Virginia Quality Service Reviews
Year 2 Annual Report Data

July 2016 - June 2017
Evaluate quality of services at an individual, provider and system level to determine if:

- Individuals’ needs are met, including health and safety
- Person centered thinking is applied
- Individuals are given choices and supported in self-direction, including managing health and safety
- Services and supports are provided in the most appropriate integrated settings
- Individuals are provided opportunities for community engagement and inclusion in all aspects of their lives
QSR Review Processes

Person Centered Review (PCR)

- Assess support delivery systems and quality of life from the perspective of the person receiving services.

Provider Quality Review (PQR)

- Assess extent to which providers use person centered planning and practices, provide services in integrated settings, and promote opportunities for community integration.
Person Centered Reviews

Overview/Tools
Demographics
Key Performance Areas (KPA)
Strengths and Challenges
KPAs by Residential Status
Person Centered Review

- Uses random sample representative of the eligible population
- Captures information from the perspective of the person
- Determines if services are effectively implemented according to person’s unique needs, preferences & life’s decisions
- Gathers information specific to the individual's desired outcomes and satisfaction with services
The regional distribution of the completed PCRs closely resembles the regional distribution of the eligible population.

<table>
<thead>
<tr>
<th>DBHDS Region</th>
<th>PCR Sample</th>
<th>Eligible Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>22.9%</td>
<td>22.9%</td>
</tr>
<tr>
<td>2</td>
<td>15.7%</td>
<td>14.0%</td>
</tr>
<tr>
<td>3</td>
<td>19.5%</td>
<td>19.9%</td>
</tr>
<tr>
<td>4</td>
<td>19.5%</td>
<td>19.6%</td>
</tr>
<tr>
<td>5</td>
<td>22.4%</td>
<td>23.6%</td>
</tr>
<tr>
<td>Total N</td>
<td>401</td>
<td>11,956</td>
</tr>
</tbody>
</table>
PCR Sample by Gender and Primary Diagnosis
July 2016 – June 2017

- 41.9% Women
- 58.1% Men

Intellectual Disability 92.0%
Autism 5.0%
Cerebral Palsy 1.5%
Down Syndrome 1.0%
PCR Sample by Age Group and Residence

- **≤18 (10)**: 2.5%
- **18-30 (94)**: 23.4%
- **31-40 (72)**: 18.0%
- **41-50 (69)**: 17.2%
- **51-60 (81)**: 20.2%
- **≥61 (75)**: 18.7%

- **Group Home**: 44.4%
- **Family Home**: 13.5%
- **Sponsored/Supported Residential**: 11.7%
- **Own Home/Supported Living**: 6.0%
- **Other**: 11.7%

Group Home includes facilities like residential homes, boarding houses, or group homes.
Family Home includes living arrangements typical of nuclear families.
Sponsored/Supported Residential refers to facilities that receive financial support from third parties.
Own Home/Supported Living indicates individuals living in their own homes with support services.
Other includes any other living arrangements not specifically categorized.
PCR Tools

- ISP QA Checklist
- Support Coordinator Interview & Record Review
- Observation
- Provider Interview & Record Review
- Individual Interview
- Family Guardian Interview
Data Collected from Various Tools

- Individual Interview, Family Interview
- Provider Interview, Record Review, Observation
- SC Interview, Record Review, ISP Checklist

Integrated into KPAs to reflect different perspectives
<table>
<thead>
<tr>
<th>Needs Are Met</th>
<th>Person Centered</th>
<th>Integrated Setting</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Person’s needs are met, including health and safety.</td>
<td>• Person centered practices are applied. People are given choices. They are supported to take ownership of their healthcare and safety.</td>
<td>• Services and supports are provided in the most integrated setting appropriate to people’s needs and consistent with their choice.</td>
<td>• Individuals are provided opportunities for community engagement and inclusion in all aspects of their lives.</td>
</tr>
</tbody>
</table>
• Each KPA consists of driver indicators, selected from each of the tools – deemed important to ensure the KPA is present in a person’s life.

• Results from these driver indicators are aggregated into a score and converted into a final rating for each KPA:

Developing: ≤ 50%
Emerging: >50% - ≤75%
Achieving: >75% - ≤90%
Innovating: >90% - 100%
<table>
<thead>
<tr>
<th>Category</th>
<th>Developing</th>
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<th>Innovating</th>
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</thead>
<tbody>
<tr>
<td>1a. Person centered</td>
<td>27.9%</td>
<td>53.5%</td>
<td>18.6%</td>
<td></td>
</tr>
<tr>
<td>1b. Taking ownership of healthcare</td>
<td>22.8%</td>
<td>37.3%</td>
<td>29.7%</td>
<td>10.1%</td>
</tr>
<tr>
<td>1c. Self-directing safety</td>
<td>8.4%</td>
<td>54.1%</td>
<td>28.8%</td>
<td>8.7%</td>
</tr>
<tr>
<td>2a. Needs are met</td>
<td>4.7%</td>
<td>29.7%</td>
<td>65.7%</td>
<td></td>
</tr>
<tr>
<td>2b. Health needs are met</td>
<td>11.9%</td>
<td>49.7%</td>
<td>37.8%</td>
<td></td>
</tr>
<tr>
<td>2c. Safety needs are met</td>
<td>9.0%</td>
<td>58.4%</td>
<td>32.6%</td>
<td></td>
</tr>
<tr>
<td>3. Integrated settings</td>
<td>14.0%</td>
<td>35.9%</td>
<td>41.1%</td>
<td>9.0%</td>
</tr>
<tr>
<td>4. Community inclusion</td>
<td>11.3%</td>
<td>62.8%</td>
<td>21.5%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>
**Person Centered**

**Top Strengths**

- ISP describes person’s communication and sensory support needs (ISP QA) and preferred communication methods are solicited/respected (II, PI, SCI)
- The individual is respected and staff supports the person’s choices (OBS)
- Support Coordinator conducts an assessment of personal strengths, interests, preferences and abilities (SCI, SCRR)

**Challenges**

- Support Coordinator provides person with education about choice and person centered planning (SCRR)
- There is evidence of informed choice of providers (ISP QA)
Needs Met (General)

Top Strengths

• Support plan review is requested and completed annually or with a change in person’s status (SCI, SCRR, II, PI)
• Staff responds to the express needs of the person (OBS)
• Person is supported to access transportation and other services in the community (SCRR)

Challenges

• Person is moving toward desired outcomes/dreams (II)
• Family member (AR/Guardian) is satisfied with supports and services (FGI)
Health: Self Directed and Needs Met

Top Strengths

• Person’s health concerns/untreated pain are addressed (II, PI, PRR)
• Person shows signs of good personal hygiene and staff is aware of person’s risk triggers (OBS)
• Provider follows up on person’s medical needs (PI) and assists person to see a doctor when needed (PRR)

Challenges

• Person is provided with education on personal and preventative health, and medications (what, why, side effects) (II, SCI, SCRR, PI, PRR)
• Provider advocates to ensure person receives routine preventative screenings/healthcare and referrals as needed (SCI, SCRR, PRR)
Safety: Self Directed and Needs Met

Top Strengths

- The family (AR/G) knows what to do if abuse, neglect or exploitation (ANE) is suspected (FGI)
- Person is free from ANE and the use of unauthorized restraints (FGI, II, OBS) and SC reports-addresses ANE and unauthorized restraints (SCI)
- Person has equipment needed to eat safely (OBS) and is observed for changes in status for potential safety risks (PI)

Challenges

- Providers ensure the person understands the meaning of /has education on the use of restraints, seclusion, restrictions and ANE (SCRR, SCI, PRR)
- Providers ensure person receives education on restraints, seclusion, restrictions, ANE and other types of emergencies (SCI, SCRR, PI, PRR)
Community Inclusion

Top Strengths

• Person actively participates in the community based on choice and preference (OBS)
• Support Coordinator discusses community engagement options during development of the ISP and develops goals for these as indicated (SCI)

Challenges

• Ensure person receives education about social roles (PRR) and is supported to develop desired social roles or new friendships (PRR, SCI, SCRR)
• Support Coordinator ensures outcomes related to involvement in community/civic groups are pursued (SCRR)
• Ensure the person is offered opportunities to be involved in and contribute to the community as desired (PRR, PI, SCRR, and SCI)
• Person is active participant/member of community groups, such as a church, community clubs, YMCA, neighborhood association (II)
Integrated Setting

Top Strengths

- Support Coordinator and provider supports person to explore more integrated living and work/day settings (SCI, SCRR, PI, PRR).
- The ISP contains a review of most integrated settings, addressing both living and employment/day settings (ISP QA).

Challenges

- Assess and/or address barriers to integrated educational opportunities, school settings, supported employment, or supported living (PI, PRR, SCI).
- Person works in an integrated community setting (II).
- Person receives Supported Employment with evidence of career advancement opportunities (ISP QA).
PCR KPA Results by Home Type
July 2016 – June 2017

Person Centered

Needs Met

Family Home
Group Home
Own Home/Supported Living
Sponsored/Supported Residential

Developing
Emerging
Achieving
Innovating
PCR KPA Results by Home Type
July 2016 – June 2017

Self-Directing Health

- Family Home
- Group Home
- Own Home/Supported Living
- Sponsored/Supported Residential

Health Needs Met

- Family Home
- Group Home
- Own Home/Supported Living
- Sponsored/Supported Residential

Developing | Emerging | Achieving | Innovating
PCR KPA Results by Home Type
July 2016 – June 2017

Self-Directing Safety

Safety Needs Met

- Developing
- Emerging
- Achieving
- Innovating
PCR KPA Results by Home Type
July 2016 – June 2017

Community Inclusion

Integrated Settings

[Bar charts showing performance by home type across different categories such as Family Home, Group Home, Own Home/Supported Living, and Sponsored/Supported Residential, with stages of development indicated.]
Provider Quality Reviews (PQR)

Overview
KPA Results
Administrative Review
Strengths and Barriers
Recommendations
## Provider Quality Review

A random sample of 50 providers of Day Services, who provided services to individuals selected for the PCR sample.

**Focuses on the provider’s service delivery system including compliance with qualifications and training requirements.**

**Evaluates performance in delivering appropriate services and supports to assist the person in achieving personal outcomes and addressing identified needs.**

**Assesses quality and compliance with Virginia Medicaid provider manuals and other state requirements, rules and policy.**
PQR Tools

- Provider Interview and Record Review
- Observation
- Administrative Policies and Procedures
- Individual Interview
- Administrative Qualifications and Training
Provider Quality Reviews (N=50)

Region

Region 1 (N=12)
Region 2 (N=6)
Region 3 (N=8)
Region 4 (N=10)
Region 5 (N=14)

All Day Services
Includes 11 CSBs
3 to 66 staff
5 to 155 individuals
## PQR Results by KPA
**July 2016 – June 2017**
**N = 50**

<table>
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<tr>
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<tr>
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<td>52.0%</td>
<td>18.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2b. Health needs are met</td>
<td>16.0%</td>
<td>50.0%</td>
<td>34.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2c. Safety needs are met</td>
<td>58.0%</td>
<td>36.0%</td>
<td>6.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>3. Integrated settings</td>
<td>46.0%</td>
<td>42.0%</td>
<td>10.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>4. Community inclusion</td>
<td>48.0%</td>
<td>50.0%</td>
<td>2.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
Policies and Procedures
74.2%

Strengths: Most providers have policy to ensure:

• Strengths, preferences, needs and outcomes are identified
• Employees are competent and adequately trained
• Emergency medical information is current and readily available
• Injuries are evaluated and addressed immediately

Challenges: Most providers do not have policies to ensure:

• Person receives education on and understands the meaning of ANE, restraints, seclusion and restrictions
• The Quality Improvement Plan is updated at least every 4 years
Qualifications and Training
(Based on Sample of Employee Records)
88.6%

Strengths: Most staff have received:

• Orientation training on Human Rights and Personnel Policies
• Training on the characteristics of MR/ID, appropriate interventions and training strategies
• Emergency medical/first aid and CPR training

Challenges: Lowest scoring area (75%) indicates

• Orientation training on person centeredness is often not completed within 15 days of hire
Provider Strengths and Barriers

♦ Staff is knowledgeable of individuals’ health needs
♦ Staff treats individual as unique person
♦ Staff is observed treating individuals with respect and dignity
♦ Staff knows person’s preferences and acts on them

♦ Lack of funding for needed services
♦ Difficulty hiring qualified staff
♦ Difficulty maintaining qualified staff
♦ Lack of funding to accommodate 1:3 Community Integration Ratio
Most Frequently Cited Recommendations
PCR and PQR

Safety

• Provide education to the person according to his/her learning style on the different types of abuse, neglect, exploitation, and what to do in those situations
• Safety education should be on going

Choice

• Consistently document efforts related to choice
• Support the person in making informed choices
Most Frequently Cited Recommendations
PCR and PQR

**Access to Services**

- Assist the person to understand how to make changes to services or staff
- Connect the person to resources that will help develop more natural and unpaid supports in communities

**Community Inclusion**

- Support person to establish social roles in the community
- Consistently solicit person’s interest in activities including competitive employment and advocacy group participation
Thank You!

Questions?

Ideas for Future Analysis or Studies?

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