

## Quality Enhancement Provider Review (QEPR) Final Assessment Report Diamonds in the Rough Services

<b>Address:</b> 6631 Highway 42 Suite 102, Rex, GA	<b>Region:</b> 3	<b>Review Method:</b> On-Site Quality Review
<b>Review Date(s):</b> 2/20/2024 - 2/23/2024	<b>Individual Records Reviewed:</b> 10	<b>Staff Records Reviewed:</b> 3
<b>Services Reviewed:</b> Community Access Group; Community Residential Alternative		
<b>Lead Assessor:</b> Alice Green		

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 <sup>1</sup>	Weighted Score
<b>Provider Record Review</b>	Safety	100%	0.20	20%
	Whole Health	100%	0.15	15%
	Person Centered Practices	100%	0.15	15%
	Community Life	71%	0.12	9%
	Rights	100%	0.12	12%
	Choice	84%	0.10	8%
<b>Staff Qualifications &amp; Training</b>		100%	0.10	10%
<b>Service Guidelines</b>		99%	0.06	6%
<b>Overall Score</b>				<b>95%</b>

<sup>1</sup> 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

- Informed Consent forms for psychotropic medications were descriptive, and included the purpose and possible side effects of medications.
- Safety assessments included descriptive information pertaining to individuals' safety needs.
- Self-preservation plans were developed for individuals and included their specific skills and supports needed to be safe.
- The provider utilized various forms such as a vocational assessment, accessibility survey, and self-preservation assessment to capture detail information about the individual.

#### Administrative Review

- The provider developed a process that created opportunities for individuals to partner with community members through their "Hidden Gems" program. The program connected individuals to their community through volunteering and partnerships with local businesses. The success of this program and the utilization of the leisure interest survey offered individuals opportunities to explore their interests like volunteering to feed the homeless and participating in swimming activities in the community.
- The last QEPR for Diamonds In The Rough was held on 01/10/2022 and the overall score was 92%. The overall score increased three points to a 95% for this review. The provider implemented several recommendations from their previous review such as: educating individuals on the risks and benefits of psychotropic medications, implementing person-centered tools to capture individual's strengths, and implementing rights and responsibilities education across all services.

#### Staff Qualification & Training

- Staff members completed health-related training beyond the basic requirements.
- Staff members received additional hours of annual training beyond the required 16 hours.

#### Service Guidelines

- The developmental disability professional's (DDP) documentation included a holistic approach to supports and services, including goal progress, changes in needs and preferences, and follow-up actions.
- Nursing reports contained descriptive health information specific to individuals' needs including any follow-up necessary to improve the quality of their health.
- The provider implemented the "Quarterly Quality Assurance Summary of Services" form, which captured an overview of services in the following areas: Whole Health, Safety, Person-Centered Practices, Rights, Community, and Choice.
- The provider utilized the "Developmental Disability Professional (DDP) Monthly Face to Face Assessment Form" and the "Pre ISP Meeting form" to capture the ISP goal progress, individual's health changes and follow-up, and an overview of services in the following areas: Safety, Person-Centered Practices, Community Life, Rights and Choice.

## Provider Record Review by Focused Outcome Area

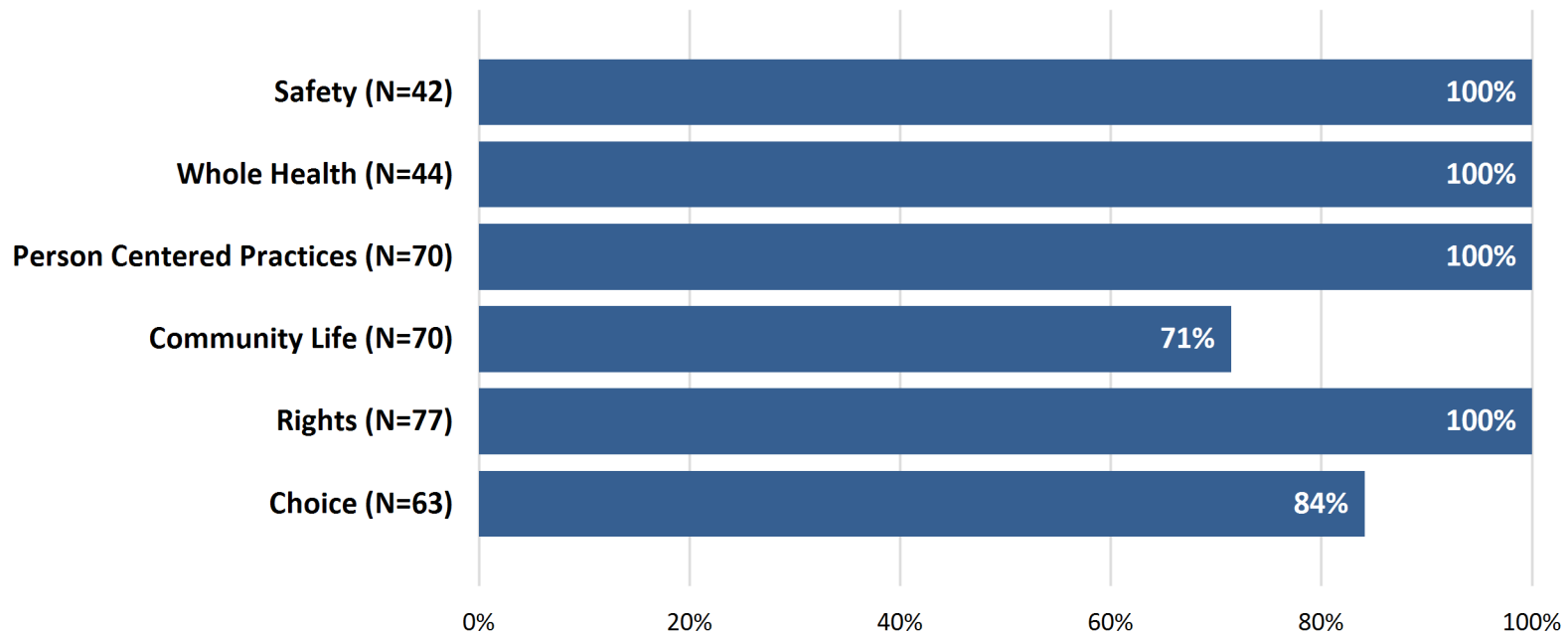
This QEPR section includes a bar graph displaying the overall average for each of the Provider Record Review (PRR) Focused Outcome Areas (FOA). Each FOA section includes the total number of indicators scored as met, not met, or not applicable (NA), and the average FOA score. If necessary, each FOA includes 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
	42	0	28	100%

### Key Findings

- All records included:
  - 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
- One applicable record reflected that an incident report was completed and follow-up occurred.

Whole Health	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	44	0	76	100%

### Key Findings

- All records included documentation of:
  - The individual's allergies or indicated no known allergies (NKA)
  - How health services, supports, and care were coordinated and provided based upon the needs of the individual
- Three applicable records included the following required information related to the individual's health and medications:
  - Current prescriptions
  - Medication administration records (MAR)
  - Responses to medication, including side effects, were monitored
  - Medications that were filled/refilled timely
  - Follow-up on prescribed orders and/or follow up appointments that occurred
  - Resolved health issues that were periodically re-evaluated, as needed
  - Education on the risks and benefits of psychotropic medication(s) that were provided to the individual

Person Centered Practices	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	70	0	20	100%

### Key Findings

- All records included documentation of the following:
  - The individual's hopes and dreams or personal life goal(s), and preferences
  - Services that were updated or revised at least annually or when warranted by changes to the individual's needs
  - Services that were delivered in accordance with the individualized service plan, including the type, scope, amount, duration, and frequency specified in the service plan
  - Ongoing communication between staff members working with the same individuals in different programs, activities, schedules, or shifts

## Recommendations and Technical Assistance for Quality Improvement

- It was suggested to the provider to use the "All About Me" form to capture specific details relating to the individual's hopes, dreams, and personal life goal(s) for all records and update the form annually or as needs change. The provider was emailed an updated version of the resource.
- In preparation for the annual individual service plan (ISP), the provider could discuss (with individuals) their hopes and dreams or personal life goals and strengths and document their feedback. The resource "My Person-Centered Plan" was emailed to the provider to support them with incorporating hopes and dreams into their documentation practices.

Community Life	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	50	20	10	71%

## Key Findings

- None of the records included how the individual was 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.
- None of the applicable records reviewed included documentation that demonstrated how the individual was supported to maintain and develop social roles/natural supports based on his/her preferences.

## 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.

## Recommendations and Technical Assistance for Quality Improvement

- The provider utilized the "Leisure Interest Survey" in some of the records; however, in order to identify preferences for community engagement or participating responsibly within the community, consider completing a "Leisure Interest Survey" or "Interest Checklist Visual Aid" (for all individuals) in conjunction with reviewing the "My Person-Centered Plan". These resources were shared with the provider.
- The provider was encouraged to include more details within documentation which reflects the maintenance and development of social roles. Questions to consider when documenting this information are:
  - Does the individual maintain relationships with family, friends, and other people that are in their life and important to them?
  - How is the staff supporting the individual to develop new relationships?
- The provider was encouraged to share with staff members the Georgia Collaborative ASO webinar trainings on Community Engagement and Documentation Part I & II.

Rights	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	77	0	43	100%

## Key Findings

- All records reviewed included documentation of the following:
  - A Freedom of Choice form
  - Evidence that the individual's rights were protected
  - The individual's rights and responsibilities that were written in an understandable language and format
- Five applicable records included:
  - Legal guardianship paperwork
  - Legal guardian's signature verifying that information was provided about rights
- Four applicable records included:
  - The Day-to-Day Expense agreement
  - Evidence that the individual's funds were not co-mingled with the provider's funds or other individual's funds
  - A Money Management tool

Choice	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	53	10	7	84%

## Key Findings

- All records reviewed included documentation of the following:
  - Services and supports that were rendered according to the individual's preference
  - Meaningful choices about the manner in which services were provided
  - Choices for daily activities
  - The individual was making informed choices about community participation and social interaction
- Three applicable records included evidence of the individual's preferred living environment.

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

- Document how individuals are provided with information to make meaningful choices (education, exploration, and experiences).

## Recommendations and Technical Assistance for Quality Improvement

- The provider was encouraged to utilize the concept of 'discovery' to determine how to support the individual through education, exploration, and experience (discovery of new things to learn or experience).
  - How can he/she be educated, explore the possibilities, and then the experience (act of participation)?
  - This can be captured within progress notes and/or during DDP monthly oversight.
- The team encouraged the provider to offer additional training to staff members on the topic of informed choice to improve documentation by consistently demonstrating what choices are offered to individuals and what choices they made in progress notes or DDP review.
- The provider was encouraged to review the recorded webinars with their team on the Georgia Collaborative ASO website, particularly the "Informed Choice: What Does it Mean and What is My Role as a DSP" and "How to Support Informed Choice Among people with IDD" training: <https://www.georgiacollaborative.com/providers/archive/#webinars>

**Service Guidelines Percent Met: 99%**

**Total Records Reviewed: 10**

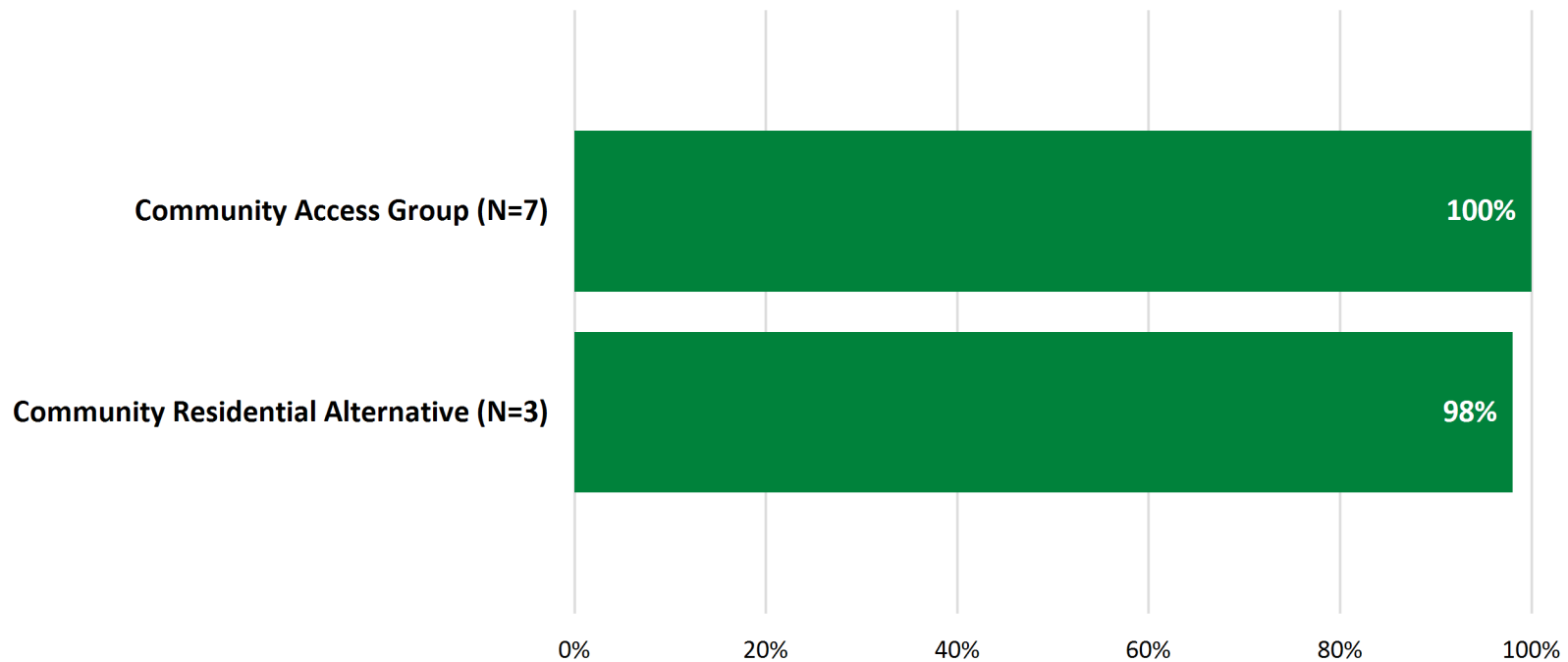
The Service Guidelines (SG) results graphic shows the total number of records scored and the percent met by service. Key Findings and Requirements to Be Addressed are based on any indicators that scored below 75 percent. Any technical assistance and recommendations for improvement discussed during the 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 contained progress notes that included:
  - The date, location, and the beginning and ending times when services were provided
  - A description of the staff's implementation of interventions specified in the plan
  - The individual's responses to interventions or activities
  - The DDP's oversight of services and supports

### Community Access Group (CAG)

- The seven records reviewed included documentation of:
  - Services that were provided outside the individual's place of residence
  - Skill development designed specifically for the individual
  - A risk mitigation plan

### Community Residential Alternative (CRA)

- The three records reviewed included documentation of the following:
  - Services that were provided in an approved setting
  - The individual was learning skills to become more independent and making choices of his/her daily routine and activities
  - A Healthcare plan
- Two of three records included all preventative healthcare screenings, as applicable.

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

### Community Residential Alternative

- 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

## Recommendations and Technical Assistance for Quality Improvement

- The team suggested that the provider consider developing a preventative healthcare face sheet/checklist detailing all health screenings/exams scheduled appointments to track the individual's annual preventative healthcare.

**Staff Qualifications and Training Percent Met: 100%**

**Total Records Reviewed: 3**

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.)	23	0	43	100%
Developmental Disability Professional (DDP)	30	0	36	100%
Direct Support Professional (DSP)	35	0	31	100%

### Key Findings

- All three personnel records included:
  - A signed job description
  - A satisfactory criminal background check
  - A current driver's license and motor vehicle record (MVR) (as applicable)
  - Tuberculosis testing (as applicable)
  - Required annual trainings
  - Required orientation trainings (as applicable)

## 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

**Informal Observations:**

- Day Program: The assessor observed that the center provided activities such as a computer area for on-line activities, a TV room for movie events, and a kitchen area. The center was clean and organized. There appeared to be ample amounts of available activities for individuals at the center and positive interactions between staff members and individuals.
- Residential Home: The individuals' rooms and the living room were personalized according to their preferences and there were no safety concerns identified. One individual talked about how he maintained his room by washing his own clothes, bed linens, and towels. He also shared he was saving money to get his own apartment. Another individual stated the Georgia Bulldogs was one of his favorite teams. The bedroom was decorated with Bulldogs memorabilia such as a comforter set with pillows, rugs, and pictures. All medications were locked and the fire extinguisher and evacuation plans were posted. The bathroom contained safety bars for safe transition in/out of the shower, and there was adequate room for adaptive equipment needs. There were also various activity schedules posted along the hallway and the kitchen area.

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.