



# **Virginia Quality Service Reviews**

## **June 2015 - June 2016**

**Presentation for the Settlement Agreement Stakeholder meeting**  
March 14, 2017

# Introduction to the Team

## **Theresa Skidmore**

- Interim Program Director

## **LaDonna Walters**

- Program Manager

## **Yani Su**

- Senior Data Analyst

# 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

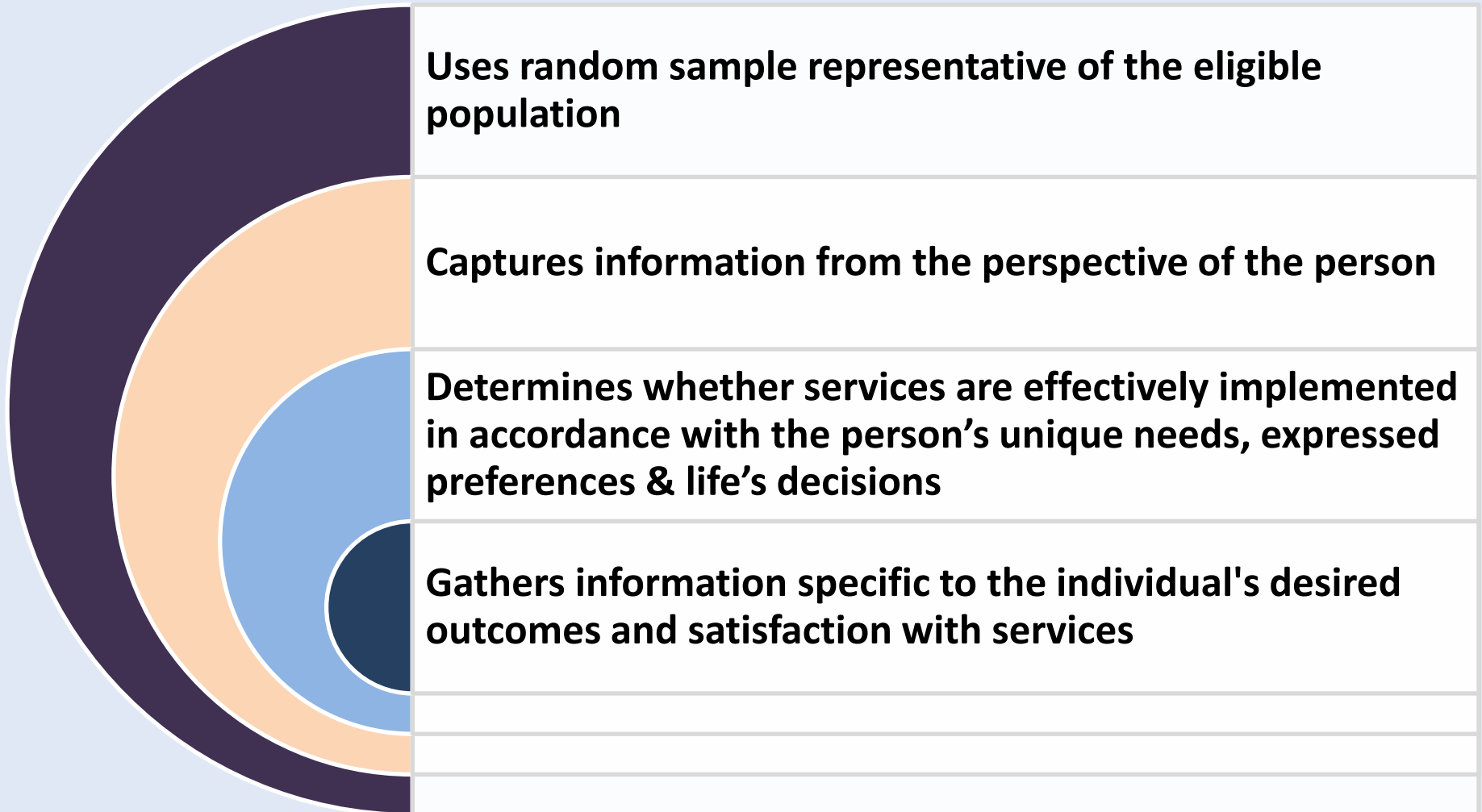
## Person Centered Review (PCR)

- 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



# PCR Tools



# 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



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



# PQR Tools



# Data Review

**Sample**

**Key Performance Areas**

**PCR Findings**

**PQR Findings**

**Strengths and Barriers**

**Recommendations**

# Virginia QSR Eligible Population

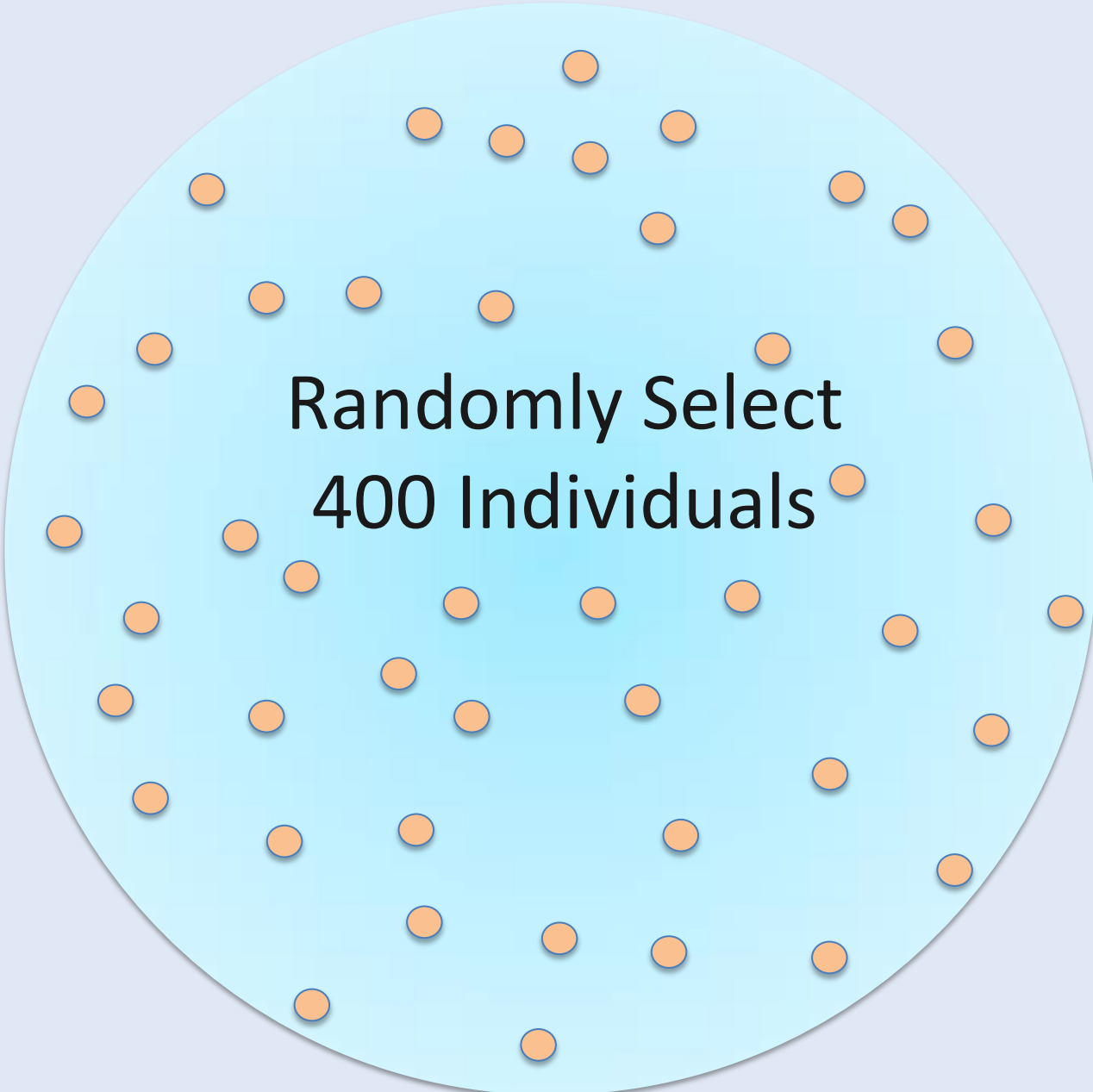
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People on Medicaid Home and Community-Based Services Intellectual Disability (ID) waiver or the Developmental Disabilities (DD) waiver

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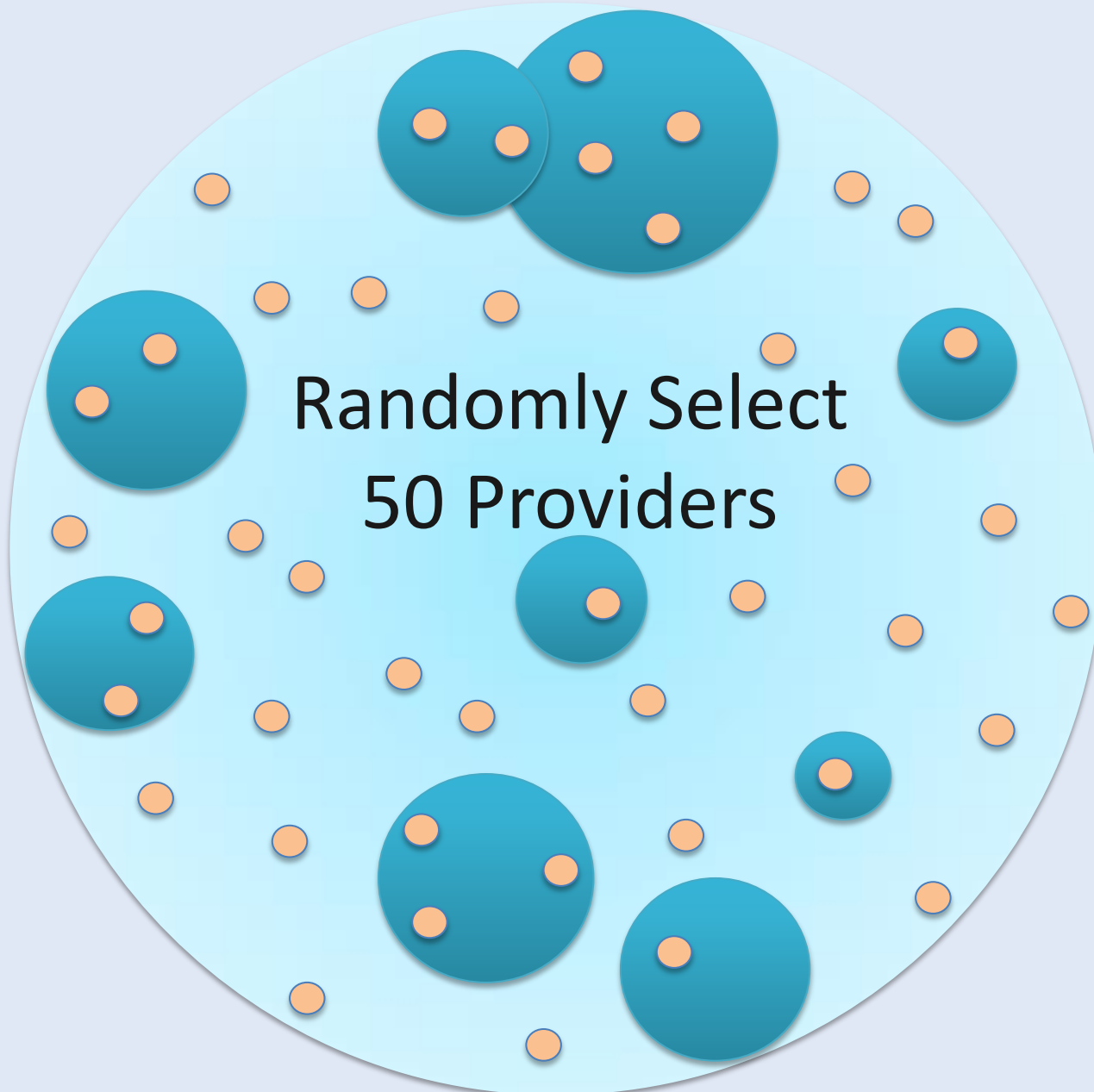
People with ID or DD living in Intermediate Care Facilities (ICF), Training Centers (TC), or Skilled Nursing Facilities

# PCR Sample



Randomly Select  
400 Individuals

# PQR Sample



# PCR Regional Distribution

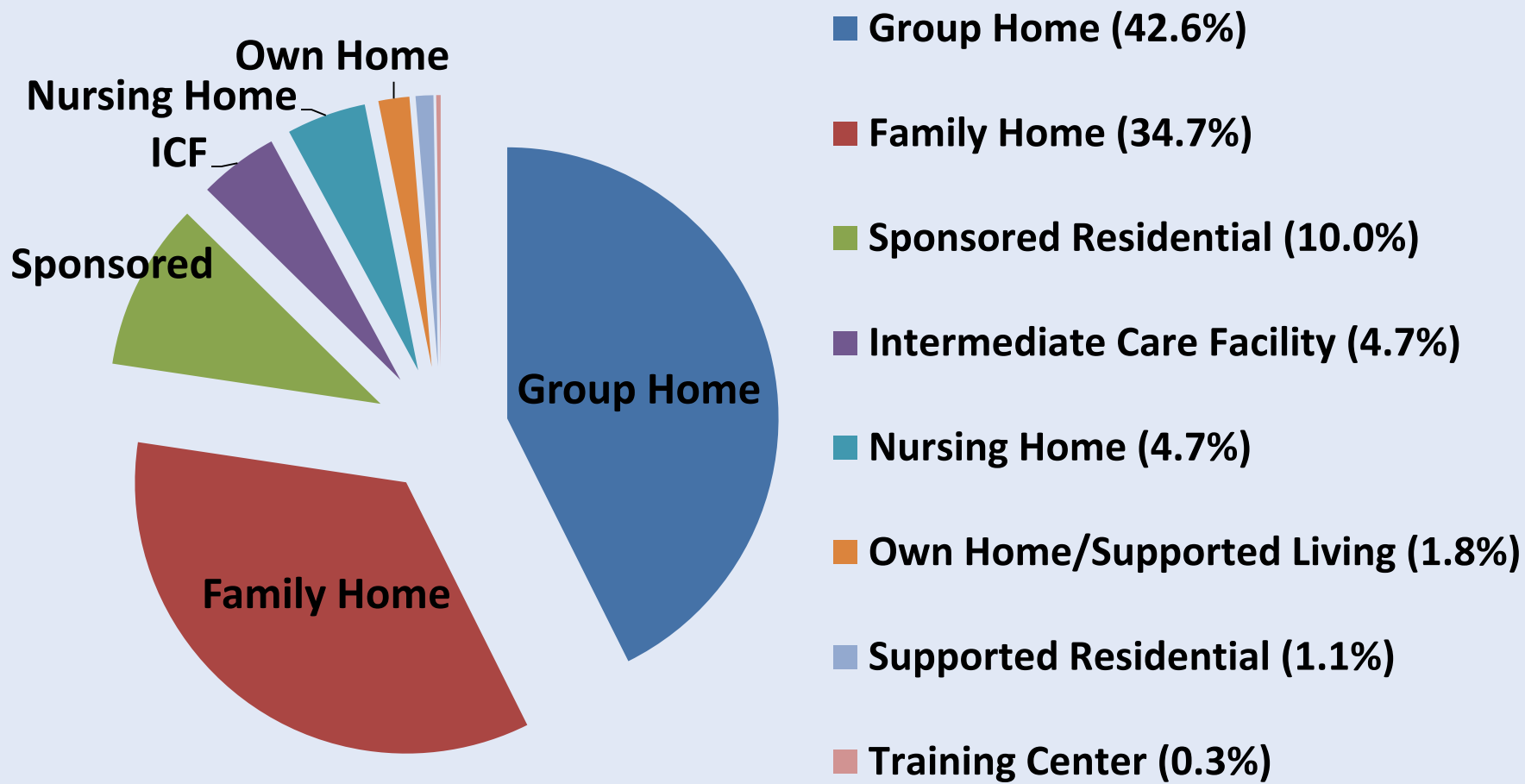
## June 2015 – June 2016

DBHDS Region	Eligible Population	PCR Completed
1	2,684 (22%)	86 (23%)
2	1,818 (15%)	53 (14%)
3	2,239 (18%)	65 (17%)
4	2,684 (22%)	86 (23%)
5	2,944 (24%)	90 (24%)
Total	12,369	380

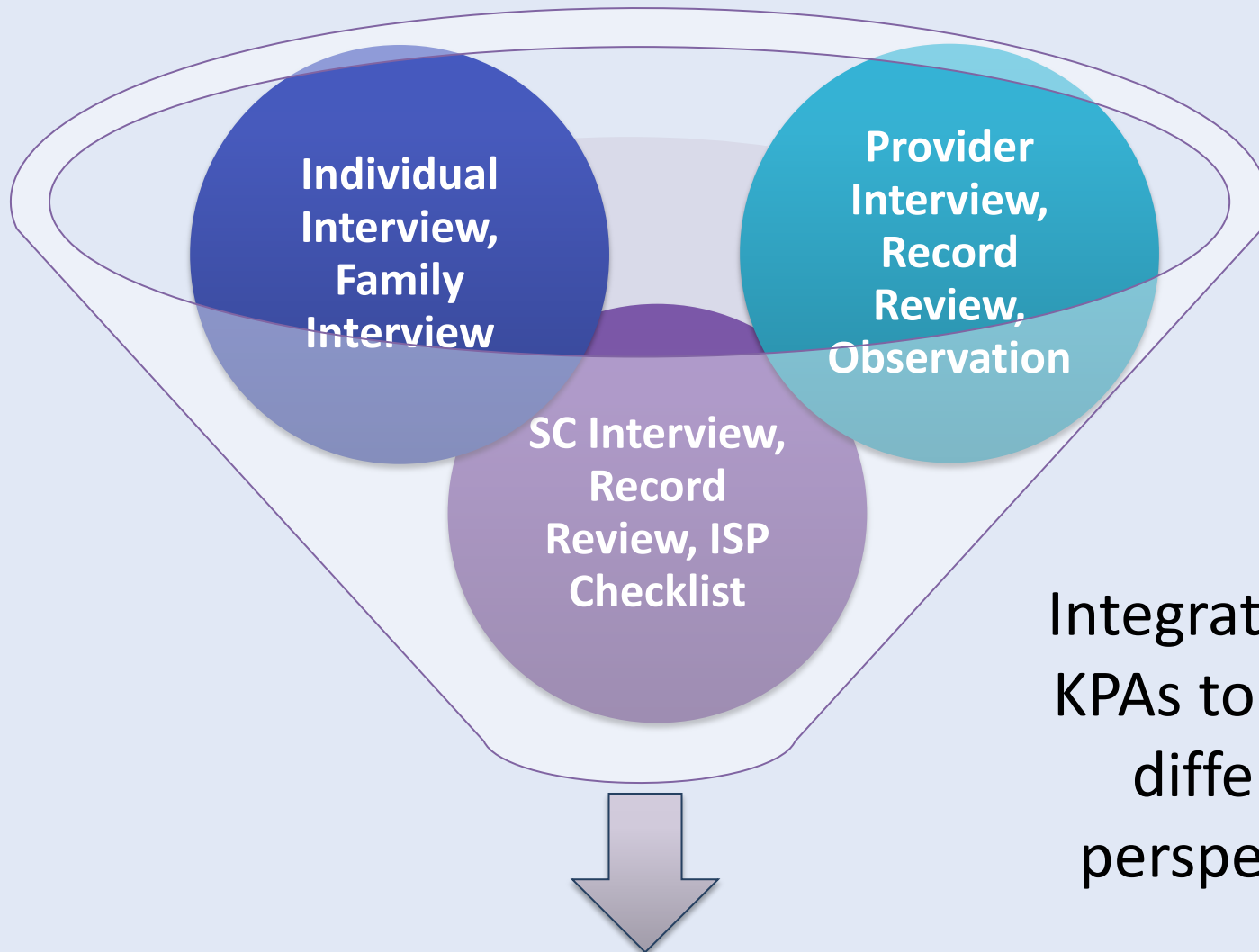
The regional distribution of the completed PCRs closely resembles the regional distribution of the eligible population.

# PCR by Residential Type (N=380)

## June 2015 - June 2016



# Data Collected from Various Tools





# 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%

**Needs Are  
Met  
93.3%**

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

**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%**

# Community

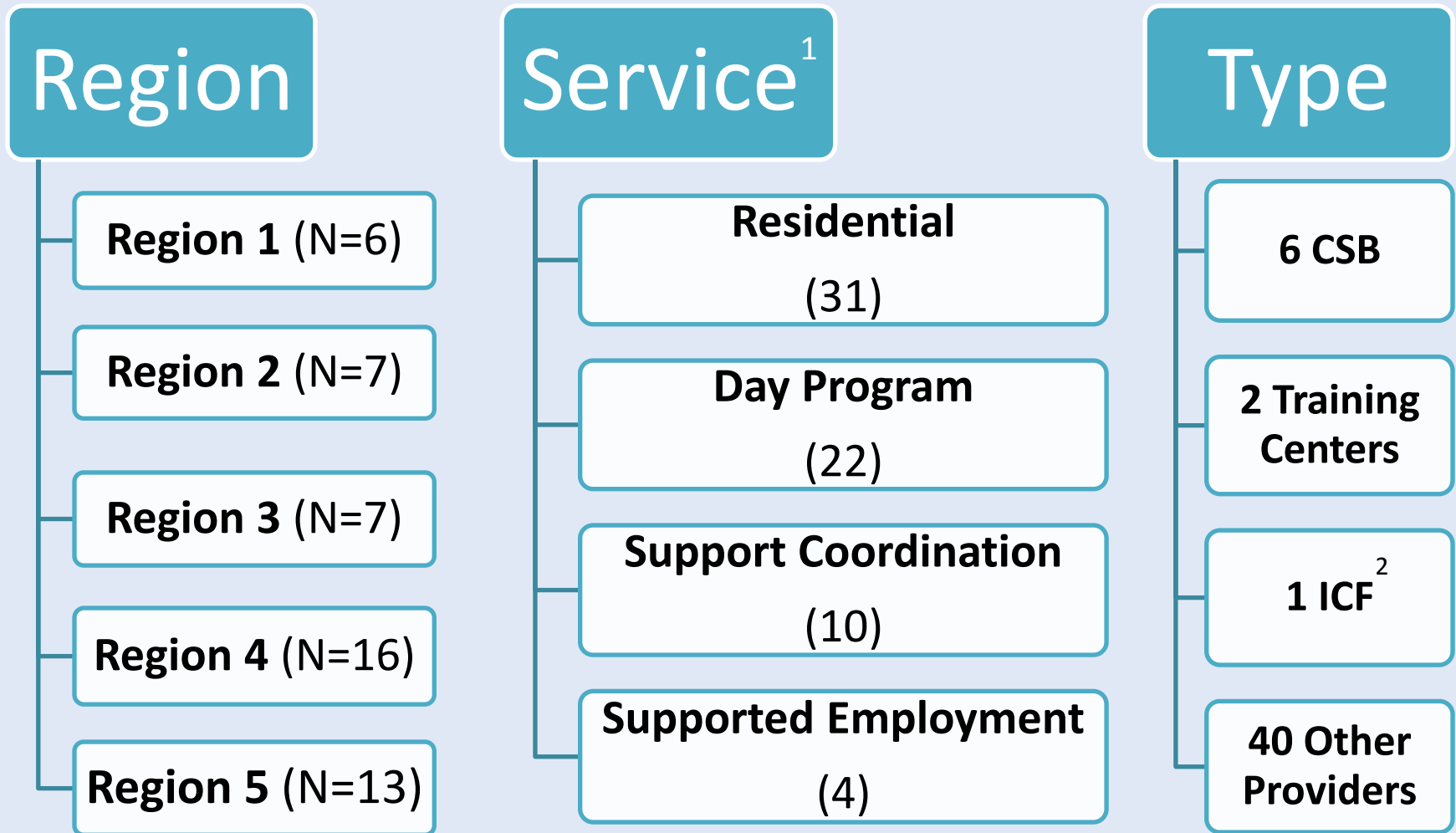
## Areas of Strength

- 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)



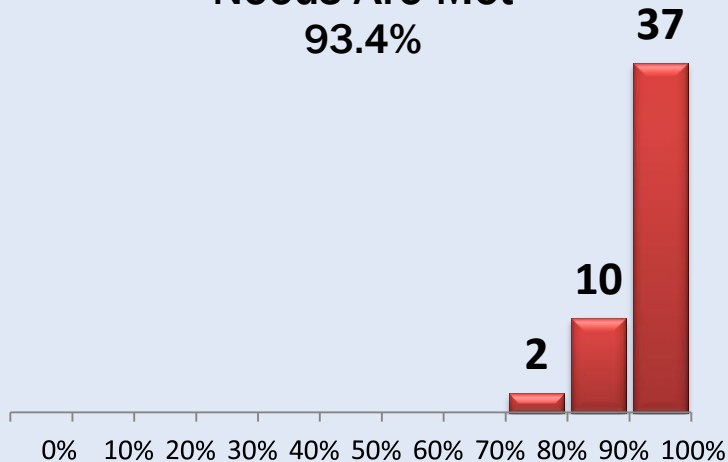
1. A provider could offer multiple services.

2. The other ICF was reviewed as part of a CSB, therefore not included in this count.

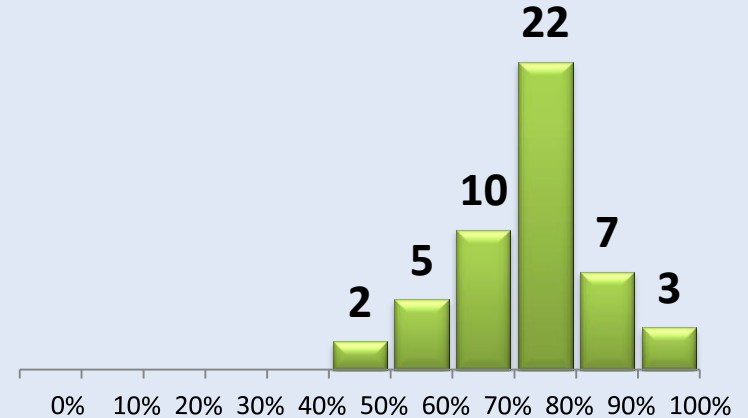


# PQR Results by KPA at Provider Level

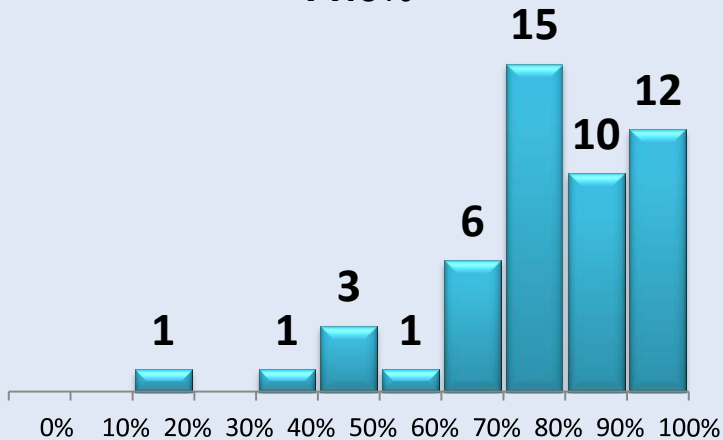
**Needs Are Met**  
93.4%



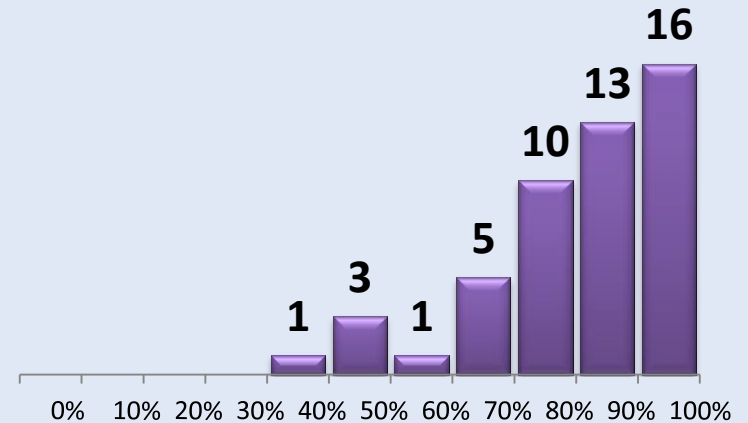
**Person Centered**  
71.6%



**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

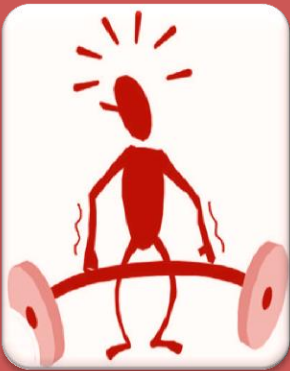
**84.9% met**

- **> 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



Promote person centered practice and self-determination

Involve individuals in planning their own health care

Provide education for individuals about their own health, prescribed medications & potential side effects

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

Access resource: Amado, A.N. (2013). Friends: Connecting people with disabilities and community members

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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