Virginia Quality Service Reviews
June 2015 - June 2016

Presentation for the Settlement Agreement Stakeholder meeting
March 14, 2017
Introduction to the Team

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Purpose of the Quality Service Reviews (QSR)

Evaluate quality of services at an individual, provider and system-wide level to ensure:

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

**Person Centered Review (PCR)**
- Assess support delivery systems 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 Review**

<table>
<thead>
<tr>
<th>Uses random sample representative of the eligible population</th>
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<tbody>
<tr>
<td>Captures information from the perspective of the person</td>
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<tr>
<td>Determines whether services are effectively implemented in accordance with the person’s unique needs, expressed preferences &amp; life’s decisions</td>
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<td>Gathers information specific to the individual's desired outcomes and satisfaction with services</td>
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PCR Tools

- ISP QA Checklist
- Support Coordinator Interview & Record Review
- Observation
- Provider Interview & Record Review
- Individual Interview
- Family Guardian Interview
Services Eligible for Review

- Companion Care Services
- Consumer Directed (CD) Service Facilitator
- CD Services (PA, Res, Com)
- Crisis Stabilization Services
- Family Caregiver Training
- In-Home Residential Support Services
- Personal Assistance, Respite & Companion (PA, Res, Com)
- Personal Care
- Day Support & Prevocational Services
- Residential Support Services
- Respite Care
- Skilled Nursing Services
- Support Coordination
- Supported Employment
### Provider Quality Review

<table>
<thead>
<tr>
<th>Provider Quality Review</th>
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<tr>
<td>Randomly sampled 50 providers who provided services to individuals selected for the PCR sample</td>
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<tr>
<td>Focuses on the provider’s service delivery system</td>
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<tr>
<td>Evaluates performance in delivering appropriate services and supports to assist the person in achieving personal outcomes and meeting identified needs</td>
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<tr>
<td>Assesses quality and compliance with Virginia Medicaid provider manuals and other state requirements, rules and policy</td>
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PQR Tools

- Support Coordinator Interview and Record Review
- Provider Interview and Record Review
- Observation
- Administrative Policy and Procedures
- Administrative Qualifications and Training
- Individual Interview
## Data Review

<table>
<thead>
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<th>Sample</th>
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<tbody>
<tr>
<td>Key Performance Areas</td>
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<td>PCR Findings</td>
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<tr>
<td>PQR Findings</td>
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<tr>
<td>Strengths and Barriers</td>
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<tr>
<td>Recommendations</td>
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Virginia QSR
Eligible Population

People on Medicaid Home and Community-Based Services Intellectual Disability (ID) waiver or the Developmental Disabilities (DD) waiver

People with ID or DD living in Intermediate Care Facilities (ICF), Training Centers (TC), or Skilled Nursing Facilities
Randomly Select 400 Individuals
PQR Sample

Randomly Select 50 Providers
The regional distribution of the completed PCRs closely resembles the regional distribution of the eligible population.
PCR by Residential Type (N=380)
June 2015 - June 2016

- Group Home (42.6%)
- Family Home (34.7%)
- Sponsored Residential (10.0%)
- Intermediate Care Facility (4.7%)
- Nursing Home (4.7%)
- Own Home/Supported Living (1.8%)
- Supported Residential (1.1%)
- Training Center (0.3%)
Data Collected from Various Tools

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

Integrated into KPAs to reflect different perspectives
Key Performance Areas (KPA)

- **Needs Are Met**: Person’s needs are met, including health and safety.
- **Person Centered**: Person centered practices are applied. People are given choices. They are supported to take ownership of their healthcare and safety.
- **Integrated Setting**: Services and supports are provided in the most integrated setting appropriate to people’s needs and consistent with their choice.
- **Community**: Individuals are provided opportunities for community engagement and inclusion in all aspects of their lives.
PCR Results by KPA

- Health Needs Met 90.9%
- Safety Needs Met 94.6%
- General Needs Met 95.1%

- Health Person Centered 71.3%
- Safety Person Centered 62.6%
- General Person Centered 87.0%

Needs Are Met 93.3%
Person Centered 76.9%
Community 84.5%
Integrated Setting 84.3%
Needs Met

Areas of Strength

• General
  • > 90% of individuals received needed services
  • > 95% were satisfied with supports and services
• Health
  • 95% saw primary care doctor annually and specialists if needed
  • 80% saw a dentist in the past 12 month
• Safety
  • >96% feel safe
  • 99% are free from harm including Abuse, Neglect, Exploitation

Areas for Improvement

• Lack of informed consent for psychotropic medication in both provider (64%) and support coordinator (58%) records
Person Centered

Areas of Strength

• General
  • > 95% of individuals’ preferred communication method respected
  • > 90% of individuals were involved in planning & developing their ISPs
  • > 90% of ISPs show some evidence of person centered planning

• Health
  • > 90% of the ISP health and safety sections address what’s important to the person and what’s not working

• Safety
  • > 90% of providers and SCs ensure person knows how to respond in the event of a fire
Person Centered

Areas for Improvement

• General
  • 50% of individuals made the choice about with whom to live

• Health
  • < 72% of providers and SCs offer education to individuals about
    • Person’s health
    • Reason for prescribed medication
    • Potential side effects

• Safety
  • 55% of individuals were provided education on A/N/E
  • 71% knew what to do if A/N/E happens
  • 42% had self-advocacy connections
Integrated Setting

Areas of Strength

• 86% of individuals stated goals of independent living were actively pursued
• 90% of ISPs address resources needed for the person to obtain most integrated employment or day support setting

Areas for Improvement

• Options & support to explore more integrated settings for
  • Educational: 59%
  • Living: 71%
  • Day activity or work: 76%
Areas of Strength

- 90% of people indicated having
  - Opportunity to develop new relationships
  - Opportunity to attend leisure activity
  - Opportunity to attend religious activity
  - A “Circle of Support” besides paid staff

Areas for Improvement

- 56% of individuals were a member of a community group
- 67% of SCs advocate for the person to develop social roles
- 56% of providers provide education for individuals about social roles
Provider Quality Reviews (N=49)

Region
- Region 1 (N=6)
- Region 2 (N=7)
- Region 3 (N=7)
- Region 4 (N=16)
- Region 5 (N=13)

Service
1. Residential
   (31)
2. Day Program
   (22)
3. Support Coordination
   (10)
4. Supported Employment
   (4)

Type
- 6 CSB
- 2 Training Centers
- 1 ICF
- 40 Other Providers

1. A provider could offer multiple services.
2. The other ICF was reviewed as part of a CSB, therefore not included in this count.
PQR Results by KPA at Provider Level

**Needs Are Met**
93.4%

**Person Centered**
71.6%

**Community**
77.0%

**Integrated Setting**
80.4%
Administrative Review

Qualifications & Training
86.6% met

- > 85% providers completed orientation training on: Human Rights, Confidentiality, CPR, First Aid, Infection Control
- > 95% service-specific training requirements were met
- However, not all (64%) staff had required orientation training on the principles of Person Centeredness

Policies & Procedures
84.9% met

- > 90% providers have policy and procedures addressing health and safety
- > 90% demonstrate serious incidents were reported to the DBHDS within 24 hours
- However, about 50% of providers maintain a risk management plan and update the plan annually
Provider Strengths and Barriers

- Staff is knowledgeable of individuals' health needs
- Individuals feel safe in homes, day programs, communities, and jobs
- Individuals indicate supports and services do not change based on provider convenience

- Staff turnover; difficulty in finding and maintaining qualified staff
- Lack of resources and choices in rural areas; limited employment opportunities for individuals with IDD
- Lack of behavior support resources and providers
## Alerts issued

- 13 related to rights
- 2 related to safety

## Action

- Notified DBHDS using alert forms
- Notified regional advocates
- Adult Protection Service notified (one case)
Recommendations

1. Promote person centered practice and self-determination
2. Involve individuals in planning their own health care
3. Provide education for individuals about their own health, prescribed medications & potential side effects
4. Increase person’s awareness of abuse, neglect, exploitation (A/N/E), restraints and seclusion
Recommendations

- Empower individuals to develop meaningful connections and relationships in communities

- Enhance methods in place to share community resources with individuals, families and providers
  - Access resource: Research and Training Center on Community Living (RTC/CL) at the University of Minnesota
Thank You!

Questions...

Ideas for Further Analysis

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