at the indicator level, within each KPA, opportunities for improvement are identified and discussed, with recommendations for quality improvement initiatives provided as possible. The areas showing the lowest scores included the following:

- Providers often did not document how they ensure the person’s plan and supports are modified if there is a lack of progress on outcomes or goals.

- Most Support Coordinators did not document how they ensure how the person's preferences and choices are valued and acted upon or how planning includes person centered processes.
- Providers and Support Coordinators often did not ensure education is provided to the person on medications, general health, or preventative healthcare; and providers and Support Coordinators were not always advocating to ensure the person received dental and preventative healthcare.
- Most individuals indicated they did not have opportunities to be involved in and contribute to the community or to actively participate in community groups; most providers and most Support Coordinators were not ensuring the person is offered opportunities to be involved in and contribute to the community, or receive education about social role development.

Areas that showed the greatest declines from FY17 to FY18, more than 15 percentage point decrease, included the following:

- Support Coordinators document how the person's preferences and choices are valued and acted upon.
- Provider ensures services are implemented per the person's ISP/Part V Plan of Supports.
- Support Coordinator ensures planning includes person centered processes, assessment of individual supports, and skill building and needs.
- The person knows how to safely navigate in the community and what to do if ANE is experienced.
- Provider determines if the person received an annual comprehensive medical exam.

In addition, results in FY18 by review tool were similar to Year 2 (FY17), 80.8 percent and 83.1 percent respectively. Findings for record reviews tend to be lower than findings from observations or interviews. This could indicate a need for training in proper documentation or a lack of time or resources to adequately complete required documentation.

### **Provider Quality Reviews**

Findings from the PQRs reflect information specific to the sample of providers offering the services selected for review this year, as noted previously. While some broad comparisons can be made to the PCR results, across KPAs, it is important to note the KPAs are not directly comparable between the two review procedures. The PQR sample is not a statewide representative sample of providers and the scoring calculations for the PQR do not include the Support Coordinator record reviews or interviews.

Unique to the PQR is a review of the organization's policies and procedures (P&P), with an average score of 74.7 percent. A majority of providers reviewed this year did not have policies and procedures to describe how to ensure people understand the meaning of abuse, restraints, restrictions and seclusion.

Discussion of these and other findings from the PCRs and PQRs are provided in the report, including 23 recommendations for quality improvement. Recommendations include the following:

- Provide training for providers and language in the provider manual to increase independence for individuals living in group home settings.
- Work with parent advocacy groups and conduct focus groups to explore why individuals in family homes score lower across all the KPAs, and explore how the transition process from school to community may be working for young adults transitioning from school.
- Use a gap analysis and survey of providers in Region 3 to help determine how the rural environment may be impacting outcomes or individuals.
- Provide information to providers that will improve the person centered aspects of their documentation.
- DBHDS should work with Department of Medicaid Assistance Services (DMAS) to help develop initiatives to provide education to families on preventative healthcare and special medical care for specific diagnoses.
- Require Support Coordinators to take Person Centered Thinking training and incorporate the "One Page Profile" into the ISP template.
- Health and safety should become a focus of efforts to promote independence and providers and Support Coordinators should be required to develop a policy that helps people increase their awareness of ANE.
- Support individuals to find work in a competitive environment, develop social roles and improve community integration.
- Develop Community Action Groups (CAGs) consisting of self-advocates, family members and other stakeholders. Use these groups to walk around in communities, develop community connections with stores and other community groups, develop social roles and connect to businesses that may offer work to people with disabilities. Include using public transportation to access the community.

## Introduction

Qlarant Quality Solutions (QQS) contracts with the Virginia Department of Behavioral Health and Developmental Services (DBHDS) to conduct Quality Service Reviews (QSRs). These reviews are conducted with individuals, regardless of age, with an intellectual disability (ID) or developmental disability (DD), living in communities and receiving services from at least one of following waivers: Building Independence waiver, Family and Individual Supports waiver, or Community Living waiver services. The purpose of the QSRs is to evaluate the quality of services and determine if:

- Person centered thinking and planning is applied and people are supported in self-direction, including health and safety (Person Centered Practices, Ownership of Health, Self-Directing Safety)
- Individuals' needs are identified and met, including health and safety (Needs are Met)
- Services and supports are provided in the most integrated setting appropriate to individuals' needs and consistent with their informed choice (Integrated Setting)
- Individuals have opportunities for community engagement and inclusion in all aspects of their lives (Community Inclusion)

The QSR processes consist of Person Centered Reviews (PCR) and Provider Quality Reviews (PQR). A combination of interviews, record reviews and observations are used to collect data from the perspectives of individuals, family members/guardians, providers and Support Coordinators. The Partnership for People with Disabilities (PPD), a sub-contractor to QQS, conducts interviews with individuals and the family member or guardian that starts the PCR process. PPD has worked closely as part of the team toward implementation of the PCRs.

## Review Processes

The QSR is composed of two review processes: Person Centered Reviews (PCRs) and Provider Quality Reviews (PQRs). Both processes ensure the person receiving services has a voice in evaluating performance and outcomes. Both processes utilize comprehensive methods to evaluate the quality of the services received.



The primary purpose of the PCR is to determine the quality of the person's service delivery system, i.e., supports and services, from the perspective of the person receiving services, and the quality of the person's life. During the PCR, Quality Assurance Reviewers (QARs) utilize the following tools to interview the person and others close to the person, review records maintained by providers and support coordinators, observe the person's supports being provided during daily activities, and assess the quality of the person's Individual Support Plan (ISP):

- Individual Interview **(II)**
- Family Guardian Interview **(FGI)**
- Support Coordinator Interview **(SCI)**
- Support Coordinator Record Review **(SCRR)**
- Individual Support Plan Quality Assurance **(ISP QA)** Checklist
- Provider Interview **(PI)**
- Provider Record Review **(PRR)**
- Observation (Residential and Day Program) **(OBS)**

The focus of the PQR is to review the provider's service delivery systems and practices to assess the quality of services rendered. The PQR utilizes the following tools:

- Individual Interview **(II)**
- Administrative Policies and Procedures Record Review **(P&P)**
- Staff Interview **(SI)**
- Provider Record Reviews **(PRR)**
- Observations (Residential and Day Program) **(OBS)**

If at any time during either review process the QAR deems an action or situation is a risk to a person, the QAR contacts the necessary authorities and takes appropriate action. This may include, but not be limited to, staying with the person until the proper authority arrives. Additionally, if abuse, neglect or exploitation are uncovered or suspected, an alert is activated in conjunction with notification to appropriate authorities.

### **Scoring for Indicators/Standards**

Most standards are scored using a Yes/No response, indicating if the outcome is present for the person or not. However, some standards use a Likert Scale response to better reflect quality and capture more detail. The Likert Scale options are Rarely, Sometimes, Frequently, and Almost Always, with Rarely being the lowest score and Almost Always being the highest score. A response

of Yes or Almost Always is considered as met. These categories are used to calculate statistical comparisons between Year 2 (FY17) and Year 3 (FY18).

To identify indicators with the highest scores within each Key Performance Area, Key Performance Indicator Trends section, the indicator is dichotomized; the percent of Yes or Almost Always + Frequently versus the percent of Sometimes + Rarely.

### Key Performance Areas (KPA)

The Key Performance Areas are designed to track important components of quality throughout the service system, and are generated from data collected via the QSRs. KPAs provide a comprehensive rating for each PCR and PQR completed, in four broad areas, categorized as follows:

- 1a. People’s general needs are identified through person centered thinking and planning.
- 1b. People are supported to take ownership of their healthcare.
- 1c. People are supported to self-direct regarding their safety.
- 2a. People’s general needs are met.
- 2b. People’s health needs are addressed and met.
- 2c. People’s safety needs are met.
3. Services are provided in the most integrated settings appropriate to people’s needs.
4. People are provided opportunities for community inclusion.

Person Centered	Needs Are Met	Integrated Setting	Community
<ul style="list-style-type: none"><li>• Person centered practices are applied (1a). People are given choices. They are supported to take ownership of their healthcare (1b) and safety (1c).</li></ul>	<ul style="list-style-type: none"><li>• Person’s general needs are met (2a), including health (2b) and safety (2c).</li></ul>	<ul style="list-style-type: none"><li>• Services and supports are provided in the most integrated setting appropriate to people’s needs and consistent with their choice (3).</li></ul>	<ul style="list-style-type: none"><li>• Individuals are provided opportunities for community engagement and inclusion in all aspects of their lives (4).</li></ul>

Each KPA consists of a number of driver indicators deemed important to ensure the KPA is present in a person’s life. Driver indicators are taken from each of the review tools, representing perspectives from the person, family, providers and Support Coordinators. Results of the driver

indicators are aggregated into a score, which is then converted into a final rating for each KPA, as follows:



### Sampling Method

For PCR reviews, a random probability sample is used to ensure the sample is representative of the eligible population. For FY 2018, 400 eligible individuals, i.e., receiving waiver services, were randomly selected from across the state, proportionate to the population in each region.<sup>1</sup> The PQR utilized a sample of 50 eligible providers. Each sampling process (PCR and PQR) uses an oversample designed to help preserve the integrity of the original sample.<sup>2</sup> If an individual or provider is unable to participate, a replacement is randomly selected from the oversample. There were some differences in the samples compared to the previous contract year:

- Individuals residing in Nursing Homes, Intensive Care Facilities, and Training Centers were excluded from the PCR.
- As per DBHDS request, the focus of the PQR is on different services each year, with the exception of the first year of the contract. Providers for the PQR in FY18 were limited to those who render In-Home Support, Supported Living, Sponsored Residential, or Independent Living Support services, which included all providers (n=27) who provided these services to an individual selected for a PCR and an additional 23 randomly selected providers from across the state. Based upon DBHDS request, the PQR sample last year, FY17, was limited to providers who rendered Day Program services. Therefore, comparisons across years must be done with caution.

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<sup>1</sup> Individuals who received a PCR in the previous year were excluded.

<sup>2</sup> See Appendix 1 for a detailed explanation of both sampling processes.

## Report Format

This report is divided into three major sections. Section I, Virginia Quality Services Review Results, provides findings of PCRs and PQRs completed during FY18, including demographics, results by Key Performance Areas (KPA), KPA results by demographics, results by tools, strengths and opportunities for improvement. In this section, there are boxes for the reader to click on hyperlinks taking them to Section II of the report for further discussion regarding the results. Section II, Discussion and Recommendations, provides an evaluation and discussion of review findings and recommendations based on identified trends and opportunities for improvement. Section III, Significant Activity, provides information on other contract activity, including revisions to tools or state policies that may impact review findings.

To help navigate through the report, if using Microsoft Office Word, it is recommended the reader use the Navigation Pane and if using a PDF version, Page Navigation can be used under the header “View.”

## Section I: Virginia Quality Service Review (VQSR) Results

### Person Centered Reviews

#### Demographics

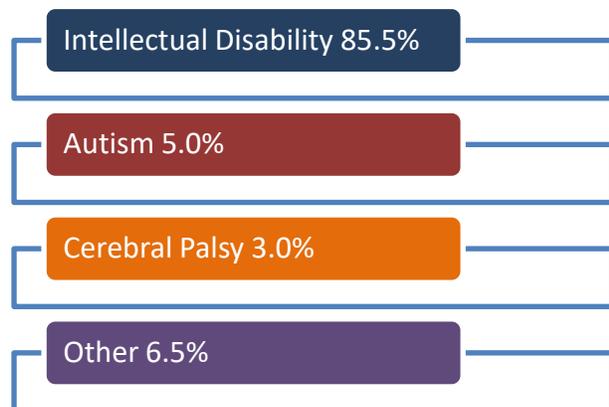
Between July 2017 and June 2018, 400 individuals participated in a PCR. Individuals in the PCR sample were most likely to be men (Figure 1) and most likely to have a primary disability of intellectual disability (Figure 2).<sup>3</sup>

July 2017 – June 2018

Figure 1. PCR by Gender (n=400)



Figure 2. PCR by Primary Disability (n=400)

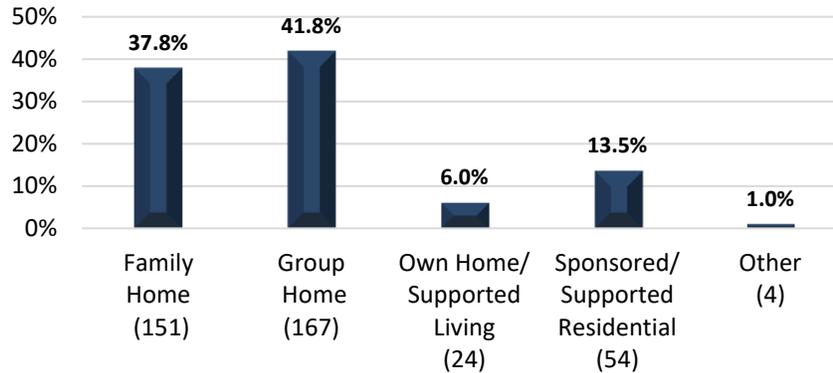


The PCR sample distribution is shown by residence in Figure 3 and region in Figure 4. The greatest proportion of individuals lived in a Group Home (41.8%) or a Family Home (37.8%) and that has remained fairly constant over the first three years of the contract, representing 69 percent or more of the residential settings.

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<sup>3</sup> The Other category includes Prader Willi (1), Down Syndrome (5), Spina Bifida (3), and Other (17).

**Figure 3. PCR Distribution by Residence  
 July 2017 - June 2018**



**Figure 4. PCR Distribution by Region  
 July 2017 – June 2018**



Individuals participating in the QSRs receive one or more of the services listed in Figure 5. All individuals received Support Coordination. Among the other services, the greatest proportion of the 400 individuals received Group Day (49.5%) or Group Home (39.8%) services.

**Figure 5. Number of Individuals by Service<sup>4</sup>  
July 2017 – June 2018**

Group Day: 198
Group Home: 165
Personal Assistance, Respite and Companion Services -Consumer Directed: 89
Community Engagement: 64
Sponsored Residential: 58
In-Home Supports: 46
Supported Employment: 38
Personal Assistance, Respite and Companion Services -Agency Directed: 14
Supported Living: 7
Community Coaching: 2
Crisis Supports: 1

#### PCR Key Performance Areas<sup>5</sup>

Results by KPA shown in Figure 6 indicate a similar pattern to Year 2: people’s needs appear to be met but a person centered approach is not always evident in supporting the person to self-direct safety or take ownership of healthcare. Having a person centered approach to healthcare and safety, receiving services in the most integrated setting appropriate for the person and inclusion in the community were most likely to show scores of Developing.

Figure 7 shows the distribution of ratings in each Key Performance Area for all applicable PCRs. KPA results are not reportable if the person did not have a Support Coordinator or did not have any other provider at the time of the review.<sup>6</sup> The KPA is also non-reportable if fewer than 10 data points are used in the score. Taking Ownership of Health is calculated with the fewest number of driver indicators. Therefore, 104 PCRs had non-reportable KPA ratings for Taking Ownership of Health.

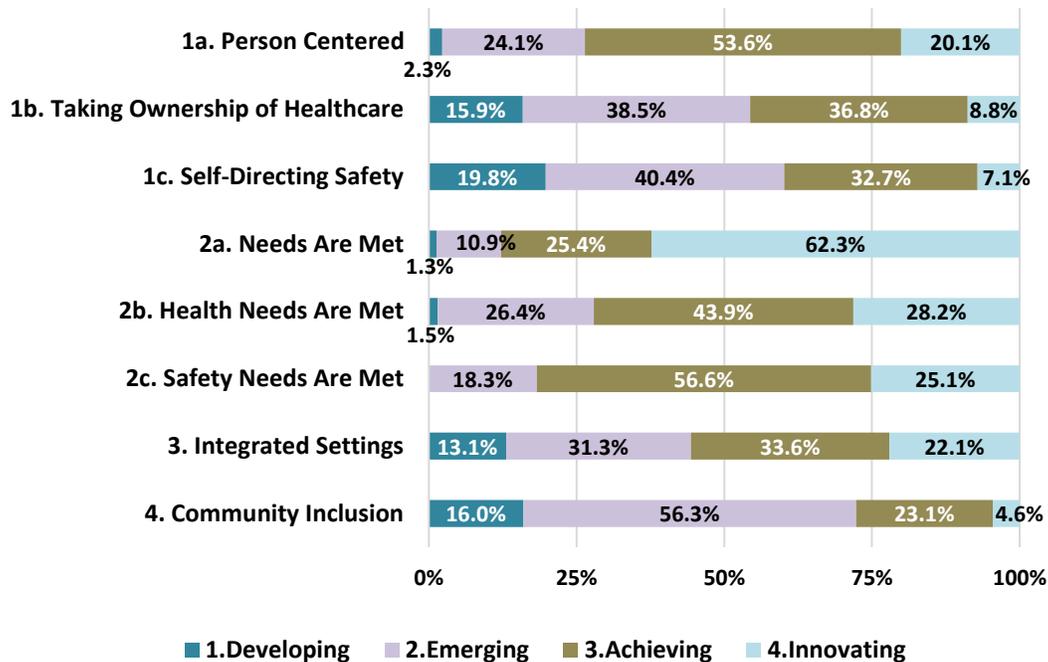
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<sup>4</sup> Figure 3 shows an N size of 167 people living in a Group Home because that was the current living situation when the individual interview was conducted. However, Figure 5 shows only 165 received this service because two of the individuals moved from their group home to another living situation after the individual interview was completed but prior to completion of the remaining components of the PCR.

<sup>5</sup> See the earlier section on Key Performance Areas for a description of the KPA scoring ranges.

<sup>6</sup> If an individual was only receiving Support Coordination and did not yet have another service, the PCR did not have a provider component.

Figure 6. PCR Results by KPA  
 July 2017 - June 2018

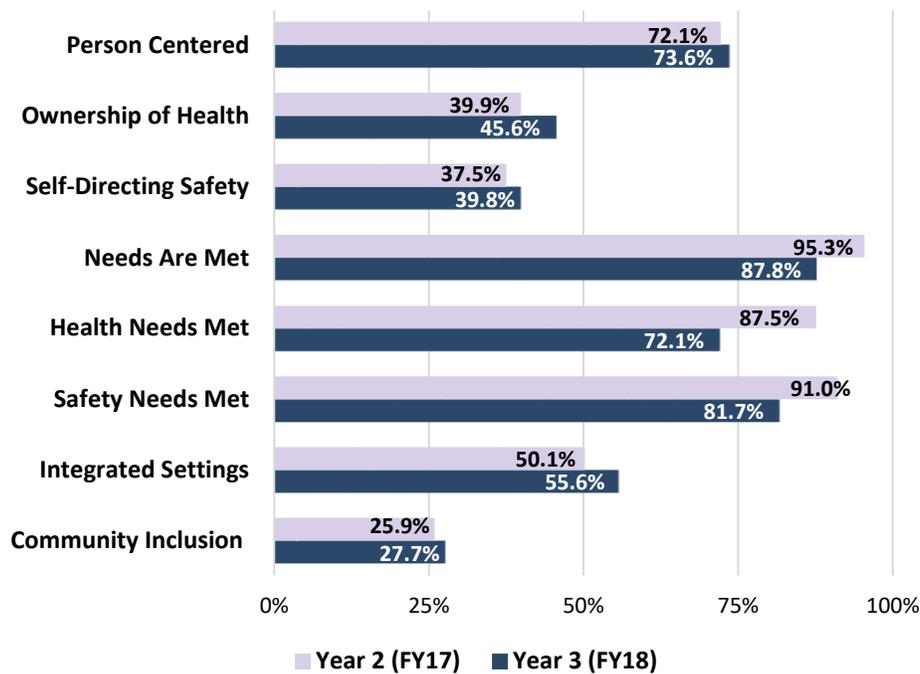


Information in Figure 7 provides a comparison between Year 2 and Year 3 PCR findings, showing the percent of PCRs with KPA ratings of Achieving or Innovating (A/I), the highest two levels combined. Findings indicate the following:

- Having general needs and safety needs met were most likely to score A/I both years. However, these also both decreased significantly since last year ( $p < .05$ ), by 7.6 and 9.3 points respectively.
- The greatest significant decline was in having health needs met, a drop in the highest two levels (A/I) of approximately 15 points.
- Taking ownership of health and having services provided in integrated settings both increased somewhat, but these differences were not statistically significant.

Click [here](#) for more discussion about these findings

**Figure 7. KPA Comparison Year 2 and Year 3 PCRs  
 Percent Achieving and Innovating**



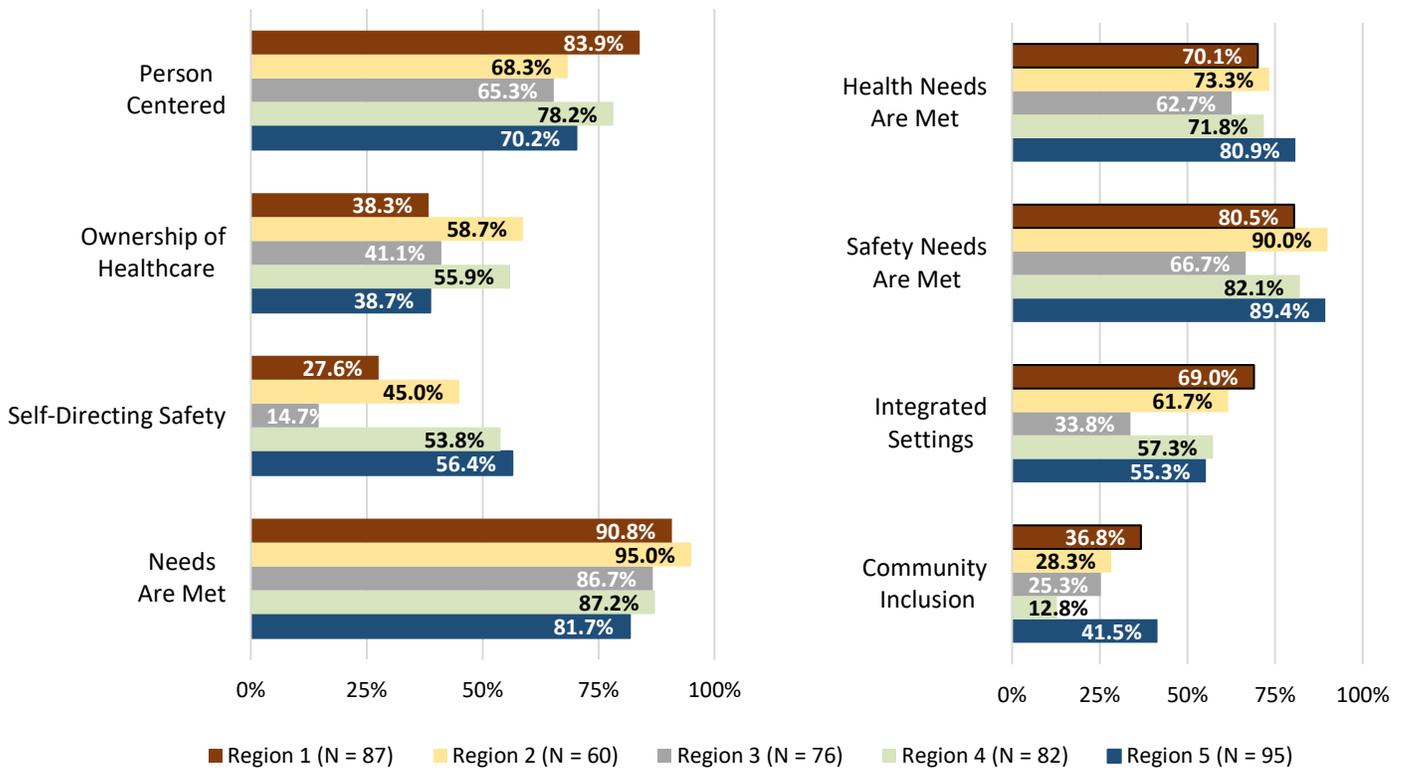
**KPA by Region**

The percent Achieving or Innovating for each KPA is shown by region in Figure 8. While there is no clear pattern or trend shown, the following findings are indicated:

- Compared to other regions, individuals in Region 3 appear to be much less likely to self-direct safety, have health or safety needs met, or receive services in the most appropriate integrated setting.
- Only 12.8 percent of PCRs in Region 4 scored A/I on Community Inclusion.
- Individuals in Regions 2 and 4 appear to be much more likely than individuals in other regions of the state to be able to take ownership of their own healthcare.

Click [here](#) for more discussion about these findings

**Figure 8. PCR Results by KPA and Region (FY18)  
 Percent Achieving and Innovating**



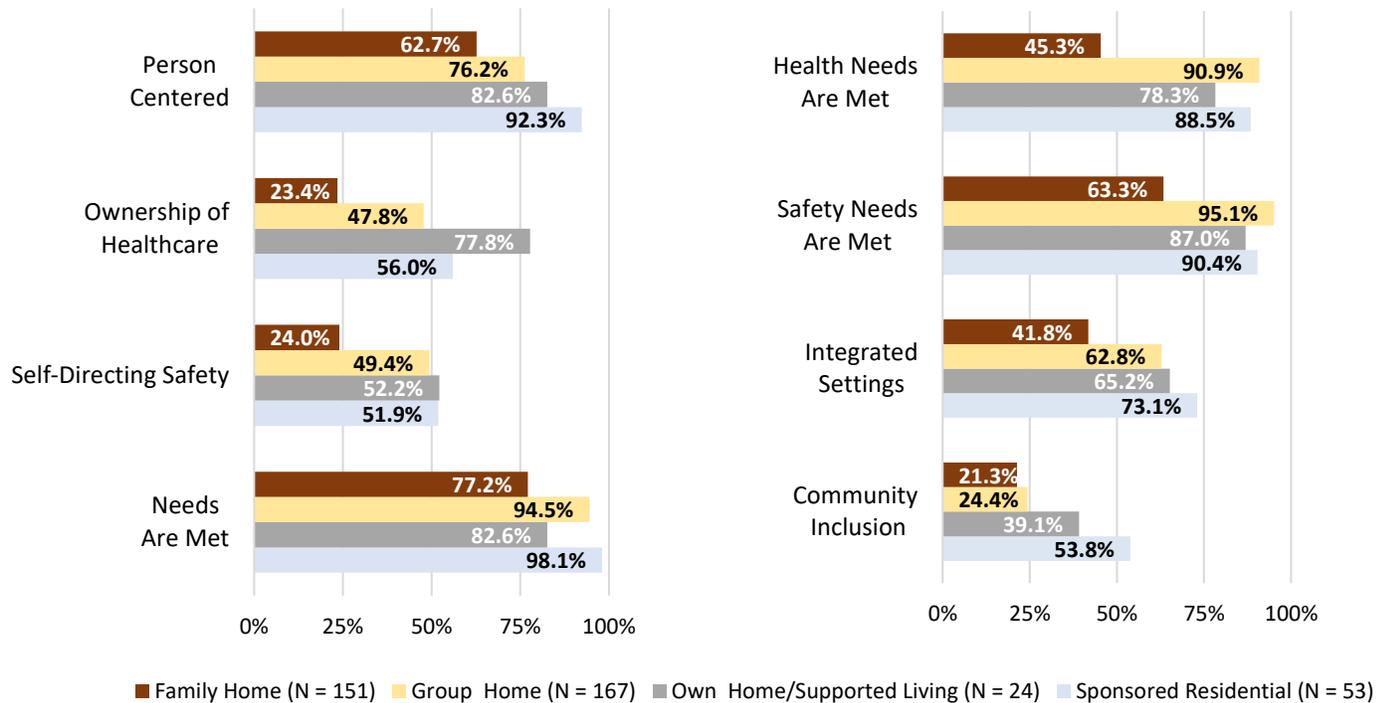
**KPA by Residence**

The percent of PCRs rated as Achieving or Innovating is shown in Figure 9, by where the person was living at the time of the PCR, and indicate:

Click [here](#) for more discussion about these findings

- With the exception of Community Inclusion, individuals living in the family home were less likely to score A/I on all other KPAs. These results may be confounded by the number of children who live in the family home who were less likely to self-direct services or have needs met (see Figure 9 below).
- People living in their own home were much more likely than individuals in other residences to be taking charge of their own healthcare.
- Sponsored residential living is most strongly associated with Community Inclusion and receiving services in Integrated Settings.

Figure 9. PCR Findings by KPA and Residence<sup>7</sup>  
 Percent Achieving/Innovating



**KPA by Age Group**

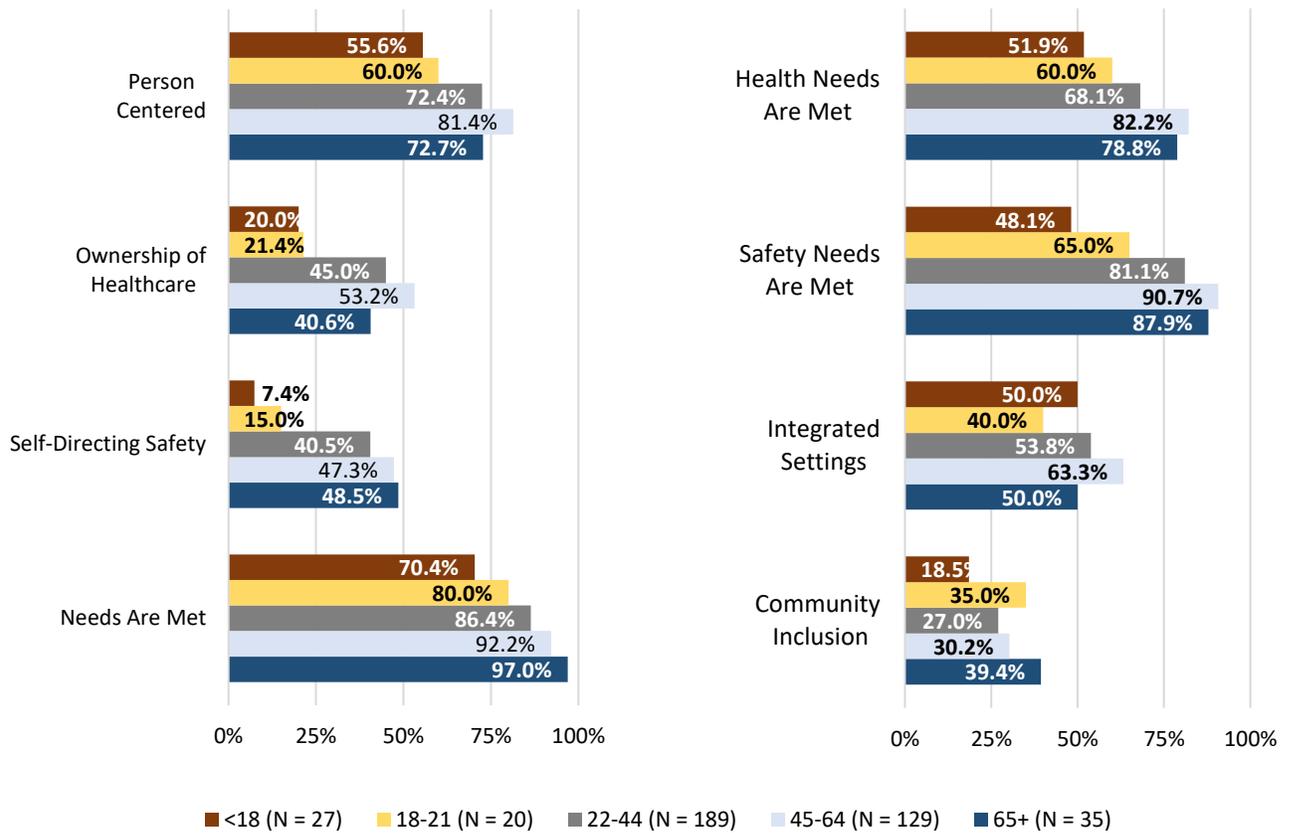
Findings by KPA and age group are shown in Figure 10, showing the percent of PCRs rated Achieving or Innovating. We show results for adults age 18 to 21 separately because they are permitted to stay in school through age 21. Findings vary somewhat across the age group, but indicate the following:

- Children and young adults up to age 21 were less likely to have an overall PCR rating of A/I in all the KPAs addressing person centered practices and getting needs met.
- In general, getting needs met increases with age.
- Young adults (18 to 21) and individuals age 65 and over were more likely to experience community inclusion than individuals in other age groups. It is important to note however, this could be due to a small number of individuals sampled in the younger and older age groups.

Click [here](#) for more discussion about these findings

<sup>7</sup>The Other category had an N of 5 and is not included in the analysis.

Figure 10. PCR Results by KPA and Age Group (FY18) (Percent Achieving/Innovating)<sup>8</sup>

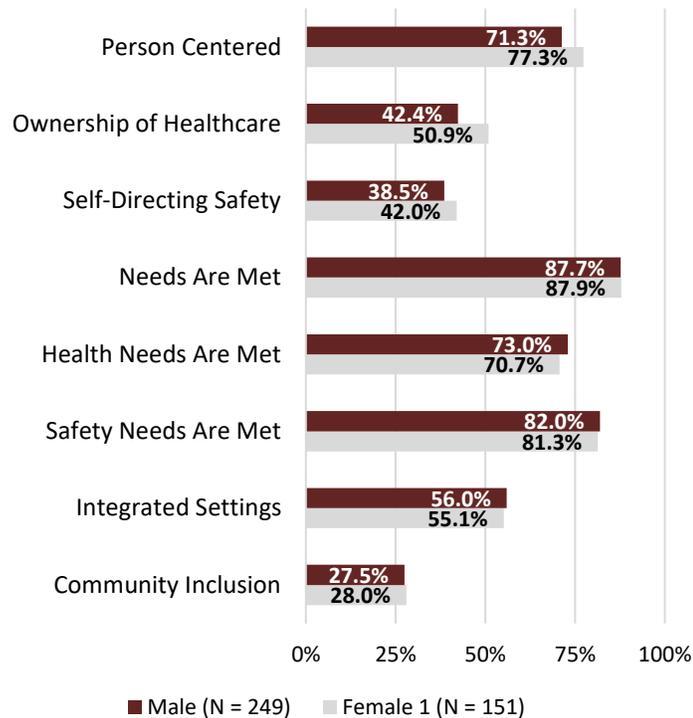


**KPA by Gender**

Figure 11 provides results by KPA and gender, for PCRs rated A/I. For most of the KPAs, there was very little difference between men and women. Men were somewhat less likely to have person centered practices present or to direct their own healthcare. However, these differences were small.

<sup>8</sup> Only 10 children were scored on Taking Ownership of Health. Of these, one was age 11, one was 13, one was 15, two were 16 and four were 17.

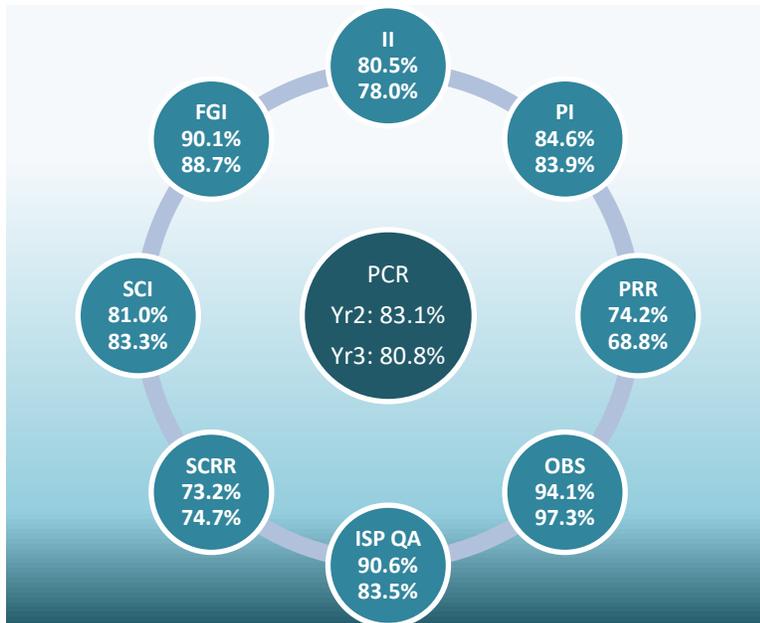
**Figure 11. PCR Results by KPA and Gender  
 Percent Achieving/Innovating**



**PCR Results by Tool**

The PCR uses several tools, composed of a number of indicators, to fully assess the person’s service system and quality of life. Interviews are used to capture information directly from individuals, providers, Support Coordinators (SCs) and family members or guardians. Observations and Record Reviews are used to ensure corroborating evidence is available to assess the person’s quality of life and use of person centered services. Each KPA is calculated using indicators from these tools. Results by tool for Year 2 and Year 3 are presented in Figure 12. Each circle identifies a tool with the overall percent met from Year 2 on top and Year 3 under Year 2.

**Figure 12. PCR Percent Met by Tool<sup>9</sup>**  
 July 2016 – June 2018<sup>10</sup>



II	Individual Interview (n=400)
PI	Provider Interview (n=669)
PRR	Provider Record Review (n=675)
OBS	Observation (n=287)
ISP QA	Individual Support Plan Quality Assurance Checklist (n=398)
SCRR	Support Coordinator Record Review (n=396)
SCI	Support Coordinator Interview (n=399)
FGI	Family Guardian Interview (n=270)

Findings in Year 3 indicate the following:

- In both years, record review scores tend to be lower than interview scores for both SCs and providers (74.7% for SCRR vs 83.3% for SCI; and 68.8% for PRR vs 83.9% for PI).
- The greatest differences, compared to Year 2, were for the PRR and the ISP QA checklist. These each decreased significantly in Year 3, by 5.3 and 7.2 points respectively.<sup>11</sup>
- Observation scores were the highest among all tools, each year.
- Family/Guardian Interviews showed higher scores each year than interviews with individuals, approximately 10 points greater each year.

Click [here](#) for more discussion about these findings

**PCR Results by Tool and Region**

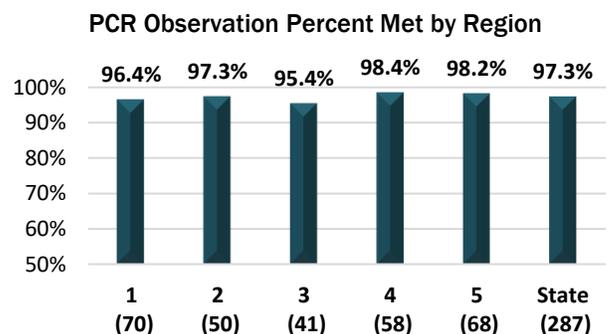
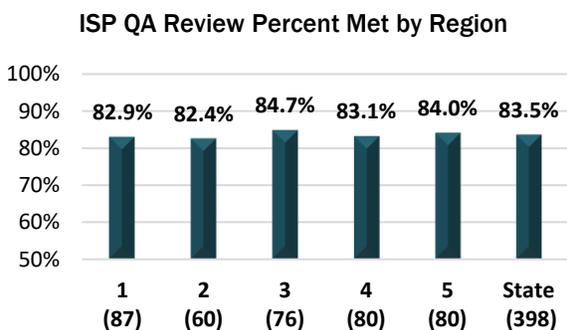
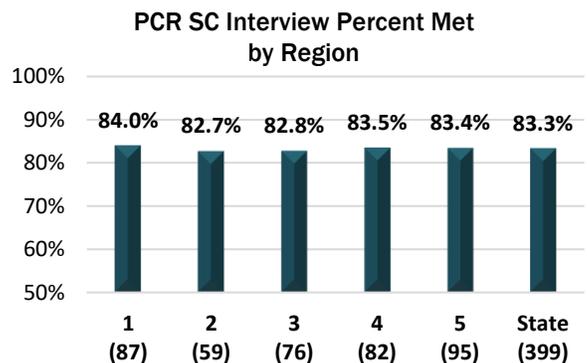
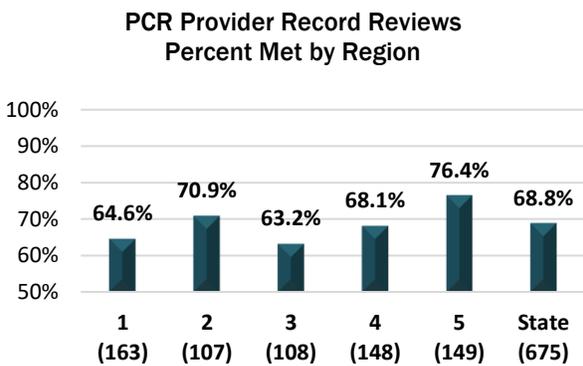
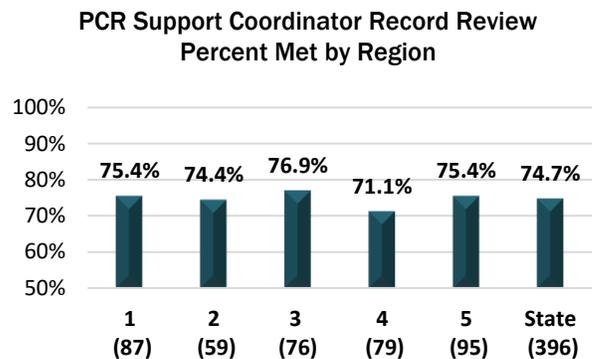
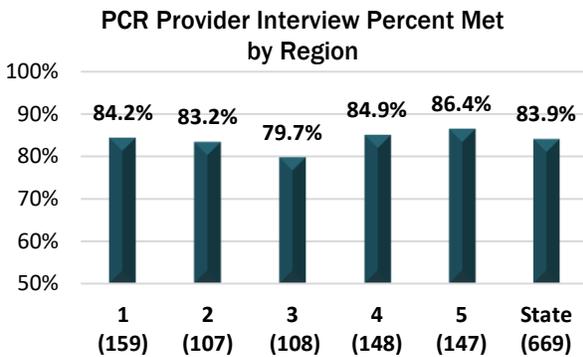
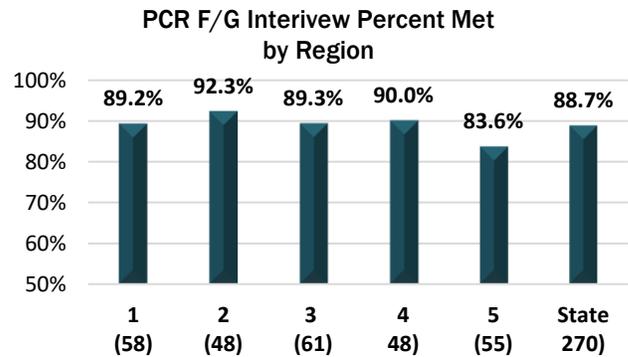
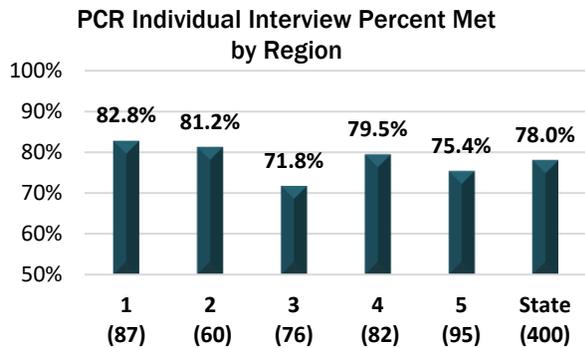
The following graphics show findings (percent met) by region for each tool used during the PCR. Results, on average, indicate individuals in Region 3 showed the lowest score for the Individual and

<sup>9</sup> Percentages in this graphic represent the percent of Yes and Almost Always responses. See Update to Review Tools section and the introductions in Appendix 2 for a more detailed explanation.

<sup>10</sup> The Support Coordinator Interview and Record Review results were missing for one interview and four record reviews.

<sup>11</sup> Results are based on a very large number of questions reviewed, and therefore it is important to note that small differences may show statistical significance.

Provider Interviews and the Provider Record Review. On the PRR, Region 3 scored about 13 points lower than Region 5, the highest scoring area in the state. There was very little variation in Support Coordinator Interview, ISP QA, and Observation scores across all regions.



## PCR Indicator Level Trends by KPA

In this section, indicators within each KPA that showed the greatest increase or decrease since 2016 are discussed. Tables reflect data captured from PCR components: interview tools, record reviews, and observations. Indicators with fewer than 30 responses are not included in the discussion because there are too few responses to draw any conclusions or complete statistical tests. A difference of proportions test was used to determine statistical significance at  $p < .05$ , comparing the percent of indicators scored Yes or Almost Always each year.<sup>12</sup> This section is organized to show the person centered approach for each KPA, followed by how the needs were met for that area. For example, findings for Taking Ownership of Health indicators are followed by how Health Needs Are Met.

### Person Centered

Approximately 74 percent of the PCRs scored in the top two levels of the Person Centered KPA (A/I), indicating most services and supports are person centered. This year the person was significantly more likely to be an active participant in the development of the ISP (up 7.3 points) and significantly more often felt supported to identify desired outcomes and dreams (II) (up 6.0 points). However, in several areas the rate showed a statistically significant decrease compared to Year 2 (Table 1). The greatest declines were for indicators in the Support Coordinators' interviews and record reviews, showing they less often solicited and respected the person's preferred communication style or ensured the person's preferences and choices were valued and acted upon, or ensured planning included person centered processes and skill building.

Click [here](#) for more discussion about these findings

Table 1. KPA Person Centered Practices Indicator Results				
Significant Decreases From Year 2 to Year 3				
Tool	Indicator	Year 2	Year 3	Difference
II	Person makes informed choice of where to work and/or day programs.	82.9%	75.5%	-7.4%
II	Person makes informed choice of community activities.	55.0%	46.1%	-9.0%
PI	Provider considers the person's personal strengths, interests, preferences and abilities in service provision.	54.7%	45.5%	-9.2%
SCI	Support Coordinator solicits and respects person's preferred communication methods/styles.	77.9%	66.0%	-11.9%
SCI	Support Coordinator ensures preferences and choices identified by the person are valued.	56.6%	44.3%	-12.2%

<sup>12</sup> The difference of proportion test was used. Bohrnstedt, George W. & Knoke, David. (1988). Statistics for Social Data Analysis, 2<sup>nd</sup> Edition. Itasca, Illinois. F.E. Peacock Publishers, Inc., pgs. 198-200.

Table 1. KPA Person Centered Practices Indicator Results				
Significant Decreases From Year 2 to Year 3				
Tool	Indicator	Year 2	Year 3	Difference
SCRR	Support Coordinator ensures preferences and choices identified by the person are valued and acted upon.	50.4%	30.9%	-19.5%
SCRR	Support Coordinator ensures planning includes person-centered processes, assessment of individual supports, skill building and needs.	46.9%	29.7%	-17.2%

For each KPA, the lowest scoring areas in Year 3 are displayed. **Lowest Scoring indicators include all indicators for which the percent Yes or the percent of Almost Always + Frequently was less than 70 percent.** For Person Centered, only one area fit this definition. Most provider records (PRR – 47.7%) suggested providers were not ensuring the person’s plan and supports are modified when there is a lack of progress on outcomes or goals.

**Needs Are Met (General)**

Approximately 87.8 percent of PCRs scored A/I on the KPA measuring if general Needs Are Met, representing a decrease from Year 2 from 95.3 percent. No indicators in this KPA demonstrated a significant increase when compared to Year 2. The following table provides specific indicators where a significant decrease was shown, impacting the overall decline in this KPA. In Year 3, providers were less likely to document how services are implemented per the ISP or describe how the person is supported to reach desired outcomes. While still scoring relatively high (82.5%), Support Coordinators were significantly less likely to convene a team meeting or revise the ISP when challenges had occurred that needed to be addressed. Because this indicator is still scored relatively high (n=80, 82.5%), it is recommended we continue to track this through year four and provide additional recommendations if it continues to decrease, such as conducting focused groups with CSBs to discuss this topic or add new questions to the interview tools to determine why this may be occurring.

Click [here](#) for more discussion about these findings

Table 2. KPA Needs Are Met (General) Indicator Results				
Significant Decreases From Year 2 to Year 3				
Tool	Indicator	Year 2	Year 3	Difference
PRR	The provider ensures services are implemented per the person’s ISP/Part V Plan of Supports.	67.1%	48.1%	-19.0%
PI	Provider supports person to reach desired outcome/dreams as described in the support plan.	56.9%	47.5%	-9.4%
SCRR	Support Coordinator convenes a team meeting (via phone or in person) and/or revises ISP: when situations/challenges occur.	91.6%	82.5%	-9.1%

No indicators measuring how general Needs Are Met reflected a score below 70 percent, based on the number answered Yes or Almost Always + Frequently.

### Taking Ownership of HealthCare

Information for this KPA was taken primarily from the Provider Interview, representing seven of the 13 indicators used to measure how well people are taking charge of their own healthcare. Overall findings indicate 45.6 percent of individuals showed a rating of Achieving or Innovating in having the opportunity to direct their own healthcare, an increase of close to six points since Year 2. The area showing the greatest improvement indicates providers were significantly better in documenting how they advocate to ensure the person receives education about all medications, including why they are prescribed and possible side effects (up 14.1 points). Other significant improvements include how the provider ensures there is a signed consent form for psychotropic medications (up 7.3 points), provides education on why medications are prescribed (up 6.2 points), and when they should be taken and what they should look like, such as the shape and color (up 6.4 points).

No indicators in this area showed a significant decline since Year 2. However, several areas reflected scores very similar to Year 2 and are still among the lowest scoring areas for the KPA:

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findings

- The provider advocates to ensure the person receives education about all medications, including why they are prescribed and possible side effects (PRR – 54.7%).
- Support Coordinator ensures person is provided with education to learn more about his/her health (SCI – 66.7%).
- Support Coordinator advocates to ensure person is provided with education to learn more about his/her health (SCRR – 52.2%)
- Support Coordinator advocates ensuring person is provided with education about preventive health care based on age and gender (SCRR – 42.3%)

### Self-Directing Safety

On average, the proportion of PCRs rated as A/I was similar to last year and among the lowest scoring KPAs each year, 37.5 percent and 39.8 percent respectively. Improvements in this KPA were primarily from information collected through the Support Coordinator interviews.

- Support Coordinators were significantly more likely to describe how they support individuals to know what to do in the event of a fire, weather, or medical emergency, and ensure the person knows what to do in the event of abuse, neglect or exploitation: scoring 89.1 percent, 81.4 percent, 81.9 percent and 81.9 percent respectively in Year 3.
- Support Coordinators and service providers were both significantly more likely to indicate how they provide information to the person on abuse, neglect and exploitation (SCRR – up

12.4 points; PI – up 10 points), and service providers also demonstrated significant improvement in ensuring the person knows what to do in the event of abuse, neglect or exploitation (PI – up 10 points).

Comparing results from this KPA to Year 2 indicates the only areas of significant decline were from the interview with the person. As shown in Table 4, the decreases were somewhat large, each close to 12 points or more. People were much less likely this year to indicate they know what to do in the event of a fire, weather, or medical emergency, or what to do in the event of abuse, neglect or exploitation. They were also much less likely to indicate they know how to navigate safely in the community.

Table 3. KPA Self-Directing Safety Indicator Results				
Significant Decreases From Year 2 to Year 3				
Tool	Indicator	Year 2	Year 3	Difference
II	Person knows how to respond in event of a fire.	96.7%	84.9%	<b>-11.8%</b>
II	Person knows what to do in the event of weather emergencies (e.g. Tornado, Flood, and Blizzard) including what shelter to use if needed.	93.1%	78.6%	<b>-14.5%</b>
II	Person knows what to do in the event of a medical emergency (e.g., caregiver stroke or injury)	89.3%	71.6%	<b>-17.7%</b>
II	Person knows how to safely navigate (get around) in the community.	80.4%	63.4%	<b>-17.0%</b>
II	Person knows what to do if abuse, neglect or exploitation is experienced.	85.1%	69.0%	<b>-16.1%</b>

The lowest scoring areas for Self-Directing Safety focus primarily on education provided to the person by Support Coordinators and providers about various safety areas and if the person knows what to do when faced with different situations. Data suggest providers and Support Coordinators often do not provide needed abuse, neglect and exploitation education to people receiving services, and many individuals do not know what to do in the event these occurred:

- Person knows how to safely navigate (get around) in the community (II – 63.4%)
- Person knows what to do if abuse, neglect or exploitation is experienced (II – 69.0%)
- The provider ensures the person knows what to do in the event of a weather related emergency (e.g. Tornado, Flood, Blizzard) or loss of electricity (PRR – 53.7%)
- Support Coordinator provides education for the person about what he/she should do if living alone in the event of a weather related emergencies, e.g. Tornado, Flood, and Blizzard (SCRR – 45.1%)
- Support Coordinator provides education for the person about what to do if they live alone in the event of a fire (SCRR – 49.6%)

- Support Coordinator provides person with information about what to do if abuse, neglect or exploitation is experienced (SCRR – 49.2%)

### Health Needs Are Met

Data from the PCRs completed to date indicate health concerns and needs were mostly being addressed. However, the score of 72.1 percent for A/I ratings is down from 87.5 percent in Year 2. Of the 45 indicators used to measure if the person’s health needs are met, only one showed a significant increase since Year 2. Providers were more likely to document (PRR) a review of the person’s health risks and make referrals to medical personnel if needed (up 7.7 points).

However, 17 indicators demonstrated a significant decrease since Year 2, as shown in the following table. While all represent a statistically significant change, the greatest declines were in determining if the person receives a comprehensive medical exam, dental exam, physical exam, or routine preventative screenings; and ensuring the ISP is reviewed if a status change occurred.

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Table 4. KPA Health Needs Are Met Indicator Results				
Significant Decreases From Year 2 to Year 3				
Tool	Indicator	Year 2	Year 3	Difference
PI	Provider determines whether the person has received a comprehensive medical exam in the last 12 months.	92.8%	83.2%	<b>-9.6%</b>
PI	Provider determines whether the person has received a comprehensive dental exam in the last 12 months.	76.9%	65.9%	<b>-11.0%</b>
PI	Provider works with Primary Care doctor to ensure person receives routine preventative screenings (based upon age, gender, diagnosis).	51.1%	39.9%	<b>-11.2%</b>
PI	Provider advocates and supports person to access care from needed medical specialists when applicable; e.g. Psychiatry, Neurology, Endocrinology.	58.0%	50.2%	<b>-7.8%</b>
PRR	The provider ensures ISP/Part V Plan of Supports is reviewed (via phone or meeting) if a status change occurs.	92.4%	78.5%	<b>-13.9%</b>
PRR	The provider advocates to ensure the person is afforded preventive health care based on age and gender.	43.4%	30.1%	<b>-13.3%</b>
PRR	The provider determines whether the person has received a comprehensive medical exam in the last 12 months.	89.3%	72.1%	<b>-17.2%</b>
PRR	The provider determines whether the person has received a comprehensive dental exam in the last 12 months.	68.3%	54.7%	<b>-13.6%</b>

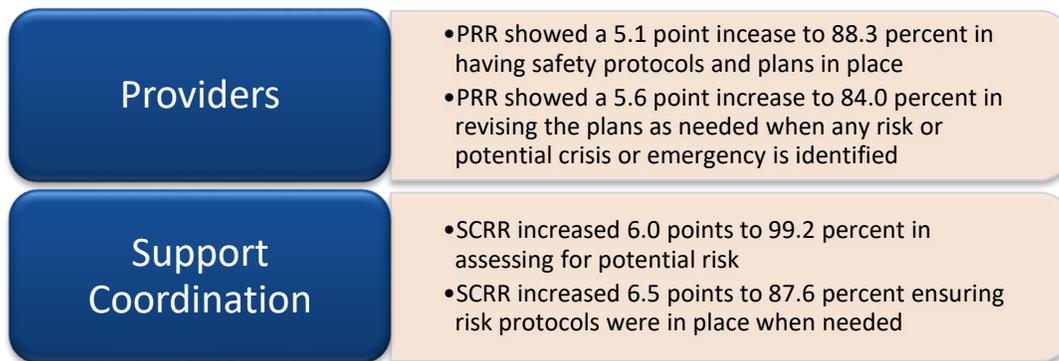
Table 4. KPA Health Needs Are Met Indicator Results				
Significant Decreases From Year 2 to Year 3				
Tool	Indicator	Year 2	Year 3	Difference
PRR	The provider assists person to access care from medical specialists when applicable; e.g. Psychiatry, Neurology, Endocrinology.	58.7%	49.6%	<b>-9.1%</b>
SCI	Support Coordinator advocates for person’s health concerns to be addressed.	53.8%	45.2%	<b>-8.6%</b>
SCI	Support Coordinator determines whether the person has received a comprehensive Dental exam in the last 12 months.	83.1%	75.7%	<b>-7.4%</b>
SCI	Support Coordinator checks to ensure person is referred to primary care and receives routine preventative screenings (based upon age, gender, diagnosis).	38.9%	30.1%	<b>-8.8%</b>
SCI	Support Coordinator ensures person is supported to receive care from needed medical specialists when applicable; e.g. Psychiatry, Neurology, Endocrinology.	51.1%	43.0%	<b>-8.2%</b>
SCRR	Support Coordinator determines whether the person has received a comprehensive physical exam in the last 12 months.	90.9%	78.5%	<b>-12.4%</b>
SCRR	Support Coordinator advocates for the person to receive routine preventative screenings based upon age, gender, and diagnosis.	28.7%	20.7%	<b>-8.0%</b>
SCRR	Support Coordinator advocates to ensure person receives care from needed medical specialists when applicable; e.g. Psychiatry, Neurology, Endocrinology (not inclusive list, whatever is needed, care is provided)	38.9%	28.5%	<b>-10.4%</b>

Several indicators measuring if Health Needs Are Met showed scores of less than 70 percent in Year 3. These indicate some continued challenges in ensuring the person receives dental and preventative healthcare:

- Provider determines whether the person has received a comprehensive dental exam in the last 12 months (PI – 65.9%)
- The provider advocates to ensure the person is afforded preventive health care based on age and gender (PRR – 69.6%)
- The provider determines whether the person has received a comprehensive dental exam in the last 12 months (PRR – 54.7%)
- Support Coordinator advocates for the person to receive routine preventative screenings based upon age, gender, and diagnosis (SCRR – 54.3%).

**Safety Needs Are Met**

KPA findings showed individuals have most of their safety needs addressed, with no PCRs scoring in the lowest rating of Developing and 81.7 percent with Achieving or Innovating ratings. The overall A/I proportion is down 10 points since Year 2; however, several areas showed evidence of significant improvement, as shown in the following graphic.



While 26 of the 63 indicators used to measure Safety Needs Are Met showed some decreases since Year 2, not all had a very large sample. The following table shows indicators for which the sample size was large enough to support a test of statistical significance and for which there was a significant decline since Year 2. Families and individuals were each less likely to indicate sufficient environmental modifications were in place to support safe access, and individuals were also less likely to feel they had the necessary adaptive equipment for safe mobility or eating. Both service providers and Support Coordinators were less likely to ensure an emergency back-up plan was in place.

Table 5. KPA Safety Needs Are Met Indicator Results				
Significant Decreases From Year 2 to Year 3				
Tool	Indicator	Year 2	Year 3	Difference
FGI	Family/AR/Guardian indicates Environmental Modifications supporting safe access are in place. (when applicable)	95.3%	81.4%	<b>-13.9%</b>
II	Person has Adaptive Equipment necessary for safe mobility and/or eating. (when applicable)	96.1%	89.0%	<b>-7.1%</b>
II	Environmental Modifications supporting safe access are in place. (when applicable)	96.0%	87.1%	<b>-8.9%</b>
PI	If person relies on powered medical equipment, provider ensures an emergency back-up plan is in place in the event of electrical outages or natural disasters.	93.5%	79.8%	<b>-13.7%</b>

Table 5. KPA Safety Needs Are Met Indicator Results				
Significant Decreases From Year 2 to Year 3				
Tool	Indicator	Year 2	Year 3	Difference
SCI	If person relies on powered medical equipment, Support Coordinator ensures person is supported to have an emergency back-up plan in place in event of electrical outages or natural disasters.	92.1%	73.2%	<b>-18.9%</b>

Only one indicator showed a low score in this KPA: the Support Coordinator documentation (SCRR) identified the ISP was revised if there was any inadequately addressed risk, injury, need, or change in status (68%). However, this was based on only 25 applicable PCRs that documented a risk, injury, need or change in status and needed to be addressed.

### Integrated Settings

The proportion of PCRs with an A/I rating on the KPA ensuring services are provided in the most appropriate integrated setting has increased somewhat since Year 2, from 50.1 percent to 56.6 percent. Evidence through observations indicates individuals were significantly more likely to live and work in integrated settings, and to be engaged in activities in an integrated community setting, scores of 89.8 percent, 71.9 percent and 97.4 percent respectively in Year 3. Interviews with providers suggest they were significantly more likely to address barriers to integration and supported living as well as supported employment, and to help ensure goals related to supported employment are actively pursued. Scores in these areas improved by 14.8, 11.5, and 20.7 points respectively.

Information from interviews with Support Coordinators suggests they are more often helping individuals address barriers to supported and competitive employment (up 5.4 points). Support Coordinators have seen significant improvement in ensuring individuals are offered opportunities to meet with other individuals successfully living and working in the community (up 17 points), and to speak with providers or visit community programs (up 14.5 points).

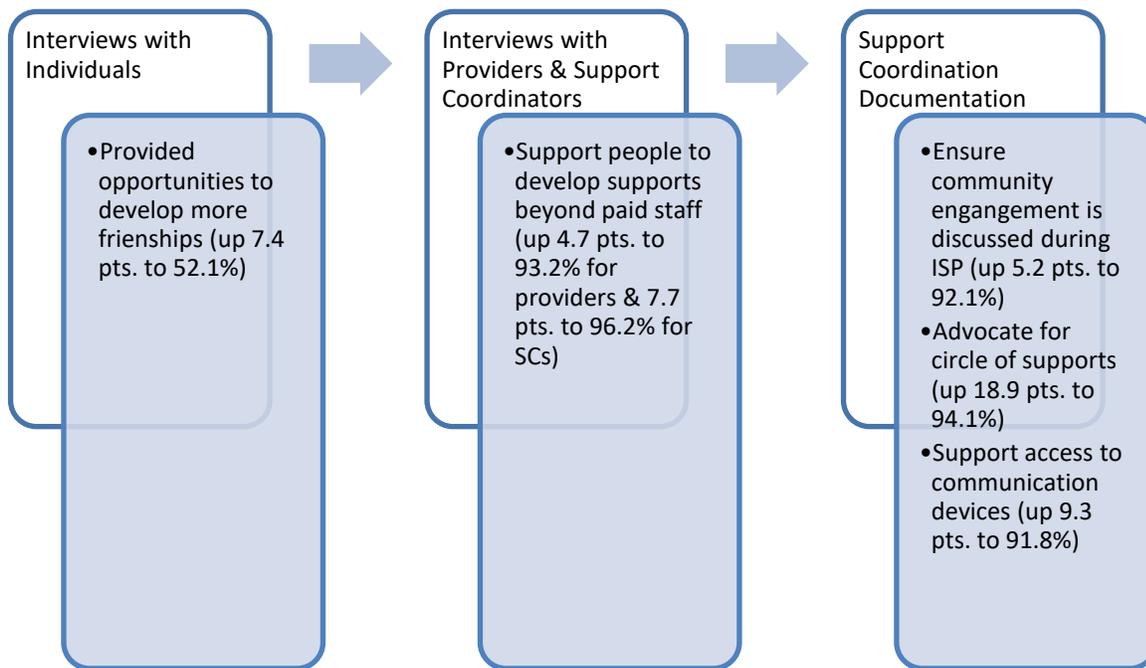
Of the 53 indicators used to measure the Integrated Settings KPA, 22 showed a decrease since Year 2. However, either the differences were small or the sample sizes were too small to detect statistical significance. Scores for several indicators remained relatively low in Year 3, based on the percent Yes or Almost Always + Frequently, including the following:

- Person’s preferences related to goals of employment are being actively pursued (not a readiness model) (II - 60.5%)
- Barriers to integration and supported employment are addressed (II - 54.8%)
- Barriers to integrated educational opportunities are addressed (II - 58.5%)

- Provider addresses barriers to integration and supported living (PI - 42.6%)
- The provider ensures outcomes related to employment are being actively pursued (not a readiness model) (PRR – 51.9%)
- Support Coordinator addresses barriers to integrated educational opportunities (SCI – 60.0%)

### Community Inclusion

Community Inclusion is an area for which approximately 72 percent of the PCRs completed scored at the bottom two KPA levels of Developing (16.0%) and Emerging (56.3%), very similar to Year 2. However, several indicators showed significant increases.



Several areas of Community Inclusion showed significant declines since Year 2, as displayed in Table 6. The greatest decrease was in how Support Coordinators demonstrated in their documentation they ensure the person's outcomes related to leisure/community activities are pursued, down over 21 points. Two other areas with 10 and 12 point decreases respectively, indicate providers and Support Coordinators were less likely to ensure the person's preferences to participate in chosen community activities were supported.

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Table 6. KPA Community Inclusion Indicator Results				
Significant Decreases From Year 2 to Year 3				
Tool	Indicator	Year 2	Year 3	Difference
PI	Provider ensures person participates in chosen community activities.	47.1%	39.7%	-7.4%
PI	Provider ensures the person's preferences to participate in preferred community activities are supported.	44.6%	35.1%	-9.5%
PI	Provider ensures the person's preferences to attend a church/ synagogue/mosque or other preferred religious activity are supported.	89.9%	80.9%	-9.0%
PRR	The provider ensures the person's preferences to attend community/leisure activities are supported.	34.8%	22.7%	-12.1%
SCI	Support Coordinator ensures person's preferences to participate in chosen community activities are supported.	43.0%	33.0%	-10.0%
SCI	Support Coordinator ensures person is provided with opportunities to develop new and meaningful friendships/relationships.	28.5%	18.7%	-9.8%
SCRR	Support Coordinator ensures the person is offered opportunity to be involved in and contribute to the community (e.g., volunteer groups, civic groups).	17.2%	9.0%	-8.2%
SCRR	Support Coordinator ensures outcomes related to involvement in community/civic groups are pursued.	15.5%	9.2%	-6.3%
SCRR	Support Coordinator ensures outcomes related to participation in leisure/community activities are pursued.	38.0%	16.8%	-21.1%

Of the 33 indicators used to measure Community Inclusion, 15 reflected low scores in Year 3. Findings indicate, from several different perspectives, people are not likely to be supported to be involved in community activities or groups, develop meaningful friendships, and understand or develop social roles:

- Person has opportunities to be involved and contribute to the community. e.g., volunteer groups, civic groups (II – 47.0%)
- Person has opportunities to attend a church/ synagogue/mosque or other religious activity of choice (II – 65.9%)
- Person is active participant/member of community groups, such as a church, community clubs, YMCA, neighborhood association (II – 44.2%)
- Person has opportunities to develop new and meaningful friendships/relationships (II – 68.4%)
- Provider ensures the person is offered opportunity to be involved and contribute to the community; e.g., volunteer groups, civic groups (PI – 40.8%)
- Provider supports person with opportunities to develop new and meaningful friendships/relationships (PI – 59.6%)

- The provider ensures the person is offered opportunity to be involved and contribute to the community as desired/chosen; e.g., volunteer groups, civic or religious groups (PRR – 36.4%)
- The provider ensures the person’s preferences to attend community/leisure activities are supported (PRR – 69.9%)
- The provider ensures the person receives education about social roles and is supported to develop desired social roles (PRR – 34.5%)
- The provider supports person with opportunities to develop new friendships/relationships (PRR – 47.4%)
- Support Coordinator ensures the person is offered opportunity to be involved and contribute to the community; e.g., volunteer groups, civic groups (SCI – 44.9%)
- Support Coordinator ensures person is supported to develop desired social roles (SCI – 61.8%)
- Support Coordinator ensures person is provided with opportunities to develop new and meaningful friendships/relationships (SCRR – 57.3%)
- Support Coordinator ensures the person is offered opportunity to be involved in and contribute to the community (e.g., volunteer groups, civic groups) (SCRR – 40.2%)
- Support Coordinator advocates for the person to develop desired social roles (SCRR – 41.1%)

## Provider Quality Reviews

### Introduction and Demographics

The PQR process focused on four services: In Home Support, Supported Living, Sponsored Residential, and Independent Living Support services. The sample of 50 providers included all the providers who offered any of these services to individuals selected for the PCR (n=27), and an additional random selection of providers of these services from across the state (n=23). The detailed sampling method is described in Appendix 1<sup>13</sup>. The following table shows the number of providers who offered each type of service (several services may be selected per provider).

Number of Providers Offering Each Service Reviewed for the PQR	
July 2017 - June 2018	
Service	# of Providers
In-home Support Services-CL <sup>14</sup>	29

<sup>13</sup> The individual sample used for the PQR is not designed to be representative of the state. Therefore, the PQR results from that sample are not shown.

<sup>14</sup> Acronyms represent the waivers: CL = Community Living; BI = Building Independence; FI = Family and Individual Supports.

In-home Support Services-FI	1
Independent Living Supports-BI	1
Sponsored Residential-CL	30
Supported Living-CL	3
Supported Living-FI	1

QQS completed 50 PQRs, distributed across regions as shown in the table to the right. The providers' caseloads ranged from one to 202 individuals; 40 of the 50 providers served 30 or fewer people, and two providers served over 100 people. With only 50 providers reviewed and most serving fewer than 30 people, analysis by the number of people served is limited and not recommended.

PQRs

Region 1 - 10
Region 2 - 6
Region 3 - 5
Region 4 - 9
Region 5 - 20

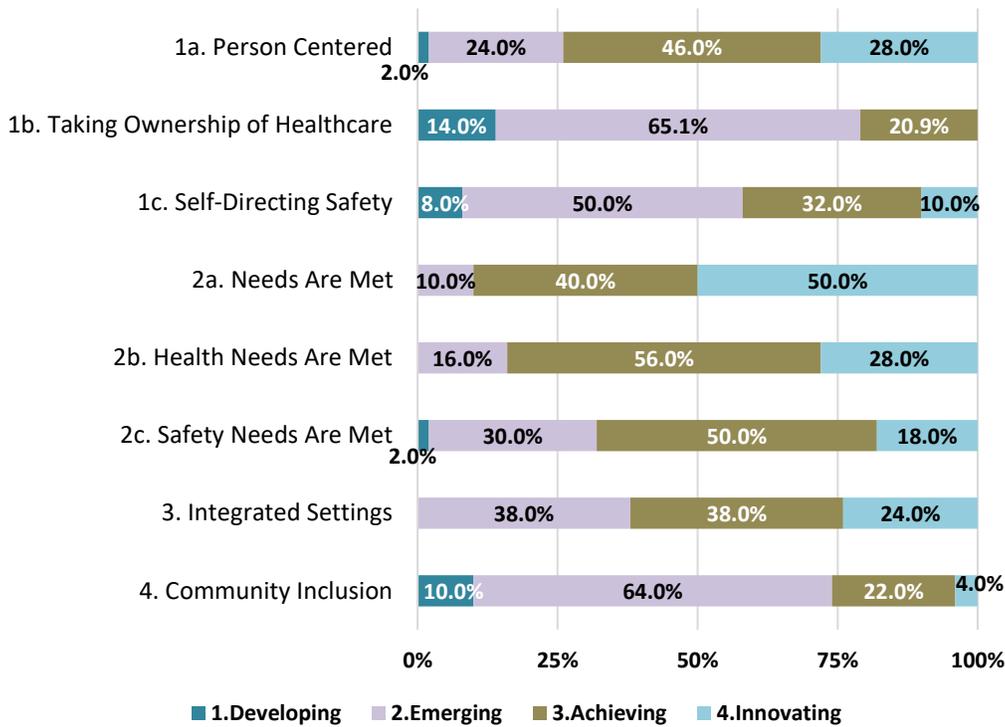
### PQR Key Performance Areas

As described in the PCR section, information obtained from the various data collection tools is aggregated to address the Key Performance Areas. Applicable Driver Indicators were selected from each of the different tools and grouped into the respective performance areas. The ratings for each Key Performance Area from the 50 PQRs are shown in Figure 13. Generalizing the PQR results to other providers offering the same services, or comparing results to the Day Program providers reviewed in Year 2, should be completed with caution given the sample sizes. The PQR results can provide some insight into differences for these services as compared to the PCR overall KPA findings. However, the PQR sample is relatively small and comparisons should be made with caution.

Click [here](#) for more discussion about these findings

Data from PQRs completed in FY18 indicate the greatest strengths are ensuring general needs are met, a person centered approach in services is utilized, and health needs are met. Most providers scored these three KPAs at Achieving and Innovating (90.0%, 74.0%, and 84.0% respectively). This appears to be similar to the overall state average in Figure 6 for the PCR results. Close to 75 percent of the providers scored Developing or Emerging on Community Inclusion, and approximately 80 percent scored in the lower two ratings regarding ownership of healthcare. PCR findings presented in Figure 6 indicated a considerably smaller proportion (55%) of individuals were in these lower two ratings of ownership of healthcare.

**Figure 13. PQR Results by Key Performance Area (n=50)  
 July 2017 - June 2018**



### PQR Results by Tools

Some of the tools used in the PCR process are also used during the PQR. These include: Individual Interview (II), Provider Interview (PI), Provider Record Review (PRR) and Observation (OBS). The PQR also includes an Administrative Review of the provider’s Policies and Procedures (P&P). The results are specific to the 50 providers reviewed this year. The average PQR results by tool are shown in Figure 14. The highest scores are in Observations (98.7%, n=71), indicating providers scored well based on the onsite visit. Interview and Observation scores were higher than documentation reviews completed for the Policies and Procedures (74.7%, n=50) and the PRR (71.2%, n=334). Findings from interviews with individuals (77.8%, n=326) were 10 points lower than from interviews with providers (87.5%, n=50).

Figure 14. PQR Results by Tool  
July 2017 – June 2018

II	Individual Interview (n=326)
PI	Provider Interview (n=110)
PRR	Provider Record Review (n=334)
OBS	Observation (n=71)
P&P	Policy & Procedure Administrative Review (n=50)



### Administrative Review Results

Unique to the PQR is an Administrative Review to assess the organization’s compliance with Policies and Procedures (P&P).<sup>15</sup> All indicators in these tools are scored Yes or No. The average P&P score for the 50 providers reviewed this year was 74.7 percent. This is somewhat lower than for the providers of day program services reviewed in FY17, who scored 79.5 percent.

Most providers lacked policies describing how to ensure people understand the meaning of all types of abuse, including restraints, restrictions and seclusions. The proportion of providers with these present ranged from 30 percent for sexual and emotional abuse to 48 percent for the use of restrictions. Findings for these 50 providers point to issues surrounding education and helping individuals receiving services understand the meaning of these various areas of abuse. Most were offering

Other areas for which fewer than 40 percent of providers maintained P&P were policies needed to show how to use root cause analysis to improve the quality of services and numerous aspects of the Quality Improvement Plan, ensuring the plan:

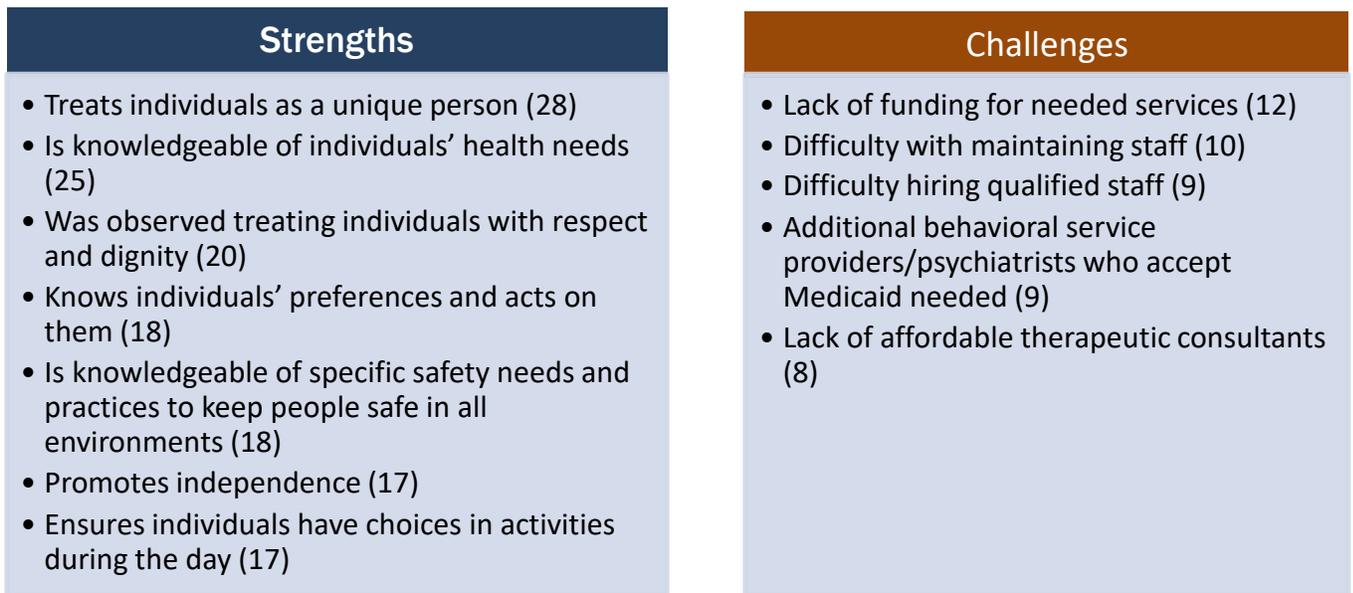
- Is updated every four years
- Identifies processes for making improvements
- Includes processes for monitoring quality improvement efforts
- Indicates data that will be monitored and analyzed

<sup>15</sup> Beginning in Year 3, QQS no longer conducts review of staff’s compliance with Qualifications and Training.

- Identifies opportunities for improvement
- Documents how services are provided in accordance with acceptable professional standards
- Addresses areas of risk
- Includes monitoring and evaluation of the quality of services

### Provider Strengths and Barriers

Quality Assurance Reviewers work interactively with providers to collect feedback and ensure the best overall assessment of the organization’s systems. Throughout this process, the provider’s strengths are identified and barriers to service delivery are discussed. A total of 964 strengths and 130 barriers were recorded as part of the PQRs completed this year. The strengths and barriers most often identified are shown in the following graphic (the number of providers noted in parentheses). These are similar to the strengths and challenges for the 50 provider of day program services that were reviewed last year.



### Alerts

An alert is defined as any situation or behavior causing individuals to be in imminent or potential risk for harm. Appropriate notifications to address any situation are handled onsite and a report is provided to DBHDS for any additional follow up that may be warranted.

Between July 2017 and June 2018, 50 alerts were identified, 14 during a PQR and 36 during a PCR. All alerts have been submitted to DBHDS using alert forms, and regional advocates were notified. Alerts were categorized as follows:

- Rights – 35

- Health – 11
- Safety – 2
- Other - 2

## Recommendations from PCRs and PQRs

At the end of each PCR and PQR, QARs make recommendations to participating providers based on review results. Multiple recommendations may be provided per review. The following figure lists the recommendations most frequently cited within different Domains.



## Discussion and Recommendations



Qlarant reviewers completed 400 PCRs and 50 PQRs between July 2017 and June 2018 (FY18), Year 3 of the Quality Services Review contract. PCR results are representative of the population of eligible individuals receiving services and the PQRs were conducted with providers offering at least one of the following services: In-Home Support, Supported Living, Sponsored Residential, or Independent Living Support. This section of the report provides a discussion of review findings based on the Key Performance Areas, identified trends, and other indications of system strengths or challenges. Recommendations are provided as possible.

### Summary of Strengths

Trends from data collected in Year 3 show many areas for which the Virginia Quality Services Review system has made significant improvements since Year 2. Providers were much more often assisting people to understand person centered services and informed choice, education that is vital to help individuals make decisions about their own supports and services. Individuals were more likely to be involved in the development of their ISP and supported to identify their preferred outcomes and dreams. Providers and Support Coordinators were also more likely to ensure the person is provided essential information about medications taken and what to do in the event of an emergency or if experiencing abuse, neglect or exploitation. DBHDS initiated some quality improvement efforts during the year, which may have influenced these positive findings, such as: encouraging CSBs to offer choice of Support Coordinators; ensuring service plans included options for supported employment; and assessing community integration.

While many areas of meeting the person's health needs have decreased since Year 2, providers were more likely to review health risks with the person and make a referral to medical personnel as needed. Providers and Support Coordinators showed significant improvement in ensuring risk is assessed, safety and risk protocols are in place and revised as needed. Similar to last year, people's health and safety concerns were mostly addressed: providers address health concerns and medical needs, and people in general appear to be healthy with no untreated pain or adverse drug reactions. Staff is generally aware of people's health needs, a strength often noted for providers. People were free from abuse, neglect and exploitation, as well as unapproved restraints, restrictions or seclusions (Observations). According to people served and Support Coordinators, the ISP is updated and revised as status changes occur. This indicates the person centered process is being followed

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for more  
discussion  
about these  
findings

DBHDS began an initiative to ensure Support Coordinators are discussing employment and community integration as part of the service plan development process, which may have had an impact on scores this year. Qlarant reviewers have observed significantly more people living or working in an integrated community setting. Providers and Support Coordinators have improved significantly in addressing barriers to integration, supported employment and supported living, and ensuring goals and outcomes related to supported employment are actively pursued. Based upon interviews and record reviews, providers and Support Coordinators were working to overcome barriers to integration through better collaboration with natural and paid supports, and ensuring goals and outcomes to employment were a part of the service plan process. These activities are critical in meeting CMS standards of community involvement, offering individuals options the same as other citizens in the community.

In addition, providers and Support Coordinators are helping the person develop a meaningful circle of supports, which enhances the person's ability to move beyond paid supports to integrated community participation with friends and family. Areas often noted as a strength for providers are the promotion of independence for people receiving services, treating individuals with respect and dignity, providing choice of daily activities and staff knowledge of individual's specific safety and health needs.

## Person Centered Reviews

### KPAs by Demographics

Overall KPA findings showed a similar pattern to Year 2 results: individuals continue to be more likely to have needs met than to be self-directing services, healthcare or safety. Therefore, providers

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findings

ensure supports are in place to maintain a person's health and safety rather than supporting individuals they serve to develop skills that build independence in these areas. Community Inclusion remains the lowest scoring KPA. PCR ratings indicate small increases for all KPAs measuring person centered practices, in general and specific to health or safety. However, significant decreases were noted in all three KPAs measuring if the person's needs are met.

Findings also indicate individuals up to age 21 were less likely than their older counterparts to score Achieving or Innovating (A/I) on six of the eight KPAs: Person Centered, Taking Ownership of Healthcare, Self-Directing Safety, Needs Are Met, Health Needs Are Met, and Safety Needs Are Met. Children under age 18 were also less likely to experience Community Inclusion. In addition, individuals living in the family home were less likely than people in any other residential setting to score in the top two ratings of A/I on all the KPAs.

In terms of person centered practices, these findings may be confounded by the possibility that young children often live in a family home and would not be expected to self-direct supports and services. Of the 27 children under age 18 in the sample, only one did not live in a family home. Based upon many years of experience in interviewing individuals in various settings, we have found individuals living in the family home may experience undue influence from family members or be more dependent on family to manage supports and services, rather than to take more ownership and become more independent. Therefore, it may be more difficult for providers and Support Coordinators to impact this for individuals receiving services in a family home.

It is not clear why children and young adults should be less likely to have needs met or be engaged in the community, than people over age 21. It is possible the transition process from school to community services is not working well for all of the people graduating from high school and losing supports the school systems may be providing. It is also possible, for younger people living in the family home, families impede the person's ability to engage in the community by limiting their dignity of risk and being overly protective of health needs. In addition, according to the family guardian interview only 65.9 percent of people interviewed were satisfied with supports and services that may have impacted this as well. The family member may be indicating some people living in a family home feel they are not receiving all of their needed supports and services.

For the three KPAs measuring if the person's needs are met, over 90 percent of PCRs for people living in group homes reflected high scores (A/I) for all three KPAs; however, they were much less likely than people in their own or sponsored residential homes to direct healthcare or participate in community activities as desired. Licensure requirements in group homes likely increase the likelihood individuals living there will receive needed healthcare screenings and have safety protocols in place, such as fire drills and emergency preparedness plans. At the same time group home settings seem to restrict the person's ability to personally direct health care and safety decisions or engage in the community. So residents of group homes may have needs met but are often not in a position to direct their own services and supports or actively participate in community groups as desired.

**Recommendation 1:** DBHDS could provide training and resources for providers on how to help individuals become more independent in the area of safety and health. Provide this information electronically and via web training for providers and direct support staff across the state.

**Recommendation 2:** DBHDS should consider including stronger language in the provider manual to require providers to support individuals in becoming more independent in the areas of health and safety. This could be an expectation of providing residential services.

**Recommendation 3:** DBHDS may want to consider working with Qlarant to conduct several focus group discussions across the state to get input from individuals, family members, and providers on why all the KPA findings are lower for people living in a family home. Qlarant will provide the findings from these in the form of an ad hoc report.

**Recommendation 4:** In relation to the low scoring areas for people living in the family home, and people younger than age 21, it is recommended DBHDS work with parent advocacy groups in the state to provide information and training related to rights of people with intellectual and developmental disabilities. This information may better support individuals and families to support individuals in exercising rights, including choices to become more independent. In addition, outreach to the Department of Education could be made to determine if additional resources are available to promote rights, independence and choice for individuals and parent education in this area.

**Recommendation 5:** DBHDS and Qlarant may want to conduct a focus group study, including individuals receiving services who are still in high school, their families, DHBDS representatives and members of the education community, to explore the transition process and if it is or is not working for young adults transitioning from school to the community.

Region 3 was least likely to score A/I on four KPAs: Person Centered, Self-Directing Safety, Health Needs Met, Safety Needs Met and Integrated Settings. While not the lowest scoring region for Community Inclusion, only 25 percent scored A/I and only Region 4 scored lower in this area. Region 3 is a very rural environment, which could be impacting services in different ways. It is reasonable to assume a lack of providers or the type of providers in a region may be effecting the extent to which providers practicing in the region are able to offer optimal support. Traveling a great distance to remote areas could also limit the time providers are able to spend with individuals. This could also limit the time individuals are able to travel to their nearby communities and engage in activities of their choice.

**Recommendation 6:** Recommend a gap analysis be completed for services and supports in Region 3 to include recommendations on how to better support individuals and families who live in this region. Also, utilizing the Regional Quality Councils, discussions could be promoted around what providers, families and individuals who live in rural areas of these regions do to connect to supports and services and their community.

**Recommendation 7:** Starting with Region 4, it is recommended that concerted efforts (i.e., multiple training sessions, resources, bringing in a consulting group) be made to help support providers and Support Coordinators on how to connect people to their communities and develop

social roles. If successful (based upon a designated goal) the processes could be implemented in the next Region needing support.

**Recommendation 8:** Because Region 3 is primarily a rural area, it may be helpful to survey providers offering services in Region 3 to assess the impact of providing services in a rural area. Include in the survey specific questions for providers who also provide services in other regions to gather input on different challenges or barriers that may be faced in Region 3 as compared to more populated areas.

### Results by Tool

Provider (PRR) and Support Coordinator (SCRR) documentation continues to reflect lower scores than interviews, PI and SCI scores. In addition, in Year 3 PRR and ISP Review results were significantly lower than in Year 2. Low scores on record reviews for both service providers and Support Coordinators, compared to information collected through interviews, can suggest a number of issues regarding provider documentation. Some issues have been noted as barriers to providing optimal services: a lack of sufficient funding and difficulty maintaining staff. These and other time constraints may impact the time providers have to maintain high quality documentation of services rendered.

Providers often express they feel time is better spent on face-to-face services rather than paper work, meaning services might be better than documentation would suggest. Documentation scores have been lower than interviews and observations over the first three years of the contract.

Recommendation have been provided in earlier reports as follows:

- Streamline documentation via paper and/or electronic forms. An excellent example of streamlined documentation is how the state of Minnesota integrated over 20 forms into one screening/assessment tool across disability populations and age groups.<sup>16</sup> The tool incorporates a strong person centered component to the choice and planning process.
- Gather information and ideas as to how to best reduce paper work without losing essential documentation. Include suggestions for information that could be included in a web-based training session on documentation to assist with streamlining the process and incorporating person centered language and approaches in notes and summaries.

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<sup>16</sup> The Department of Human Services Disability Services Division in conjunction with the Department of Aging developed the MnCHOICES Comprehensive Assessment.

In addition to these previous suggestions, good quality person centered documentation is a critical aspect of any service delivery system and has been linked to higher outcomes for individuals served.<sup>17</sup>

**Recommendation 9:** Qlarant has developed and presented training related to person centered documentation for many years in other contracts. Using this experience and knowledge of the specific issues/struggles surrounding documentation in Virginia, Qlarant can develop a list of key components and guidance on developing more person centered documentation. This could begin with a focus on health and safety needs. This information could help guide development of a targeted training session, addressing how to document the health and safety needs of individuals or other person centered areas.

In both Year 2 and Year 3, interviews with individuals showed scores that were 10 points lower than the scores reflected from interviews with the family member or guardian. The FGI has fewer indicators than the II, 43 compared to 119, most related to choice, health or safety. It is not clear why this pattern persists but the difference in the perception of how well outcomes are achieved or how well the person is supported seems real.

**Recommendation 10:** Qlarant could conduct analysis comparing comparable indicators from the FGI and II to see if any pattern exists that could explain the 10-point difference in the perception of the services and supports provided, particularly in choice, health and safety. In the design and development of new tools for the upcoming year, for each KPA, Qlarant is identifying indicators that are common across each tool. Upon implementation of these new tools, analysis will be conducted to determine any discrepancies between similar indicators and determine if discrepancies between the FGI and II continue.

### PCR Indicator Level Findings

#### **Getting Needs Met**

While this report highlights several areas where significant improvement has been shown since Year 2, the KPAs with large declines indicate some needs are not being met to the same degree in Year 3. Service providers were much less likely to ensure services are implemented as specified in the ISP and at the same time Support Coordinators were less likely (down 9 points to approximately 82%) to convene a team meeting if situations or challenges occurred that may have required revisions to the ISP and approval of the team to do so. Providers were also less likely to support the person to reach

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<sup>17</sup> Quality Improvement Study. Provider Systems and Driver Outcomes. June 2014. Submitted to the Georgia Department of Behavioral Health and Developmental Disability, Division of Developmental Disabilities.

desired outcomes or provide services to help the person reach a personal dream as described in the ISP. This limits the provider's capacity to ensure the person's needs in this area are met.

As seen in previous reports, service providers and Support Coordinators continue to score relatively low in terms of advocating to ensure individuals receive routine preventative screenings or a comprehensive dental exam. Significant declines were seen in supporting the person to receive a comprehensive medical exam, dental exam, physical exam, or routine preventative screenings; ensuring the person is referred to the proper medical specialist when indicated and ensuring the ISP is reviewed if a status change occurred. In addition, Support Coordinators were less likely to advocate for the person to help ensure a proper referral is made to the primary care physician or medical specialists as needed.

Support Coordinators were not always revising the ISP to address any identified previous risk, injury, or change in status that required attention. Both the family member (FGI) and the person (II) were significantly less likely to feel the person's necessary environmental modifications and adaptive equipment (II only) were in place. At the same time, service providers and Support Coordinators were less likely to ensure emergency back-up plans were in place to address any electrical outages or natural disasters.

**Recommendation 11:** With the new implementation of managed care for health care services and care coordination, it will be critical to continue to track Qlarant measures related to access and receipt of health care, specifically around dental, preventative and specialty health care. If continued declines are noted, DBHDS can work with DMAS to address any concerns.

**Recommendations 12:** Currently, PPD has put together a workgroup that includes DBHDS, QQS and other state entities to evaluate the requirements for Support Coordination. This group could use data from the QQS reviews to evaluate issues related to updating the ISP as needed and ensuring individuals' health needs are being addressed and met. Evaluation of the requirements and regulations could also shed light on why these supports and services are lacking.

**Recommendation 13:** Approximately 38 percent of people in the sample live in their family home and providers and Support Coordinators indicate sometimes families are not ensuring their family member is receiving preventative health care. Furthermore, it is speculated people are only seen by their primary care doctor for all diagnoses including those that could require specialty medical care. Therefore, it is recommended that DBHDS share these findings with DMAS and in collaboration with this agency, develop initiatives to help educate families on why preventative health care is key, on available resources for preventative healthcare and the need for specialty medical care for specific diagnoses.

### Person Centered Practices

As noted in the Strengths section, the system showed small increases in the proportion of PCRs rated as Achieving or Innovating. Some specific areas did show significant decreases since Year 2. Addressing these early may help improve the person centered approach to services in the Year 4 findings. The person indicated during the individual interview informed choice of work/day programs and community activities was not offered as often. At the same time interviews indicated Support Coordinators were much less likely to solicit and respect the person's preferred communication methods, and providers were less likely to consider the person's strengths, interests and abilities when providing services. Support Coordinators were also less likely to document how preferences and choices identified by the person are valued and acted upon or how they ensure planning includes person centered processes, an assessment of individual supports, and skill building. These could all affect the coordinator's ability to offer informed choice in a meaningful way and limit person centeredness in the system.

**Recommendation 14:** In the Person Centered Thinking training, the Person Centered Description section includes a One Page Profile that captures key support elements and characteristics that highlight and showcase the person's gifts and capabilities, what is important to the person and what others need to know and do to best support the person. This tool can be very useful to direct support staff and Support Coordinators as a reminder of significant assets of the person, which can help guide person, centered practices and promote skill building, the value of the person. It is recommended that DBHDS consider requiring Support Coordinators to take Person Centered Thinking training and then incorporating the One Page Profile into the ISP template.

The provider often does not offer education about health, medications, and preventive healthcare to the person. Most Support Coordinators did not provide information to the person about what to do in the event of abuse, neglect or exploitation. According to the person being interviewed, compared to Year 2, individuals were much less likely to indicate they know what to do in the event of a fire, weather, or medical emergency, or what to do in the event of abuse, neglect or exploitation. They were also much less likely to indicate they know how to navigate safely in the community. Without this type of critical information, self-directing safety is difficult.

Providing education to individuals on different aspects of healthcare and abuse has been problematic since the first year of the contract. The following recommendations were offered in the Year 1 and Year 2 Annual Reports:

- DBHDS may want to explore methods to increase provider awareness on providing education for individuals about prescribed medications and their potential side effects. Opportunities may exist to collaborate with retail pharmacies such as CVS, Walgreens, or

Giant Food to generate suggestions. In another state, one of the managed care plans has established a relationship with CVS to address medication adherence for people receiving home-based services.

- DBHDS should consider working with Community Resource Consultants (CRCs) and IDD directors to assess the education used by providers and support coordinators to increase individuals' awareness of abuse (verbal, physical, sexual and emotional), neglect, exploitation (ANE) and the use of restraints and seclusion. This group could explore several standards including if: Educational ANE programs are in place for providers; current curricula for these programs are adequate; the methods used to share the information are reaching all individuals served by the provider. Alternatively, a statewide workgroup, including representatives from DBHDS, families and self-advocates, could be convened to help determine what the specific issues may be, and to develop materials and educational methods to improve awareness in this area.
- Research and identify resources to assist providers and Support Coordinators with hands-on techniques to be used in everyday practices to offer education to individuals on basic preventative healthcare needs. Education can be individualized to assist people learn the information specific to their own learning skills and abilities
- Assist providers to develop education programs that could focus on a different topic each month such as on “How to identify dangerous situations” or “How to recognize verbal abuse.” Utilizing teachable moments is also important. Providers should be encouraged to train staff on how to utilize teachable moments as a part of their everyday service delivery and ensure these are being documented.

**Recommendation 15:** It is recommended that DBHDS develop a policy that providers and Support Coordinators be required to help people with all types of disabilities to increase their awareness of abuse, neglect, or exploitation and even more importantly what to do and who to report it to in the event of any abuse, neglect, exploitation or uncomfortable circumstance.

**Recommendation 16:** It is recommended health and safety become a focus of providers' efforts to promote independence. The recommended education programs referenced above, that could focus on a different topic each month, could be used to focus on some aspect of building independence for individuals.

### **Community Integration and Inclusion**

Indicators used as part of the quality review system identify the extent to which services are provided in the most integrated setting appropriate for the person, and where the person prefers. For example, if a provider is supporting someone to learn how to bank, the service should be performed at an actual bank rather than in the segregated day program. The rating of Achieving or

Innovating in this KPA has improved by over five points since Year 2, with 55.6 percent of PCRs receiving one of these two high ratings. While providers were more likely to address barriers to supported employment and supported living (noted in the strengths section), these areas remained some of the lowest scoring indicators for the KPA. Goals and outcomes related to employment are also often not pursued. This could be due to the utilization of or belief in a “readiness model” versus actively pursuing a job when a person expresses the desire for one.

Community Inclusion was the lowest scoring KPA in both Year 2 and Year 3, with just over one quarter of the PCRs earning a rating of Achieving or Innovating. Of the 32 indicators used to measure this KPA, 15 were identified with a low score, based on the percent Yes or Always + Frequently of less than 70 percent. People are not always supported to be involved in community activities or groups, to develop meaningful friendships, or to develop social roles critical to actual community integration. Provider and Support Coordinator interviews demonstrate they do not understand or have the skills to support people in connecting to the community including developing relationships and social roles. Since many do not have this understanding and are not providing these types of supports and advocacy, record reviews all showed significant declines since Year 2 in ensuring individuals preferences to participate in various types of community activities are supported, or ensuring the person has opportunities to develop new and meaningful friendships.

When many individuals are not receiving services in the appropriate integrated setting, are also not participating in preferred community activities, and are not pursuing employment goals, the degree to which a person can learn and practice social skills leading to engagement in the community is limited. The foundation of community inclusion is in meeting new friends, developing meaningful relationships with people who help with networking to find new work or other activities, and learning to develop various types of social roles.

**Recommendation 17:** Regarding the lack of community integration, DBHDS may want to reach out to Human Services Research Institute or NASDDDS to determine if there are other states that have developed effective programs and policies to help support the service delivery system and provider network to ensure individuals have supports to participate in community groups and activities, or to develop desired social roles in the community. Another resource could be an Associate Professor of the School of Social Work at the Virginia Commonwealth University, Dr. Matthew Bogenschutz who created a video on “Social Inclusion for people with intellectual and developmental disabilities” (<https://www.youtube.com/watch?v=eM3OE7oGTII>).

**Recommendation 18:** Explore resources to assist providers and families to support the person to acquire work in a competitive position, if desired. For example, the free video “The Power of

Positive Introductions: Connecting with Employers Using Person Centered Thinking Tools” is a tool available at <https://rtc.umn.edu/rtc/index.php?product=896>

Recommendation 19: Ensure direct support staff is trained on how to support individuals in developing natural supports and social roles, and community integration as the person desires.

Recommendation 20: Providers could use Staff Matching, a tool developed as part of the Person Centered Thinking training (The Learning Community) to help ensure individuals and staff with the same interests work together. This could lead to staff introducing the person to natural supports who also have the same interests. Providers and support coordination could use websites developed to connect people with similar interests in their area to support people to make connections to others and develop friendships: <https://www.meetup.com/> or <https://www.meetin.org/>.

Recommendation 21: The recommendation provided in a previous report remains relevant. The Regional Quality Councils should consider working to develop “Community Action Groups” (CAG) that consists of self-advocates and family members as well as other stakeholders as relevant. The CAGs would incorporate community activity such as always meeting in community settings and organizing outings in communities like “walk arounds” to learn more about how to build and strengthen community connections by actually interacting with the Chamber of Commerce, community stores, groups, and other organizations.

Recommendation 22: Increasing the ability for individuals to work at a paid job in the community is one of the strongest ways to improve the person’s capacity to develop social roles and relationships with non-paid friends and acquaintances. The CAGs noted in Recommendation 21 should be used to explore ways to connect individuals not only to community groups and activities but also to job opportunities.

Recommendation 23: The CAGs noted in Recommendation 21 should include transportation in their efforts to actually integrate and work in the community, by using public transportation to access the community as much as possible. The group should also develop ways for CAG members to share what they learn to other individuals and families who live in those communities.

### **Provider Quality Reviews**

The KPA findings for the PQR appear to show a similar pattern to PCR findings presented in Figure 6, with two possible exceptions. PCR findings indicated 55 percent of individuals were in the lower two ratings for ownership of healthcare (Developing and Emerging) as compared to 75

percent for the providers of residential services who participated in a PQR. These results reinforce the recommendations presented earlier for providers to promote independence in managing health.

In addition, for the KPA Health Needs Met, the providers reviewed during the PQR showed only 16 percent in the lower level versus 28 percent in the PCR findings. This suggests that due to regulations requirements regarding assurance of health care for people served in residential settings positively impacts these findings.

## Significant Activity and Accomplishments

### Year 4 (FY 2018-2019) Sample

QQS received a list of individuals from the DBHDS WaMS database. The QQS analyst selected a stratified random sample of individuals from this list, sampled proportionate to region. Individuals who had participated in a PCR over the previous two years were excluded. The sample was provided to the QQS manager who assigned each person to a region and QAR, and provided the list to PPD.

The PQR sample was selected from the list of providers who had service authorizations for Community Engagement in the WaMs data. We selected all who were associated with a PCR (31 providers). The remaining 19 providers were randomly selected from the list, but were not associated with the PCR.

### Tool Revisions

Updated tools were implemented for Year 3. The changes were a result of collaborative efforts between QQS and DBHDS to help clarify and streamline some of the tools, especially the ISP QA Checklist. QQS also worked with DBHDS to revise tools to address concerns expressed by the independent reviewer for the Settlement Agreement. Revisions were submitted to DBHDS for feedback and included the following:

- Addition of guidelines as to where reviewers find information to score standards
- More specific guidance for reviewers on how to score standards
- Elimination of redundancy
- Streamlining standards used in each Key Performance Area

Feedback was provided from the independent reviewer and QQS has submitted a response back to DBHDS.

## Process Changes

In order to collect data and solicit feedback from individuals and families, providers and support coordinators, QQS developed three different feedback surveys for the PCR and PQR processes, distributed to all participants to solicit responses from individuals and families after a PCR; from providers after a PCR; and from providers after a PQR. Surveys are physically handed to participants in each process and links to an online survey are provided. Participants willing to share feedback can mail or fax the surveys to us, or complete an online survey. The responses can be anonymous. The process began in December. As of June 2018, there were 44 responses to the three different surveys. The average percent of Strongly Agree/Somewhat Agree/Agree, across all three surveys, was 95.7 percent.<sup>18</sup>

Some of the feedback included the following:

- Provide a copy of the survey to people who are being interviewed because some people need to see questions in print to fully understand. Only asking the questions verbally does not take into account how people process information differently. Also, it is very much a power imbalance when only one person has the form.
- How about interviewing the "Powers That Be" and find ways to get more individuals off waiting lists. Through trial and error, we have found very good residential and day support services for our daughter.
- The interview went well. You can tell that the person that interviewed me was a "People" person that enjoyed talking and listening to people.
- Very nice and enjoyed doing the interviewed.
- She was a very helpful and provided the individual and staff with information that will be helpful.
- Interviewer was very personable and easy to talk to. She also took time to explain things to me when I had questions.
- She is very helpful and provided the individual and staff with information that will be helpful.

Additionally, the PCR and PQR processes were written so they can be distributed to providers and Support Coordination. This allowed QARs to share this information once they contacted the provider or Support Coordinator to schedule the review. This helped clarify the process for service providers and allowed QARs to answer questions for them regarding what to expect.

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<sup>18</sup> See Appendix 3 for a table of findings from each survey.

## Regular Meetings

Several different regular meetings are used to enhance communication between DBHDS and Qlarant. Status meetings are held approximately twice a month to bring together representatives from DBHDS and Qlarant. Progress on various components of the QSR contract, information collected from the field during reviews, as well as any problems or issues to be addressed are routinely discussed.

Other regular meetings are used internally to enhance communication and optimize review practices. The QQS management team conducts meetings every two weeks and staff meetings are also conducted every two weeks with Quality Assurance Reviewers (QARs), the Program Manager, Team Lead, and Program Director. The meetings provide an informal forum for discussion of best practices, clarify interpretation of QSR procedures, tools and indicators and problems encountered in the field, and provide training when needed. Qlarant also meets regularly with PPD staff to share information from interview processes.

## Rater Reliability

QQS uses several techniques to train and assess the reliability of reviewer protocol and responses during reviews, including extensive orientation training on all tools, onsite shadowing, scenarios, and the use of annual formal reliability testing. These activities are used to identify areas where additional reviewer training or updates/revisions to protocols or standards may be needed.

## Annual Testing

Formal rater reliability testing was completed with all QQS reviewers. A summary of results is shown in the following table.

Reliability Test Results			
Reviewers Tested July 2017 to Present			
Passing = 85% or Higher			
Tool	Number of Reviewers Who:		Average Passing Score
	Tested	Passed	
Individual Interview	6	6	92.2%
SC Interview	7	7	94.0%
SC Record Review	7	6	86.7% <sup>19</sup>
ISP QA	6	5	89.2%
Observation	6	6	95.4%

<sup>19</sup> One QAR who did not pass is no longer with QQS.

Reliability Test Results			
Reviewers Tested July 2017 to Present			
Passing = 85% or Higher			
Tool	Number of Reviewers Who:		Average Passing Score
	Tested	Passed	
Provider Interview	8	8	93.7%
Provider Record Review	8	8	95.0%
Policy and Procedure	6	6	95.5%

### Scenarios

Scenarios are developed by the QQS management team and used to assess reviewer agreement in the specific area being addressed. These are often designed to target components of the process on which reviewers may need additional training or clarification. The management team determines the correct answers (gold standard) prior to distributing to reviewers. Responses from reviewers are due within a specified timeframe and reviewed by the management team. Results, including disagreements with the correct response and questions generated from the exercise, are discussed among all reviewers during staff calls.

During FY18, four scenarios were developed and distributed to QARs, each with a focus on a different aspect of the review process:

- Observations in a residential facility
- Individual Interview with a person living in her own home
- Provider Record Review, Community Inclusion section

This year, QQS submitted a proposal to DBHDS to use for inter-rater reliability at least one video of a complete interview with an individual and a second video of an interview with a family member/guardian, with people who are willing to be taped. At least annually, reviewers will view a video and code their answers. The management team will determine the gold standard response for each of the questions, to be used as the basis to calculate the number of correct answers per reviewer. We proposed to implement this process with the PPD reviewers. The new process will be evaluated by DBHDS and provide feedback to determine future use.

### **Data Validation**

When analyzing data for various reporting needs, two analysts work independently to ensure calculated results are accurate. If outliers or missing data are identified, analysts verify with managers

and research the issue to determine if it is data error in need of correction or if there are explanations for the outlier.

In addition, a missing data function was developed and is used in the secure web application to prevent reviewers from missing fields during data entry. All completed PCR and PQR reports are reviewed by managers, who check for possible inconsistencies or issues. Reports are released upon manager's approval, and data are then available for analysis.

### **Slow to Respond Providers/Non-Responsive Provider Procedure**

In May 2017, DBHDS and DMAS issued a memo requiring providers to participate in the QSR processes, with the intent to reduce the number of slow to respond or non-responsive providers. This memo has been distributed to QARs to share with providers when resistance to participation is encountered.

Participation has improved; however, throughout the year (FY 18)18 providers were slow in responding to the review request. This information was shared with DBHDS who reached out to these providers to encourage their participation. As of June 30, 2018, all providers had responded.

In response to the independent reviewer's annual report in September 2017, QQS worked on developing new tools, which provided additional guidance and clarification to reviewers in the field to help reduce the subjectivity and ensure better consistency in scoring. This new tool format and solely focusing on the KPA driver indicators was approved by DBHDS in December and work towards the development of new tools began. A sample of this new tool format was provided to DBHDS in January 2018. DBHDS provided feedback and updates were made to the tool. It was then submitted to the Independent Reviewer for review and feedback. The feedback from the Independent Reviewer encouraged additional modifications to the tool. The modifications and other KPAs continue to be developed with hopes to implement them in Year 4 of the contract.

Also in response to the Independent Reviewers report in the fall of 2017, QQS developed and submitted a proposal whereby the current quality management process incorporate a more comprehensive clinical component. The proposal options draw upon QQS' established clinical strategies utilized on other statewide quality assurance contracts. Proposal A utilizes a system whereby an offsite Nurse Reviewer accesses data captured using a new Health Questionnaire by QARs in the field, compares a variety of data sources, and reports on potential concerns. Proposal B utilizes many of the same processes as Proposal A, but also incorporates clinical professionals in a portion of the onsite data capture process. DBHDS decided to select Proposal A and submitted it

to the Independent Reviewer. Feedback was received by the Independent Reviewer and DBHDS is determining how they would like to proceed.

During the second half of the year, several presentations were made to different stakeholder groups. The presentation was based upon fiscal year 2017 data results and recommendations. The presentation included the following areas:

- An overview of the QSR process
- Person Centered Review results
  - Overview/Tools
  - Demographics
  - Key Performance Areas (KPA)
  - Strengths and Challenges
  - KPAs by Residential Status
- Provider Quality Review results:
  - Overview
  - Key Performance Areas (KPA) Results
  - Administrative Review
  - Alerts
  - Strengths and Barriers
  - Recommendations
- Most frequently cited recommendations for the PCR and PQR

Participants were engaged during the presentations. The following presentations were made:

- State Quality Improvement Committee on January 11<sup>th</sup>
- State Human Rights Committee on January 19<sup>th</sup>
- Regional Quality Committee (RQC) presentations were completed on the following dates/regions:
  - 2/15-RQC 2
  - 2/21-RQC 1
  - 2/22-RQC 3
  - 3/8-RQC 4
  - 3/15-RQC 5
- Settlement Agreement Stakeholder Meeting on April 10<sup>th</sup>

### **Staffing Updates**

This year, two reviewer positions were placed by new reviewers. Qlarant also over hired by one position to ensure all deliverables would be met and compensate for any additional staff turnover during the year. The team now consists of six QARs, one Team Lead, one Program Manager, and one part-time Program Director.

## Appendix 1: Quality Services Review Sampling Methodology

Every contract year, 400 eligible individuals are randomly selected to participate in the Person Centered Review (PCR) process. From the 400 selected individuals, 50 eligible providers are randomly selected to participate in the Provider Quality Review (PQR) process. The following document provides details of the sampling processes.

### PCR Sample

A list of eligible individuals was provided by the Department of Medical Assistance Services (DMAS) on June 21, 2017. This list includes individuals who are on Medicaid Home and Community-Based Services (HCBS) and with an intellectual disability (ID) or developmental disability (DD). The list provides details on individuals' demographic information, Support Coordination providers, service providers, and services received.

Individuals residing in Nursing Homes, Intensive Care Facilities, and Training Centers were not included in the list. Individuals who participated in a PCR in the previous two contract years, were deceased, were no longer receiving services, or moved out of state were excluded. Individuals who declined to participate in the previous contract year, or whose guardian declined on behalf of the person, were excluded. Individuals who deferred in the previous year (willing to be reviewed later) were included.

The sample is stratified by region. Individual's region information is determined based on the individual's FIPS (Federal Information Processing Standards) code and where the Support Coordination (SC) provider is located. Individual's contact address may not be where the individual actually resides. The provider's region information may be more reliable. The number of PCRs to be selected from each region is calculated based on the percentage of individuals residing in each region and the total desired PCR number (n=400), so the sample's region distribution is proportional to the eligible population (see Table Appendix 1.1).

**Table Appendix 1.1 PCR Sample Selection for FY 2017-2018**

Region	PCR Sample	Percent <sup>20</sup>	Eligible Population	Percent
1	88	22.0%	2400	22.0%
2	60	15.0%	1638	15.0%
3	76	19.0%	2062	18.9%
4	81	20.3%	2215	20.3%
5	95	23.8%	2582	23.7%

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<sup>20</sup> Percentages are rounded to the 1<sup>st</sup> decimal only and may not sum to 100%.

Based on the calculated sample size, individuals are randomly selected from each region. The remaining individuals in a region are randomized to comprise the oversample for the region. When a PCR needs to be replaced, an individual from the same region and same Support Coordination (SC) provider will be selected based on the randomized sequence. This is to ensure the regional distribution of PCRs remains the same as the population, and to facilitate PCR planning and avoid unforeseeable requirement for the SC providers. If the individual did not have a SC provider, or if the “provider specific oversample” is exhausted, the “general oversample” from the region will be used.

### **PQR Sample**

As requested by DBHDS, in contract year 2017-2018 the PQR sample is limited to providers who render the following services:

- In Home Support Service
- Supported Living Service
- Sponsored Residential
- Independent Living Support

From the retrospective claims data DMAS provided, eligible providers were identified if they billed for one of the four eligible services. No provider had billed for Independent Living Support Service, possibly because this service was relatively new. DBHDS also provided a list of licensed providers to help verify eligibility and provider locations.

The sample of 50 providers included all the providers who offered any of these services (69 eligible providers) to individuals selected for the PCR (n=27), and an additional random selection of providers of these services from across the state (n=23). Because there are only 69 eligible providers, a sample of 50 providers was randomly selected and the remaining 19 providers were randomized in sequence and available for the oversample.

## Appendix 2: Rater Reliability Process

QQS understands the importance of maintaining the integrity of the data generated by review activities and consistently applies internal quality control mechanisms to ensure the highest quality performance. QQS's Internal Quality Assurance Program (IQAP) incorporates formal and informal strategies to ensure consistency throughout our processes and guarantee data accurately reflect system performance. The Program Manager supervises all aspects of these processes.

Through training, ongoing discussion and feedback, and formal reliability activities, QQS ensures QARs are not only reliable in their decision making but also using the correct procedures to gather information throughout the review process. A performance foundation is established with initial training activities and is maintained through ongoing education and feedback. Quality and consistency are then evaluated via our rigorous reliability processes, including on site reliability testing in the field and offsite reliability testing using scenarios and tool scoring. We utilize a “Gold Standard” protocol to ensure reviewer reliability (reviewers are scoring the same findings in the same way) and accuracy (reviewers are scoring the findings based upon the agreed upon interpretation) meet the standards associated with this contract.

### Training

In-depth training is provided during orientation for new hires and ongoing through various means. Our extensive process includes several essential strategies explained in more detail in this document:

- Initial Training
- Shadowing
- Ongoing Training
- Scenarios

#### Initial Training

Upon hire and before participating in review activity, review staff is thoroughly trained on all review tools and processes. Our training program includes technical training for all staff and subcontractors. QQS conducts an initial orientation, which includes an overview of all tools, processes and procedures, and training on the interpretation of standards according to provider manuals and Department of Behavioral Health and Developmental Services (DBHDS) expectations. Reviewers are taught to use the content of the tool to lead questioning and drive documentation review efforts. Reviewers are also trained on how to interpret information from interviews and documentation, link findings to specific scores (yes/no, Likert Scale), properly collect information and enter data.

### Shadowing

The shadowing process provides QARs with another mode of on-the-job training. New hires shadow reliable reviewers through each type of review, allowing new staff the opportunity to see how the processes actually unfold. The shadowing component also affords new hires the chance to ask questions and seek clarification on interpretation of standards or how information gathered reflects the final determination, if needed.

Once the new QAR is prepared to participate in a review, the Program Manager or Team Lead shadows them at least once post orientation training and before formal reliability testing begins. This shadowing process helps ensure each QAR follows the proper protocols and makes determinations based on appropriate documentation and information gathered during the review. The Program Manager or Team Lead provide coaching as needed, and may participate in review activities as a means of modeling expected review and interview skills. Questions are encouraged to ensure reviewer consistency in interpretation and accuracy of findings.

### Ongoing Training

Bi-weekly conference calls are attended by all team members. These are used to address questions from the field and provide clarification on interpretation of standards. If necessary, the DBHDS is contacted for clarifications, and responses are subsequently shared with review staff.

The QQS Program Manager and Team Lead attend and participate in reviews to help enhance consistency of procedures and decision-making. During these reviews, Quality Assurance Reviewers (QARs) are encouraged to ask questions as needed.

On an annual basis, the team comes together for training on new or revised tools/standards and any revisions to DBHDS policy that may impact interpretation of standards.

### Scenarios

Training scenarios are used to help identify patterns in scoring and to help determine if additional training or education is needed to support QARs in interpreting the standards and scoring. The scenario process is designed to occur quarterly. The Program Manager works with the Team Lead to develop written scenarios reviewers are likely to encounter in the field, specifically designed to address standards within a tool such as the Individual Interview. The Program Manager and Team Lead create an answer key, i.e., Gold Standard, establishing accurate responses for the scenario provided to review staff.

The Program Manager distributes the scenario to all QARs who are asked to score the standard addressed in the scenario and submit the response prior to the deadline established by the Program Manager and communicated to review staff. Each QAR receives the exact same scenario and directions for the standards. QARs are instructed to conduct scoring independently and provide results to the Program Manager.

After the deadline date has passed, the Program Manager checks to ensure all QARs have completed the assignment and merges all responses into one spreadsheet. Responses and results are compared to the “Gold Standard” and discussed during bi-weekly conference calls. If results indicate poor agreement among reviewers on any standard, discussion will be focused on the reason and on how the guidelines in the tools can be enhanced to foster improved decision-making. If results indicate only one QAR is in disagreement with one or more “Gold Standards”, the Program Manager will provide additional training and oversight for the QAR specific to the area covered by the scenario.

### **Formal Reliability Testing**

QQS utilizes an onsite Field Reliability process to formally test the reliability of each reviewer, using a “Gold Standard” established by the Program Manager and Team Lead conducting the reliability process. The Program Manager is established as the “Gold Standard” for all formal reliability processes and trains the Team Lead to also conduct field reliability when needed. The Program Director, Manager and Team lead, via research, regulation review, and interpretation discussions with DBHDS staff establish accepted interpretation and determination for each standard assessed during the onsite review. The QAR participating in the reliability activity must have the same determination as the “Gold Standard” to receive a correct answer.

For newly employed QARs, Field Reliability must be conducted – and the QAR must pass – within six months of the date of hire and prior to being allowed to independently conduct review components. QARs are tested annually to ensure they are following correct procedures and scoring standards correctly in all Person Centered Review and Provider Quality Review components.

The Program Manager selects a review scheduled by the QAR and arranges to accompany the QAR on that review. Prior to the review, the Program Manager works with the QAR to ensure all appropriate preparation work has been completed. This includes but is not limited to confirming dates, times, and locations for all review activities. Prior to the review, it is important for the Program Manager and QAR to ensure both have all the necessary tools for information gathering, documentation and scoring. Information gathering activities include:

- Individual Interviews

- Family/guardian interviews
- Provider and Support Coordinator interviews
- Individual Support Plan (ISP) review
- Review of the provider's Policies and Procedures
- Observations
- Interviews with staff, including administration personnel
- Provision of preliminary findings

The Program Manager is present for the entire review to observe how and what information is collected by the QAR. The Program Manager silently observes, noting how information is gathered but not offering assistance or coaching.<sup>21</sup> The Program Manager refrains throughout the review from contributing to the process, as the purpose of reliability is to ensure the QAR's independent assessment of the standards being measured. The Program Manager and the QAR score the QSR tools independently.

After scoring is completed, the Program Manager solicits the QAR's scores for comparison, and asks the QAR to explain his/her scoring, especially where a discrepancy occurred or where a determination may have been difficult to make. If, during the review, not enough information is gathered to make a determination, the Program Manager considers this a discrepancy.

Subsequent to the review, the Program Manager provides coaching and feedback to the QAR regarding information gathering, decision making, compliance with the process and procedures, and style. Discussions include opportunities for improvement as well as acknowledgement of provider competence and best practices.

### **Passing Standards**

On Field Reliability, there must be an 85 percent match between the Program Manager's determinations and those of the QAR in order for the QAR to be considered reliable. If the QAR does not pass the Reliability test, the Program Manager immediately schedules a coaching and feedback session with that QAR. Special attention is paid to areas in which there were discrepancies between the Program Manager and QAR. The QAR will not conduct reviews independently until deemed reliable. Over the next 30 days, the Program Manager provides intensive coaching regarding the QAR's method for gathering information and decision-making. After that 30-day timeframe, the Program Manager is present at the QAR's next review to again conduct formal reliability. Should the QAR fail a second time, a corrective plan of action is decided by the Program

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<sup>21</sup> The exception to this is if the Program Manager determines the QAR is not conducting the review as needed, at which time the Program Manager will complete the review and discuss with the Director next steps for the QAR.

Manager and the Director of Virginia Operations. Corrective action may range from further coaching, reassignment of duties, or up to dismissal. All QARs undergo reliability annually.

## Appendix 3: Feedback Survey Results

Virginia Quality Services Reviews				
Individual/Family/Guardian Feedback Surveys				
Entered between July 2017 and June 2018				
Question	Strongly/ Somewhat/ Agree	Neither	Strongly/ Somewhat/ Disagree	Blank
Overall, I am pleased with how the interview went.	2	0	0	0
The purpose of the interview was explained to me.	2	0	0	0
I was treated with respect.	2	0	0	0
The person who interviewed me seemed interested in what I said.	2	0	0	0
The person who interviewed me was pleasant.	2	0	0	0
My questions were answered.	2	0	0	0
The length of time for the interview was consistent with the original suggested time.	2	0	0	0
Total	14	0	0	0
<b>Average Percent "Agree"</b>	<b>100.0%</b>			

Virginia Quality Services Reviews				
Provider Feedback from Person Centered Reviews				
Entered between July 2017 and June 2018				
Question	Strongly/ Somewhat/ Agree	Neither	Strongly/ Somewhat/ Disagree	Blank
Overall, you are satisfied with your participation in the Person Centered Review (PCR) process.	28	0	1	1
Qlarant staff interacted with you and your staff in a professional manner.	29	0	0	1
Qlarant staff clearly answered your questions and concerns.	28	2	0	0
Qlarant staff facilitated an environment, which was interactive and positive.	28	2	0	0
Qlarant staff provided constructive feedback on your organization's practices and processes.	27	2	0	1
The Person Centered Review Preliminary Findings report helped identify the strengths of your organization's supports and services.	27	0	2	1

Virginia Quality Services Reviews				
Provider Feedback from Person Centered Reviews				
Entered between July 2017 and June 2018				
Question	Strongly/ Somewhat/ Agree	Neither	Strongly/ Somewhat/ Disagree	Blank
The recommendations provided will be used to help improve the quality of services provided to the individual served by your organization.	28	0	0	0
Total	195	6	3	4
<b>Average Percent "Agree"</b>	<b>95.6%</b>			

Virginia Quality Services Reviews				
Provider Feedback from Provider Quality Reviews				
Entered between July 2017 and June 2018				
Question	Strongly/ Somewhat/ Agree	Neither	Strongly/ Somewhat/ Disagree	Blank
Overall, you are satisfied with the Provider Quality Review (PQR) process.	12	0	0	0
Qlarant staff interacted with you and your staff in a professional manner.	11	0	0	1
Qlarant staff interacted with the individuals you support in a professional manner.	9	2	0	1
Qlarant staff clearly answered your questions and concerns.	12	0	0	0
Qlarant staff provided constructive feedback and recommendations.	10	1	0	1
The Provider Quality Review report helped identify the strengths of your supports and services.	11	1	0	0
The recommendations provided will be used to help improve the quality of services provided to people served by your organization.	12	0	0	0
Total	77	4	0	3
<b>Average Percent "Agree"</b>	<b>95.1%</b>			