

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES (DDS)
DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)**



**PROVIDER CERTIFICATION REVIEW (PCR)
GUIDE AND SURVEY FORMS**

FISCAL YEAR 2015

Effective Date January 1, 2015

PROVIDER CERTIFICATION REVIEW (PCR) GUIDE AND SURVEY FORMS

I. PURPOSE OF THE REVIEW

The Department on Disability Services (DDS), the Developmental Disabilities Administration (DDA), providers, and other internal and external stakeholders are committed to ensuring that people receiving supports have maximal health, are safe and receive services and supports that meet their needs and preferences. Through the Quality Management Division (QMD), information is gathered from a number of sources in order to set benchmarks for improvement including, but not limited to: incident reports and investigation findings and recommendations, DDA Service Coordination and Health and Wellness monitoring reports, Provider-Resource Management reviews, Department of Health/Health Regulation and Licensing Administration (HRLA) licensing and certification reports, the issue resolution system, Mortality and Fatality Review, Restrictive Controls and Human Rights review and DDA Provider Certification Reviews (PCR). The PCR is the mechanism for determining if a provider is qualified and continues to remain so to deliver the Home and Community-Based Services (HCBS) waiver service(s) for which it has been enrolled. Providers who complete the PCR process with a less than “Satisfactory” rating in a service(s) may not provide that HCBS waiver service(s) through DDS/DDA. The following are key purposes of the PCR:

- Ensure that people are receiving quality waiver services as identified in their Individual Support Plan (ISP);
- Identify positive practices and areas for improvement in providers’ services and supports;
- Ensure that providers Quality Assurance/Improvement Plan evaluates the quality and appropriateness of services delivered to individuals , and identifies the process and frequency of implementation of the plan for identifying, evaluating, and resolving any problem related to their waiver service(s).
- Aggregate, analyze, and compare data from various sources including, but not limited to; the Incident Management and Enforcement Unit (IMEU), DDA monitoring, Mortality and Fatality Review Committee results, Human Rights

and Restrictive Control Review Committees' recommendations, and compliance with DDS Human Care Agreement requirements;

- Provide evidence that providers are operating in accordance with the HCBS waiver regulations, D.C. Rules and Regulations, and DDS/DDA approved policies and procedures (www.dds.dc.gov/DC/DDS), including:
 - Waiver Application, 1915c HCBS Waiver: DC.02.01 –November 20, 2012
 - The published DHCF Approved DC Rules Chapter 19 (www.dds.gov)
 - Covered Services
 - Provider Qualifications
 - Requirements for Persons Providing Direct Services
 - Definitions
 - General Provisions
 - Day Habilitation Services
 - Individualized Day Supports
 - Host Home Services
 - In-Home Supports Services
 - Employment Readiness Services
 - Residential Habilitation
 - Respite Services
 - Supported Employment Services
 - Supported Living Services
 - Shared Living
- Comply with the requirements of the DDS/DDA Performance and Quality Management Strategy;
- Inform people we support, families and other stakeholders about the quality of community waiver service providers by posting the results of the PCR on the DDS web-site and sharing with DDA service coordinators; and
- Generate system-wide trends and, in conjunction with information from other quality management processes, develop strategies for improvement across all services and supports.

II. PROVIDER CERTIFICATION REVIEW PRINCIPLES

The Provider Certification Review process embodies the following principles:

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- Data gathered through the Provider Certification Review is based on observation, interview, and record review.
- Outcomes measured through the review determine a provider's performance in person-centered outcomes and organizational capacity.
- The review evaluates the delivery of services as outlined in the person's ISP.
- The review promotes collaboration and relationship-building among all stakeholders including DDA, providers, and other agencies/organizations to solve problems and improve the quality of services and supports.
- The review is focused on improvement and sustainability of waiver services reviewed.
- The review includes a process to identify and correct serious health and safety issues.
- The process is transparent and easily accessible (e.g., results posted on DDS website).
- The process is a part of the larger DDA quality management system.
- The process incorporates other quality management information available within the DDA/DDS system of reporting.

III. PROVIDER CERTIFICATION REVIEW DOMAINS AND OUTCOMES

DDA uses the following domains and outcomes to measure performance across all of its quality management processes:

PERSON-CENTERED OUTCOMES:

Domain C1: Rights & Dignity

- Outcome C1.1 People have the same rights and protections as others in the community.
- Outcome C1.2 People are treated with respect and dignity.

Domain C2: Safety and Security

- Outcome C2.1 People are safe from abuse, neglect and injury.
- Outcome C2.2 People live and work in safe environments.
- Outcome C2.3 People's funds are secure and used appropriately.

Domain C3: Health

- Outcome C3.1 People are supported to have the best possible health and health care services.

- Outcome C3.2 People's medications are prescribed and administered appropriately.

Domain C4: Choice and Decision Making

- Outcome C4.1 People make life choices.

Domain C5: Community Inclusion

- Outcome C5.1 People use integrated community services and participate in everyday community activities.

Domain C6: Relationships

- Outcome C6.1 People maintain connections with family members/guardians.
- Outcome C6.2 People gain/maintain friendships and relationships.

Domain C7: Service Planning and Delivery

- Outcome C7.1 Services are provided according to people's Individual Support Plans.
- Outcome C7.2 Services maximize people's autonomy and independence.

Domain C8: Satisfaction

- Outcome C8.1 People are satisfied with their living arrangements and supports.
- Outcome C8.2 People are satisfied with their job or day program and supports.

PROVIDER ORGANIZATIONAL OUTCOMES:

Domain S1: Provider Capabilities

- Outcome S1.1 The provider has systems to protect individual rights.
- Outcome S1.2 The provider has a system to respond to emergencies and risk prevention.
- Outcome S1.3 The provider ensures that staff possess the needed skills, competencies and qualifications to support people.
- Outcome S1.4 The provider has a system to improve Provider Certification results over time.
- Outcome S1.5 The provider has a system to ensure that people have the opportunity to develop and maintain skills in their home and community.

- Outcome S1.6 The provider will ensure people are safe and receive continuity of services when receiving respite services.

IV. APPLICABLE SERVICES

All organizations that hold a Medicaid Provider Agreement through the Department of Health Care Finance (DHCF) to provide day or residential DDA HCBS waiver services will be subject to the PCR process. The following is a listing of services subject to PCR:

Residential

- Residential Habilitation
- Supported Living
- Supported Living Periodic
- Supported Living with Transportation
- Shared Living
- Host Home without Transportation
- Respite Care-Daily
- Respite Care-Hourly
- In-Home Supports

Work/Day Supports

- Supported Employment (Intake & Assessment)
- Supported Employment (Job Placement)
- Supported Employment (Job Training and Support)
- Supported Employment (Long Term Follow Along)
- Supported Employment (Small Group)
- Employment Readiness
- Day Habilitation
- Day Habilitation 1:1
- Individualized Day Supports

The following services may be reviewed as they relate to the person's ISP, but certifications of these services are not part of the process:

Professional Services

Behavioral Services, Speech, Hearing and Language, Occupational Therapy, Physical Therapy, Nutritional Therapy, Skilled Nursing, Behavior Supports, Dental, and Family Training

Assistive Supports

Personal Emergency Response System (PERS), Vehicle Modification, and Emergency Accessibilities Adaptations, and Adaptive Equipment* (*Not a Waiver Service)

V. SCOPE OF THE REVIEW

The PCR focuses on determining if the provider has the overall organizational strength, vision and capacity to ensure services and supports are delivered by the provider as prescribed in the person's ISP, and to safeguard people across all the types of services being reviewed. The provider will be reviewed for all aspects of the service delivery system through representative sampling, stratification, and a holistic view of the provider's operating system for each service. The sample of people to be included in the review will ensure that all services are represented during the review.

A provider will have successfully completed a PCR review for each service it provides if it met all of the following criteria by the end of the review:

- an overall Excellent (90-100%) or Satisfactory (80-89%) rating for of the Person Centered indicators portion of the review;
- an overall Excellent (90-100%) or Satisfactory (80-89%) for the Organizational Outcomes portion of the review;
- an Excellent (90-100%) or Satisfactory (80-89%) rating for the critically designated Person Centered indicators;
- an Excellent (90-100%) or Satisfactory (80-89%) for the critically designated Organizational indicators.

A provider who successfully completes a PCR will receive a bi-annual (24 months), annual (12 months), six (6) months, or provisional certification (6 months), as determined by ratings earned on the review and/or the effects of ratings received from previous reviews (detailed in VII section J and M of this guide). This certification is valid from the first day of the

review. Subsequent PCRs are scheduled during the Recertification Period defined as the 30 days prior to, and up to 30 days after the expiration date. During this Recertification Period, which includes the initial through follow up reviews, the provider's previous certification will be valid until the results of the PCR are published.

VI. THE PCR TOOL AND INDICATOR DESIGNATION SYSTEM

The provider certification is reviewed through person-centered and organizational outcomes. Each outcome in the tool is divided into measurable *indicators*. Each indicator has a rating, which consists of, at least, *yes* and *no*. Many indicators also have an additional rating of *not applicable (N/A)* to the person being reviewed. For example, if the person does not need a behavior support plan, those indicators will be coded as *N/A*. There are interpretative guides under most of the indicators that are intended to be helpful to both the provider whose services are being reviewed and to the Quality Reviewers conducting the review. These guides may include questions and methods that Quality Reviewers will engage in to collect information. These guides do not limit the Quality Reviewer from asking other questions or using other information gathering activities that may be necessary due to circumstances that occur during a review.

Situations may arise where the provider will correct a condition that led to a *no* designation for an indicator before the review was finished. Although fixing problems identified during the review should be encouraged (and in some instances required), a *no* designation still must be given to reflect the situation as it existed when first identified. Issues corrected during the review will be noted as such in the narrative of the final PCR Report. All *no* designations require a written evidence statement by the Quality Reviewer explaining the rationale for the designation. This evidence statement will be placed in the Provider PCR Report sent to the provider. Quality Reviewers are also encouraged to make comments when a designation of *yes* is given since that will become source information for identifying positive practices in the Provider PCR Report.

Indicators have two classifications. An indicator can be marked as a Quality Assurance (QA) or Quality Improvement (QI) indicator for all indicators in both the Person Centered Outcomes and Organizational Outcomes of the PCR. QI indicators reflect practices that meet community standards for best practices. When a *no* designation is identified, the provider will be encouraged to improve in the area. QA indicators reflect a minimum standard of quality interactions. They are based on policy, regulations, and/or waiver assurances. A corrective action plan for all *not met* QA indicators will be expected from the provider within seven (7) business days after the PCR report is issued. The satisfaction indicators do not have

QA/QI designations. Additionally Q/A Person Centered and Organizational indicators have been weighted according to their importance and/or impact on people's health, safety, and programmatic needs and desires. Each of these indicators is given 1, 3 or 5 points. Indicators with 5 points are deemed critical indicators and are scored separately in addition to the overall indicator scores for person centered indicators of a service and the organizational indicator score.

The PCR tool is divided into two sections:

Section I: Person Centered Outcomes – This section measures outcomes experienced by people for the services listed above, and people's level of satisfaction for each service.

Section II: Organizational Outcomes – This section measures the effectiveness of providers' systems and practices to ensure people receiving their approved waiver services are receiving safe, effective, and necessary services. All indicators in this section apply to for-profit and non-profit provider agencies.

VII. THE PROVIDER CERTIFICATION REVIEW MONITORING PROCESS

60 DAY INITIAL REVIEW PROCESS

A one-time sixty (60) day Provider Certification Review is completed at the initiation of a new service . Initiation shall mean the first day that a provider commences services for a person in the service for which they are providing the waiver service. The indicator items for this review are selected person centered and organizational indicators from the PCR review tool. To pass the review, a provider must score an overall 70 % for all indicators reviewed. This review is conducted by members of the Quality Review Team from the PCR Unit in the DDS Quality Management Division (QMD). A report summarizing the results will be issued within 14 days of the review by the PCR Unit. When there are *not met* indicators, the provider will be required to develop a Corrective Action Plan for the *not met* indicators. This plan is due back to the PCR unit within 7 business days of receipt of the report. The PCR unit will provide feedback to the provider within 5 business days of the receipt of the Corrective Action Plan. When the provider has not passed the initial 60 Day Review, the PCR unit will arrange to return for a follow up review within 90 days from the receipt of the 60 day report to ensure that the *not met* indicators have been corrected. When a provider passes, either at initial or 30-45 days, the provider will be certified until a six (6) month review can be conducted. Any *not met* indicators remaining when the provider has passed will be placed

into MCIS and will be assigned to Provider Resource Management Unit (PRMU) staff for follow up of implementation. The following review at six (6) months will be a full PCR review and will be conducted per current PCR policy and guide regarding scope and results. This review will establish the annual review cycle for the provider. When a provider fails the 60 Day Review, sanctions will be applied to include Enhanced Monitoring and a hold on referrals.

When an established waiver provider begins a new service for which they have not received a Provider Certification Review, a one-time sixty (60) day Provider Certification Review is completed at the initiation of that new service. DDS will notify the PCR unit when a provider begins providing the new waiver service, as well as the name(s) of the person(s) in the new service. When the commencement of services is within 60 days of a provider's scheduled PCR, the new service will be added to the services conducted at that review. When a new service commences outside of the 60 day window, the PCR unit will conduct a modified 60 day review by performing only the Person Centered Review for the new service, since a full organizational review had been conducted within the past year. The criteria for passing and processing of this 60 day review are described in the paragraph above. A six month review of the new service will not be conducted separately, but will be conducted at the next scheduled PCR review (annual or six month).

ANNUAL AND 6 MONTH REVIEW PROCESS

A. REVIEW TEAM

The review team for a certification review is composed of Quality Reviewers from the PCR Unit in the QMD. In general, the review team consists of two or more reviewers, except if the sample is very small, the provider delivers one or two waiver services, and all the services are provided in one location. One Quality Reviewer serves as team leader for the review. Quality Reviewers who may have a conflict of interest (e.g., family member in organization, past employment (within the last 2 years), consultant relationship) may not be considered as a member of the team for that provider. Quality Reviewers must maintain inter rater reliability at 85% to conduct a PCR review.

- Team leader responsibilities include:

- Coordinating all activities for the review process;
- Completing the Provider Certification Review Report;
- Coordinating all post- review processes; and
- Informing designated DDA staff of the results of the PCR review.

B. SAMPLING

The sample of people to be included in the review will be both representative of and proportional to a duplicated count of people receiving residential, work/day supports and supported employment services. The sample is designed so as not to exclude people who were included in the previous PCR of the provider.

Within these parameters the sample will be selected. The selection will ensure that at least 10% of the people in each provider's service are selected. A sample number greater than 10% will be required for those services that have fewer than 10 people. The formula applied for these groups will be 10% of the total plus one. The numbers will be rounded up to create a sample number. For example, when there are five people in a service, the sample will be two, which is 40% of all people served ($5 \times .1 + 1$). Once the sample size is determined, a representative sample will be selected, unless extenuating circumstances require modifications to sharpen the review focus. Some examples of extenuating circumstances are:

- People with specific needs, such as people who have a behavioral support plan and/or take psychotropic medications, and need specialized medical supports.
- At least one person in any location where there has been a pattern of serious reportable incidents and/or issues during the past year.

C. NOTIFYING THE PROVIDER

The team leader will notify the provider at least 10 business days in advance of the on-site review. This notification will be done verbally and in writing. The provider will be informed of the start and anticipated end dates of the review, the process to be used, and the expectations of the provider during the review process, and the dates inclusive of the review period. The team leader will also inquire if the provider has any questions or concerns about

the review, and will respond in a timely manner. The team leader will request that the provider assign a staff person to be a liaison for the review. The team will also reserve the right to conduct an unannounced visit.

The team leader will request a list of all people who receive services, and a list of all employees with their dates of hire, from the provider at the time of the review. From the lists, the sample of people and employees will be selected. Names of the people who will be in the sample will be given to the provider on the first day of the on-site review. If there are extenuating circumstances preventing a person from being included in the review, the team leader will select another person.

D. PRE-REVIEW PREPARATION

- A number of activities take place before the actual on-site review, including:
 - Selecting the provider and notification of PCR date
 - Selecting a sample
 - Distributing the sample to individual team members
 - Collecting and reviewing the following documentation about the provider since the last review including:
 - Issues occurring within the past 12/6 months (e.g. from all DDA monitoring reviews, Evans, ULS, Quality Trust, HRLA reports)
 - Serious Reportable Incidents and Recommendations from the past 12/6 months
 - Reportable Incidents
 - Human Care Agreements (Contracts Department)
 - Individual Profiles, Level of Need and Risk Screening Assessment Reports, and Individual Support Plans
 - Mortality Review Committee (MRC)/Fatality Review Committee (FRC) Recommendations
 - Human Rights Advisory Committee (HRAC)/Restrictive Control Review Committee (RCRC) Recommendations
 - Sanctions History and Status
 - Provider Performance Review Reports.
- Gathering Additional Information:

- DDA Service Coordination (specific information about the people in the sample)
- Provider Resource Management
 - Provider Performance Reviews
 - Continuous Improvement Plan
- Waiver Unit
 - Personal Funds Audit Reviews
- Any Court Orders (listed by provider in MCIS)
- Other units and personnel as needed

E. ON-SITE REVIEW

The on-site review begins with an initial meeting with the provider liaison to discuss the purpose of the review, schedule of review activities, materials needed to complete the review, and persons who should be present at the certification review. Other provider staff may also participate in the initial meeting as determined by the liaison or by request of the Quality Reviewer. After the discussion, each team member completes a review of the specific person who has been included in the sample.

1. Observation: Team members will visit people in their home and/or where they work or receive day supports. Visits should include time for the team member to observe the person at his or her residence and/or work/day support. Visits should be as least disruptive as possible; people should not cancel scheduled activities during the on-site visit. Visits can be conducted in the morning, evening and on weekends so that observations can be made during regular service delivery times.

2. Site Visits

With Permission:

Reviewers will visit people upon receipt of their permission when they are receiving Supported Employment Services.

Required:

Reviewers must visit people in their home, when they are receiving Host Home, Supported Living, or Residential Habilitation services. Permission is not required for these visits. If a person is receiving Daily Respite at a provider-managed Respite location the Reviewer must visit the person at that location. Reviewers must visit people at the site of their Day Services, or Pre-Vocational Services. Permission is not required for these visits. If a person is receiving In Home Supports or Respite Hourly services in their own home, efforts will be made to coordinate the best time for a visit, but a visit will be necessary to evaluate services, at the site these services are being offered during the PCR review.

3. Interviewing: Team members will interview the person at the location where services are being provided whenever possible and appropriate. Team members may interview the court- appointed guardian or involved family member, lawyers and advocates and direct care support staff and program managers who know the person well. People receiving services may refuse to be interviewed, but their services and supports will continue to be reviewed through a documentation review and/or through interviewing other people. Team members may also interview relevant clinicians and DDA staff in the Health & Wellness Unit, or other DDS units if needed. DDA Service Coordinators may also be interviewed for each person in the sample.
4. Documentation review: Team members will review the person's record (e.g., Individual Support Plan, Behavior Support Plan, health and medication records, goal implementation and documentation, progress notes) and other documentation about services the person receives at the location (e.g., staff training records, communication logs). In general, the record review will encompass information from the past 12 months, or since the last review.
5. Staff training/criminal check review - For indicators related to staff training/criminal background check in Section I (Individual Outcomes) and Section II (Organizational Outcomes), staff training/criminal background checks will be completed for all employees that form a representative sample of the provider's staff. Included are all full-time, part-time, weekend and overnight staff, as well as program, professional, and administrative staff who perform functions that affect services of the people in the sample.

For Section II (Organizational Review) of the PCR tool, members of the team will meet with the Executive Director (or designee) and other key management staff. The provider is asked to give the team an overview of the services and supports, relevant policies and procedures, and any other information that they think will be helpful to the team

(e.g., policies and procedures, quality enhancement/improvement plan and strategies for improvement) in the following areas:

1. Significant changes in the organization during the past 12/6 months or since the last review.
2. How the provider systematically addresses the health and safety of people supported including when people may be at risk, when staff are not available and other emergencies, and how they track significant incidents (e.g., medication errors, injuries).
3. How the provider supports people with significant health and/or behavioral needs.
4. How the provider supports people in realizing their hopes, dreams, aspirations.
5. How the provider supports the implementation of person centered planning goals and objectives.
6. How the provider develops opportunities for people to develop meaningful social roles in their community.
7. How the provider supports people in developing relationships with community members.
8. How the provider supports staff in three areas:
 - Recruitment of qualified staff;
 - Developing/maintaining staff competency; and
 - Ensuring effective communication and problem solving throughout the agency.
9. How the provider supports the organization to grow and change over time to keep pace with the person's changing preferences and needs as well as industry best practices.

Members of the team may also interview staff or people who perform specialized functions within the organization that are related to the PCR. For example, the PCR team member may interview the Provider's Human Rights Committee (HRC) Chairperson, Incident Management Coordinator, Human Resources Manager, and/or other administrative/clinical staff and review documentation regarding these functions.

F. Environmental Requirements

The Review process will also consist of an environmental check of the physical premises. This will be completed using the Environmental Requirements Checklist, and will be completed for each site visited by the Quality Reviewer during the review process. Environmental checks will not be completed for In- Home Support Services, Respite Services in the person's home, and Supported Employment Services. However, when a serious environmental concern (such as broken steps or nonfunctioning smoke alarm) is identified in one of these services,

the Quality Reviewer will enter that concern as an issue in MCIS. Any environmental issue identified from the checklist that is a serious concern, or represents a situation seen multiple times in the provider's setting(s) will result in a *not met* indicator designation within the Provider Organization Outcomes of the review, and will require corrective action by the provider. This corrective action will be reviewed through follow-up and verification at a subsequent follow up review, by the designated DDA staff.

G. SERIOUS HEALTH AND SAFETY ISSUES

Quality Reviewers are required to report any Serious Reportable incidents such as Abuse, Neglect or Serious Physical Injury to the appropriate authorities and in accordance with the DDS Incident Management policy and procedures.

When serious health and safety issues have been identified by a Quality Reviewer at a PCR review, in addition to making any necessary notifications (*e.g.*, for team members who are mandated reporters), the Quality Reviewer will notify the PCR Project Director. The PCR Project Director will send a memo to the Director of Quality Management detailing the health and safety issues and concerns. In addition, during the review, the team member will ensure the provider takes protective action at the time of discovery.

The review may be expanded to include additional people receiving services, locations, and/or staff records at the discretion of the PCR team, when there are serious issues such as health and safety issues. This action may also be necessary when, during the course of the review, unsatisfactory findings dictate the need for an expanded review.

H. POST-REVIEW

Post Review Process: After a review is completed, each team member will enter his or her statement(s) into the PCR database, where they will be reviewed by a PCR senior manager. Once approved by the senior manager, a report will be prepared. This report will provide results of indicators, and summarize best practices in each of the Person Centered, and Organizational Domains. For all *not met* indicators, a detailed explanation of why the indicators were *not met* will be provided. The PCR senior manager will review the report for completeness and

accuracy. The report will detail the scores for each service, organizational outcomes and satisfaction results. Once approved, the report will be sent to the provider within 14 calendar days of the last day of the review.¹

Excellent Results: Scores for Q/A Person Centered indicators and Organizational Outcome indicators are at least 90% for both critical (5 point) indicators and total indicators. A score of 80 % or greater is achieved on Satisfaction. An excellent rating can only be achieved by reaching this level of performance at the initial annual review.). Additionally the provider cannot:

- Have overdue issues, plans of corrections or recommendations for any Serious Reportable incidents; Mortality Review, Fatality Review, Human Rights or Restrictive Control Review Committee recommendations, or Health and Wellness issues. The service affected by these overdue issues will result in a Needs Improvement rating, and a follow up review by the PCR team will be required.
- Be on Enhanced Monitoring during the time of the PCR review. The service affected by this designation can only be granted a rating of Satisfactory even when scores are 90% or above, and be granted not more than 6 months certification.

When there are Quality Assurance Indicators that are *not met*, the provider will be required to complete a Corrective Action Plan for each of these indicators and return the Corrective Action Plan to the Team Leader of the PCR team within seven (7) business days of the review. All *not met* indicators and the corrective actions will be entered into the MCIS Issue Resolution system by a designated PCR team member. When, as stated above, there are no overdue issues follow-up of indicators will be under the guidance of the assigned Quality Improvement Specialist/or Service Coordinator and followed through the MCIS system, until resolved. The provider will receive annual certification, effective from the first date of the initial PCR review date.

Satisfactory Results: Scores for Q/A Person Centered indicators and/or Organizational Outcomes indicators are at least 80% for both critical (5 point) indicators and total indicators. Additionally, when a provider has overdue issues, plans of corrections or recommendations for any Serious Reportable incidents; Mortality Review, Fatality Review, Human Rights or Restrictive Control Review Committee recommendations, or Health and Wellness issues, at the close of the initial review, a Needs Improvement rating will

¹ Certification results for providers operating in Maryland will be sent to the Maryland Department of Health and Mental Hygiene: Office of Community Licensure Program.

be designated for the service(s) affected by the overdue issue(s). A follow up review will be required by the PCR team (the details of this review are detailed in the Need Improvement section below).

When there are Quality Assurance Indicators that are *not met*, the provider will be required to complete a Corrective Action Plan for each of these indicators and return the Corrective Action Plan to the designated member of the PCR team within seven (7) business days of the review. All *not met* indicators and the corrective actions will be entered into the MCIS Issue Resolution system by a designated PCR team member. When, as stated above, there are no overdue issues, follow-up of indicators will be under the guidance of the assigned Quality Improvement Specialist/ or Service Coordinator and followed through the MCIS system until resolved. The provider will receive annual certification (unless on Enhanced Monitoring during the review period which results in a six month certification), effective from the date of the PCR review date. When there are overdue issues as defined above, by the end of the review period, a provider will be referred to the Quality Management Division for possible sanctions as outlined in current DDA policy and procedure regarding "Imposition of Sanctions."

Needs Improvement Result: Scores for Q/A Person Centered indicators and/or Organizational Outcomes indicators range between 70-79% for either critical (5 point) indicators and/or total indicators. Additionally a Needs Improvement result will occur when a provider has passing scores, but has overdue issues, or plans of corrections and or recommendations for any Serious Reportable incidents; Mortality Review, Fatality Review, Human Rights or Restrictive Control Review Committee recommendations, or Health and Wellness issues. A follow up review will be required by the PCR team.

All Quality Assurance (Q/A) Indicators that are *not met* will require a Corrective Action Plan by the provider for each of these indicators identified. The Corrective Action Plan must be returned to the designated member of the PCR team within seven (7) calendar days of the review.

The PCR team will conduct a follow-up (F/U) review 30-60 calendar days from the issuance of the PCR initial report. This review will include follow up of all *not met* Q/A Indicators in the Corrective Action Plan, and all outstanding issues as stated above. Providers' Corrective Action Plans should be applied to all people in their service where applicable, not just to the person(s) cited in the initial review. To determine this systemic corrective action, the PCR team will select a sample of additional people to review in addition to the persons in the initial review sample. The PCR reviewers will review all people selected in the total sample for evidence that a *not met*

indicator has been met for each person in the expanded sample as well for the people in the original sample. When a person in the sample is no longer receiving services at the time of follow up, the indicator(s) that were *not met* on initial review will still be evaluated by the PCR team. This evaluation may take the form of reviewing the indicator for other persons receiving services in the organization with similar circumstances to determine that the provider has corrected the *not met* indicator when it affects other people. If no one is receiving the service measured by the *not met* indicator at the time of F/U, the provider will need to present a written plan for how to ensure the indicator will be met in the future. This response will be recorded in the F/U section of the Corrective Action Plan response by the reviewer. The score for the F/U review will be calculated, and when a provider has achieved a score that places the provider in the satisfactory range, the provider will receive certification, effective from the first date of the initial PCR review. After the review is completed, all remaining *not met* Q/A indicators and the corrective actions will be entered into the MCIS Issue Resolution system by the designated PCR team member. Follow-up for these indicators will be under the guidance of the assigned QIS or Service Coordinator and followed through the MCIS system until resolved.

Unsatisfactory Results: Scores for Q/A Person Centered indicators and/or Organizational Outcome indicators range between 51-69% for either critical (5 point) indicators and/or total indicators.

All Quality Assurance Indicators that are *not met* will require a Corrective Action Plan by the provider for each of these indicators identified. The Corrective Action Plan must be returned to the designated member of the PCR team within seven (7) business days of the review.

The PCR team will conduct a follow-up review 30-60 calendar days from the issuance of the PCR initial report. This review will include follow up of all *not met* Q/A indicators in the Corrective Action Plan, and all outstanding issues as identified in Section V of this guide. Providers' Corrective Action Plans should be applied to all effected people in their service where applicable, not just the person(s) cited in the initial review. To determine this systemic corrective action, the PCR team will select a sample of people to review in addition to the people in the initial review. The PCR reviewers will review all persons selected in the total sample for evidence that a *not met* indicator has been met for all sampled people. When a person in the sample is no longer receiving services at the time of follow up, the indicator(s) that were *not met* on initial review will still be evaluated by the PCR team. This evaluation may take the form of reviewing the indicator for other people in the organization with similar circumstances to determine that the provider has corrected the *not met* indicator when it affects other people. If

there are no persons receiving the service measured by the *not met* indicator at the time of F/U, the provider will need to present a written plan for how to ensure the indicator will be met in the future. This response will be recorded in the F/U section of the Corrective Action Plan response by the reviewer. The score for the F/U review will be calculated, and when a provider has achieved a score that places them in the satisfactory range, (6) month provisional certification, effective from the first date of the initial PCR will be issued. After the review is completed, all remaining *not met* Q/A indicators and the corrective actions will be entered into the MCIS Issue Resolution system by the designated PCR team member. Follow-up for these indicators will be under the guidance of the assigned QIS or Service Coordinator and followed through the MCIS system until resolved.

Failed Results: Scores of 50% or less in all Q/A Person Centered indicators and/or Organizational Outcomes indicators will result is a Fail rating.

A provider will be referred to DDA Quality Management Division for sanctions and will not be eligible for a follow up Provider Certification Review.

All not met indicators will be placed as issues into the MCIS issue system within seven (7) days from the issuance of the review report. The provider is expected to address these issues per the DDA issue system to insure that the health and safety of the people receiving their waiver service is assured during the sanctioning period.

Timing of Entry of Issues/Incidents into MCIS: The PCR team member will enter all Q/A indicators that are *not met* as issues into the MCIS system at the completion of the PCR process. For some providers, that may occur at the end of the initial review (i.e. for providers who pass the review), and for other providers that may occur at the end of the follow-up review (i.e. for all providers whether they pass or fail on the second review). The issues will be entered into MCIS within seven (7) business days from the end of the PCR review process (after the completion of the Corrective Act Plan (CAP report) or Follow Up PCR report). Any SRIs that are witnessed during the review will be entered by the Quality Reviewer into MCIS per DDA policy. Any Issues discovered during a review will be entered by the Quality Reviewer into MCIS per DDA policy. Any *not met* Q/A indicators related to SRI/ issues that have been entered into MCIS will contain a notation in the evidence statement that this has occurred, and the date.

I. FOLLOW-UP FOR LESS THAN SATISFACTORY INITIAL REVIEWS

Feedback to the Provider: The provider is asked to submit a Corrective Action Plan seven (7) business days from receipt of the report. The team will review the plan and provide feedback to the provider. Feedback will indicate the degree to which the plan corrects the indicator(s) *not met*. This feedback will occur within five (5) business days of the receipt of the plan.

All corrective actions must be completed or substantially initiated within 30 days from when the provider receives the initial PCR report. When a person in the sample corrective action is not present at F/U and no other person is receiving the service that the *not met* indicator measured, the provider will need to present a written plan for how to ensure the indicator will be met in the future by the time of the F/U review.

The PCR team will conduct a follow up visit for all providers who receive a rating-in the Needs Improvement or “Unsatisfactory” range on initial review for any of the indicator designations to determine that the corrective actions have been implemented. The team will also follow up on any overdue issues, corrective actions, and recommendations in; SRIs, Human Rights and Restrictive Controls, Mortality Review and Fatality Review, and Health and Wellness.

Follow-Up Visit: will occur 30-60 calendar days from the date the provider receives the initial PCR report. The team will evaluate the provider’s efforts to correct the *not met* indicators identified in the PCR report. The team leader will score the results from the follow-up visit and determine if the provider has now moved to a “Satisfactory” designation. The team leader will prepare a follow-up report within seven business days of the review. This report will outline which corrective actions have *met* or have *not met* the indicators. The report will also identify any outstanding issues that remain as needed. This report will be sent to the Senior Review Manager, who will review and approve the report within two (2) business days of the review. Once approved, the report will be sent to the provider within ten (10) business days from the completion of the review. If the provider has achieved “Satisfactory” in all services reviewed and has no outstanding/overdue corrective actions, recommendations or issues as described in the preceding paragraph, a certification certificate for each service will be issued. At the completion of the F/U review, the PCR team member will enter any unmet indicators into the MCIS’s Issue Resolution system as detailed in section H: Timing of Entry of Issues/Incidents into MCIS.

When a provider has failed to move to a Satisfactory designation, the report will be sent to the PCR Project Director, who will review the report and prepare a memorandum summarizing the issue(s) that preclude the

provider from receiving a Satisfactory designation. The report will detail any progress or lack of progress the provider has made to correct outstanding indicators that are *not met*. This will be completed within five (5) business day of receipt, and sent to the DDS Deputy Director for DDA and the Director of Quality Management Division, DDS. (Refer to Section K)

J. PROVIDER CERTIFICATION REVIEW MONITORING DECISIONS

Provider Certification Level of Quality Criteria

1. PCR Results criteria:

Ratings	Scoring Criteria for Ratings
Excellent	Overall-90 or above in PC and Organizational Indicators 90 or above in PC and Organizational-5 point indicators
Satisfactory	Overall- 80-89 in PC and/or Organizational Indicators 80-89 in PC and/or Organizational-5 point indicators
	Overall-80-89 in PC and 90-100 in Organizational 80-89 in PC or Organizational-5 point indicators
	Overall- 90 or above in PC and 80-89 in Organizational 80-89 in PC or Organizational-5 point indicators
Needs Improvement	Overall- 70- 79 in PC and 70-79 in Organizational below 80 in PC or Organizational-5 point indicators
	Overall 70-79 in PC and 80 or above in Organizational below 80 in PC or Organizational-5 point indicators
	Overall- 80 or above in PC and 70-79 in Organizational below 70-79 in PC or Organizational-5 point indicators
Unsatisfactory	Overall-51-69 in PC and Organizational below 70 in PC or Organizational-5 point indicators
	Overall-51-69 in PC and 70 or above in Organizational below 70 in PC or Organizational-5 point indicators
	Overall- 70 or above in PC and 51-69 in Organizational

	below 70 in PC or Organizational-5 point indicators
Failed	Overall- 50 or below in PC and/or Organizational Indicators

The chart below describes how the criteria are applied in order to arrive at a level of quality for the provider:

Level of Quality	Criteria	Outcomes
Excellent	Meets all applicable scoring criteria as described in J.1. above and have no outstanding issues in SRI, HR, MR, FR, H&W and/or are not actively on Enhanced Monitoring	<ul style="list-style-type: none"> • Corrective Action for Q/A indicators • Certification Issued • Reviewed in 1 year
Satisfactory	Meets the following applicable scoring criteria as described in J.1. above and have no outstanding issues in SRI, HR, MR, FR, H&W	<ul style="list-style-type: none"> • Corrective Action for Q/A indicators • Certification Issued • Reviewed in 1 year(unless on Enhanced Monitoring which results in 6 mo. Provisional certification)
Needs Improvement	Meets the following applicable scoring criteria as described in J.1. above or has passing scores, but have outstanding issues in SRI, A&N, HR, MR, FR ,H&W at the end of the initial review.	<ul style="list-style-type: none"> • Corrective Action for Q/A indicators • Satisfactory completion of all plans related to any outstanding issues • F/U review of plan implementation to follow at 30-60 days from receiving report • Certificate Issued when F/U review indicates provider has reached at least satisfactory designation • Review in one year(unless on Enhanced Monitoring which results in 6 mo. Provisional certification) • Sanctions apply when any scores are below 80% at initial review
Unsatisfactory	Meets the following applicable scoring criteria as described in	<ul style="list-style-type: none"> • Corrective Action for Q/A indicators

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Level of Quality	Criteria	Outcomes
	J.1.above.	<ul style="list-style-type: none"> • Satisfactory completion of all plans related to any outstanding issues • F/U review of plan implementation to follow at 30-60 days from receiving report • Provisional Certificate Issued when F/U review indicates provider has reached satisfactory designation • Review in six months • Sanctions apply
Failed	Meets the following applicable scoring criteria: as described in J.1.above.	<ul style="list-style-type: none"> • Provider is referred immediately for Sanctions • No F/U review • No certification can be earned. • Not Met indicators are entered as issues in MCIS

Abbreviations Key:

SRI= Serious Reportable Incident
 HR= Human Rights/ Restrictive Controls
 MR= Mortality Review
 FR= Fatality Review
 H&W= Health and Wellness

K. SANCTIONS

1. When a provider is on Enhanced Monitoring for any of its waiver services, and passes the PCR, the provider can only receive Provisional Certification (six months) for the identified service(s).
2. When a provider is placed on Enhanced Monitoring for any of its waiver services within a year of earning a Bi annual Certification, an annual PCR will be required for the identified services.

3. When a provider fails to achieve scores on initial review of 80% or higher (Satisfactory or Excellent) for all designations of indicators (Person Centered domains and Organization indicators) for a service:
 - a. A hold will be placed on referrals to that service until a Satisfactory score has been achieved at the time of the F/U review;
 - b. No new transitions will occur between the completion of the initial review and the F/U review. Notification will be sent to the DDA Services Coordination. If a transition is in process, that transition may be held as well;
 - c. If a service receives a score of Unsatisfactory, the service will be placed on Enhanced Monitoring. Removal from Enhanced Monitoring will occur following current DDS policy.
 - d. When a provider has an initial designation of Unsatisfactory, the provider can only receive a six month Provisional Certification, if successful in achieving a satisfactory rating at the follow up visit.
 - e. And other available sanctions as may be appropriate per DDA/DDS policy.
4. When a provider has not insured overdue issues, plans of corrections or recommendations for issues of Serious Reportable Incidents, Human Rights, Mortality Review, Fatality Review, or Health and Wellness by the end to the PCR review period, the provider will be referred to the Quality Management Divisions for possible sanctions per DDA/DDS policy.
5. When a provider fails to achieve at least a Satisfactory rating for a service(s), by the end of the PCR review period, or, when a provider has not achieved satisfactory outcomes upon initial review from one certification review to the next (see Section M: PCR Results Over Time for detail of the criteria of successive review results that do not meet satisfactory standards), the following actions will be taken at the end of the review period:
 - a. The provider will be placed or remain on Enhanced Monitoring related to the service(s), and the provider status will be published on the DDS website. Certification will not be issued or renewed.
 - b. All referrals, transitions in progress, and admissions will be held for that service(s), or will remain on hold.
 - c. The final PCR report for the failed service(s) will be shared with the person, family members as appropriate, guardians, court-appointed attorney and other substitute decision-makers.
 - d. A letter will be sent to the person and members of his/her support team detailing the final results of the PCR with information to contact DDS if any of the parties would like a new provider. DDS will arrange for a team meeting when a desire for a new provider is requested.
 - e. All PCR provider scores are posted on the DDS website.

L. RECONSIDERATIONS/APPEALS

When a provider disputes any of the facts specific to the findings at the initial review, or the F/U review, the provider may submit documentation to the PCR Project Director, within five business days, from the receipt of the written report. The documentation should identify the indicator(s) under dispute, the reason the provider believes the indicator should not have received the rating, and any documentation to support the provider's claim. The Project Director will review the documentation presented and will determine if changes need to be made in the results of the initial or F/U review. This will be completed within ten business days of receipt of the provider's documentation. If the Project Director finds that the documentation supports the provider's argument for changing a rating of an indicator, the review will be rescored, and the results will be issued with the amended score. The previous scores will be considered null and void. If the Project Director determines that the documentation presented does not support changing indicator(s), the Project Director will issue a report detailing the rationale applied and notify the provider and DDS/DDA personnel of this determination.

Appeal to DDS/DDA:

If, at the end of the PCR process, the provider disputes any of the facts specific to the findings of the PCR indicators after an appeal has been reviewed by the PCR Project Director, the provider will have five (5) business days after receipt of the decision by the Project Director to submit a written appeal to DDS's QMD. The written appeal must include documentation that details which indicators and documentation the provider is disputing, the reason(s) why the provider is disputing the documentation, and any documentation that supports the provider's claim(s).

The DDS Director of QMD may appoint a Reviewer to review the appeal. If appointed, the Reviewer will evaluate the appeal and may request more information from the provider and/or the PCR Team or schedule a meeting with the involved parties to gather facts. The reviewer will make a recommendation to the QMD Director.

Within ten (10) business days of receipt of the written appeal, the QMD Director will issue a final determination in writing to the provider and PCR Team. If the results of the PCR are changed, an amended report will be issued to all parties.

The appeal does not delay sanctions. If the provider failed the PCR for any service, the provider will be placed on Provider sanctions, Enhanced Monitoring will be initiated, and notifications will be made to people receiving services and their support teams. Once the QMD Director has reviewed the PCR findings and appeal, and determines the appeal will not change to final outcomes of the PCR results, DDA will make a recommendation to DHCF to terminate the Medicaid Provider Agreement. No Provider Certification Review will be conducted after a provider has failed and during the period that sanctions are in effect. If the appeal results in a change in the rating and the provider is determined to be certified, the QMD Director will take immediate actions to rescind any applicable sanctions.

M. PCR RESULTS OVER TIME

1. The past ratings that providers receive will affect the outcome a provider receives on the current review. The following situations will apply to a current review when results are not at least Satisfactory on initial review:
 - A. Two consecutive Unsatisfactory results on initial review for a service:
 - i. Provider is placed on the Do Not Refer List until F/U review
 - ii. PCR review results from all past unsatisfactory results are sent to a Certification Review Panel
 - iii. Panel will review results and other quality measures relevant to the provider
 - iv. Recommend F/U or termination
 - v. If F/U recommended and results satisfactory, 6 month provisional certification given
 - vi. If Unsatisfactory results at F/U, termination
 - B. Three consecutive Unsatisfactory results on initial review for a service:
 - i. Provider is placed on the Do Not Refer List
 - ii. Termination of services will be pursued
 - iii. No F/U review will be scheduled
 - C. Three Consecutive Needs Improvement results or lower on initial reviews for a service:
 - i. Provider is placed on the Do Not Refer List until F/U
 - ii. Receive 6 month provisional

- D. Four consecutive Needs Improvement results or lower on initial review for a service:
 - i. Provider is placed on the Do Not Refer List until F/U
 - ii. PCR review results from all past Unsatisfactory results are sent to a Certification Review Panel
 - iii. Panel will review results and other quality measures relevant to the provider
 - iv. Recommend F/U or termination
 - v. If F/U recommended and results Satisfactory, 6 month provisional certification given
 - vi. If Unsatisfactory results at F/U, termination of services pursued

- E. Five Consecutive Needs Improvement results or lower on initial review for a service:
 - i. Provider is placed on the Do Not Refer List
 - ii. Termination of services will be pursued
 - iii. No F/U will be scheduled

F. When a provider has earned a rating of excellent for two consecutive reviews in a service, the provider is give a 24 month certification from the date of their annual review. A provider may exercise the option be being reviewed annually for any service that they have a bi annual certification on the date of their annual review anniversary, if they notify DDA in writing of this request.

N. CONTINUOUS QUALITY IMPROVEMENT WITHIN DDA All individual reviews completed during the past year to identify trends for the District of Columbia as a whole. The first year's data is a baseline against which data from successive years is compared. DDS will review these reports with the Department's Quality Improvement Committee and generate systemic quality improvement initiatives, as appropriate.

O. PROVIDER PERFORMANCE REVIEWS

At least once a year, providers are required to attend a Provider Performance Review meeting that brings together representatives from various divisions in DDA and DDS including PRMU, Service Coordination, and Quality Management. During this meeting, data from each area is compiled, analyzed and presented to the provider as a way to highlight the provider's performance and compare its performance against the delivery system as a whole. Providers are also given the opportunity to present information about the organization, while focusing on areas of

success. At the end of the meeting, the provider and DDA develop a Continuous Improvement Plan for the coming year. The Continuous Improvement Plan developed as a result of the Provider Performance Review will also assist the PCR reviewers in determining the outcome of indicators.

Following the PCR, DDA through the PRMU, shall review the PCR results and determine if the PPR Continuous Improvement Plan should be updated. If that determination is made, the PMRU specialist will be responsible for ensuring the Provider updates the Continuous Improvement Plan and continuing to monitor progress on a quarterly basis.