

Quality Enhancement Provider Review (QEPR) Final Assessment Report Abilities Discovered, Inc.

Address: 211 Corder Road, Warner Robins, GA	Region: 6	Review Method: On-Site Quality Review
Review Date(s): 3/4/2024 - 3/8/2024	Individual Records Reviewed: 9	Staff Records Reviewed: 4
Services Reviewed: Community Access Individual; Community Living Support; Community Residential Alternative		
Lead Assessor: Rodney Johnson		

The Quality Enhancement Provider Review (QEPR) is conducted by Qlarant as part of the Georgia Collaborative ASO, under contract with the Department of Behavioral Health and Developmental Disabilities (DBHDD). The Overall Score is based on indicators measuring the compliance and quality of your organization’s systems and practices, and adherence with the Provider Manual for Community Developmental Disability (DD) Providers. Results, shown in the following table, are derived from a sample of individual and employee records maintained by your organization.

Review Components		Percent Met	Score Weight ¹	Weighted Score
Provider Record Review	Safety	95%	0.20	19%
	Whole Health	91%	0.15	14%
	Person Centered Practices	97%	0.15	15%
	Community Life	75%	0.12	9%
	Rights	91%	0.12	11%
	Choice	80%	0.10	8%
Staff Qualifications & Training		92%	0.10	9%
Service Guidelines		90%	0.06	5%
Overall Score				90%

¹ Explanation: The Provider Record Review (PRR) is organized around six Focused Outcome Areas (FOA), as shown in the table. The Percent Met is the number of indicators scored met over the total number scored. The Weight is the proportion of the total score attributed to each review component (for example, the Weight for Safety is .20, or 20% of the Overall Score). To calculate the Weighted Score, multiply the Weight times the Percent Met. The sum of the Weighted Scores is equal to the Overall Provider Score. Note: Weighted scores shown for each area may not sum to the overall weighted score due to rounding.

QEPR Highlights

The QEPR Highlights section includes your organization's quality practices, Quality of Care Concerns (QCC), and immediate action items. These are listed if identified during the review, and are based on systems and practices documented in the records reviewed or issues identified during incidental observation if onsite during the QEPR.

Practices Demonstrating Quality Supports and Services

Provider Record Review

- The provider completed the "Pre- ISP (Individual Service Plan)" assessment tool to capture person-centered information about individuals (i.e. interest, job preference, play, worship, community life, dreams, and strengths).

Administrative Review

- The provider developed a detailed quality improvement plan that included assessments/evaluations, tracking and trending, action steps or follow up, and regular monitoring.
- A system was established to track and trend several quality outcome measures related to safety, whole health, person-centered practices, community, rights, and choice.

Staff Qualification & Training

- Staff members received additional hours of annual training beyond the required 16 hours.
- Personnel records were comprehensive, concise, and well organized.

Provider Record Review by Focused Outcome Area

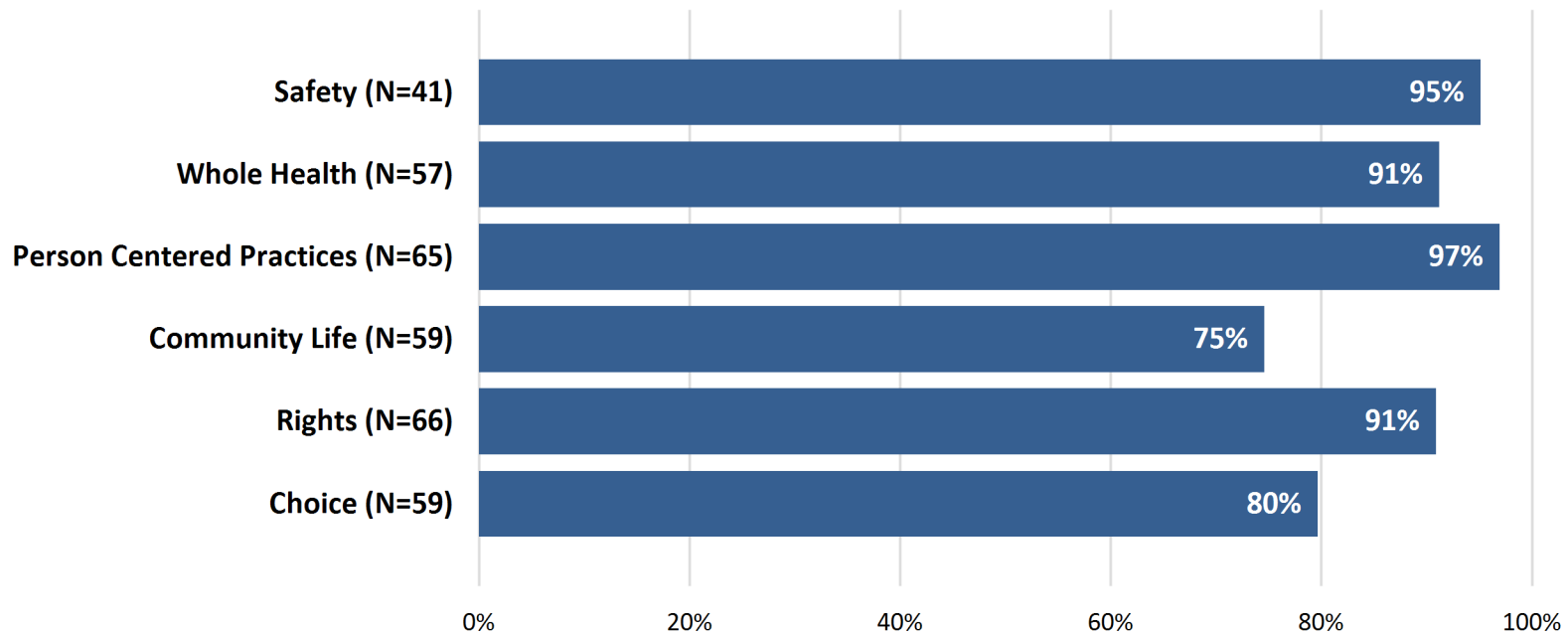
This QEPR section includes a bar graph displaying the overall average for each of the Provider Record Review (PRR) Focused Outcome Areas (FOA). Each FOA section includes the total number of indicators scored as met, not met, or not applicable (NA), and the average FOA score. If necessary, each FOA includes sections that address Key Findings and Requirements to be Addressed based on indicators that scored below 75 percent. Recommendations and Technical Assistance for Quality Improvement are also included if discussed during the review.

Provider Record Review Results by Focused Outcome Area

The following figure displays PRR results by FOA.

Note: "N" represents the total number of DD standards reviewed for each FOA.

Provider Record Review Percent Met by FOA



When all responses to a Focused Outcome Area question are "Not Applicable," no percentage is displayed.

Safety	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	39	2	22	95%

Key Findings

- All records included evidence of:
 - Actions needed to protect the individual, minimize risk, and keep the individual safe
 - Identified risks and safety issues
 - An annual review of abuse, neglect, and exploitation

Requirements to Be Addressed (scored less than 75% met)

- Ensure documentation reflects that incident reports are completed and follow up occurs.
- Ensure documentation indicates remediation for incidents occurs.

Whole Health	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	52	5	51	91%

Key Findings

- All records reviewed included evidence of the individual's information regarding allergies (or indicated no known allergies - NKA).
- Seven applicable records included evidence of coordinated health services, supports, and care that was provided based upon the individual's needs.
- Five applicable records reviewed contained documentation of:
 - Follow-up on prescribed orders and appointments
 - Required information related to the individual's medications, such as:
 - Medication administration records (MARs)
 - Current prescriptions
 - Medications filled/re-filled in a timely manner
 - Responses to medication, including side effects, were monitored

Requirements to Be Addressed (scored less than 75% met)

- Ensure education on the risks and benefits of psychotropic medication(s) is provided to individuals.
- Ensure education for all medications prescribed is provided to individuals and families (as approved by individuals).

Recommendations and Technical Assistance for Quality Improvement

- It was suggested that the provider have the individual or guardian sign off on the Informed Consent for Psychotropic Medication form.

Person Centered Practices	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	63	2	16	97%

Key Findings

- All records included documentation of the following:
 - The individual's preferences and strengths
 - The individual's hopes, dreams, and/or personal life goals
 - Services that were delivered in accordance with the ISP including the type, scope, amount, duration, and frequency specified

Requirements to Be Addressed (scored less than 75% met)

- Document how supports, services, or interventions change based upon review of individuals' progress or lack of progress on their goal(s) or objectives.

Recommendations and Technical Assistance for Quality Improvement

- The provider completed a monthly developmental disability professional (DDP) review of progress; however, details were minimal within the documentation reviewed. Consider including additional details within reviews such as the following:
 - A summary to determine progress that is completed with the individual
 - Identifying any barriers and including the DDP's recommendations which support the individual to master his/her goals
 - Necessary follow-up (service/goal revisions approved by the individual)

Community Life	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	44	15	5	75%

Key Findings

- All records included documentation of the following:
 - Opportunities for the individual to actively participate in the same types of community activities as citizens without disabilities
 - How the individual was supported to access community resources available to other citizens
 - How the individual was supported to be included and integrated into the community

Requirements to Be Addressed (scored less than 75% met)

- Ensure documentation shows how individuals have, or are supported to have responsibilities in the community as desired such as employment, volunteer activities, church and civic membership and participation, school attendance, or other age-appropriate activities.
- Ensure documentation includes how the provider supports the development or maintenance of social roles/natural supports reflective of individuals' interests.
- Ensure documentation indicates supports provided to individuals to learn about, explore, and experience the community.

Recommendations and Technical Assistance for Quality Improvement

- The team encouraged the provider to include in progress notes and DDP reviews how individuals are supported to participate in community activities.
- The team suggested that staff members support individuals to learn about, explore, and experience new activities in the community. The provider was encouraged to document detailed information on community activities to include the individual's response, community connections, and education provided by the staff. This could be captured in the quarterly reviews.

Rights	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	60	6	42	91%

Key Findings

- All records reviewed included documentation of the following:
 - A Consent for Service form
 - A Freedom of Choice form
 - An annual review of the individual's rights and responsibilities
 - Evidence that the individual's rights were protected

Requirements to Be Addressed (scored less than 75% met)

- Ensure accounting of personal spending is documented on the Division of DD approved Personal Spending Account and Record.
- If individuals have a representative payee, ensure they receive at least \$65 monthly in personal funds or more if indicated in the Day-to -Day Living Expense Agreement.
- Ensure individuals' funds are not co-mingled with the provider's funds or other individuals' funds.

Recommendations and Technical Assistance for Quality Improvement

- It was suggested that the provider use the Day-to-Day Living Expense agreement and Division of DD approved Personal Spending Account ledger for individuals living in a host home.

Choice	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	47	12	4	80%

Key Findings

- All records included documentation of:
 - Services and supports that were being rendered according to the individual's preference
 - How the individual was afforded choice
 - How the individual exercised meaningful choices about the manner in which services were provided

Requirements to Be Addressed (scored less than 75% met)

- Document how individuals are making meaningful choices about community participation and social interaction.
- Document how individuals are provided with information to make meaningful choices (education, exploration, and experiences).

Recommendations and Technical Assistance for Quality Improvement

- The team encouraged the provider to educate staff members on the difference between basic versus meaningful choice. Basic choices are things selected throughout the day (where to go, what to eat); informed choices include an educational component regarding risks and benefits of choices. DDP documentation should also reflect informed choice.
- The provider was also encouraged to train staff members on ways to document choices that are being offered to individuals. Consider reviewing the recorded webinars on the Georgia Collaborative ASO website, specifically "Capturing the Individual's Preference in Documentation" <https://www.georgiacollaborative.com/providers/archive/#webinars>. The PDF for this training was also emailed to the provider.

Service Guidelines Percent Met: 90%

Total Records Reviewed: 9

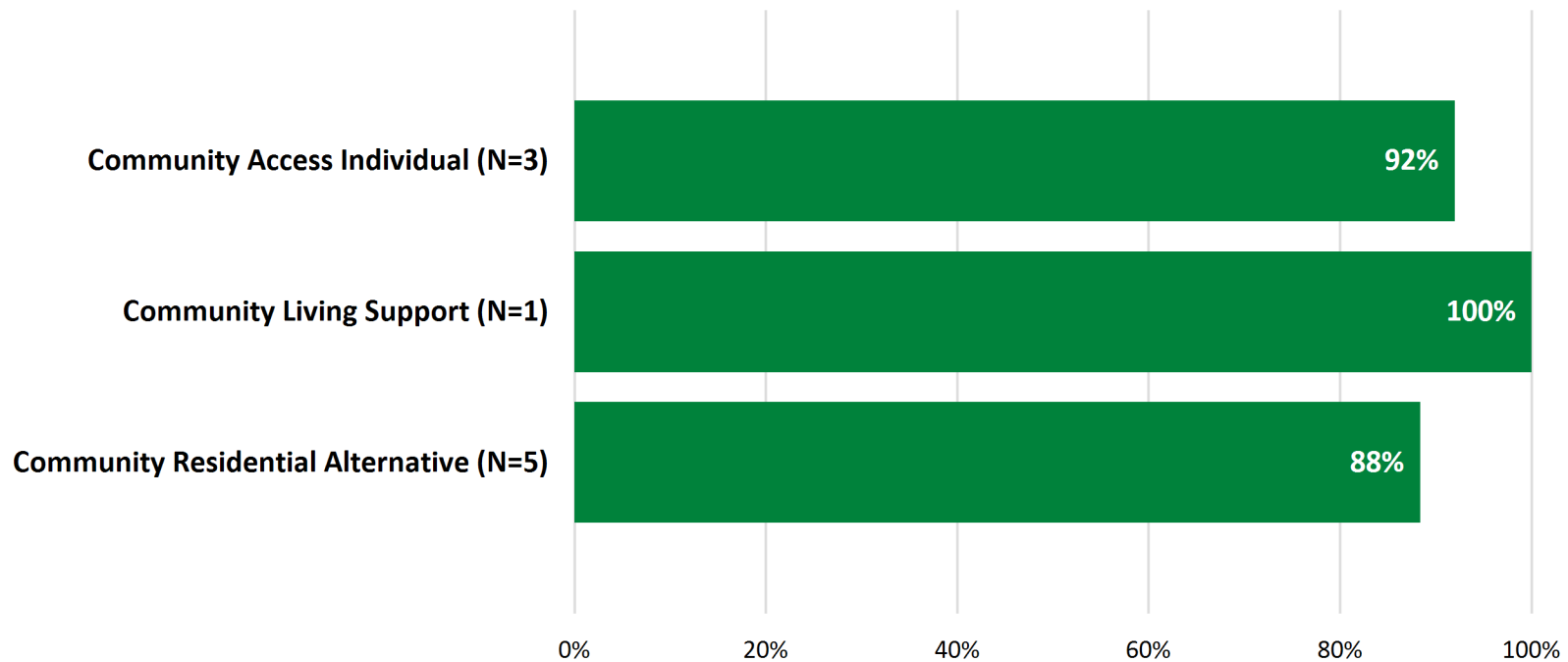
The Service Guidelines (SG) results graphic shows the total number of records scored and the percent met by service. Key Findings and Requirements to Be Addressed are based on any indicators that scored below 75 percent. Any technical assistance and recommendations for improvement discussed during the review are also included.

Service Guidelines Results by Service

The following figure displays Service Guidelines results by service.

Note: "N" represents the total number of records reviewed.

Service Guidelines Results Percent Met by Service



Key Findings

- All records reviewed included progress notes that contained:
 - Dates, locations, and the beginning and ending times when services were provided
 - A description of the staff's implementation of interventions specified in the plan
 - The DDP's oversight of services and supports

Community Access Individual (CAI)

- All records reviewed contained evidence of:
 - Services provided in the community
 - Staff ratio of one-to-one
 - Community living skill development

Community Living Supports (CLS)

- The record reviewed included evidence of:
 - Improvement of life skills in the individual's own home or family home
 - Access to the community

Community Residential Alternative (CRA)

- All records reviewed included documentation of the following:
 - Services that were provided in an approved setting
 - The individual was learning skills to become more independent
 - The individual was making choices of his/her daily routine and activities

Requirements to Be Addressed (scored less than 75% met)

Community Access Individual

- Ensure progress notes or Learning Logs include descriptions of individuals' responses to interventions or activities.

Community Residential Alternative

- Ensure progress notes or Learning Logs include descriptions of individuals' responses to interventions or activities.
- Ensure documentation includes evidence of individuals receiving preventative healthcare, if applicable, based upon their gender, age, and need (if individuals refuse treatment, this is documented): Dental
- Ensure documentation includes evidence of individuals receiving preventative healthcare, if applicable, based upon their gender, age, and need (if individuals refuse treatment, this is documented): Hearing
- Ensure documentation includes evidence of individuals receiving preventative healthcare, if applicable, based upon their gender, age, and need (if individuals refuse treatment, this is documented): Mammogram
- Ensure documentation includes evidence of individuals receiving preventative healthcare, if applicable, based upon their gender, age, and need (if individuals refuse treatment, this is documented): Pap test/ Pelvic exam
- Ensure documentation includes evidence of individuals receiving preventative healthcare, if applicable, based upon their gender, age, and need (if individuals refuse treatment, this is documented): Bone density

Recommendations and Technical Assistance for Quality Improvement

- DDP reviews should include a review of ISP goal progress occurring with the individual. Include his/her response, any next steps needed, and any changes in the individual's life since the last review. The provider was encouraged to review the "DDP Expectations and Documentation" webinar on the Georgia Collaborative ASO website: <https://www.georgiacollaborative.com/providers/archive/#webinars>
- It was suggested to document any missed preventative healthcare appointments to include the date, reason why the healthcare appointment was missed, and efforts towards rescheduling missed appointments.

Staff Qualifications and Training Percent Met: 92%	Total Records Reviewed: 4
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Staff Qualifications & Training (Q&T) results display the number of indicators scored met, not met or not applicable (NA) and the percent met by staff title. Key Findings and Requirements to Be Addressed are based on any indicators that scored below 75 percent. Any technical assistance and recommendations for improvement discussed during the review are also included.

Staff Title	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
Certified/Licensed Professional (SE, LPN, RN, BA, PT, OT, SLP, etc.)	16	0	50	100%
Developmental Disability Professional (DDP)	22	3	41	88%
Direct Support Professional (DSP)	43	4	85	91%

Key Findings

Certified/Licensed Professional, Developmental Disability Professional (DDP), and Direct Support Professional (DSP)

- All personnel records contained the following:
 - A signed job description that included qualifications, duties, responsibilities, and competencies
 - A criminal records check
 - A current driver’s license
 - Tuberculosis testing
 - Competency-based orientation and annual training
 - Human rights and responsibilities training
 - Fire safety and emergency/disaster preparedness training
 - Professional requirements as applicable (e.g., diploma, license, or certification)

Requirements to Be Addressed (scored less than 75% met)

- Ensure staff records include annual work performance evaluations.
- Ensure the developmental disability professional's (DDP) personnel record includes an annual evaluation of adequacy of the DDP's deliverables relative to the agency's functions and needs as part of quality improvement activities.
- Within the first 60 days from date of hire, ensure staff receive training on the utilization of communication skills, behavioral support, and crisis intervention techniques to de-escalate challenging and unsafe behaviors and/or nationally benchmarked techniques for safe utilization of emergency interventions of last resort, and the Georgia Crisis Response System (GCRS) to access crisis services.
- Ensure staff receive annual training on proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in performing activities of daily living safely.
- Within the first 60 days from date of hire, staff received training to work with individuals who are dually diagnosed, as appropriate.
- Within the first 60 days from date of hire, ensure staff receive training on proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in safely performing activities of daily living.

Recommendations and Technical Assistance for Quality Improvement

- The following suggestions were recommended to the provider:
 - Review the DBHDD Provider Manual to ensure all orientation and annual training requirements are met, go to <http://dbhdd.org/files/Provider-Manual-DD.pdf>.
 - Assess the current process for tracking training during orientation of new employees and annually using the date-of-hire as a reference
 - The team suggested the provider develop a schedule to review training requirements, work performance evaluations, and other time sensitive requirements in the personnel records

Administrative Review Results (not included in Overall Score for the QEPR)

The Administrative Review indicator level results are shown in the following table. Indicators scored as “no” includes the reason(s) for the score and are also listed in the Requirements to Be Addressed section. Any recommendations and technical assistance for quality improvement discussed during the review are also included.

Administrative Review	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	7	0	0	100%
Indicator				Results
The provider locations have a current Medicaid license.				Yes
There is a well-defined quality improvement plan for assessing and improving organizational quality.				Yes
Areas of risk to individuals served and to the organization are identified and monitored based on services, supports, treatment, or care offered.				Yes
There is documented evidence of active oversight of the contracted provider/professional's capacity and compliance to provide quality care.				Yes
Developmental Disability Professional (DDP) services are rendered by a qualified DDP employed by or under contract with the provider.				Yes
The organization has a policy, by job classification, that describes the competency-based training procedures for orientation and annual trainings; additional trainings for professional level staff; and additional training/recertification (if applicable) required for all other staff.				Yes
Emergency preparedness process is evident in documentation.				Yes

Recommendations and Technical Assistance for Quality Improvement

The last QEPR for Abilities Discovered obtained an overall score of 93% in 2022. For their current review, the overall score decreased slightly to 90%. The focus outcome area of Community Life was not scored during the last review.

Informal observation:

- During the QEPR, the lead and co-lead assessors toured a residential home. Upon entering, there was one individual observed sitting at the kitchen table compiling a list of favorite foods to add to the menu. Staff working in the home introduced us and stated the home can support four individuals, but was currently only supporting three due to a vacancy. We proceeded to the bedrooms, which were personalized with photos of family, friends, and participation in community events. The individual also showed us a unicorn friendship bracelet set and she was excited about her newly painted purple walls. She appeared completely relaxed and comfortable in the home. The staff communicated effectively with the individuals while she supported them in meal preparation. The assessors observed that medications were locked; evacuation plans were present, and fire extinguishers were present in the living area as well as kitchen. There were no observed safety concerns and the home was clean with an open floor plan to encourage residential engagement.

Thank you again for the time and effort the team put into making this a successful and productive Quality Enhancement Provider Review. We would appreciate any feedback you may have on the review process. To access an online survey, please go to <https://www.surveymonkey.com/s/PGJFNHJ>. If you have any questions regarding these results, please contact the Georgia Collaborative ASO at 1-866-755-3506.

Quality Technical Assistance Consultation (QTAC) Criteria

Scores from your QEPR determine whether a QTAC needs to occur, based on the following guidelines:

1. The provider will be required to participate in a QEPR Follow-Up QTAC review within 90 days of the Exit Conference:
 - If the Overall score is 84% or below
 - Scores for both Whole Health and Safety FOAs are 79% or below
2. The provider will be required to participate in a QCC QTAC review within thirty days from QEPR Exit Conference, regardless of the QEPR Overall score if there is an identified Quality of Care Concern or Immediate Action Item

The provider may also request training or technical assistance through the QTAC process during the next twelve-month period.