

## Quality Enhancement Provider Review (QEPR) Final Assessment Report Wow In-Sync. Inc.

<b>Address:</b> 2137 Flintstone Dr Ste E, Tucker, GA	<b>Region:</b> 3	<b>Review Method:</b> On-Site Quality Review
<b>Review Date(s):</b> 1/22/2024 - 1/26/2024	<b>Individual Records Reviewed:</b> 18	<b>Staff Records Reviewed:</b> 3
<b>Services Reviewed:</b> Community Access Group		
<b>Lead Assessor:</b> Marissa Klipp		

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	92%	0.20	18%
	Whole Health	100%	0.15	15%
	Person Centered Practices	100%	0.15	15%
	Community Life	79%	0.12	10%
	Rights	95%	0.12	11%
	Choice	83%	0.10	8%
<b>Staff Qualifications &amp; Training</b>		94%	0.10	9%
<b>Service Guidelines</b>		79%	0.06	5%
<b>Overall Score</b>				<b>92%</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

- Progress notes included how individuals were consistently provided meaningful choices about their lives, services, and supports.
- Documentation indicated a holistic approach to supports and services, to include goal progress, any changes in needs and preferences, and follow-up actions.
- Records contained documentation of regular or ongoing evaluation of individuals' preferences for community activities.
- Safety assessments included descriptive information pertaining to individuals' safety needs.
- The provider utilized multiple assessments, including a personal interview, personal discovery assessment, and power plan to assess and document person-centered information on each individual regarding his or her hopes, dreams, strengths, passions, preferences, and dislikes.
- On each daily note, the provider documented whether the individual stated he or she had a good or bad day and the reason as a strategy to gauge satisfaction of services on an ongoing basis.
- In place of a traditional pre-individual service plan (ISP) meeting, the provider was in the process of implementing the "Birthday Club", which is their version of assessing each individual's skills and support needs in real life scenarios. During the "Birthday Club", small groups of individuals with upcoming birthdays and ISP meetings go out to various community locations to practice safety skills (i.e. speaking to community officials, reading and following safety signs, finding emergency exits) and independent living skills (i.e. paying for items and receiving the correct change, ordering at a restaurant, asking for help if needed). The information gathered is input into assessments that are used to determine goals and classes for the individual's upcoming ISP year.

#### Administrative Review

- Follow-up on incident reports addressed the issue(s) to help prevent future incidents.
- The provider utilized a Safety Committee to bring together team members to discuss health and safety concerns on a regular basis. Issues were identified along with action steps to resolve the problem and prevent future occurrences.
- The provider utilized many detailed assessments to document information, and was in the process of transitioning all documents to an electronic medical record (EMR) system to maintain uniformity across the program.

#### Staff Qualification & Training

- Staff members completed health-related training beyond the basic requirements.
- Staff members received defensive driving course.

## Quality of Care Concerns

QCC Indicator(s) Scored Not Met	Review Tool	Total Concerns Identified	Reason(s) Not Met
The risk mitigation plan in place mitigates risk and implements safeguards to promote the health and safety of the individual receiving services.	Day - CAG	3	A risk mitigation plan was not developed.

### Additional Details and Recommendations for Improvement:

- Three records did not include evidence of a risk mitigation plan for each of the individual's high risk diagnoses/conditions. The provider should utilize all assessments (Health Risk Screening Tool (HRST), Supports Intensity Scale (SIS), internal Health and Safety Risk Assessment, Self-Preservation Plan) to determine whether an individual requires a risk mitigation plan, and then follow the applicable DBHDD policy (Risk Mitigation of Health Conditions or Vulnerabilities in Intellectual and/or Developmental Disability (I/DD) Services, 02-807) to include all essential elements in the plan.

## Immediate Action Items

### Service Guidelines

- Progress notes did not meet documentation requirements (date, location of service delivery, signature [title], and begin/end times).
- For all records reviewed, the daily notes did not include the beginning and end times of service or the staff title. The provider has already worked with their internal IT department to add these requirements to the daily note template.

## Provider Record Review by Focused Outcome Area

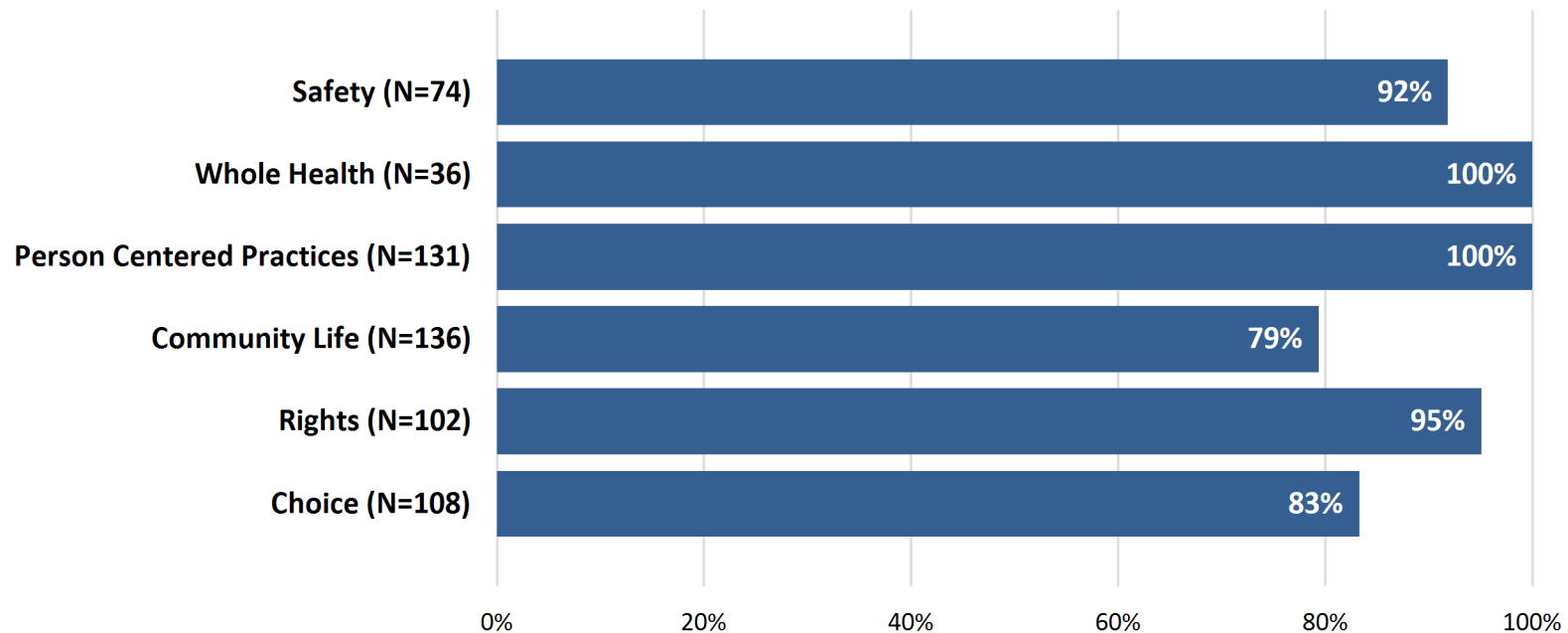
This QEPR section includes a bar graph displaying the overall average for each of the Provider Record Review (PRR) Focused Outcome Areas (FOA). Each FOA section includes the total number of indicators scored as met, not met, or not applicable (NA), and the average FOA score. If necessary, each FOA includes 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
	68	6	52	92%

### Key Findings

- Documentation in all records included:
  - Identification and emergency contact information
  - An annual review of abuse, neglect, and exploitation
- One applicable record contained documentation of:
  - Completed incident reports and follow-up
  - Remediation of incidents

Whole Health	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	36	0	180	100%

### Key Findings

- All records included documentation of:
  - The individual's allergy information (or indicated NKA if applicable)
  - Services, supports, and care that were coordinated and provided based upon the needs of the individual

Person Centered Practices	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	131	0	31	100%

### Key Findings

- All records included documentation of:
  - The individual's hopes and dreams or personal life goals
  - The individual's preferences and strengths
  - Ongoing communication between staff members working with the same individuals in different programs, activities, schedules, or shifts
  - Services that were delivered in accordance with the individualized service plan
  - The individual's data from documentation that was being reviewed, analyzed for trends, and summarized to determine progress toward goal(s) at least quarterly

### Recommendations and Technical Assistance for Quality Improvement

- The team suggested the provider enhance current assessments to ask more open-ended questions as opposed to the current yes/no questions. For example, in the personal interview document, rather than asking the individual "Have you been to a new place?", the provider was encouraged to ask something like "What places would you like to go or experience?" or "What would you change about your community involvement?"

Community Life	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	108	28	8	79%

## Key Findings

- All records contained:
  - The individual was being provided opportunities to actively participate in the same types of community activities as citizens without disabilities
  - Community integration and inclusion in the larger natural community
  - Supports that were provided for the individual to learn about, explore, and experience the community

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

- Ensure documentation indicates individuals have opportunities to seek employment or work in competitive integrated settings.
- 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 should elaborate on current assessments regarding the individual's current relationships and social roles to determine, if there are new relationships he or she would like to develop in the future or new community roles to work towards. Documentation should also include next steps to achieve the goal and any progress made.
- When an individual identifies that he or she would like to work, the provider should offer additional questions about employment advocacy or next steps to take to achieve that goal. Documentation can be noted in the individual's quarterly review, personal interview, or power plan.
- As community integration develops, the provider could use a leisure interest survey to gather information on the individual's interests and preferences. Once the survey is complete, the provider should use the information identified and plan activities around each individual's interests. Details of activities (including what worked, what didn't work, what should be changed, etc.) should be included in the progress notes or DDP notes. As a resource, a sample leisure activity form was emailed to the provider.

Rights	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	97	5	114	95%

## Key Findings

- All records included the following documentation:
  - A signed Freedom of Choice form
  - Evidence of how the individual's rights were protected
- Sixteen of 18 records included documentation of the following:
  - A consent for service
  - An annual review of rights and responsibilities
- Six applicable records contained legal guardian information, including evidence of the legal guardian's signature verifying that information was provided about rights at least annually.

Choice	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	90	18	18	83%

### Key Findings

- All records contained:
  - Services and supports that were rendered according to the individual's preference
  - The individual was exercising meaningful choices about the manner in which services were provided
  - The individual was making meaningful choices about community participation and social interaction
  - The individual was afforded choice

### 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

- As discussed during debriefing, the provider was encouraged to utilize the current "Power Plan" template to document follow-up to the individual's stated hopes, dreams, and personal life goals. The "Power Plan" contained detailed person-centered information about what the individual wants for his or life, but the next steps and progress information was not included. For example, if an individual states he or she wants to learn to cook, the next steps could include looking up recipes on the internet (education); going to the grocery store to buy the ingredients (exploration); and then cooking the recipe or hosting a cooking class for peers (experience).

**Service Guidelines Percent Met: 79%**

**Total Records Reviewed: 18**

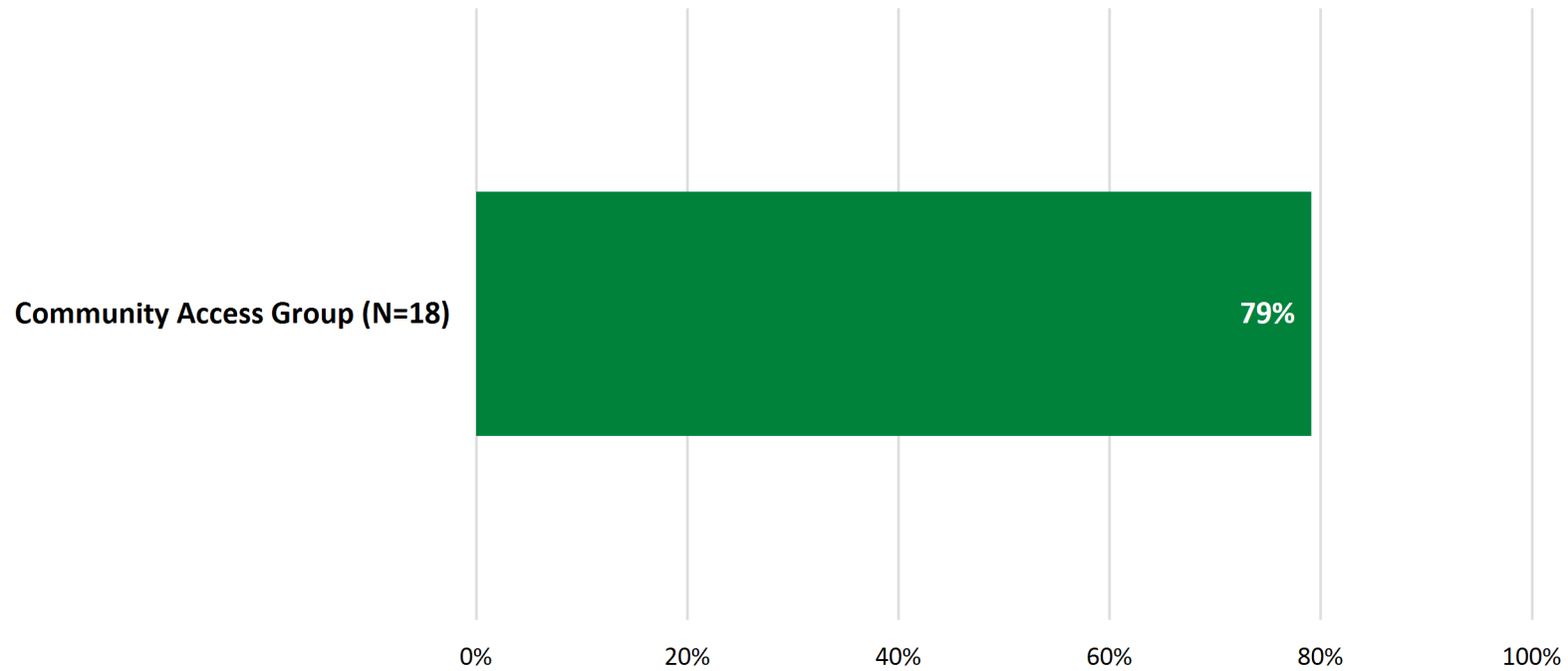
The Service Guidelines (SG) results graphic shows the total number of records scored and the percent met by service. Key Findings and Requirements to Be Addressed are based on any indicators that scored below 75 percent. Any technical assistance and recommendations for improvement discussed during the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

### Community Access Group (CAG)

- All records included documentation of:
  - A description of the individual's progress toward goals
  - A description of the staff member's implementation of interventions
  - A description of the individual's response to interventions or activities
  - Developmental disability professional (DDP) oversight of services and supports

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

### Community Access Group

- Ensure each progress note or Learning Log entry indicates the date, location, beginning and ending time when the service was provided and the staff signature with credentials/ title.
- Ensure that there are risk mitigation plans in place to mitigate risks and implement safeguards needed to promote the health and safety of individuals receiving services.

## Recommendations and Technical Assistance for Quality Improvement

- As discussed during the debriefing, the provider was reminded that the risk mitigation plan should be considered a stand-alone document with all required elements included in the document itself. Although many of the elements can be found within the provider's electronic documentation system, the risk mitigation plan should contain all the required information itself. A copy of the risk mitigation policy was emailed to the provider as a resource.

**Staff Qualifications and Training Percent Met: 94%**

**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
Developmental Disability Professional (DDP)	33	1	32	97%
Direct Support Professional (DSP)	43	4	85	91%

### Key Findings

- All personnel records included documentation of:
  - A signed job description with all essential elements
  - A criminal records check

#### Developmental Disability Professional (DDP):

- The personnel record contained the following documentation:
  - Proper credentials to verify qualification to perform DDP duties
  - All required orientation training with the exception of dual diagnosis
  - A list of DDP job functions that meets DDP requirements and was signed by the DDP

#### Direct Support Professionals:

- Both personnel records included documentation of a current driver's license and motor vehicle record.
- One new hire record included all required orientation training with the exception of dual diagnosis.

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

- Ensure staff records include annual work performance evaluations.
- Ensure staff receive annual training on emergency and disaster plans and procedures.
- Ensure staff receive annual training on individuals' specific medications and side effects.
- Within the first 60 days from date of hire, staff received training to work with individuals who are dually diagnosed, as appropriate.

## Recommendations and Technical Assistance for Quality Improvement

- The DDP should complete DDP-specific training required within the first year, including ISP and SIS training.
- The team suggested the provider implement the following:
  - A staff record checklist to provide an "at a glance" list of all required personnel documentation, including orientation and annual training (the date completed, competency score, and the next training date), driver's license updates, motor vehicle record requests, and work performance evaluations
  - A quarterly review of the DBHDD Provider Manual to determine any changes in training requirements

## 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
	6	0	1	100%
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.				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 provider's last review was in October 2021, in which the overall score was 97%. The decrease of five points in this QEPR's overall score can be attributed to scores in the Focused Outcome Area (FOA) of Community Life, Choice, and Safety as well as Service Guidelines.
- CAG Observation: The day program building was clean, well-kept, and festively decorated. Programming was split into several different areas, including a group for those individuals who prefer quiet calm activities, several small group rooms, and a large room called "The Square" which was the most active and energetic area. "The Square" was made up of several interactive stations, including a snack bar, fashion area, cafe and gaming station, and music and entertainment area. The provider also offers job training through their "Mr. Migs" program, which encompasses all levels of skill building for those individuals who are interested in obtaining community employment. Throughout the building, the individuals were actively engaged in activities, appeared comfortable in their areas, and had freedom of movement throughout the building. Staff interactions were respectful and it was clear that the staff knew the individuals well in the way they conversed together.

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.