

Quality Enhancement Provider Review (QEPR) Final Assessment Report Janet Tyler

Address: 104 Montview Way, Centerville, GA	Region: 6	Review Method: On-Site Quality Review
Review Date(s): 3/5/2024 - 3/8/2024	Individual Records Reviewed: 9	Staff Records Reviewed: 1
Services Reviewed: Behavior Support		
Lead Assessor: Twyla Jackson		

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	100%	0.23	23%
	Whole Health	100%	0.17	17%
	Person Centered Practices	84%	0.17	14%
	Community Life	N/A		N/A
	Rights	57%	0.14	8%
	Choice	60%	0.11	7%
Staff Qualifications & Training		100%	0.11	11%
Service Guidelines		84%	0.07	6%
Overall Score				86%

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

- Safety assessments included descriptive information pertaining to individuals' safety needs.

Service Guidelines

- The behavior specialist's documentation provided descriptive information regarding the effectiveness of interventions, any needed modifications to behavior support plans, progress, and trends based on the data.

Provider Record Review by Focused Outcome Area

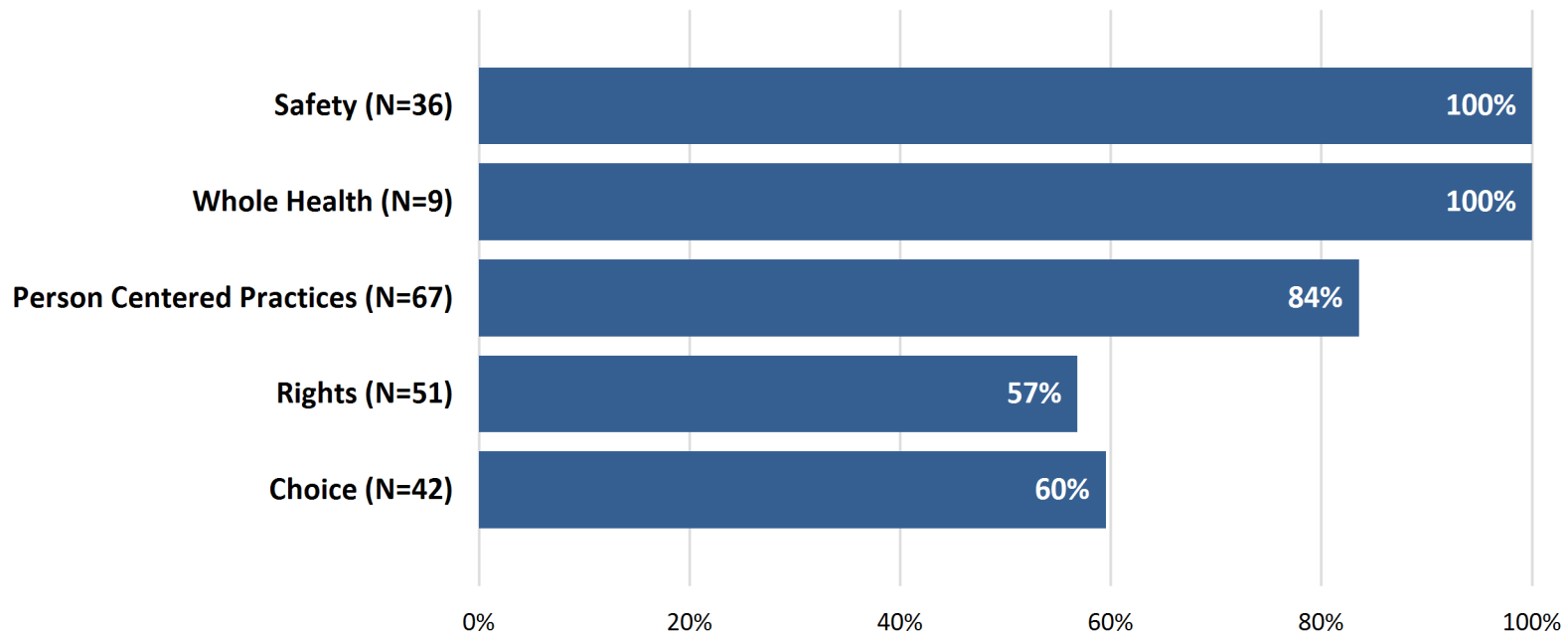
This QEPR section includes a bar graph displaying the overall average for each of the Provider Record Review (PRR) Focused Outcome Areas (FOA). Each FOA section includes the total number of indicators scored as met, not met, or not applicable (NA), and the average FOA score. If necessary, each FOA includes 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
	36	0	27	100%

Key Findings

- All records reviewed included the following:
 - Actions needed to protect the individual, keep the individual safe, and minimize risk
 - Identification of risk and safety issues
 - The individual's identification and emergency contact information
 - An annual review of abuse, neglect, and exploitation

Whole Health	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	9	0	99	100%

Key Findings

- All records reviewed included documentation of the individual's allergies or indicated no known allergies (NKA).

Person Centered Practices	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	56	11	14	84%

Key Findings

- All records reviewed included documentation of the following:
 - Ongoing communication between staff members working with the same individual in different programs, activities, schedules, or shifts
 - Services that were delivered in accordance with the individualized service plan (ISP), including the type, scope, amount, duration, and frequency specified in the service plan
- All eight applicable records included documented evidence that the individual's data from documentation was reviewed, analyzed for trends, and summarized to determine the progress toward goals at least quarterly.
- Eight of nine records reviewed included documentation that reflected the individual's preference and strengths.
- All five applicable records reviewed showed how supports, services, or interventions changed based upon review of the individual's progress or lack of progress on the goals or objectives.

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

- Ensure documentation reflects individuals' hopes and dreams or personal life goal(s).

Recommendations and Technical Assistance for Quality Improvement

- The team suggested the provider consider developing a pre-Individual Service Plan (ISP) process/package to include documentation of the individual's hopes, dreams, and personal life goals. This information could also be incorporated into the Positive Behavior Support Plan (PBSP). The "ISP Preparation Tool" and "PCT Hopes Dreams Tool" resources, used to enhance this type of documentation, were emailed to the provider.
- Consider the following when documenting:
 - Hopes/dreams/personal life goals: The individual's goals and desires around decreasing challenging behaviors
 - Preferences: Can be utilized as "reinforcers" and/or replacement behaviors
 - Strengths: Skills, gifts, and contributions to support the success of the individual's behavior services/plan

Rights	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	29	22	57	57%

Key Findings

- None of the records reviewed included documented evidence that rights' responsibilities were reviewed at least annually.
- Eight of nine records did not included documented evidence that the individual's rights were reviewed at least annually.
- Five of nine records reviewed did not include documentation of the individual's consent for service.
- Three applicable records did not include legal guardianship documentation.

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

- Ensure consents for service(s) are evident in individuals' records.
- Ensure documentation contains legal guardian information.
- Ensure there is documented evidence of legal guardians' signatures verifying that information was provided about rights at least annually.
- Ensure there is documented evidence rights and responsibilities are reviewed at least annually with individuals.
- Ensure individuals' rights and responsibilities are written in an understandable language and format.

Recommendations and Technical Assistance for Quality Improvement

- The team suggested the provider utilize the ISP meeting to have all individuals and guardians (if applicable) review and sign all annual documentation. Consider creating an ISP packet that includes documents such as the "Human Rights and Responsibilities" form and "Consent for Service" form.

Choice	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	25	17	21	60%

Key Findings

- Eight of nine records did not include:
 - How the individual exercised meaningful choices about the manner in which services were provided
 - How the individual was provided with information to make meaningful choices (education, exploration, and experiences)

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

- Document how individuals are exercising meaningful choices about the manner in which services are provided.
- Document how individuals are provided with information to make meaningful choices (education, exploration, and experiences).

Recommendations and Technical Assistance for Quality Improvement

- The team discussed with the provider the concepts of meaningful versus basic choices. The provider was encouraged to improve their practices to support the individual in making meaningful choices for himself/herself and ensuring activities and behavioral goals are planned around the individual's unique desires.
- During debriefing, the provider was encouraged to document the following:
 - Informed choices of the provider's services and supports (i.e., staff member providing the service, intensity, level of support) offered to the individual to determine preferences
 - The individual's choices regarding the manner in which behavior services are provided (i.e. preferred location, time, days of the week, communication preferences)
 - What is working or not working for the individual related to services provided
 - How the provider is adjusting clinical interventions based on the individual's identified preferences
 - How meaningful information is shared with the individual, family, and/or service provider

Service Guidelines Percent Met: 84%

Total Records Reviewed: 9

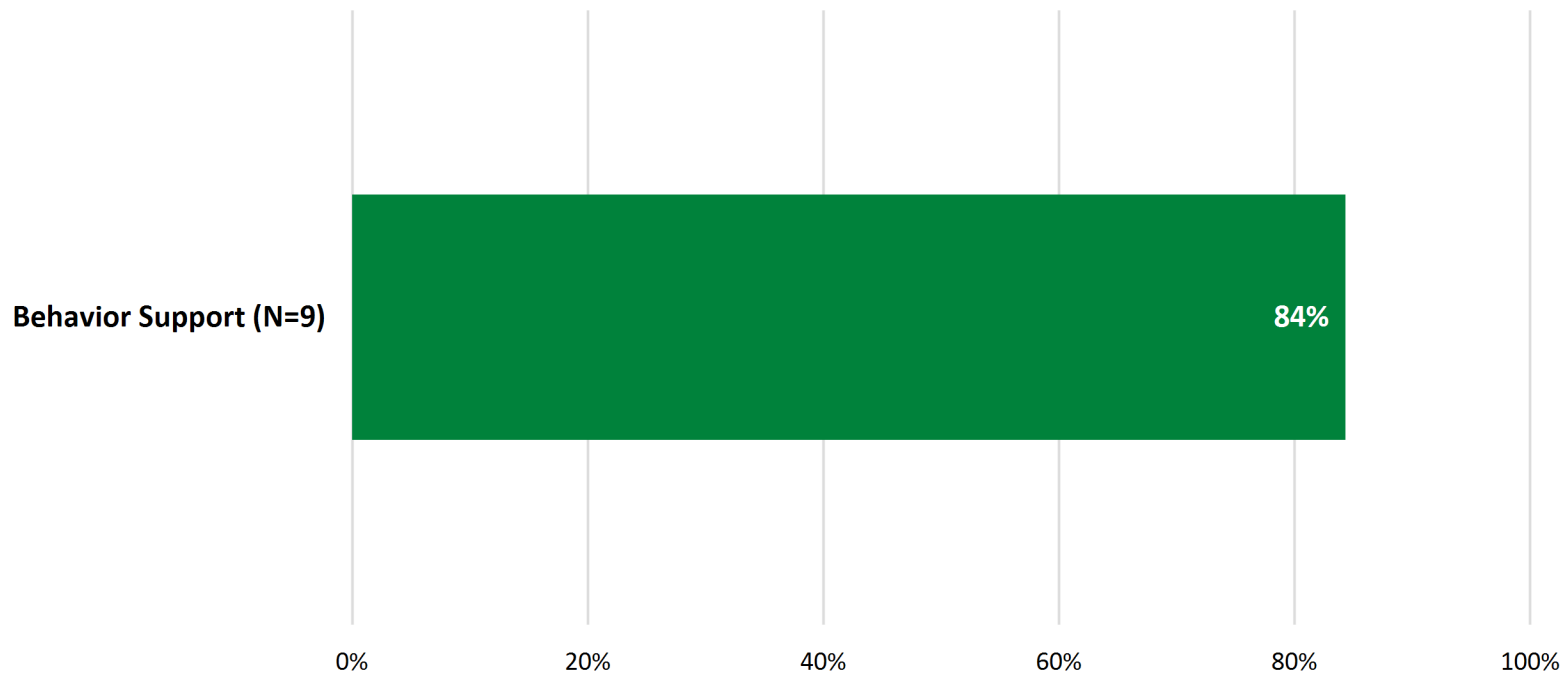
The Service Guidelines (SG) results graphic shows the total number of records scored and the percent met by service. Key Findings and Requirements to Be Addressed are based on any indicators that scored below 75 percent. Any technical assistance and recommendations for improvement discussed during the 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 with the date, location, beginning/ending times, and staff signature and credentials.
- Eight applicable records included evidence of the following:
 - A description of the individual's responses to interventions or activities
 - The staff's implementation of interventions
 - The individual's Positive Behavior Support Plan (PBSP) and/or Crisis/Safety plan

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

Behavior Support

- Ensure individuals receiving services or their guardians are given a choice to select the qualified person to develop Positive Behavior Support Plans (PBSP) and Safety Plans.
- Ensure there is documented evidence of clinical assessments and validation of behavior support needs.

Recommendations and Technical Assistance for Quality Improvement

- The provider was encouraged to enhance their current monthly behavior summary template to include more detailed prompts about discussions with the individual on various topics including but not limited to satisfaction with services, behavioral goal progression, education, exposure and experiences with regards to options/choices presented.
- The team encouraged the provider to develop a process for tracking and recording PBSP and/or crisis/safety plan training for all staff members providing supports and services for the individual.
- The team encouraged the provider to develop a process for auditing records for quality. Audits of records would allow the provider to identify required missing documentation and provide ample time to ensure required documentation is maintained or obtained to include in the record.

Staff Qualifications and Training Percent Met: 100%	Total Records Reviewed: 1
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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.)	11	0	55	100%

Key Findings

Board Certified Behavior Analyst (BCBA)

- The personnel record included:
 - A detailed job description
 - A criminal records check
 - Proper license/credentials
 - Tuberculosis (TB) testing
 - All required annual trainings

Recommendations and Technical Assistance for Quality Improvement

- The team suggested the provider enhance staff training curricula on a variety of topics by visiting The Georgia Collaborative ASO website's, training and education section found at <https://www.georgiacollaborative.com/providers/archive/#webinars>. This section contains recorded webinars that are accessible at any time.

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
	2	1	4	67%
Indicator				Results
The provider locations have a current Medicaid license.				N/A
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.				N/A
Developmental Disability Professional (DDP) services are rendered by a qualified DDP employed by or under contract with the provider.				N/A
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.				No
<ul style="list-style-type: none"> The organization policy does not describe by job classifications the competency-based training procedures for annual trainings. 				
Emergency preparedness process is evident in documentation.				N/A
Requirements to Be Addressed (indicators scored no)				
<ul style="list-style-type: none"> Ensure 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. 				
Recommendations and Technical Assistance for Quality Improvement				
<ul style="list-style-type: none"> The team encouraged the provider to enhance the current staff training policy to include the competency-based training methods, expectations and outcomes for trainings, and inclusion of the licensed profession's continuing education units (CEU). 				

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.