

District of Columbia
Provider Certification Review
FY 2023 Annual Report

December 1, 2022 – November 30, 2023

Submitted to:
The Developmental Disabilities Administration of the Department on
Disability Services



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Prepared by

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List of Acronyms

ANE – Abuse, Neglect and Exploitation

BSP – Behavior Support Plan

CAP – Corrective Action Plan

DC – District of Columbia

DDA – Developmental Disability Administration

DDS – Department on Disability Services

CY – Contract Year (December – November)

FY – Fiscal Year (December – November)

HCBS – Home and Community-Based Services

HCMP – Health Care Management Plan

HPAP – Health Plan Activity Plan

IDD – Intellectual and Developmental Disability

ISP – Individual Support Plan

IT – Information Technology

MCIS – MDRR Case Information System

OBS – Observations

PCO – Person Centered Outcome

PCR – Provider Certification Review

QA – Quality Assurance

QI – Quality Improvement

QS – Quality Surveyors

RM – Regional Manager

SE – Supportive Employment

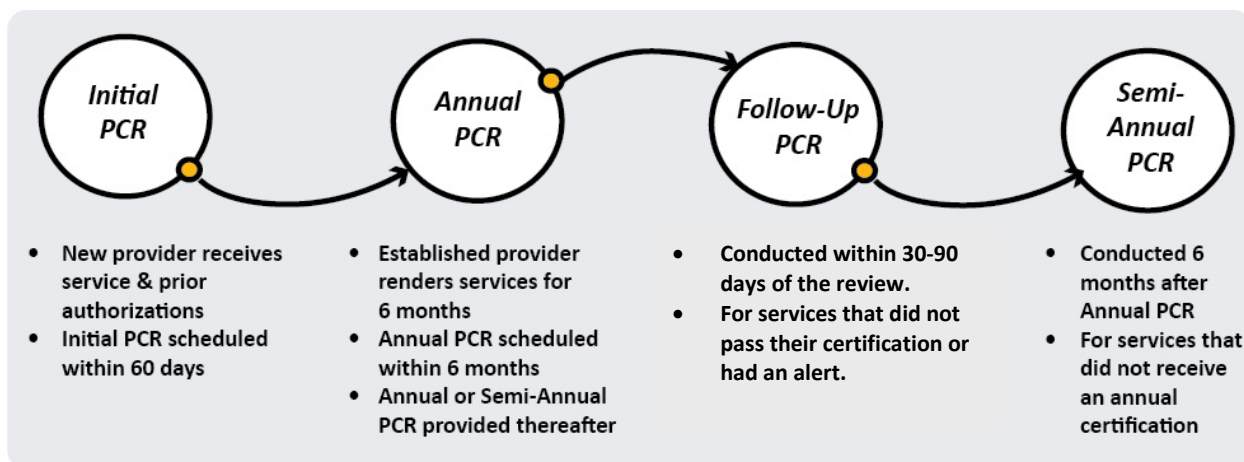
SRR – Service Record Review

SL – Supported Living

Executive Summary

The Department on Disability Services (DDS) is dedicated to working with people with intellectual and developmental disabilities (IDD), as well as their families, advocates, service providers and communities to improve the quality of Home and Community Based (Waiver) Services (HCBS) in the District of Columbia (DC). In, November 2020, a new waiver, the Individual and Family Support (IFS) waiver, was established to allow people with IDD who live independently - either in their own home or with family or friends - to receive services and supports according to their needs and preferences.

Provider Certification Reviews (PCR) are conducted to determine if providers are qualified to deliver waiver service(s) by determining if people are receiving all services specified in their Individual Support Plan (ISP) and assessing compliance with regulations specified in the Medicaid Waiver and DDS policies and procedures for people with IDD. The PCR also identifies positive practices and areas for improvement for the provider, as well as system-wide improvements across all services and supports. The frequency and type of PCR a provider receives depends on their tenure, services provided, and performance. The figure below illustrates circumstances for which a provider will receive an Initial, Annual, Follow-up, or Semi-annual PCR.



In December 2022, DDS entered into the second year of their contract with Qlarant to administer PCRs. In FY 2023, Qlarant completed a total 12 Initial, 242 Annual, 66 HCBS¹, 9 Semi-Annual, and

¹ HCBS reviews focus on specific indicators reflective of the HCBS Settings Rule. No matter the provider's score on their previous PCR, if providing services that apply to the HCBS Settings Rule, the provider will receive an HCBS PCR annually. Click on the following link for more information: <https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-settings-requirements-compliance-toolkit/index.html>

65 Follow-up PCRs. Qlarant also reviewed 1,590 Corrective Action Plans (CAPs) addressing standards providers did not meet during the PCR process.

A summary of key findings from reviews conducted in FY 2023 is outlined below.

Key Findings

Person Centered Reviews

- Approximately 75 percent (249) of the 329 services reviewed through an Initial, Annual, HCBS, or Semi-Annual PCR received a rating of 'Excellent' and another 9 percent (30) received a 'Satisfactory' rating.
- Over 90 percent (60/66) of services reviewed through the HCBS PCR received a rating of 'Excellent'.
- All Respite Daily, Supportive Employment Job Placement, and Supportive Employment Long-Term Follow-Along services were rated 'Excellent'.
- No services failed their PCR in FY 2023.
- Safety and Security was the lowest scoring domain for Initial and Annual PCRs – 89.3 and 94.6 percent, respectively.
 - The lowest scoring Safety and Security indicator for Initial and Annual PCRs had to do with the person knowing what to do and where to go in the event of an emergency (Initial: 54.5% Met; Annual: 80.1% Met).
 - Initial PCRs scored below 80 percent on the critical Safety and Security indicator requiring each direct support staff that works with the person to have received person specific training on all current documents, information, and required supports relevant to the service being provided (77.3% Met).
- Service Planning and Delivery was another lower scoring domain among Annual PCRs (95.0%). Low scoring indicators within this domain most often had to do with quarterly reports (65.3% Met) and progress notes (77.2% Met) not always being written in accordance with DDS policy.
- Day Habilitation Small Group (93.6%) and In-Home Supports (94.5%) were the two lowest scoring services reviewed through the Annual PCR and the only services to score below 95 percent, on average.
 - The lowest scoring critical indicator for Day Habilitation Small Group had to do with each direct support staff that works with the person having received person specific training on all current documents, information, and required supports relevant to the service being provided (65.0% Met).
 - The lowest scoring critical indicator for In-Home Supports had to do with the provider reporting Serious Reportable (SRI) or Reportable Incidences (RI) within the required timeframe (83.3%).

- On average, providers reviewed through the Annual PCR scored higher on Organizational Outcomes than those reviewed through the Initial PCR (90.5% vs. 87.3%).
- Provider Organizational Outcome scores have declined since FY 2022 for Initial and Annual PCRs from 94.3 to 90.5 percent for Annual PCRs and from 90.9 percent to 87.3 percent for Initial PCRs.
- The Staff Qualification area saw the greatest decline for Initial and Annual PCRs since FY 2022.
- Among providers reviewed through the Annual PCR, multiple Staff Qualification indicators declined by 10 or more points, including the critical indicator requiring providers to ensure individuals served are protected from employees with prohibitive criminal backgrounds (FY22: 88.8% Met; FY23: 76.1% Met).
- Quality Improvement was the lowest scoring Provider Organizational Outcome area for Initial PCRs in FY 2022 (71.4%) and FY 2023 (75.0%).
- In FY 2023, nine Semi-Annual certification reviews were completed across five service types. All but one service (In-Home supports) received a certification rating of 'Excellent' on their Semi-Annual review.
- A total of 42 alerts were reported in FY 2023. The most common alert had to do with direct support staff not receiving person-specific training on all current documents, information, and required supports relevant to the service being provided.

Follow-up PCRs

- In FY 2023, a total of 65 Follow-up PCRs were completed - including seven second Follow-up PCRs.
- Approximately 88 percent of services reviewed through a Follow-up PCR met the necessary requirements to become certified. The remaining met all necessary requirements through a second Follow-up PCR.
- Deficiencies within the Health and Service Planning and Delivery domains were least likely to be met at the time of the Follow-up PCR – 87.1 and 83.0 percent, respectively.
- Fewer than 85 percent of deficiencies were met at Follow-up for In-Home Supports, Companion, and Day Habilitation services.
- On average, 65 percent of Organizational Outcome deficiencies were met at Follow-up.
- Organizational Outcome deficiencies within the areas of Quality Improvement and Staff Qualification were least likely to be met at Follow-up, 52.4 and 58.4 percent, respectively.

Corrective Action Plans

- In FY 2023, 1,590 indicators were reviewed through a Corrective Action Plan (CAP) including 1,014 Person Centered Outcomes (PCO) and 571 Organizational Outcome indicators.
- On average, about 92 percent of PCO CAP indicators were approved.
- The most common PCO CAPs had to do with service providers having quarterly reports written

and distributed according to DDS policy and progress notes written per DDS policy. Approximately 88 percent of CAPS submitted for these indicators were approved.

- On average, 79.5 percent of Organizational Outcome CAPs were approved.
- Nearly 14 percent of Organizational Outcome CAPs were in regards to providers ensuring staff meet the requirements of the role they fill within the organization. Approximately 75 percent of these CAPs were approved.
- CAPs pertaining to PCO and Organizational Outcome indicators related to Phase II training (PCO - ensuring people conducting Phase II training had first-hand knowledge of the person and the subject matter and Organizational Outcome - staff have met the requirements of Phase II Direct Support Staff training) were the least likely to be approved - 66.7 and 68.8 percent approved, respectively.

Introduction

In 2009, the PCR was developed and implemented by DDS to certify providers of Day and Residential Home and Community Based Waiver Services in the District of Columbia (DC). In 2021, the DDS entered into their first year with Qlarant to provide quality assurance activities based on the Home and Community Based Services (HCBS) Quality Framework Model developed by the Centers for Medicare and Medicaid Services (CMS). Three quality management functions are identified by CMS: discovery, remediation, and improvement.



Qlarant's purpose is within the discovery and remediation framework. The PCR report is used by the provider to develop a Corrective Action Plan (CAP) to resolve any issues or areas of non-compliance discovered during the PCR. Qlarant reviews the provider's CAP to ensure it fully addresses the issue and identifies plans to reduce any recurrence. Information from the review process is also used by the DDA and DDS to guide policies, programs, or other necessary actions to effectively remediate issues or problems uncovered through the discovery process. Furthermore, Qlarant conducts a Follow-up PCR if a service scores Needs Improvement or lower or had an alert. The purpose of the Follow-up is to ensure the provider is correcting the issues identified and putting plans in place to prevent any reoccurrence. Any technical assistance and recommendations for improvement are provided at that time.

Qlarant's process is comprised of two major components: PCR and the CAP. The primary purpose of the PCR is to review provider compliance with CMS HCBS requirements and the District's standards, policies and guidelines, and to determine how well services are supporting people served.

Between December 1, 2022 and November 30, 2023, Qlarant completed and approved certification reviews for a total of 394 services. Throughout the PCR process, 812 service records were reviewed for 576 people and Organizational Outcomes were assessed for 119 providers (see Figure 1a).

Figure 1 shows the number of services reviewed by certification type, as well as the unique number of providers, people and records. It's worth noting that people with services reviewed through an Annual PCR may also have another service reviewed through the Initial or HCBS PCR. Further, if a service does not pass their Annual, Initial or HCBS PCR, the person and provider associated with the service may be reviewed again through a Follow-Up or Semi-Annual PCR. Figure 2 shows the total number of services, providers, people and records reviewed for each type of PCR.

Figure 1. FY 2023 PCR Coverage



Figure 2. FY 2023 Production by PCR Type

Initial	Annual	HCBS	Semi-Annual	Follow-up
12 Services	242 Services	66 Services	9 Services	65 Services
8 Providers	88 Providers	50 Providers	3 Providers	25 Providers
24 People	365 People	211 People	13 People	84 People
25 Records	427 Records	230 Records	16 Records	114 Records

Table 1. Number of Certifications and Service Records Reviewed by Service and Certification Type

Service	Initial		Annual		HCBS		Semi-Annual		Follow-Up	
	# Reviews	# Records	# Reviews	# Records	# Reviews	# Records	# Reviews	# Records	# Reviews	# Records
Companion Group	0	0	13	23	0	0	0	0	3	5
Companion 1:1	0	0	46	81	0	0	3	6	9	13
Day Habilitation	5	14	0	0	29	112	0	0	3	3
Day Habilitation 1:1	0	0	9	15	0	0	0	0	3	2
Day Habilitation Small Group	0	0	12	20	0	0	0	0	5	7
Employment Readiness	0	0	4	6	0	0	0	0	1	1
Host Home	0	0	9	12	0	0	1	1	1	1
In-Home Supports	0	0	47	83	0	0	3	5	13	21
Individualized Day Supports	0	0	25	41	0	0	1	2	4	6
Residential Habilitation	7	11	8	15	37	112	0	0	5	6
Respite Daily	0	0	4	6	0	0	0	0	0	0
Respite Hourly	0	0	19	28	0	0	1	2	4	5
Supported Living	0	0	33	72	0	0	0	0	13	26
Supportive Employment (SE) Job Placement	0	0	4	7	0	0	0	0	0	0
SE Job Training and Support	0	0	6	12	0	0	0	0	1	2
SE Long-Term Follow-Along	0	0	3	6	0	0	0	0	0	0
Total	12	25	242	427	66	224	9	16	65	98

Table 1 shows the number of certifications completed and number of people reviewed for each PCR type by service while Figures 3 - 5 show the distribution of reviews by service category for each PCR type. Nearly 70 percent of certifications completed through the Annual PCR were for Companion (24.4%), In-Home Supports (19.4%), Supported Living (13.6%) and Individual Day (10.3%) services. The majority of Initial and HCBS PCRs completed were for Residential Habilitation services – 58.3 and 56.1 percent, respectively – and the remainder were for Day Habilitation services. Follow-up PCRs were completed across all service categories; however, In-Home Supports and Supported Living Services were more likely to receive a Follow-up PCR than other services. Two-thirds of all Semi-Annual PCRs completed in FY 2023 were for Companion or In-Home Support services.

Figure 3. Distribution of FY 2023 Annual PCRs by Service Category (N = 242)

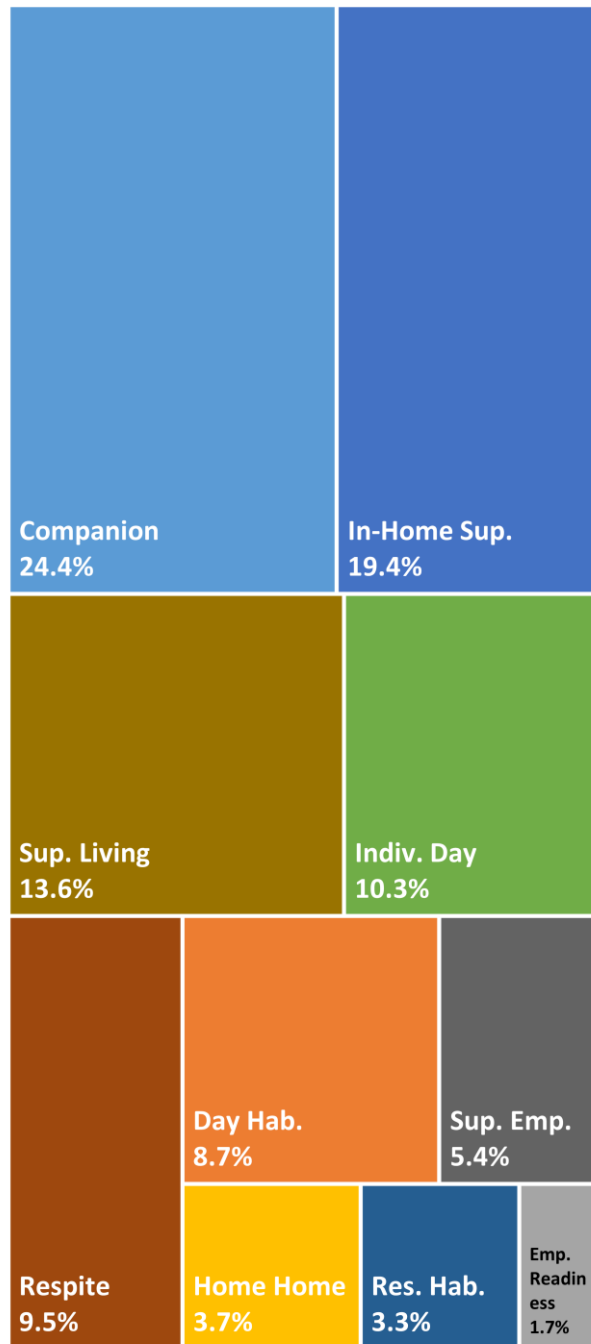


Figure 4. Distribution of FY 2023 Initial and HCBS PCRs by Service Category

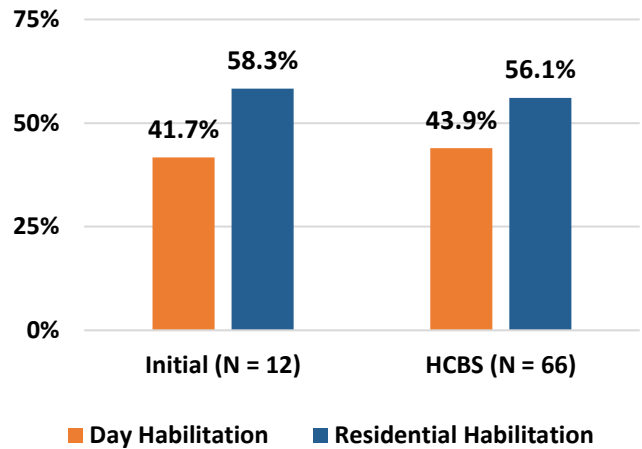
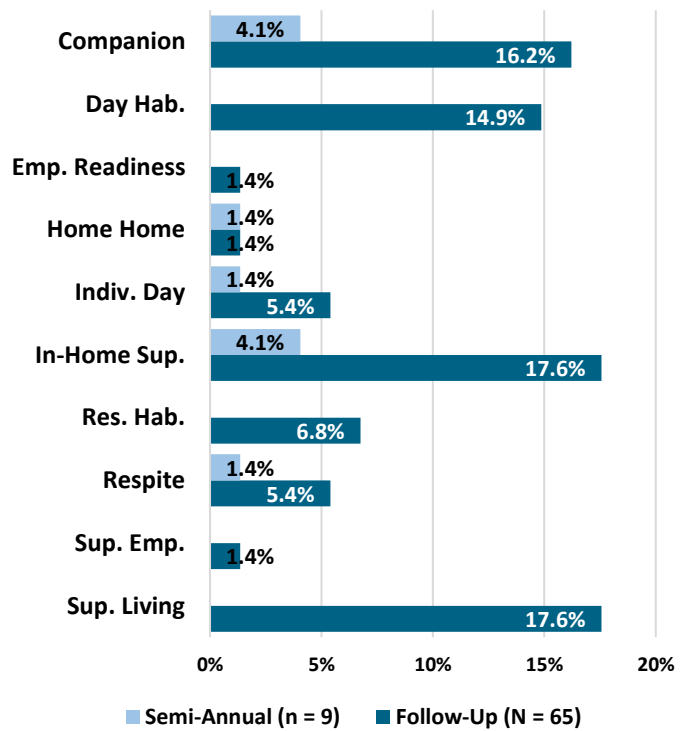


Figure 5. Distribution of FY 2023 Follow-Up & Semi-Annual PCRs by Service Category



Figures 6 - 8 show the percent of services to receive each of the five certification ratings for Initial, Annual and HCBS PCRs. On average, 82.8 percent of services reviewed through an Initial, Annual or HCBS PCR in FY 2023 passed their certification with an overall rating of 'Excellent' or 'Satisfactory'. The percent of services to pass their certification varied by certification type and service. Services

reviewed through the Annual PCR were least likely to pass (80.6%), while nearly all services reviewed through the HCBS PCR passed their certification (98.5%). Among Initial and HCBS PCRs, Residential Habilitation was more likely to pass than Day Habilitation services. Among Annual PCRs, Supported Employment and Individualized Day Support services had the largest pass rate (90% or more) while Supported Living, Residential Habilitation and Employment Readiness services had the lowest (75% or less).

Figure 6. FY 2023 Certification Ratings by Service: Initial PCRs

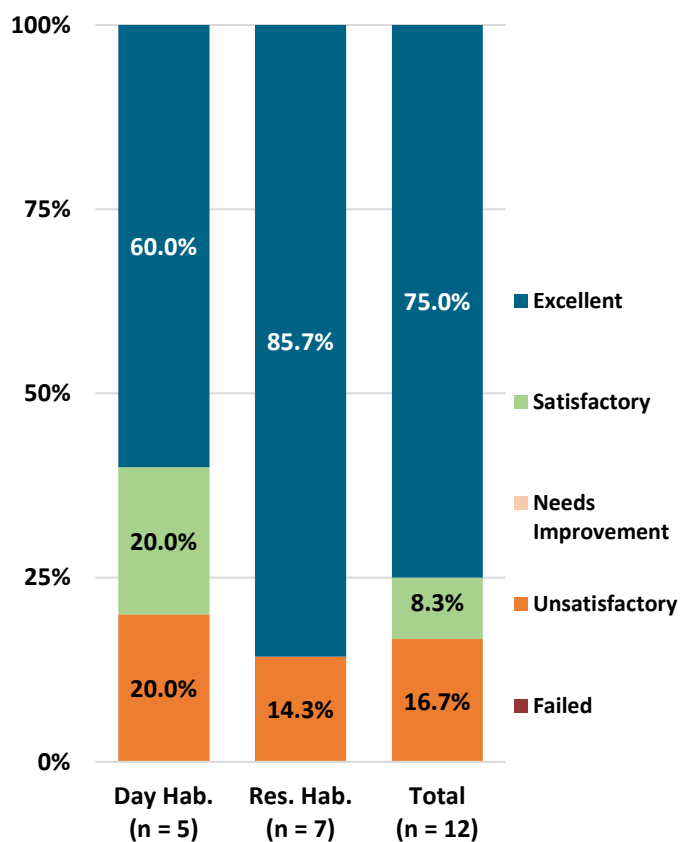


Figure 7. FY 2023 Certification Ratings by Service: HCBS PCRs

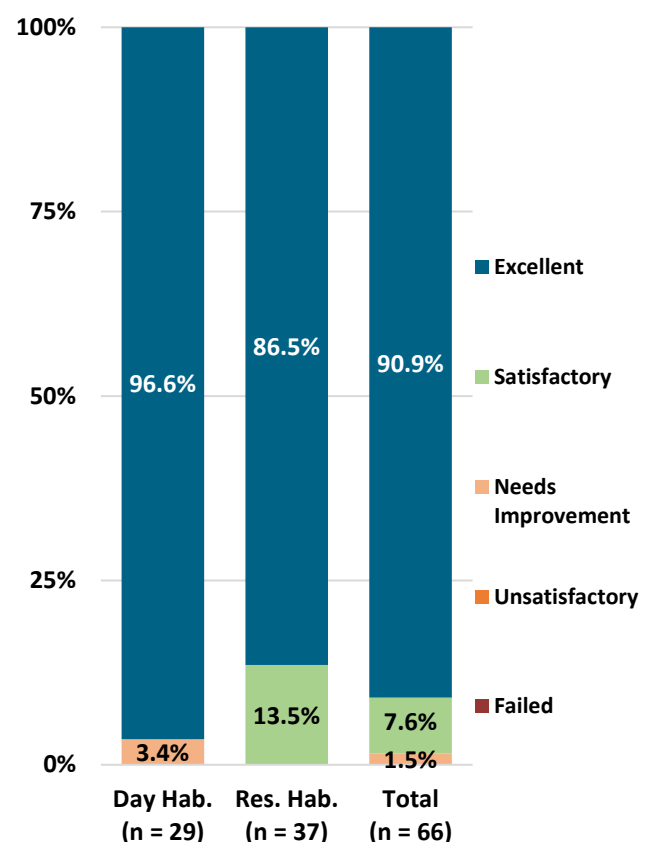
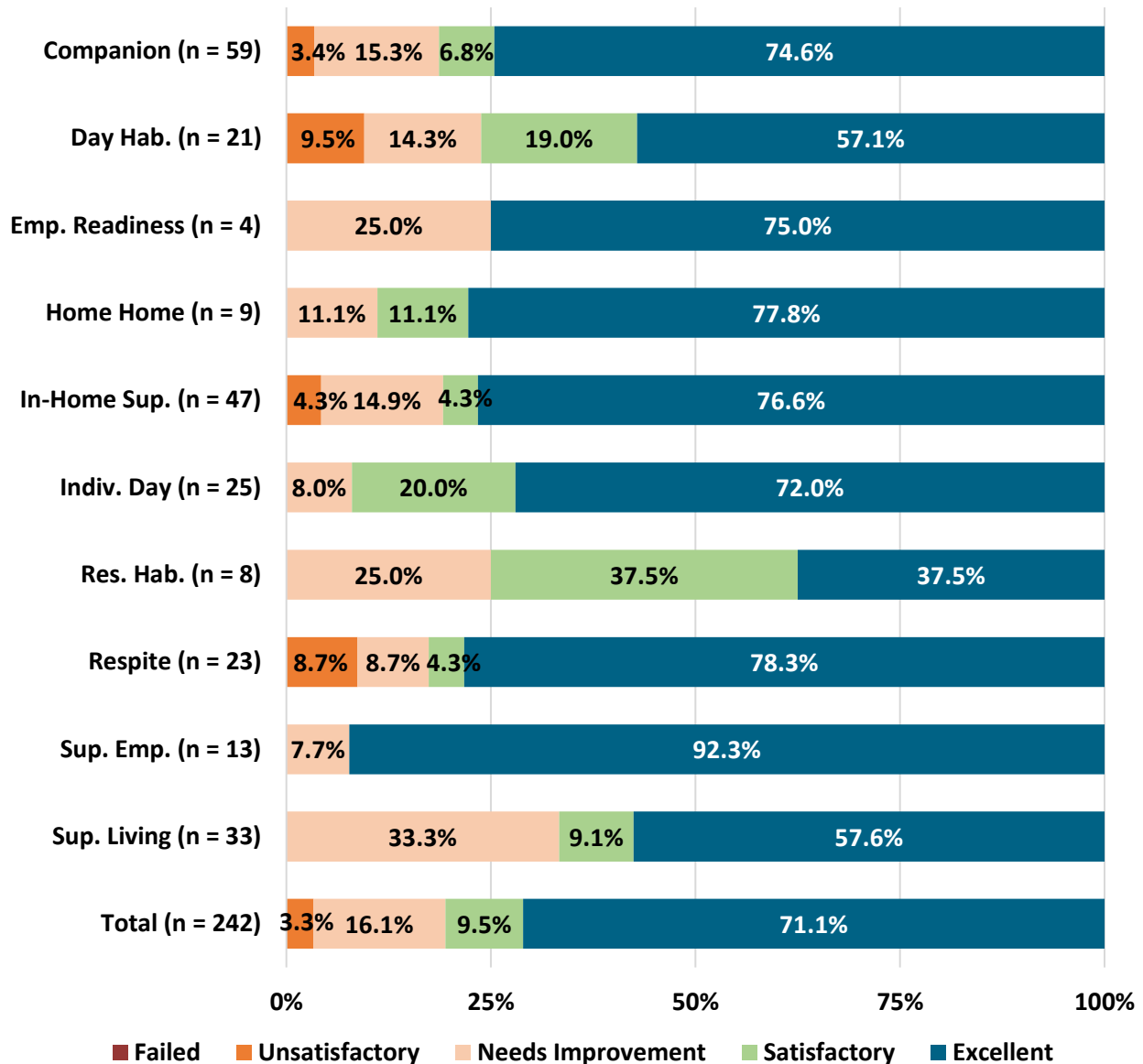


Figure 8. FY 2023 Annual PCR Ratings by Service Category (N = 242)



Providers are required to submit Corrective Action Plans (CAPs) when one or more QA indicators are scored “No” (aka Not Met) during their PCR. In FY 2023, 1,590 indicators required a CAP. Of those, 1,265 (79.6%) were approved and 325 (20.4%) were declined.

1,590 CAP Indicators

1,265 (79.6%) Approved

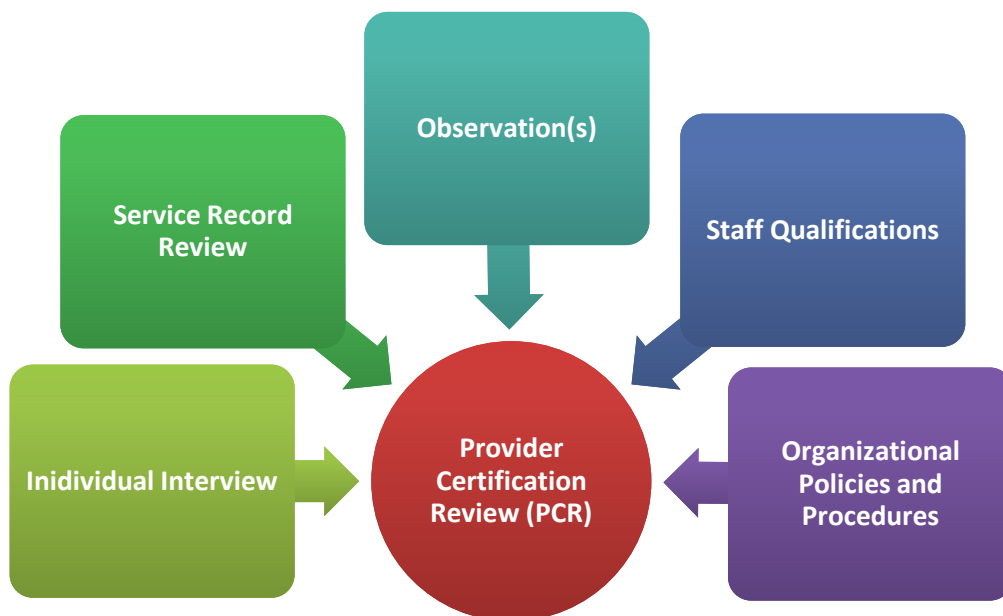
325 (20.4%) Declined

Methodology

PCR Process

The PCR process is divided into two parts:

- **Part I** begins with an interview of the people selected for the sample, examining provider performance from the perspective of people receiving those services and their family members or guardian (as appropriate). For people who are interviewed in a licensed residential setting or a day program surveyors will observe the person in the environments in which they live, work or attend day programs (i.e., residential and day program). The data collected will help determine whether staff implement supports and services according to the individual's plan and DDS standards, and provide community inclusion as specified in waiver requirements.
- **Part II** focuses on the organizational systems of the provider. This includes a review of individuals' records and an administrative review. Record reviews include a review of the service plans for individuals who participate in the PCR process and provider records maintained for the person. Records reviewed are specific to the service for which the person was selected in the sample. Records reviewed are in accordance of the CMS HCBS requirements of the service delivery and the District's requirements and guidelines. The Administrative Review includes a review of the organization's policies, procedures, and practices, and may also include a review of the provider's internal committee or board meeting minutes. A review of personnel records is used to determine staff qualifications and compliance with background screening requirements



PCR Tools and Scoring

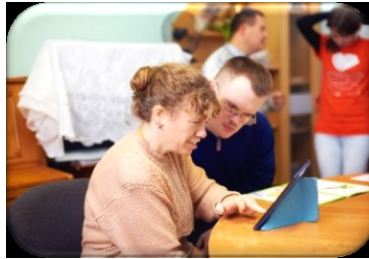
PCR tools are grouped into three categories: Person Centered Outcomes (PCO), Organizational Outcomes, and Satisfaction. Person Centered and Organizational Outcomes are comprised of Quality Assurance (QA) and Quality Improvements (QI) indicators. QA indicators measure a minimum standard of quality based on policy, regulations and waiver assurances while QI indicators reflect best practices and indicate high quality interactions with individuals. The majority of indicators captured in the PCR are QA indicators; however, as DDS has moved to make “best practices” into requirements several QI indicators have become QA indicators through written policies, procedures, and waiver rules. Per DDS policy, PCR scores are determined through QA indicators only. QA indicators are weighted as either being worth one, three, five, 10 or 15 points. The greater the point value, the greater the impact on the person receiving waiver services. Indicators related to ensuring health, safety, and core programing elements are worth five-points and are considered “critical.”

Some Person Centered and Organizational Outcome indicators are designated as “core” indicators. Core indicators apply to all waiver services allowing results to be compared across all services. The remaining Person Centered and Organizational Outcome indicators are specific to each service and include the following waiver services:



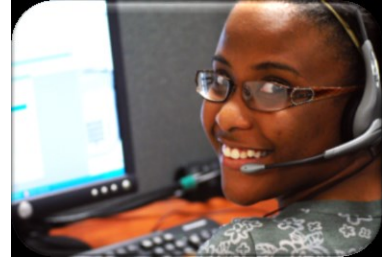
Companion Services

- One-to-One
- Group



Day Habilitation

- One-to-One
- Small Group



Employment Readiness



Host Home



In-Home Supports



Individualized Day Supports



Respite

- Daily
- Hourly



Supported Living



Supportive Employment (SE)

- Intake and Assessment
- Job Placement
- Job Training and Support
- Long-Term-Follow-Along

Service specific PCOs are grouped into the seven “domains” and the specific Organizational Outcomes are grouped into six “system areas”, both are shown below.



Satisfaction is not measured by service but rather takes into account all services the person receives and each indicator is worth one-point. This component of the PCR contains 10 Yes or No statements regarding the person’s satisfaction with how they are treated by their provider/staff, the progress they are making toward reaching their goal(s), community integration, and support they receive to advocate for their rights. Satisfaction scores are not used to determine provider certification.

Evidence gathered for each service through the individual interview, record review, observation, staff qualifications, and organizational outcomes is used to determine a provider’s overall rating. To be certified, providers must earn an overall rating of ‘Excellent’ or ‘Satisfactory’ by scoring 80 percent or higher on all QA indicators within Person Centered and Organizational Outcomes. The five PCR-ratings and their corresponding scoring criteria and outcomes are outlined in Table below.

Table 2. PCR Ratings, Scoring Criteria and Outcomes		
Rating	Scoring Criteria	Outcome(s)
Excellent	<ul style="list-style-type: none"> 90% or higher on applicable scoring criteria 100% on applicable HCBS indicators No alerts 	<ul style="list-style-type: none"> CAP for “Not Met” QA indicators
Satisfactory	<ul style="list-style-type: none"> 80% - 89% on applicable scoring criteria 100% on applicable HCBS indicators No alerts 	<ul style="list-style-type: none"> CAP for “Not Met” QA indicators
Needs Improvement	<ul style="list-style-type: none"> 70% - 79% on applicable scoring criteria 1 or more alerts (began July 1, 2023) 	<ul style="list-style-type: none"> If score is below 80% at initial review the provider is placed on the “Do Not Refer” list CAP for “Not Met” QA indicators Follow-up PCR conducted within 30-60 days of receiving report If scores are below 80% at the Follow-Up PCR, the provider is referred to DDA for sanctions Will receive a Semi-Annual PCR
Unsatisfactory	<ul style="list-style-type: none"> 51% - 69% on applicable scoring criteria 	
Failed	<ul style="list-style-type: none"> 50% or below on applicable scoring criteria 	<ul style="list-style-type: none"> CAP for “Not Met” QA indicators Provider is referred to the Certification Review Panel Provider is referred for Sanctions Based on Certification Review Panel findings, provider may be recommended for termination or to continue with PCR certification Not Met indicators are entered as issues in MCIS

Providers are required to submit a CAP within five business days of receipt of their PCR report for all QA indicators scored “No” during their PCR. A Quality Reviewer will then review the CAP to determine if the provider’s action plan to remediate the deficiency appropriately addresses the issue, within required timelines and identifies plans to prevent the issue from reoccurring. If not, the CAP for that indicator is denied and the provider is responsible for submitting a new CAP to address the issue. Once the CAP is approved, QA indicators scored as “No” are entered into the MDRR Case Information System (MCIS) Issue Resolution System (IRS) for appropriate follow up by the appropriate DDS personnel if this issue is specific to the provider or by the support coordinator if the issue is specific to the person included in the review.

Follow-up PCRs are completed for providers who received less than a satisfactory rating on their

initial review or if they received an alert². During the Follow-up PCR, through interviews, and record reviews, the review team reviews the indicators scored “no” during the PCR and ensures the CAP was fully implemented and determines if the provider has met criteria for certification. If needed, additional technical assistance and recommendations are provided for continued improvement. At the completion of the Follow-up PCR, any remaining QA indicators scored as “No” are entered into the MDRR Case Information System (MCIS) Issue Resolution System (IRS) for appropriate follow up by assigned DDS personnel or support coordinator, depending on the type of issue (provider or person). This process ensures all deficient QA indicators are tracked by DDS and DDA until they are fully resolved.

If a provider receives an initial score of 50 percent or below in any service - or an overall score of 50 or below on their organizational review – they are referred to DDS for further action.

Sampling

At all times during the PCR, people receiving services are the center of the process. Are they satisfied with their services, providers, residential setting, roommates, and day and work activities? Are services rendered appropriately? Are people treated with respect? Do they participate in planning their services, daily activities, and healthcare? Does the provider have an organizational culture that promotes a philosophy and mission resulting in supports directed for inclusion, community participation, health, safety, welfare, and life satisfaction? Sampling techniques are critical in determining how well the PCR results represent the provider’s overall performance in providing services to answer these critical questions and determine the provider’s certification status. Qlarant’s sampling methods ensure these criteria are met.

² This process began July 1, 2023. See section the section in this report titled “Improvements to the PCR Tools and Process” for more information.

Individual Sample

After receiving the list of individuals from the provider, data is uploaded into DQMS. This proprietary database system includes a random sampling procedure to automatically sample individuals from a provider's full caseload of people receiving services.

The sample is stratified (by service) and proportional to the services offered, designed to ensure at least 10 percent of the people in each provider's service are selected (see Table 3) The sample may be expanded when, during the course of the review, findings dictate the need for an expanded review.

Table 3. Individual Sample Size	
# People Receiving Service	Sample Size
1	1
2-20	2
21-30	3
31-40	4
41-50	5
51-60	6
61-70	7
71-80	8
81-90	9
91+	10

Service Record Review Sample

For each individual selected for the provider's sample, the record maintained by the provider for that person is also reviewed (the record is specific to the service for which the person was selected). Because the individual sample is representative of the provider, the records reviewed are also representative of the documentation maintained by the provider and can be used to determine if the provider meets the requirements of Chapter 19, HBCS Waiver for IDD and/or Chapter 19, IFS Waiver.

Table 4 shows the population and sampling distribution of individuals by service in FY 2023.³ District-wide, approximately 16 percent of the waiver population was sampled for an Initial or Annual PCR. By service, the proportion of individuals selected for a PCR ranged from 2.7 percent for Supported Living to 35.3 percent for Employment Readiness.

³ Service populations were only able to be determine for the service categories; therefore, subgroups like One-One, etc. are not shown in this Table.

Table 4. FY 2023 Waiver Population and Number of Service Records Reviewed through an Initial or Annual PCR					
Waiver Service	Population	Number of Records Reviewed			% of Population
		Initial	Annual	Total	
Companion	421	0	104	104	24.7%
Day Habilitation	248	14	35	49	19.8%
Employment Readiness	17	0	6	6	35.3%
Host Home	102	0	12	12	11.8%
In-Home	312	0	83	83	26.6%
Individualized Day Supports	382	0	41	41	10.7%
Residential Habilitation	101	11	15	26	25.7%
Respite	110	0	34	34	30.9%
Supported Employment	203	0	25	25	12.3%
Supported Living	907	0	72	72	7.9%
Totals	2,803	25	427	452	16.1%

Observation Sample (Settings)

On-site or virtual observations are completed for at least one and up to five locations for each provider offering residential and work/day programs, including adequate representation of both types of settings. Locations for the observations are driven by the random sample of individuals selected for an interview and will occur, when possible, during the visit to conduct the interviews. The person who is to be interviewed determines the location of that activity and if the home or day program is not chosen, the quality reviewer will make a special trip to that location to conduct the observation.

Staff Sample

Staff records are selected for staff who provide direct support for individuals selected for the interview process to ensure each service the provider renders is represented. Staff are selected randomly, with up to five staff per provider.

This report reflects data collected by Qlarant between December 2022 and November 2023. The report is divided into three sections:

- Section I: Analysis of PCR data, including comparative analysis as possible
- Section II: Analysis of CAP data
- Section III: Discussion and Recommendations

Section I: Provider Certification Reviews

Individual Demographics

In FY 2023, 576 people were reviewed one or more times across the five PCR types resulting in a total of 697 individuals whose service records were reviewed through an Initial, Annual, HCBS Follow-up, or Semi-annual PCR. Figures 9 and 10 show the breakdown of each PCR sample by age category and residential setting, respectively.

As shown in Figure 9, 75 percent of people reviewed through an Initial PCR and more than half of people reviewed through the Annual PCR were 44 years of age or younger. People selected for the HCBS sample were relatively older with more than half of the sample being 45 years of age or older. People reviewed through the Follow-up and Semi-Annual PCRs were more likely to be 44 years of age or younger.

Figure 10 shows the proportion of individuals living in a family home, group home, host home, or in their own home for each PCR sample. The proportion of people living in a family home was highest for people reviewed through the Initial PCR (62.5%) and lowest for people sampled through the HCBS PCR (11.4%). Relative to other PCR types, people reviewed through the HCBS PCR were more likely to be living in a Group (73.9%) or Host Home (11.8%) at the time of the review.

Figure 9. Individual Age Categories by PCR Type: FY 2023

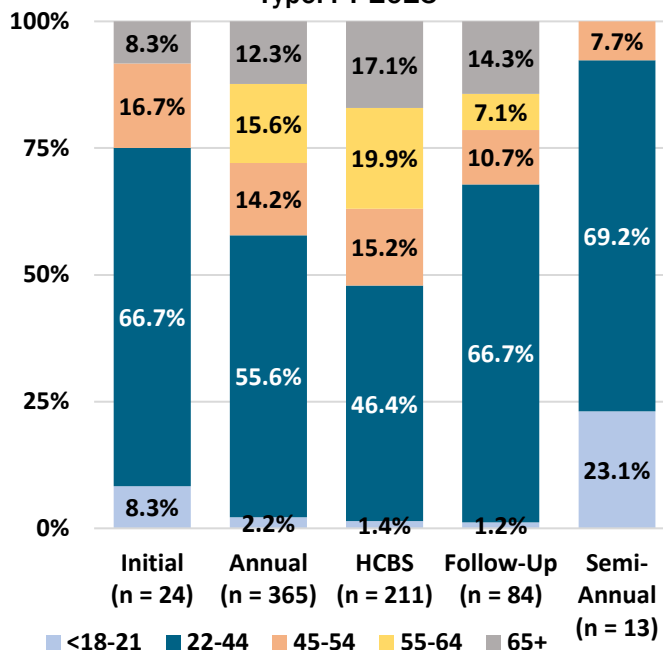
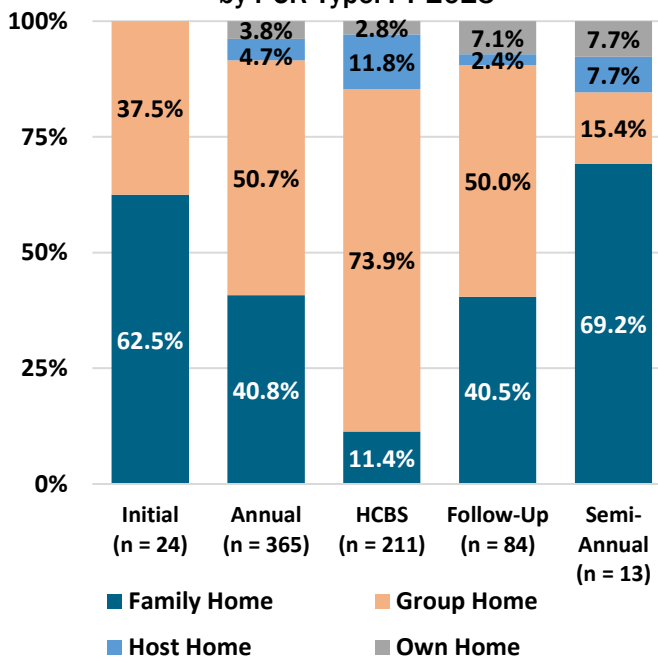


Figure 10. Individual's Residential Settings by PCR Type: FY 2023

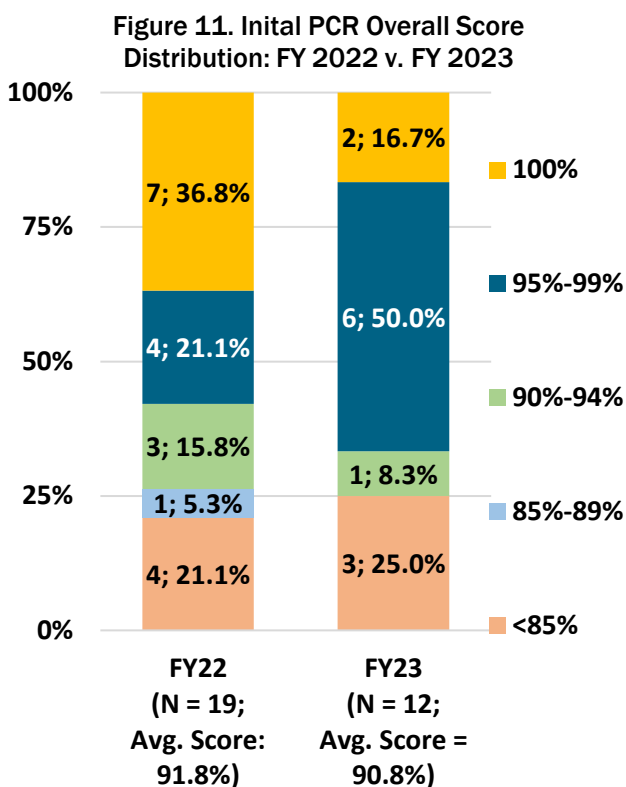


Initial PCRs

Overall Scores by FY

Initial PCRs are completed for providers who have been offering a service for less than 60 days. In FY 2023, 12 services received an initial certification review. Initial PCRs were completed through the review of 25⁴ individual service records across eight providers in D.C.

Figure 11 shows the number and percent of Initial PCRs with an overall score within one of the following five score-ranges: less than 85 percent, between 85 and 89 percent, between 90 and 94 percent, between 95 and 99 percent, and 100 percent. Scores are presented for Initial PCRs completed in FY 2022 and FY 2023. Compared with services reviewed in FY 2022, the average overall score for services reviewed in FY 2023 has declined by one-point from 91.8 to 90.8 percent. Scores from FY 2023 show a decline in the proportion of reviews earning a score of 100 percent (16.7% vs. 36.8%) and an increase in the proportion of reviews scoring between 95 and 99 percent (50.0% vs. 21.1%). The proportion of services to score below 85 percent in FY 2023 was similar to that of FY 2022 – 25 and 21.1 percent, respectively.



Person Centered Outcomes

Scores by Domain

Average Scores by FY

Table 5 presents the total number of indicators scored, percent of indicators met and weighted scores for the Initial PCR Person Centered Outcome (PCO) domains for FY 2022 and FY 2023. In FY 2023, a total of 562 indicators were scored across the six PCO domains⁵ for 24 records. The average

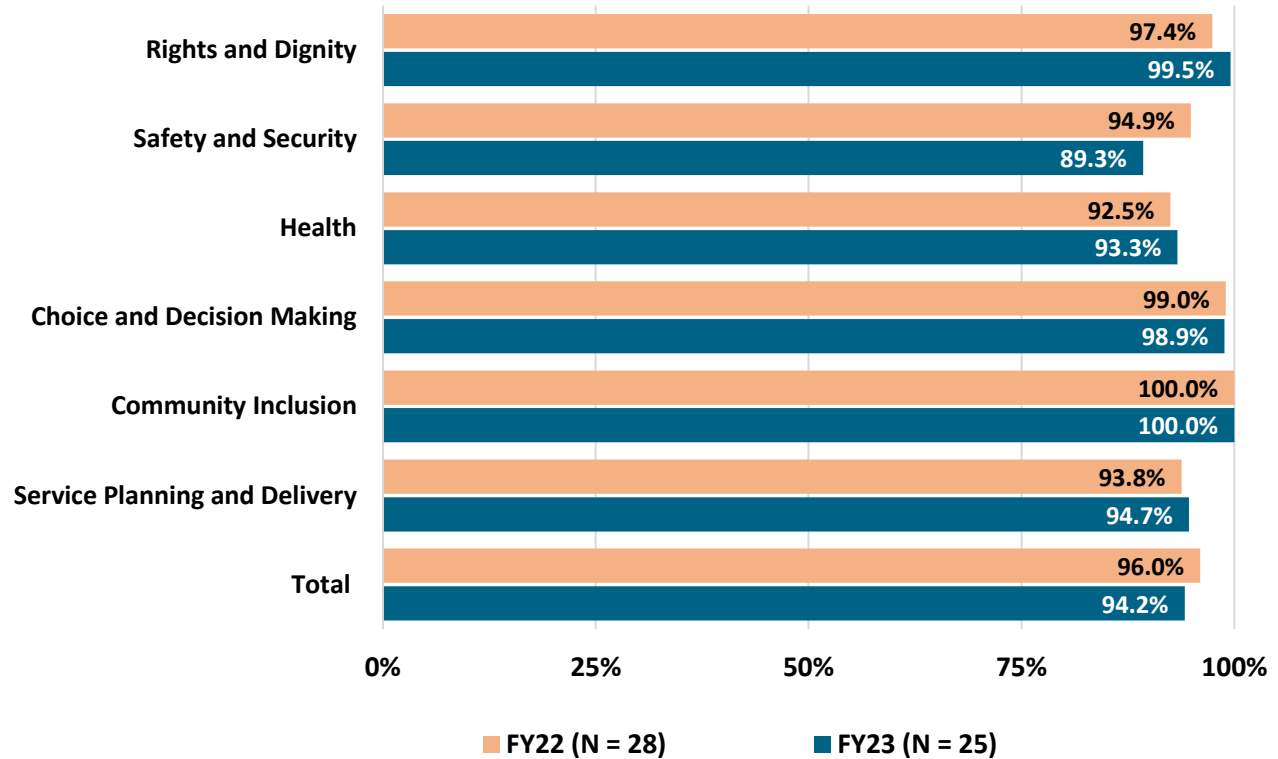
⁴ One individual sampled for the Initial PCR was reviewed for both Day and Residential Habilitation services.

⁵ The Relationship domain is not scored for Initial PCRs.

weighted PCO score for FY 2023 was 94.2 percent – about two percentage points lower than the FY 2022’s weighted score. The Health (87.5%) and Safety and Security (88.2%) domains had the lowest percent of standards met and Safety and Security had the lowest weighted score (89.3%). While 87 percent of Health standards were met, the weighted score for Health was fairly high at 93.3 percent. This is due to a number of heavily weighted Health indicators being 100 percent met. Figure 12 compared weighted scores by domain in FY 2022 and FY 2023. Scores by domain remained fairly consistent between FY 2022 and FY 2023 with the exception of Safety and Security - which declined by 5.6 percentage points.

Table 5. Person Centered Outcomes by Domain Number of Indicators Scored, Percent Met and Weighted Scores Initial PCRs: FY 2022 vs FY 2023						
Domain	FY22 (N = 28)			FY23 (N = 25)		
	# of Indicators Scored	% Met	Weighted Score	# of Indicators Scored	% Met	Weighted Score
Rights and Dignity	240	97.1%	97.4%	152	99.3%	99.5%
Safety and Security	195	94.9%	94.9%	161	88.2%	89.3%
Health	76	92.1%	92.5%	64	87.5%	93.3%
Choice and Decision Making	88	98.9%	99.0%	62	98.4%	98.9%
Community Inclusion	81	100.0%	100%	27	100.0%	100%
Service Planning and Delivery	112	93.8%	93.8%	96	94.8%	94.7%
Total	792	96.1%	96.0%	562	94.0%	94.2%

Figure 12. Initial PCR PCO Scores by Domain: FY 2022 vs. FY 2023



Low Scoring Indicators by Domain

Table 6 presents indicators, and most commonly cited not met reason(s), for indicators that were below 85 percent met in FY 2023.⁶ Out of 48 indicators that were scored in FY 2023, five were below 85 percent met – two within the Safety and Security domain, two within the Health domain, and one within the Service Planning and Delivery domain.

Table 6. FY 2023 Initial PCR Indicators <85% Met and Most Common Not Met Reason(s) by Domain						
Domain	Indicator	# Met	Total Scored	% Met	Reason(s) Not Met	# of times selected
Initial PCRs						
Safety and Security	Does the person know what to do and where to go in the event of an emergency and is it consistent with the written individualized emergency plan and in accordance with current DDS standards?	12	22	54.5%	There was no evidence that the PEPP was reviewed at least quarterly with the person.	4

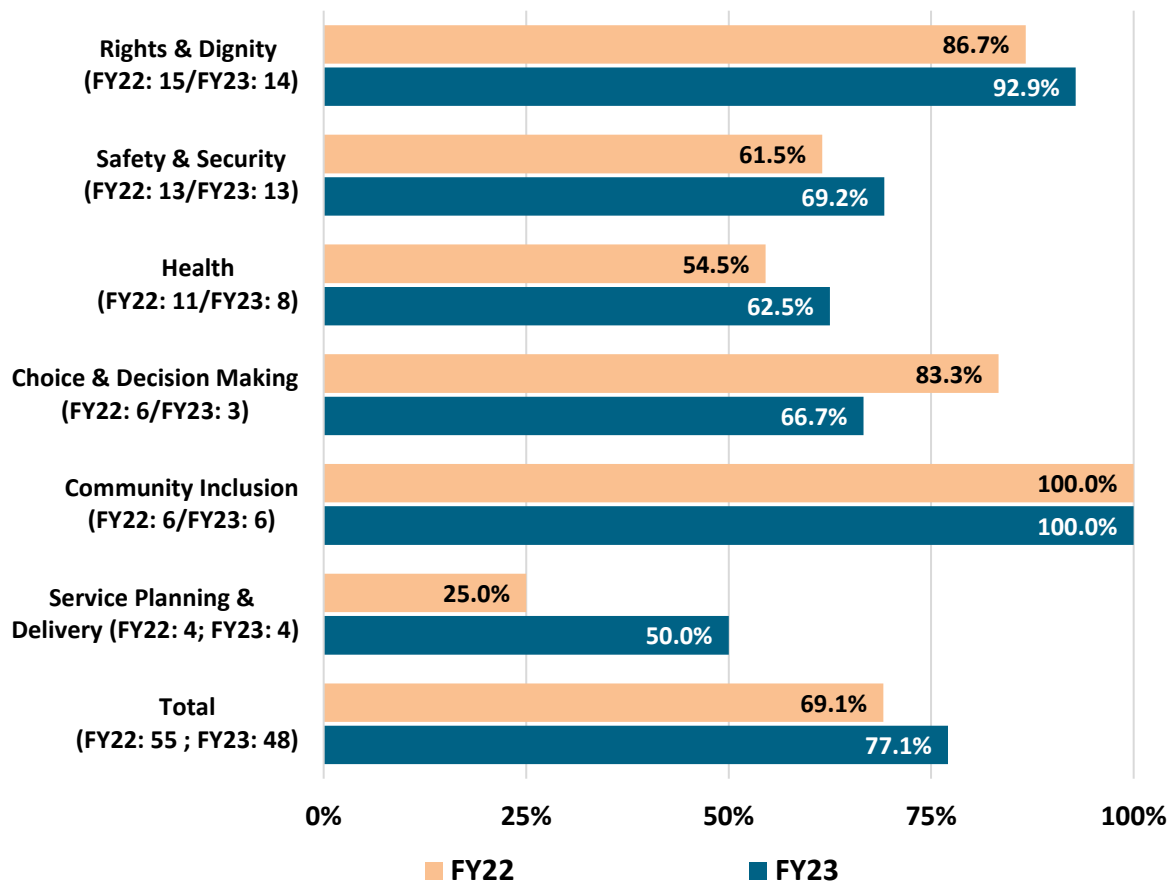
⁶ Table 6 does not include scores for indicators scored on fewer than five records.

Domain	Indicator	# Met	Total Scored	% Met	Reason(s) Not Met	# of times selected
	Critical: Is there written evidence that each direct support staff that works with the person has received person specific training on all current documents, information and required supports relevant to the service being provided?	17	22	77.3%	There was no evidence documenting that all staff who work with the person received all of the required person specific training.	5
Health	If the person is currently being treated for seizures, is a written seizure record maintained that meets the requirements outlined in the DDS Health and Wellness Standards?	2	7	28.6%	The written seizure record did not include the date, time, antecedent, and description of the seizure, post-seizure status, and care provided during and after the seizure.	5
	If the person is prescribed psychotropic medication, is there an easy to understand information sheet for all psychotropic medications available to all staff that describes the potential side effects and potential adverse drug interactions that may occur from use of the medication?	7	9	77.8%	Documentation did not include an easy to understand information sheet for all psychotropic medications available to all staff that described the potential side effects and potential adverse drug interactions that may occur from use of the medication.	2
Service Planning and Delivery	Critical: Is progress being documented on the goals/objectives that are outlined in the ISP, as well as any goals/objectives being implemented by the provider?	21	25	84.0%	Goal/objective tracking did not indicate any progress to help determine progress on the goals/objectives.	2
					Documentation did not describe progress on goals but rather only included staff initials to indicate that the goal was implemented.	2

High Scoring Indicators by Domain

Figure 13 shows the percent of indicators 100 percent met by domain for Initial PCRs in FY 2022 and FY 2023. In FY 2023, over 75 percent of indicators were 100 percent met. Compared with FY 2022, the percent of standards scoring 100 percent increased by 8 points for the Service Planning and Delivery and Health domains and declined by nearly 17 points for the Choice and Decision Making domain.

Figure 13. Percent of Initial PCR Indicators 100% Met by Domain (# indicators scored): FY 2022 vs. FY 2023



Scores by Service

Average Scores by FY

Table 7 presents the total number of indicators scored, percent of indicators met and weighted score for Initial PCR PCOs by service for FY 2022 and FY 2023. Weighted scores for Day and Residential Habilitation services reviewed through Initial PCRs in FY 2022 were 95.5 and 96.5 percent, respectively.

**Table 7. Person Centered Outcomes by Service
Number of Indicators Scored, Percent Met and Weighted Scores
Initial PCRs: FY 2022 vs FY 2023**

Domain	FY22 (N = 28)	FY23 (N = 25)
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	# Records Reviewed	# of Indicators Scored	% Met	Weighted Score	# Records Reviewed	# of Indicators Scored	% Met	Weighted Score
Day Habilitation	14	386	95.6%	95.5%	14	355	93.8%	94.1%
Residential Habilitation	14	406	96.6%	96.5%	11	207	94.2%	94.3%
Total	28	792	96.1%	96.0%	25	562	94.0%	94.2%

Low Scoring Indicators by Service

The lowest scoring indicators for each service reviewed through the Initial PCR and their most common not met reason(s) are listed in Table 8. Scores are only presented for indicators scored on 5 or more records.

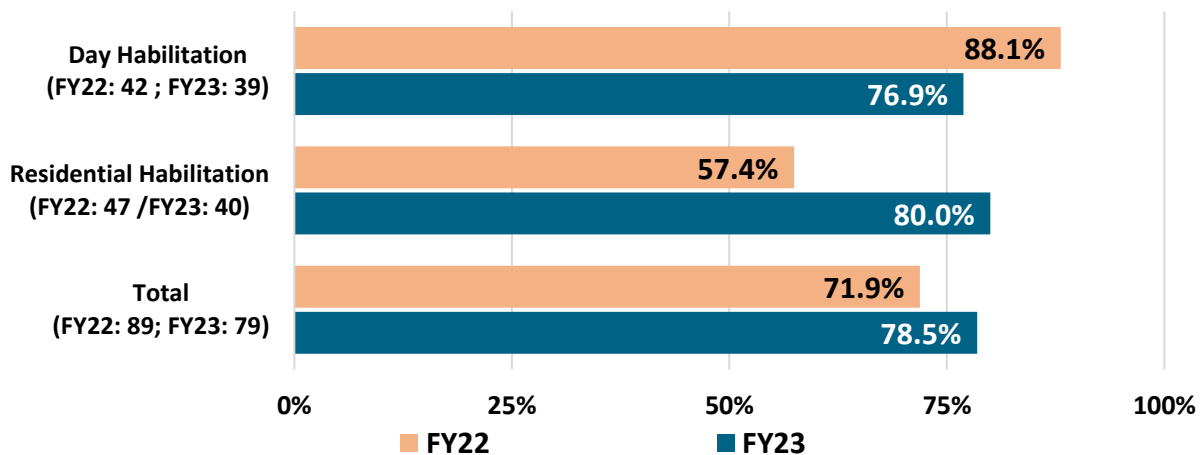
Table 8. FY 2023 Initial PCR Indicators <85% Met and Most Common Not Met Reason(s) by Service					
Indicator	# Met	Total Scored	% Met	Reason(s) Not Met	# of times selected
Day Habilitation					
Does the person know what to do and where to go in the event of an emergency and is it consistent with the written individualized emergency plan and in accordance with current DDS standards?	5	13	38.5%	There was no evidence that the PEPP was reviewed at least quarterly with the person.	4
Critical: Is there written evidence that each direct support staff that works with the person has received person specific training on all current documents, information and required supports relevant to the service being provided?	11	14	78.6%	There was no evidence documenting that all staff who work with the person received all of the required person specific training.	3
Residential Habilitation					
Critical: Is there written evidence that each direct support staff that works with the person has received person specific training on all current documents, information and required supports relevant to the service being provided?	6	8	75.0%	There was no evidence documenting that all staff who work with the person received all of the required person specific training.	2
Does the person know what to do and where to go in the event of an emergency and is it consistent with the written individualized emergency plan and in accordance with current DDS standards?	7	9	77.8%	Documentation did not contain evidence of any safety assessment or emergency procedures for the person.	2
If the person is prescribed psychotropic medication, is there an easy to understand information	4	5	80.0%	There was no evidence available for review of an easy	1

Indicator	# Met	Total Scored	% Met	Reason(s) Not Met	# of times selected
sheet for all psychotropic medications available to all staff that describes the potential side effects and potential adverse drug interactions that may occur from use of the medication?				to understand side effects sheet.	
Critical: Do the staff promote and implement practices that ensures the safety of the person?	9	11	81.8%	Documentation reflected that an assessment for abuse, neglect, or exploitation was completed; however, no evidence that the person was educated on the information.	2
Critical: Is progress being documented on the goals/objectives that are outlined in the ISP, as well as any goals/objectives being implemented by the provider?	9	11	81.8%	Documentation did not describe progress on goals but rather only included staff initials to indicate that the goal was implemented.	2

High Scoring Indicators by Service

Figure 14 shows the percent of indicators which were 100 percent met by service for Initial PCRs in FY 2022 and FY 2023. Almost 60 percent of indicators scored for Day Habilitation and 70 percent of indicators scored for Residential Habilitation through the Initial PCR in FY 2023 were 100 percent met. Since FY 2022, the proportion of indicators scoring 100 percent declined for Day Habilitation and increased for Residential Habilitation.

Figure 14. Percent of Initial PCR Indicators 100% Met by Service (# indicators scored): FY 2022 vs. FY 2023

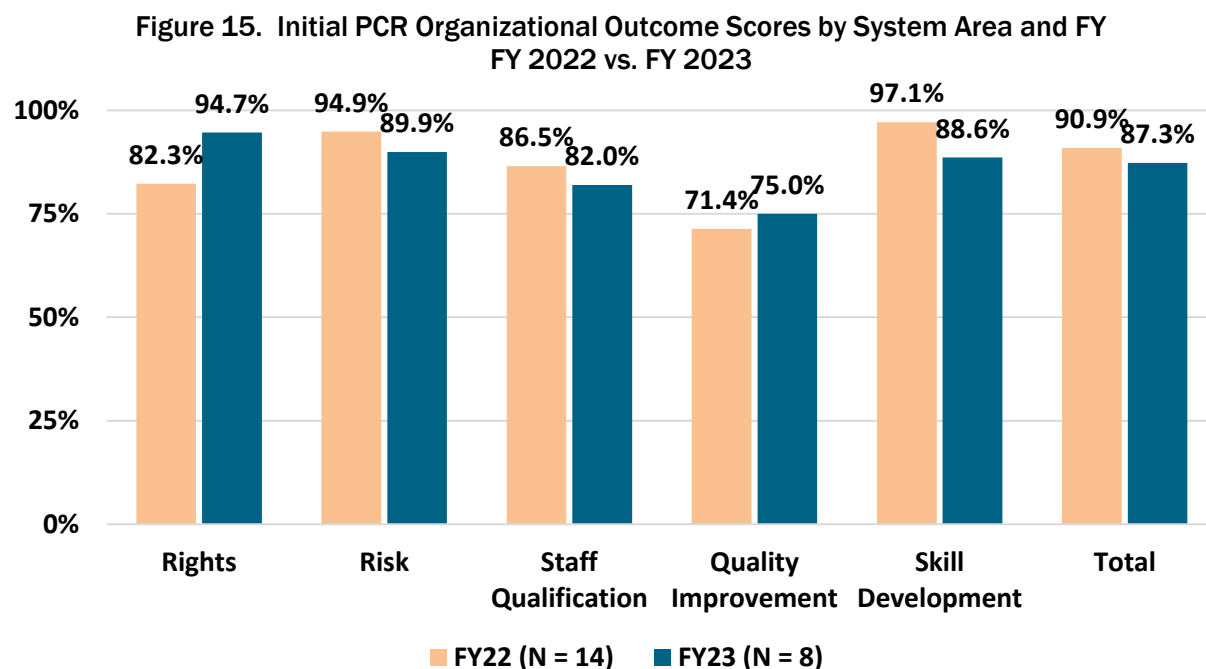


Provider Organizational Outcomes

Scores by System Area

Average Scores by FY

Figure 15 shows weighted scores by Organizational Outcome System Area for Initial PCRs completed in FY 2022 and FY 2023. On average, providers reviewed through the Initial PCR in FY 2022 scored higher on Organizational Outcome measures than those reviewed in FY 2023 (90.9% versus 87.3%). By System Area, providers reviewed in FY 2023 had lower scores, on average, than those reviewed in FY 2022 within the areas of Skill Development (88.6% vs. 97.1%), Risk (89.9% vs. 94.9%), and Staff Qualification (82.0% vs. 86.5%) and higher in Rights (94.7% vs. 82.3%) and Quality Improvement (75.0% vs. 71.4%). Quality Improvement was the lowest scoring System Area in FY 2022 and FY 2023.



Scores by Indicator

Table 9 presents Organizational Outcome scores by indicator and FY for each of the five System Areas. Providers reviewed in FY 2023 scored 10 or more points lower than those reviewed in FY 2022 on seven indicators (highlighted in orange) and 10 or more points higher on two indicators (highlighted in green). The indicator with the greatest decline since FY 2022 was a critical indicator in the area of Risk. This indicator had to do with the providers having systems in place to ensure current and accurate health care information on individuals that impacts services the provider offers (100%

vs. 71.4%). The indicator with the largest increase was also a critical indicator in the Rights area and had to do with providers having Human Rights Committees that functioned in accordance with DDS policy (71.4% vs. 100%).

Table 9. FY 2023 Organizational Outcome Scores by Area and Indicator: FY 2022 vs. FY 2023						
Indicator	FY22 (N = 14)			FY23 (N = 8)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
Rights						
Has the provider created a culture in which visitors are accepted and encouraged?	9	9	100.0%	6	6	100.0%
Does the provider have information available to people regarding how to choose services or change day providers?	9	10	90.0%	2	3	66.7%
Critical: Does the provider have a Human Rights Committee that functions in accordance with DDS policy?	10	14	71.4%	8	8	100.0%
Does the provider ensure proper handling of all consumer records including security, confidentiality, and retention in accordance with DDS and federal policies?	12	14	85.7%	7	8	87.5%
Does the program facilitate individual choice regarding services and supports and who provides them?	15	17	88.2%	NA	NA	NA
Risk						
Critical: Does the provider have and implement a policy that governs incident management and meets the requirements set forth in DDS policy regarding the reporting of incidents?	14	14	100%	7	8	87.5%
Critical: Does the provider have and implement a policy that governs incident management and meets the requirements set forth in DDS policy regarding the investigation of incidents?	14	14	100%	8	8	100.0%
Critical: Does the provider have a system in place to respond to MCIS issues in a timely manner?	12	14	85.7%	7	8	87.5%
Critical: Does the provider have and implement a policy that ensures protection of people's money, but does not limit access to it?	9	10	90.0%	5	5	100.0%
Does the provider have a system in place to ensure it meets all DDS requirements related to staff schedules and employment expectations?	12	14	85.7%	8	8	100.0%
Does the provider have an effective system in place to ensure required equipment, such as adaptive equipment and other equipment necessary to support people in being safe, is acquired in a timely manner, monitored for functionality, and repaired or replaced in a timely manner and done so in accordance with DDS policy and procedures?	12	13	92.3%	6	8	75.0%

Table 9. FY 2023 Organizational Outcome Scores by Area and Indicator: FY 2022 vs. FY 2023

Indicator	FY22 (N = 14)			FY23 (N = 8)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
Does the provider have a system in place to ensure individuals are safe during emergencies and unusual circumstance?	13	14	92.9%	7	8	87.5%
Critical: Does the provider have a system in place to ensure it has current and accurate health care information that impacts the services the provider offers to individuals?	10	10	100%	5	7	71.4%
Critical: Has the provider taken necessary actions to meet the health care needs of the individuals, through timely evaluation of needs and modification of supports, as required by DDS standards?	10	10	100%	5	5	100%
Critical: Does the provider ensure a TMEs ability to properly administer, document and store medications is evaluated by a registered nurse per current DDS standards?	1	1	100%	0	0	NA
Does the provider maintain a safe environment at service delivery sites?	13	13	100%	7	7	100%
Does the provider have and implement a system to demonstrate all vehicles have appropriate certifications and are properly licensed and insured?	NA	NA	NA	1	1	100%
Staff Qualification						
Critical: Does the provider ensure that individuals served are protected from employees with prohibitive criminal backgrounds?	12	14	85.7%	7	8	87.5%
Does the provider ensure that staff meet the requirements of the role they fill within the organization?	12	14	85.7%	5	8	62.5%
Does the provider have and implement a system to ensure that staff are informed of their job duties and expectations that is in accordance with DDS guidelines?	10	14	71.4%	6	8	75.0%
Is there evidence present that all staff have met the requirements of Phase I Direct Support Staff training?	13	14	92.9%	6	8	75.0%
Critical: Is there evidence present that all staff have met the requirements of Phase II Direct Support Staff training?	13	14	92.9%	5	6	83.3%
When paraprofessionals provide supported employment activities, is evidence available that they are supervised by a supported employment professional?	NA	NA	NA	1	1	100.0%
Quality Improvement						

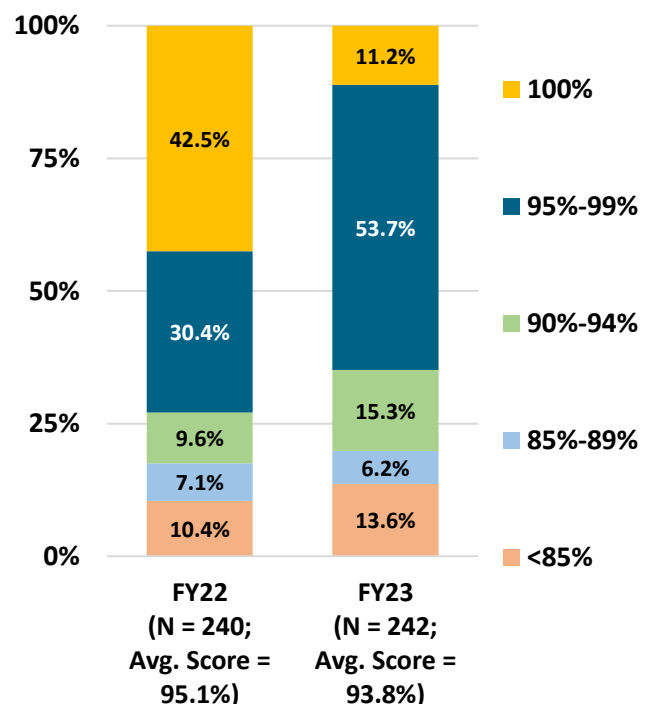
Table 9. FY 2023 Organizational Outcome Scores by Area and Indicator: FY 2022 vs. FY 2023						
Indicator	FY22 (N = 14)			FY23 (N = 8)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
Has the provider written all policies/procedures/protocols required by DDS and have evidence of implementation when appropriate?	10	14	71.4%	6	8	75.00%
Skill Development						
Does the provider support people to engage in community life?	17	17	100%	6	6	100%
Is the program located among local shops, businesses and recreational areas?	3	3	100%	2	2	100%
Critical: Does the provider have a system in place to ensure that services are delivered throughout the ISP year?	13	14	92.9%	6	8	75.0%
Does the provider have a system in place that ensures the current ISP is present and accurately reflects the person and services being provided?	14	14	100%	8	8	100%

Annual PCRs

Annual PCRs are completed for providers who have been offering a service for more than 60 days. In FY 2023, 242 annual certification reviews were completed through the review of 427 individual service records from 88 providers in D.C.

Figure 16 shows the number and percent of Annual PCRs with an overall score within one of the following five score-ranges: less than 85 percent, between 85 and 89 percent, between 90 and 94 percent, between 95-99 percent, and 100 percent. Scores are presented for Annual PCRs completed in FY 2022 and FY 2023. Compared with services reviewed in FY 2022, the average overall score for services reviewed in FY 2023 has declined by just over one-point from 95.1 to 93.8 percent. Similar to trends identified in the Initial PCRs, scores from FY

Figure 16. Annual PCR Overall Score Distribution: FY22 v. FY23



2023 Annual PCRs show a decline in the proportion of reviews earning a score of 100 percent (11.2% vs. 42.5%) and an increase in the proportion of reviews scoring between 95 and 99 percent (30.4% vs. 53.3%). The proportion of services to score below 85 percent in FY 2023 has also increased since FY 2022 – from 10.4 percent to 13.6 percent.

Person Centered Outcomes

Scores by Domain

Average Scores by FY

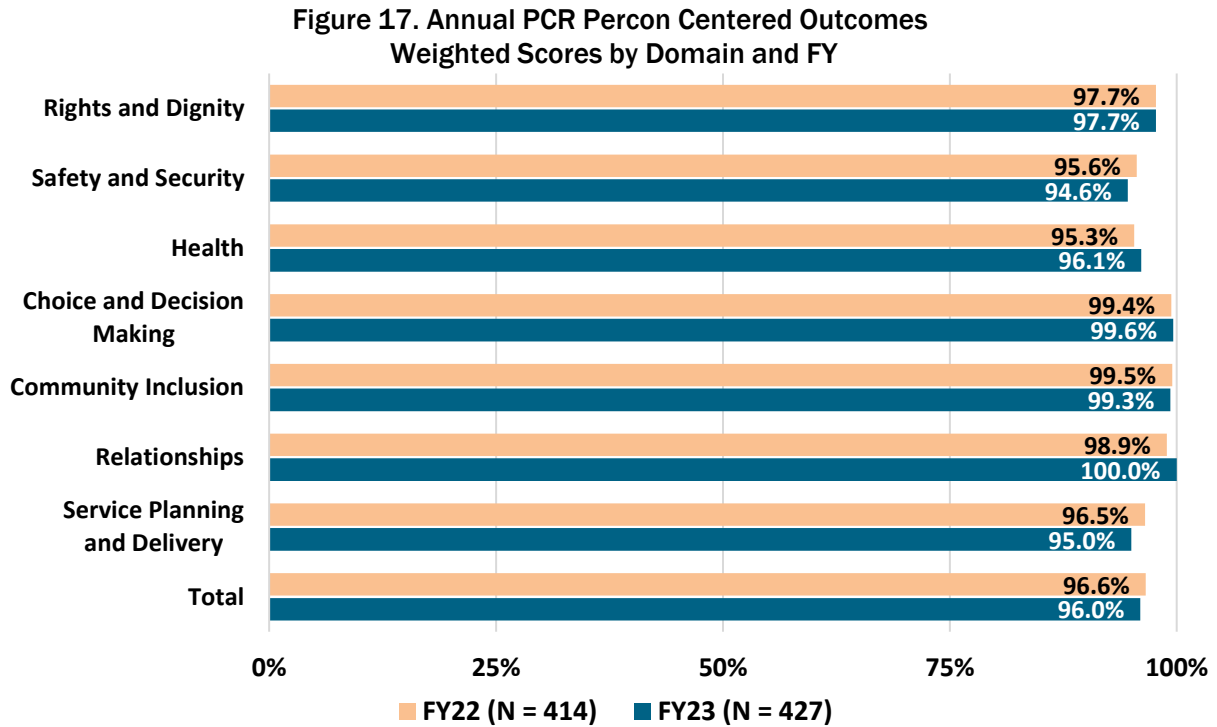
Table 10 presents the total number of indicators scored, percent of indicators met and average weighted scores for the Annual PCR PCO domains for FY 2022 and FY 2023. In FY 2023, a total of 20,199 indicators were scored across the seven PCO domains. The average weighted PCO score for FY 2023 was 96.0 percent – similar to FY 2022’s weighted score of 96.6 percent. The Safety and Security (93.9%) and Service Planning (94.0%) domains had the lowest percent of standards met and lowest weighted scores – 94.6 and 95.0 percent, respectively. Figure 17 compares weighted scores by domain in FY 2022 and FY 2023. Scores by domain remained fairly consistent between FY 2022 and FY 2023 with the exception of Safety and Security - which declined by 5.6 percentage points.

Table 10. Annual PCR Person Centered Outcomes by Domain and FY (# Certifications) Number of Indicators Scored, Percent Met and Weighted Scores						
Domain	FY22 (N = 414)			FY23 (N = 427)		
	# of Indicators Scored	% Met	Weighted Score	# of Indicators Scored	% Met	Weighted Score
Rights and Dignity	4,408	97.5%	97.7%	3,991	97.2%	97.7%
Safety and Security	4,023	95.7%	95.6%	4,030	93.9%	94.6%
Health	3,762	94.8%	95.3%	3,345	96.3%	96.1%
Choice and Decision Making	1,490	99.5%	99.4%	1,391	99.6%	99.6%
Community Inclusion	1,445	99.3%	99.5%	1,159	99.3%	99.3%
Relationships (Respite Only)	1,024	99.7%	98.9%	189	100.0%	100.0%
Service Planning and Delivery	5,909	96.7%	96.5%	6,071	94.0%	95.0%
Total	22,061	97.8%	96.6%	20,176	95.7%	96.0%

Figure 17 shows the PCO scores by domain Annual PCRs in FY 2022 and FY 2023. Scores varied somewhat by domain each FY. These findings are outlined below:

- Community Inclusion (99.3%) and Relationships (100%) were the highest scoring domains for Annual PCRs in FY 2022 and FY 2023.
- Safety and Security (94.6%) and Service Planning and Delivery (95.0%) were the two lowest

scoring domains for Annual PCRs in FY 2023.



Low Scoring Indicators by Domain

Annual PCR indicators scoring below 85 percent met in FY 2023, and their most commonly cited not met reason(s), are listed in Table 11. Just 10 of the 160 indicators (6.3%) were less than 85 percent met in FY 2023 and of those, only two were critical. The lowest scoring indicator was in the Service Planning and Delivery domain and had to do with quarterly reports being written and distributed per DDS policy (65.3%). This indicator was most commonly missed because the Quarterly reports was not uploaded to MCIS within seven (7) business days from the end of the reporting period.

Table 11. FY 2023 Annual PCR Indicators <85% Met and Most Common Not Met Reason(s) by Domain					
Indicator	# Met	Total Scored	% Met	Reason(s) Not Met	# of times selected
Rights and Dignity					
Does the person have an understanding of their rights regarding housing, as explained in the lease or residency agreement, including when they could be required to relocate, and do they or their guardian/advocate understand the eviction process?	78	94	83.0%	The lease or residency agreement was not signed by the person or legal guardian.	8

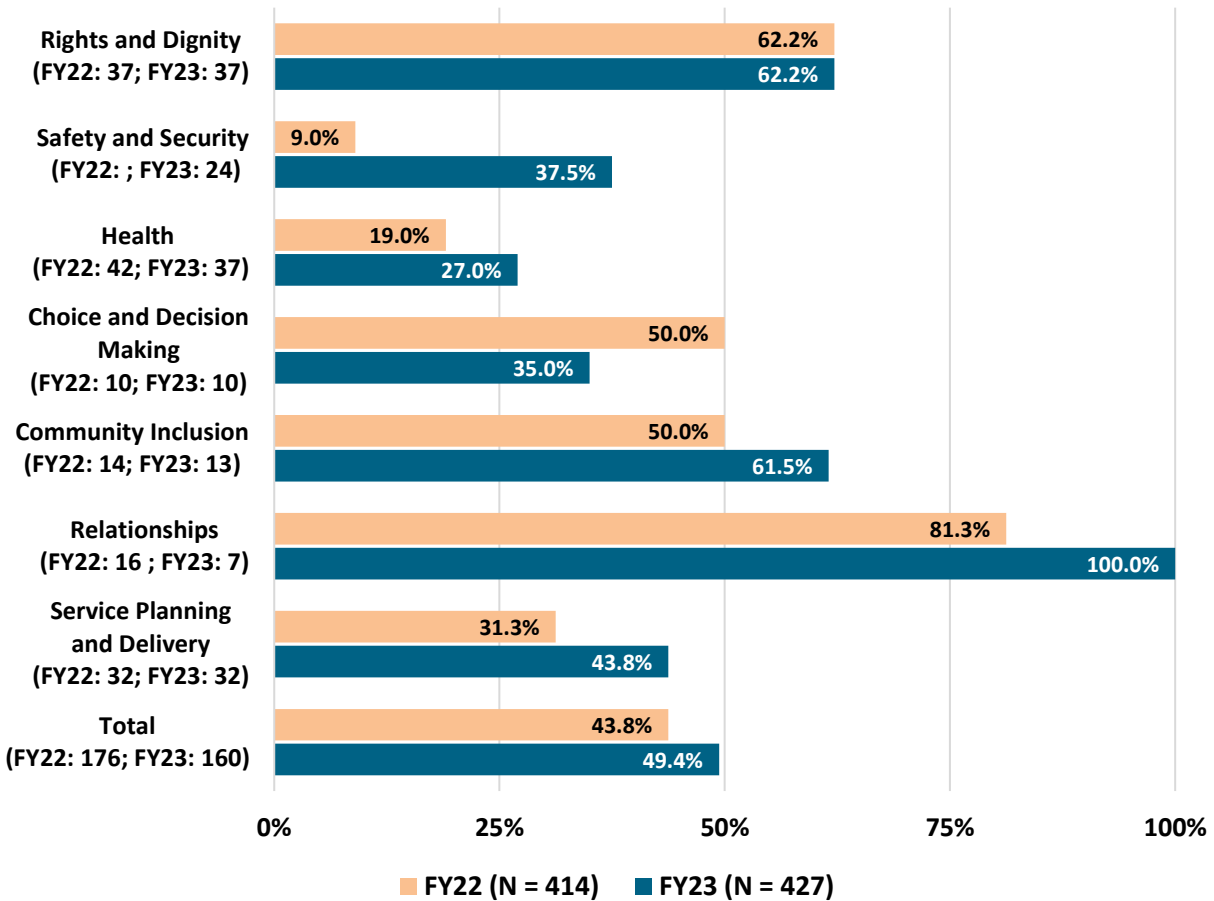
Table 11. FY 2023 Annual PCR Indicators <85% Met and Most Common Not Met Reason(s) by Domain					
Indicator	# Met	Total Scored	% Met	Reason(s) Not Met	# of times selected
Is there a lease or written residency agreement that provides the same responsibilities and protections from evictions and addresses appeals comparable to relevant landlord/tenant law in the jurisdiction?	78	94	83.0%	The lease or residency agreement was not signed by the person or legal guardian.	7
Is there a lease or written residency agreement that provides the same responsibilities and protections from evictions as all other tenants under relevant landlord/tenant law in the jurisdiction?	79	94	84.0%	The lease or residency agreement was not signed by the person or legal guardian.	8
Safety and Security					
Does the person know what to do and where to go in the event of an emergency?	229	286	80.1%	There was no evidence that there was a written personal emergency preparedness plan (PEPP) based upon an assessment of the person's skills, strengths, and the supports the person requires to respond safely to emergency situations.	24
Health					
Critical: Has training occurred on the Health Promotion Activity Plan (HPAP)?	10	12	83.3%	The provider did not show evidence of the staff being trained on the HPAP for the person served.	2
Critical: Is there evidence the Health Promotion Activity Plan (HPAP) is being implemented?	10	12	83.3%	The provider did not show evidence of the HPAP for the person served being implemented.	2
Service Planning and Delivery					
Were quarterly reports written and distributed per DDS policy?	254	389	65.3%	Quarterly reports were not uploaded to MCIS within seven (7) business days from the end of the reporting period.	105
If the person has exceeded the allowed number of units available, was written justification in support of the additional services submitted to the DDS Service Coordinator for review?	13	17	76.5%	The request for extended units was not submitted at least fifteen (15) days before the exhaustion of authorized hours.	4
Are progress notes written in accordance with DDS policy?	329	426	77.2%	Progress notes did not describe progress in meeting the specific goals in the ISP and Plan of Care	58

Table 11. FY 2023 Annual PCR Indicators <85% Met and Most Common Not Met Reason(s) by Domain					
Indicator	# Met	Total Scored	% Met	Reason(s) Not Met	# of times selected
				that are addressed on the day of service and relate to the provider's scope of service.	

High Scoring Indicators by Domain

Figure 18 shows the percent of indicators scoring 100 percent met by domain for Annual PCRs completed in FY 2022 and FY 2023. Nearly half (49.4%) of the 160 indicators scored through the FY 2023 Annual PCR were 100 percent met – up 5.6 points since FY 2022. In FY 2023, the Health domain had the lowest percentage of indicators scoring 100 percent (27.0%) while the Relationships domain had the highest (100%). Since FY 2022, the percent of indicators scoring 100 percent increased across all domains except for Choice and Decision Making where the percent of indicators scoring 100 percent declined by 15 points.

**Figure 18. Annual PCR Percon Centered Outcomes:
Percent of Indicators Scoring 100% by Domain and FY**



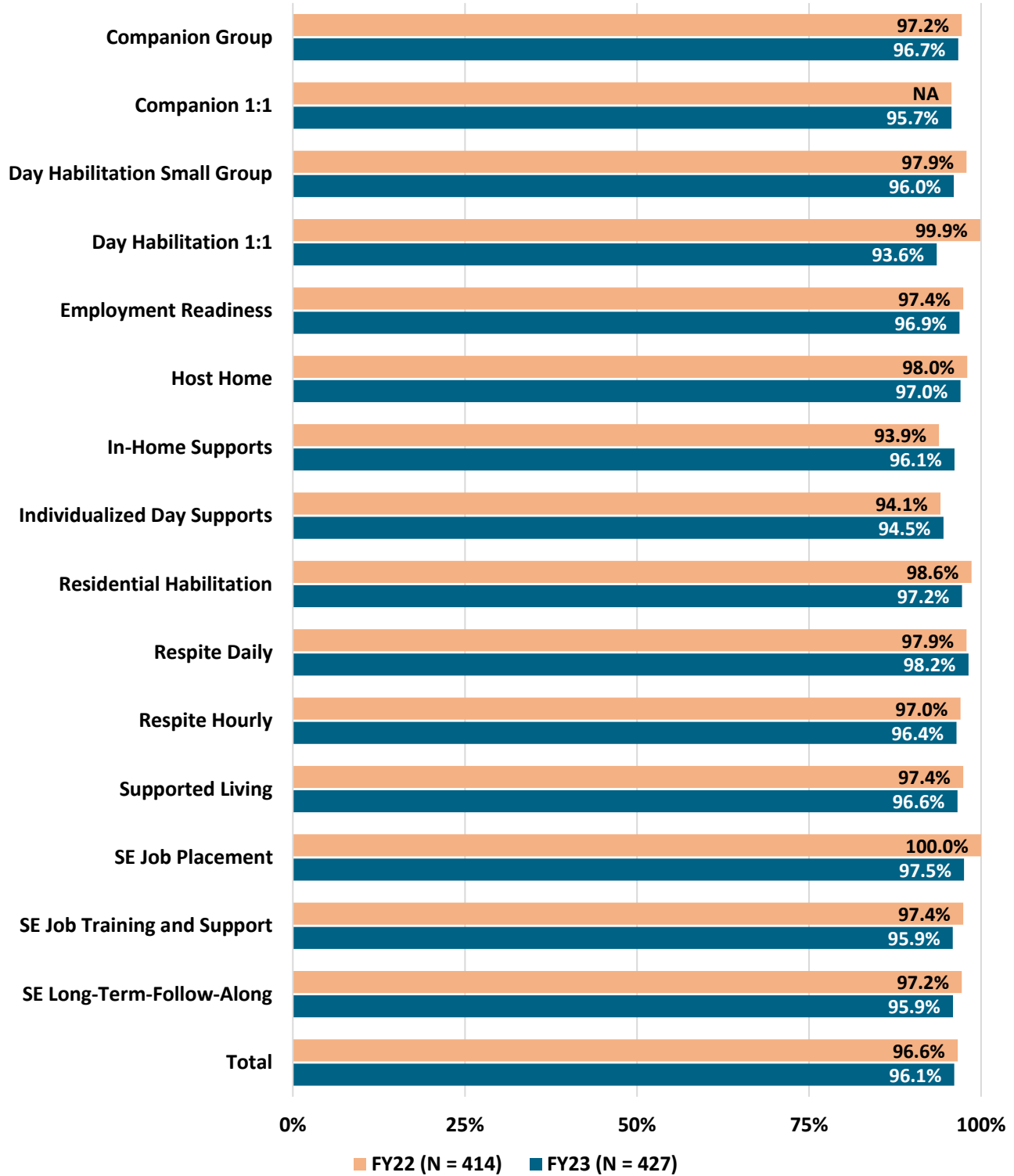
Scores by Service

Table 12 presents, by fiscal year, the number of people and indicators scored by service for Annual PCRs, as well as the service’s average weighted scores. In FY 2023, the only services to score below 95 percent, on average were Day Habilitation One-to-One (93.6%) and Individualized Day Supports (94.5%). The highest scoring services in FY 2023 were Respite Daily (98.2%) and SE Job Placement (97.5%).

Table 12. Annual PCR Person Centered Outcome Scores by Service and FY						
Service	FY22			FY23		
	# Records Reviewed	# Indicators Scored	Weighted Score	# Records Reviewed	# Indicators Scored	Weighted Score
Companion Group	4	166	97.2%	23	966	96.7%
Companion 1:1	103	4,627	95.7%	81	2,935	95.7%
Day Habilitation Small Group	21	1,008	97.9%	20	928	93.6%
Day Habilitation 1:1	13	723	99.9%	15	804	96.0%
Employment Readiness	10	469	97.4%	6	278	96.9%
Host Home	16	1,154	98.0%	12	805	97.0%
In-Home Supports	66	2,372	93.9%	83	2,814	96.1%
Individualized Day Supports	31	1,623	94.1%	41	2,030	94.5%
Residential Habilitation	16	1,274	98.6%	15	1,177	97.2%
Respite Daily	3	101	97.9%	6	176	98.2%
Respite Hourly	20	538	97.0%	28	702	96.4%
Supported Living	89	7,008	97.4%	72	5,421	96.6%
SE Job Placement	3	138	100.0%	7	352	97.5%
SE Job Training and Support	14	698	97.4%	12	562	95.9%
SE Long-Term-Follow-Along	5	162	97.2%	6	226	95.9%
Total	414	22,061	96.6%	427	20,176	96.1%

Figure 19 provides a visual representation of weighted scores by service for Annual PCRs completed in FY 2022 and FY 2023. With the exception of Day Habilitation One-to-One, all FY 2023 service scores were within 2 points of their score in FY 2022. The average score for Day Habilitation One-to-One, however, declined by over six points from 99.9 percent to 93.6 percent.

Figure 19. Annual PCR Person Centered Outcome Scores by Service and FY



Low Scoring Indicators by Service

In FY 2023, about eight percent (82 out of 1,024) of indicators scored for services reviewed through an Annual PCR in FY 2023 were less than 85 percent met. About 27 percent (22) of the lower scoring indicators were critical. Table 13 lists critical indicators that were less than 85 percent met in FY 2023 as well as their most commonly cited not met reason by service.⁷

Table 13. Critical Indicators < 85% Met and Most Common Not Met Reason(s) by Service FY 2023 Annual PCRs						
Service	Indicator	# Met	Total Scored	% Met	Reason(s) Not Met	# of times selected
Companion Group	Critical: Did the quarterly report contain the required information as identified in current guidelines?	19	23	82.6%	The quarterly report(s) did not contain a summary analysis of all habilitative support activities that occurred during the quarter.	3
Companion 1:1	Critical: If the person has restricted mobility needs through the use of a wheelchair or other medical equipment, is there a clear and consistent plan for its use regarding positioning, and physical transfers, when equipment should be worn, etc.?	11	14	78.6%	Based on the person's use of a wheelchair or other medical equipment, there was not a clear and consistent plan for its use, e.g., positioning, re-positioning, physical transfers, or how often and when the equipment should be utilized.	3
Day Habilitation Small Group	Critical: Is there written evidence that each direct support staff that works with the person has received person specific training on all current documents, information and required supports relevant to the service being provided?	13	20	65.0%	There was no documented evidence the direct support staff that works with the person received person specific training on all current documents, information and required supports relevant to the service being provided.	7
In-Home Supports	Critical: If the person was the recipient of a Serious Reportable (SRI) or Reportable incident (RI) within the past year with this provider, was the incident reported within the required timeframe?	20	24	83.3%	The incident was not reported within the required timeframe	4
	Critical: Has training occurred on the Health Promotion Activity Plan (HPAP)?	10	12	83.3%	The provider did not show evidence of the staff being	2

⁷ Scores are only shown for services reviewed on 10 or more records. A complete list of indicators by service and their scores can be found in the Appendix.

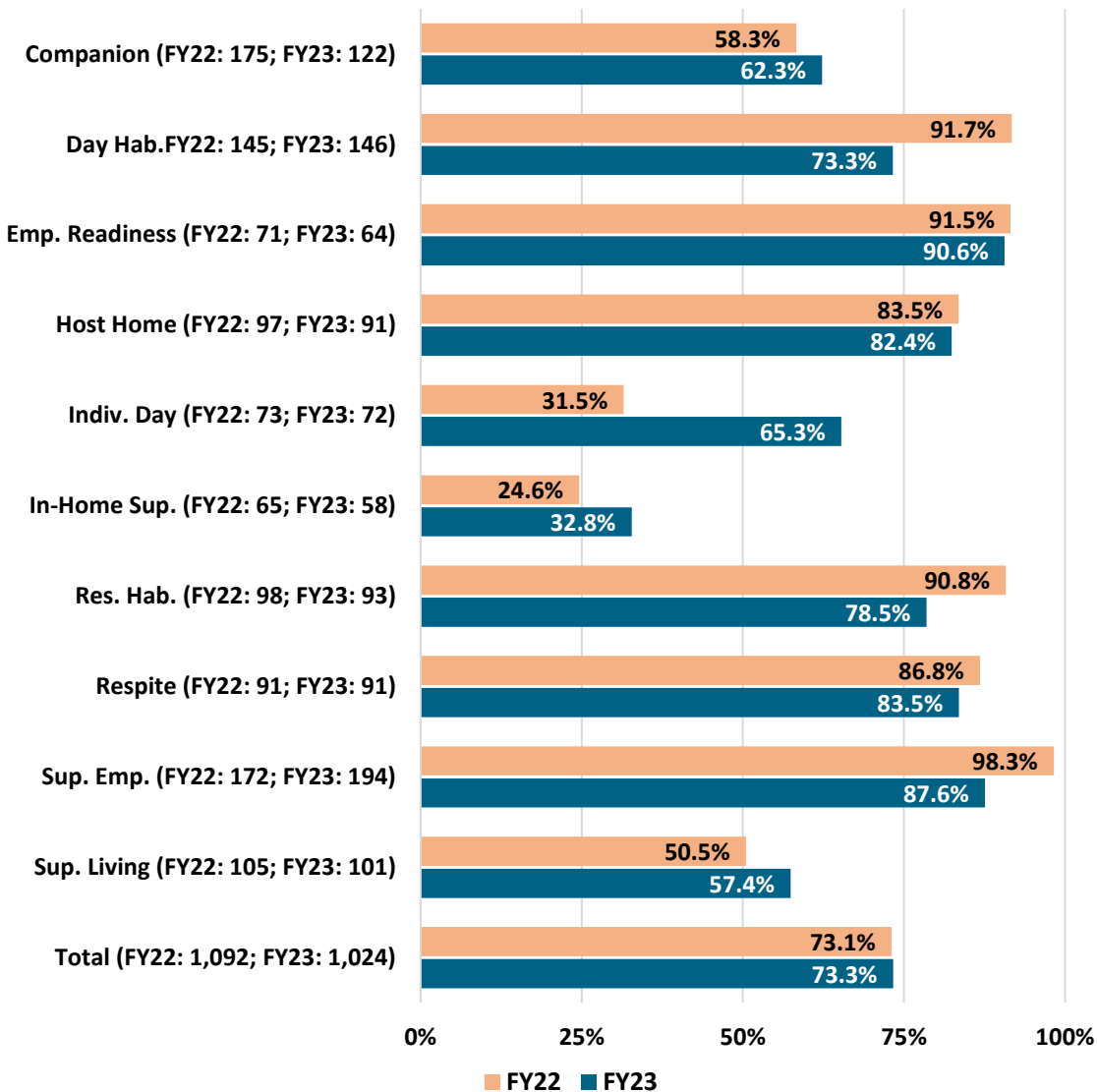
**Table 13. Critical Indicators < 85% Met and Most Common Not Met Reason(s) by Service
FY 2023 Annual PCRs**

Service	Indicator	# Met	Total Scored	% Met	Reason(s) Not Met	# of times selected
					trained on the HPAP for the person served.	
	Critical: Is there evidence the Health Promotion Activity Plan (HPAP) is being implemented?	10	12	83.3%	The provider did not show evidence of the HPAP for the person served being implemented.	2
Respite Hourly	Critical: Is there written evidence that each direct support staff that works with the person has received person specific training on all current documents, information and required supports relevant to the service being provided?	20	26	76.9%	There was no documented evidence the direct support staff that works with the person received person specific training on all current documents, information and required supports relevant to the service being provided.	6
Supported Living	Critical: If the person has restricted mobility needs through the use of a wheelchair or other medical equipment, is there a clear and consistent plan for its use regarding positioning, and physical transfers, when equipment should be worn, etc.?	8	10	80.0%	There was no clear or consistent plan regarding positioning, and physical transfers, when equipment should be worn, etc.	2
	Critical: If the person takes medications during the time services are being provided by this provider, are the medications safely administered to or by the person?	48	60	80.0%	Medication was not administered as ordered.	12
SE Job Training and Support	Critical: Is there written evidence that each direct support staff that works with the person has received person specific training on all current documents, information and required supports relevant to the service being provided?	10	12	83.3%	There was no documented evidence the direct support staff that works with the person received person specific training on all current documents, information and required supports relevant to the service being provided.	2
					There was no evidence documenting that all staff who work with the person received all of the required person specific training.	2

High Scoring Indicators by Service

Figure 20 shows the percent of indicators that were 100 percent met by service for Annual PCRs completed in FY 2022 and FY 2023. In both years, approximately 73 percent of PCO indicators were 100 percent met. In FY 2023, Employment Readiness and Supported Employment services had the highest proportion of indicators scoring 100 percent met – 90.6 and 87.6 percent, respectively. In-Home Supports and Supported Living Services had the lowest proportion of indicators scoring 100 percent – 32.8 and 57.4 percent, respectively. Since FY 2022, the percent of indicators scoring 100 percent increased by more than 10 points for Individualized Day Supports from 31.5 percent to 65.3 percent (up 33.8 points). Conversely, the percent of indicators scoring 100 percent decreased by 10 or more points for Day Habilitation (down 18.4 points), Residential Habilitation (down 12.3 points), and Supported Employment (down 10.7 points) services.

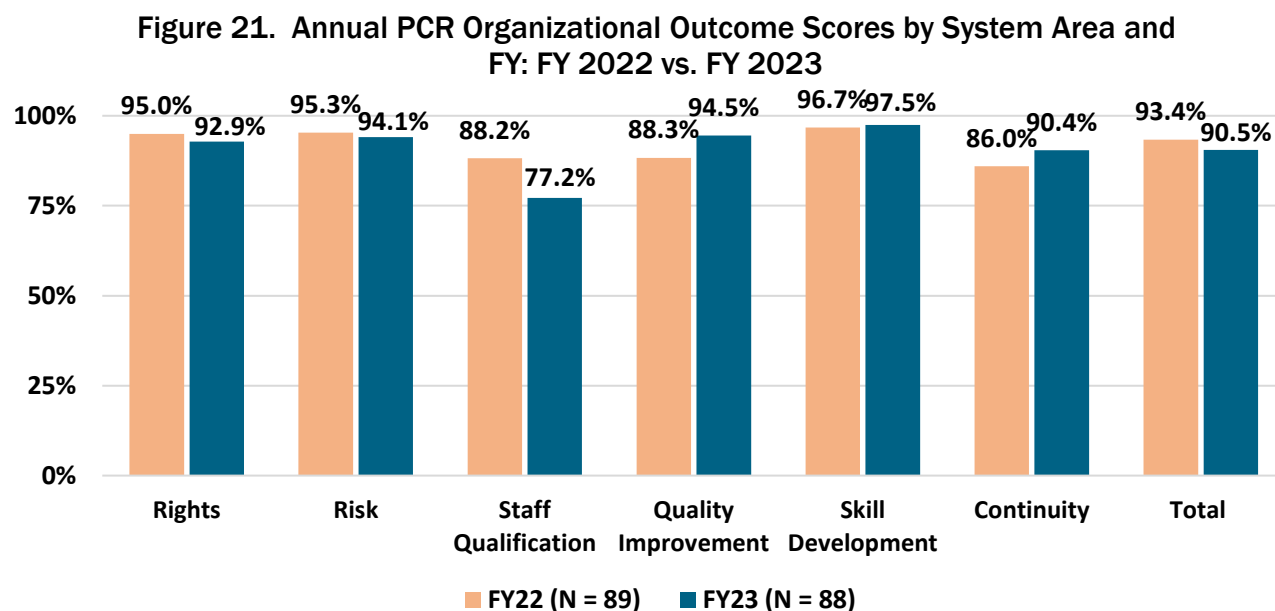
Figure 20. Percent of PCO Indicators Scoring 100 Percent by Service Type and FY (# indicators scored)



Provider Organizational Outcomes

Scores by System Area

Figure 21 shows Organizational Outcome weighted scores by System Area for Annual PCRs completed in FY 2022 and FY 2023. On average, providers reviewed in FY 2023 scored lower than those reviewed in FY 2022 (93.4% vs. 90.5%). Since FY 2022, the average Quality Improvement score increased from 88.3 to 94.5 percent (up 6.2 points) and the average score for Staff Qualification declined by 11 points from 88.2 to 77.2 percent.



Scores by Indicator

Table 14 presents Organizational Outcome scores by indicator and FY for each of the six System Areas.⁸ Compared with providers reviewed in FY 2022, providers reviewed in FY 2023 scored 10 or more points higher on three indicators (highlighted in green) and 10 or more points lower on six indicators (highlighted in orange). The indicator with the greatest decline since FY 2022 was within the Staff Qualification area and had to do with providers ensuring staff met the requirements of the role they fill within the organization (91.2% vs. 47.7%). The indicator with the largest increase was a critical indicator within the Quality Improvement area and had to do with providers implementing a Quality Assurance plan that effectively evaluated the quality of services delivered and initiated change when warranted (83.4% vs. 96.6%).

Table 14. Annual PCR Organizational Outcome Scores by Area and Indicator: FY 2022 vs. FY 2023						
Indicator	FY22 (N = 86)			FY23 (N = 88)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
Rights						
Critical: Does the provider have and implement a system to ensure that the rights of all people are recognized and protected?	86	89	96.6%	82	88	93.2%

⁸ Continuity is only scored for Respite Daily services.

**Table 14. Annual PCR Organizational Outcome Scores by Area and Indicator:
FY 2022 vs. FY 2023**

Indicator	FY22 (N = 86)			FY23 (N = 88)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
Has the provider created a culture in which visitors are accepted and encouraged?	131	134	97.8%	106	107	99.1%
Does the program facilitate individual choice regarding services and supports and who provides them?	146	154	94.8%	108	117	92.3%
Does the provider have information available to people regarding how to choose services or change day providers?	71	75	94.7%	52	57	91.2%
Critical: Does the provider have a Human Rights Committee that functions in accordance with DDS policy?	84	89	94.4%	83	88	94.3%
Does the provider have a Human Rights Committee that is trained in accordance with DDS policy?	77	88	87.5%	75	88	85.2%
Does the provider have a Human Rights Committee that maintains the proper membership in accordance with DDS policy?	85	89	95.5%	78	87	89.7%
Does the provider ensure proper handling of all consumer records including security, confidentiality, and retention in accordance with DDS and federal policies?	90	94	95.7%	84	88	95.5%
Risk						
Does the provider have and implement a policy that governs incident management and meets the requirements set forth in DDS policy regarding incident prevention?	87	89	97.8%	86	88	97.7%
Critical: Does the provider have and implement a policy that governs incident management and meets the requirements set forth in DDS policy regarding the reporting of incidents?	86	89	96.6%	81	88	92.0%
Critical: Does the provider have and implement a policy that governs incident management and meets the requirements set forth in DDS policy regarding the investigation of incidents?	87	89	97.8%	85	87	97.7%

**Table 14. Annual PCR Organizational Outcome Scores by Area and Indicator:
FY 2022 vs. FY 2023**

Indicator	FY22 (N = 86)			FY23 (N = 88)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
Does the provider have and implement a policy that governs incident management and meets the requirements set forth in DDS policy regarding the tracking and trending of incidents and following through on recommendations?	80	89	89.9%	85	88	96.6%
Critical: Does the provider have a system in place to respond to MCIS issues in a timely manner?	84	89	94.4%	84	88	95.5%
Critical: Does the provider have and implement a policy that ensures protection of people's money, but does not limit access to it?	78	81	96.3%	74	75	98.7%
Does the provider have a system in place to ensure it meets all DDS requirements related to staff schedules and employment expectations?	86	89	96.6%	82	88	93.2%
Does the provider have an effective system in place to ensure required equipment, such as adaptive equipment and other equipment necessary to support people in being safe, is acquired in a timely manner, monitored for functionality, and repaired or replaced in a timely manner and done so in accordance with DDS policy and procedures?	82	89	92.1%	78	87	89.7%
Does the provider have a system in place to ensure individuals are safe during emergencies and unusual circumstance?	87	89	97.8%	82	88	93.2%
Does the provider ensure that the health of staff does not place individuals served at risk from a communicable disease?	77	89	86.5%	63	88	71.6%
Critical: Does the provider have a system in place to ensure it has current and accurate health care information that impacts the services the provider offers to individuals?	82	89	92.1%	80	87	92.0%

**Table 14. Annual PCR Organizational Outcome Scores by Area and Indicator:
FY 2022 vs. FY 2023**

Indicator	FY22 (N = 86)			FY23 (N = 88)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
Critical: Has the provider taken necessary actions to meet the health care needs of the individuals, through timely evaluation of needs and modification of supports, as required by DDS standards?	82	87	94.3%	79	81	97.5%
Critical: Does the provider ensure a TMEs ability to properly administer, document and store medications is evaluated by a registered nurse per current DDS standards?	43	44	97.7%	29	34	85.3%
Does the provider maintain a safe environment at service delivery sites?	88	88	100.0%	83	84	98.8%
Does the provider have and implement a system to demonstrate all vehicles have appropriate certifications and are properly licensed and insured?	37	39	94.9%	28	30	93.3%
Is there evidence that the provider routinely inspects the provider owned vans for cleanliness, functionality and condition?	33	33	100.0%	22	26	84.6%
Staff Qualification						
Critical: Does the provider ensure that individuals served are protected from employees with prohibitive criminal backgrounds?	79	89	88.8%	67	88	76.1%
Does the provider ensure that staff meet the requirements of the role they fill within the organization?	82	89	92.1%	42	88	47.7%
Does the provider have and implement a system to ensure that staff are informed of their job duties and expectations that is in accordance with DDS guidelines?	83	89	93.3%	69	88	78.4%
Is there evidence present that all staff have met the requirements of Phase I Direct Support Staff training?	81	89	91.0%	75	88	85.2%
Critical: Is there evidence present that all staff have met the requirements of Phase II Direct Support Staff training?	72	89	80.9%	67	84	79.8%

**Table 14. Annual PCR Organizational Outcome Scores by Area and Indicator:
FY 2022 vs. FY 2023**

Indicator	FY22 (N = 86)			FY23 (N = 88)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
Is there evidence present that all staff have met the requirements of Phase III Direct Support Staff training?	74	87	85.1%	75	88	85.2%
Is there evidence present that all staff have met the requirements of Phase IV Direct Support Staff training?	70	76	92.1%	67	77	87.0%
Does the provider have a system in place to ensure it meets the standards related to staff training?	78	89	87.6%	64	88	72.7%
When paraprofessionals provide supported employment activities, is evidence available that they are supervised by a supported employment professional?	9	11	81.8%	9	9	100.0%
Quality Improvement						
Is there a current written QA Plan? Does the QA Plan include goals and/or criteria to measure applicable waiver service and DDS requirements?	85	89	95.5%	87	88	98.9%
Critical: Does the provider implement a Quality Assurance plan that effectively evaluates the quality of services delivered and initiates change when warranted?	74	89	83.1%	85	88	96.6%
Does the provider review and update their Continuous Improvement Plan as circumstances dictate?	75	77	97.4%	72	73	98.6%
Has the provider written all policies/procedures/protocols required by DDS and have evidence of implementation when appropriate?	70	89	78.7%	73	87	83.9%
Does the provider demonstrate a commitment towards quality, by soliciting and communicating information to all stakeholders?	82	87	94.3%	79	83	95.2%
Does the provider have a governing board which effectively discharges its public stewardship responsibilities and is comprised of a diverse group of people?	80	86	93.0%	76	82	92.7%

**Table 14. Annual PCR Organizational Outcome Scores by Area and Indicator:
FY 2022 vs. FY 2023**

Indicator	FY22 (N = 86)			FY23 (N = 88)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
Is there evidence the provider has enrolled as an RSA provider, per DDS waiver rule?	17	20	85.0%	7	9	77.8%
Skill Development						
Critical: Does the Contract Provider have a system in place to ensure that health care monitoring occurs in accordance with DDS standards?	12	13	92.3%	9	9	100.0%
Is there a contract between the Waiver provider and the Host Home care provider which outlines the expectations of both parties and reflects current DDS standards?	12	13	92.3%	9	9	100.0%
Does the provider support people to engage in community life?	151	152	99.3%	117	117	100.0%
Is the program located among local shops, businesses and recreational areas?	33	33	100.0%	33	33	100.0%
Critical: Does the provider have a system in place to ensure that services are delivered throughout the ISP year?	88	89	98.9%	87	88	98.9%
Critical: Does the provider have a system in place to ensure that services are evaluated throughout the ISP year?	82	89	92.1%	83	88	94.3%
Does the provider have a system in place to ensure that services are modified throughout the ISP year, as the individual's life and circumstances dictate?	87	88	98.9%	86	88	97.7%
Does the provider have a system in place that ensures the current ISP is present and accurately reflects the person and services being provided?	84	89	94.4%	82	88	93.2%
Does the provider have a system in place to ensure the provision of transportation services to enable the person to gain access to Waiver and other community services and activities?	37	37	100.0%	27	27	100.0%

**Table 14. Annual PCR Organizational Outcome Scores by Area and Indicator:
FY 2022 vs. FY 2023**

Indicator	FY22 (N = 86)			FY23 (N = 88)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
Does the Contract Provider have a system in place to ensure that general support monitoring is completed at least twice per month to update activity schedules, review medical and other appointments, make progress notes, and review conditions in the Host Home and the status of the individual?	14	14	100.0%	9	9	100.0%
Does the provider have a system in place to ensure that a minimum of two job site contacts occur per month?	9	9	100.0%	6	6	100.0%
Does the provider employ RN's based on the expectations outlined in the waiver day provider rates?	40	41	97.6%	24	24	100.0%
Is the provider able to explain and present evidence of implementation of a process which matches people with similar interests or skill levels when receiving services as part of a group, based on waiver guidelines?	49	52	94.2%	41	42	97.6%
Continuity						
Does the provider have a system in place to know when they have been selected by an individual to deliver respite services?	15	17	88.2%	18	20	90.0%
Does the provider have a system in place to ensure they have the necessary documents in place prior to providing respite services to an individual?	15	17	88.2%	18	20	90.0%
Does the provider have a system in place to ensure that staff providing respite services have been properly trained according to DDS policy?	14	17	82.4%	18	20	90.0%
Does the provider have a system in place to ensure that proper documentation is being maintained when respite services are being delivered?	15	17	88.2%	19	20	95.0%

Table 14. Annual PCR Organizational Outcome Scores by Area and Indicator: FY 2022 vs. FY 2023						
Indicator	FY22 (N = 86)			FY23 (N = 88)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
If the provider is authorized to provide respite daily, are they able to produce evidence that a location has been reviewed and approved by DDS to provide the service at that particular location?	9	10	90.0%	6	7	85.7%
Totals	3,846	4,116	93.4%	3,495	3,850	90.8%

Figure 22 presents Not Met Reasons associated with critical Organizational Outcome indicators scoring below 85 percent for FY 2023 Annual PCRs.

Figure 22. Not Met Reasons for Critical Staff Qualification Indicators <85% Met: FY 2023 Annual PCRs

Does the provider ensure that individuals served are protected from employee's with prohibitive criminal backgrounds? (76.1%; n = 88)

• **Reason(s) Not Met:**

- Documentation did not reflect that a background check was completed for the staff using the DOH website (selected 10 times).
- The record did not include a copy of the results of the search indicating that the employee was eligible to work (selected 8 times).
- Documentation did not reflect that the background check was updated at least every four (4) years (selected 4 times).

Is there evidence present that all staff have met the requirements of Phase II Direct Support Staff training? (79.8%; n = 84)

• **Reason(s) Not Met**

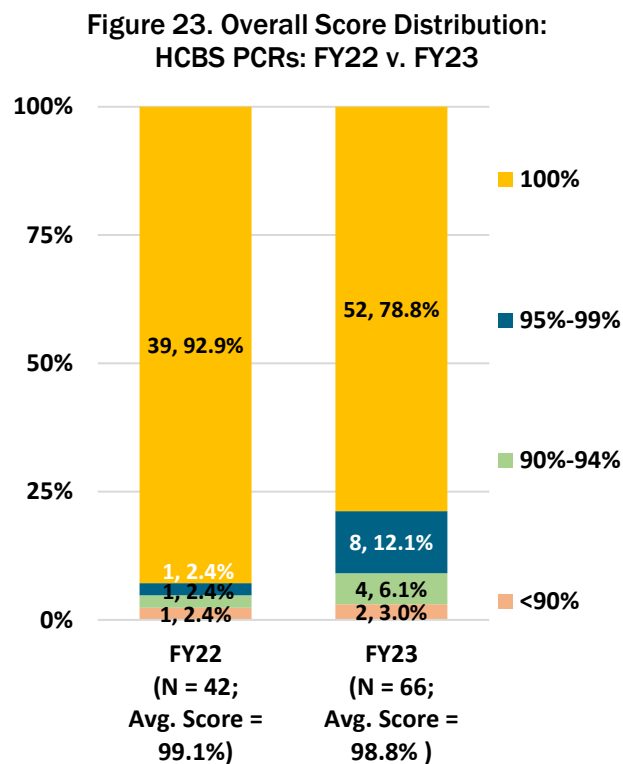
- Documentation did not include evidence of one or more of the following trainings: Adaptive Equipment, Behavior Support Plan (DSP), Health Care Management (HCMP), Health Passport, Individual Program Plan (IPP, Individual Service Plan (ISP) medications/eide effects, nutrition, PEPP, seizure disorders, specialized dining, teaching strategies, or transfer and mobility procedures (selected 30 times)
- Evidence of Phase II training did not include records showing the date the training occurred, initials of the person upon whom the specialized in-service training focuses; signature of the supervisor or experienced staff member facilitating the training session; and the signature of the staff member attending (selected 7 times)
- Records did not include proof of proficiency in Phase II training evidenced by showing that a staff person received on-the-job training on a person's individualized support needs (selected 5 times).
- Phase II training was not conducted prior to working alone with the person receiving services (selected 2 times).

HCBS PCRs

Annual HCBS PCRs are completed for providers for all services with the exception of services that do not fall under the HCBS Settings Rule including, In-Home Supports, Companion One-to-One and Respite Hourly. In FY 2023, 66 HCBS certifications were completed through the review of 230 service records across 211 people.⁹ A total of 29 Day Habilitation certifications were completed and 37 certifications were completed for Residential Habilitation services.

⁹ Some people are reviewed multiple times for different services.

Figure 23 shows the number and percent of HCBS PCRs with an overall score within one of the following four score-ranges: less than 90 percent, between 90 and 94 percent, between 95-99 percent, and 100 percent. Scores are presented for HCBS PCRs completed in FY 2022 and FY 2023. The average overall score for services reviewed in FY 2023 is similar to those reviewed in FY 2022 (98.8% vs 99.1%). Similar to trends identified in the Initial and Annual PCRs, scores from FY 2023 HCBS PCRs show a decline in the proportion of reviews earning a score of 100 percent (78.8% vs. 92.9%) and an increase in the proportion of reviews scoring between 95 and 99 percent (12.1% vs. 2.4%). Just 2 services reviewed in FY 2023 scored below 90 percent and none were below 85 percent.



Person Centered Outcomes

Scores by Domain

Table 15 presents the total number of indicators scored, percent of indicators met and average weighted scores for the HCBS PCR PCO domains for FY 2022 and FY 2023. In FY 2023, a total of 4,797 indicators were scored across the four PCO domains that apply to HCBS PCRs. The average weighted PCO score for FY 2023 was 98.4 percent – less than one-point lower than FY 2022’s score of 99.7 percent. In FY 2023, the weighted scores by Domain ranged from a low of 98.1 percent for Rights and Dignity to a high of 100 percent for Safety and Security.

Table 15. Person Centered Outcomes by Domain Number of Indicators Scored, Percent Met and Weighted Scores HCBS PCRs: FY 2022 vs FY 2023						
Domain	FY22 (N = 73)			FY23 (N = 230)		
	# of Indicators Scored	% Met	Weighted Score	# of Indicators Scored	% Met	Weighted Score
Rights and Dignity	840	99.6%	99.7%	2613	97.6%	98.1%
Safety and Security	100	98.0%	98.0%	417	100.0%	100.0%
Choice and Decision Making	324	100%	100%	911	98.9%	98.9%
Community Inclusion	240	100%	100%	856	99.6%	99.7%
Total	1,504	99.7%	99.7%	4,797	98.4%	98.6%

Scores by Service

Table 16 presents the number of people and indicators scored by service for HCBS PCRs, as well as the service's average weighted score and the score for the lowest scoring indicator. Since FY 2022, weighted scores declined by a little over one-point for Day and Residential Habilitation services from 99.6 and 99.7 percent, respectively, to 98.2 and 98.6 percent.

Table 16. Person Centered Outcomes by Service Number of Indicators Scored, Percent Met and Weighted Scores HCBS PCRs: FY 2022 vs FY 2023						
Service	FY22 (N = 73)			FY23 (N = 230)		
	# of Indicators Scored	% Met	Weighted Score	# of Indicators Scored	% Met	Weighted Score
Day Habilitation	465	99.6%	99.6%	1,914	98.5%	98.2%
Residential Habilitation	1,039	99.7%	99.7%	2,883	98.6%	98.6%
Total	1,504	99.7%	99.7%	4,797	98.6%	98.4%

Low Scoring Indicators by Domain and Service

In FY 2023, just two indicators scored below 90 percent. Both indicators were in the Rights and Dignity domain and are listed below:

- **Rights and Dignity:** Is the person and/or their representative aware of actions they can take if they feel they have been treated unfairly, have concerns or are displeased with the services being provided?
 - **Day Habilitation: 84.5% Met (n = 116)**
- **Rights and Dignity:** Does the person have an understanding of their rights regarding housing, as explained in the lease or residency agreement, including when they could be required to relocate, and do they or their guardian/advocate understand the eviction process?
 - **Residential Habilitation: 89.0% Met (n = 109)**

HCBS Organizational Outcomes

Table 17 shows HCBS Organizational Outcome scores by indicator for the 20 HCBS PCRs completed in FY 2022 and 66 HCBS PCRs completed in FY 2023. HCBS PCRs were only scored on six Organization Outcome indicators – four from the Rights area and 2 from the Skill Development area. Both Skill Development indicators were 100 percent met in FY 2022 and FY 2023. The average score for Rights increased in FY 2023 from 95.8 percent to 98.9 percent.

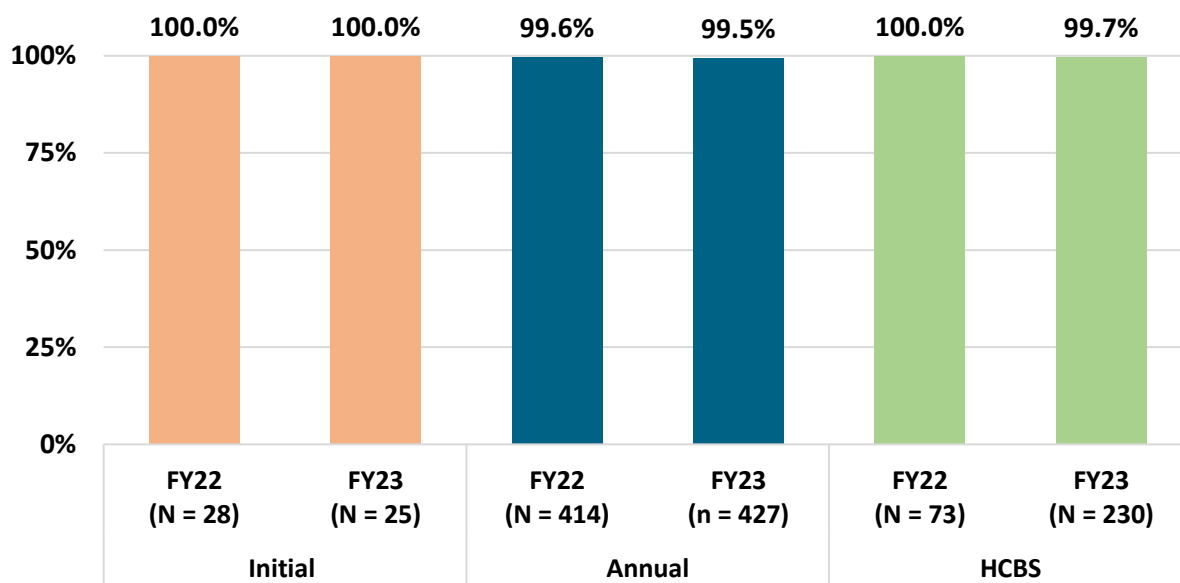
Table 17. HCBS Organizational Outcome Scores by Indicator: FY 2022 vs. FY 2023						
Indicator	FY22 (N = 20)			FY23 (N = 66)		
	# Met	Total Scored	% Met	# Met	Total Scored	% Met
Rights						
Does the program facilitate individual choice regarding services and supports and who provides them?	21	22	95.5%	64	65	98.5%
Does the provider ensure proper handling of all consumer records including security, confidentiality, and retention in accordance with DDS and federal policies?	19	20	95.0%	50	50	100%
Does the provider have information available to people regarding how to choose services or change day providers?	8	9	88.9%	25	26	96.2%
Has the provider created a culture in which visitors are accepted and encouraged?	20	20	100%	47	47	100%
Rights Total	68	71	95.8%	186	188	98.9%
Skill Development						
Does the provider support people to engage in community life?	22	22	100%	64	64	100%
Is the program located among local shops, businesses and recreational areas?	5	5	100%	19	19	100%
Skill Development Total	27	27	100%	83	83	100%
Totals	95	98	96.9%	269	271	99.3%

Satisfaction: Initial, Annual and HCBS PCRs

Findings from FY 2022 and FY 2023 show high levels of satisfaction among people receiving services (see Figure 24). Nearly 100 percent of people interviewed have reported being satisfied with all of the statements listed in the box below.

- **The person is satisfied with...**
 - their staff.
 - the provider.
 - how the provider responds to inquiries, needs, wants and concerns.
 - the progress they are making and the support they are given to achieve their life dreams.
 - their community presence.
 - how changes to service delivery are handled by the provider.
 - the amount of support they receive to develop and maintain relationships.
 - the amount of support they receive to advocate for their rights.
 - the amount of knowledge staff have about them.
- **The person feels respected and valued by the provider staff.**

Figure 24. Satisfaction Scores by Certification Type and FY



Semi-Annual PCRs

In FY 2023, nine Semi-Annual certification reviews were completed across five service types. All but one service (In-Home supports) passed their Semi-Annual review. Table 18 lists the number of times each service received a Semi-Annual PCR in FY 2023, as well as the number that passed.

Table 18. FY23 Number of Semi-Annual PCRs Completed and Number Passed		
Service	# Semi Annual PCRs	# Passed
Respite Hourly	1	1
In-Home Supports	3	2
Individualized Day Supports	1	1
Host Home	1	1
Companion One-to-One	3	3
Total	9	8

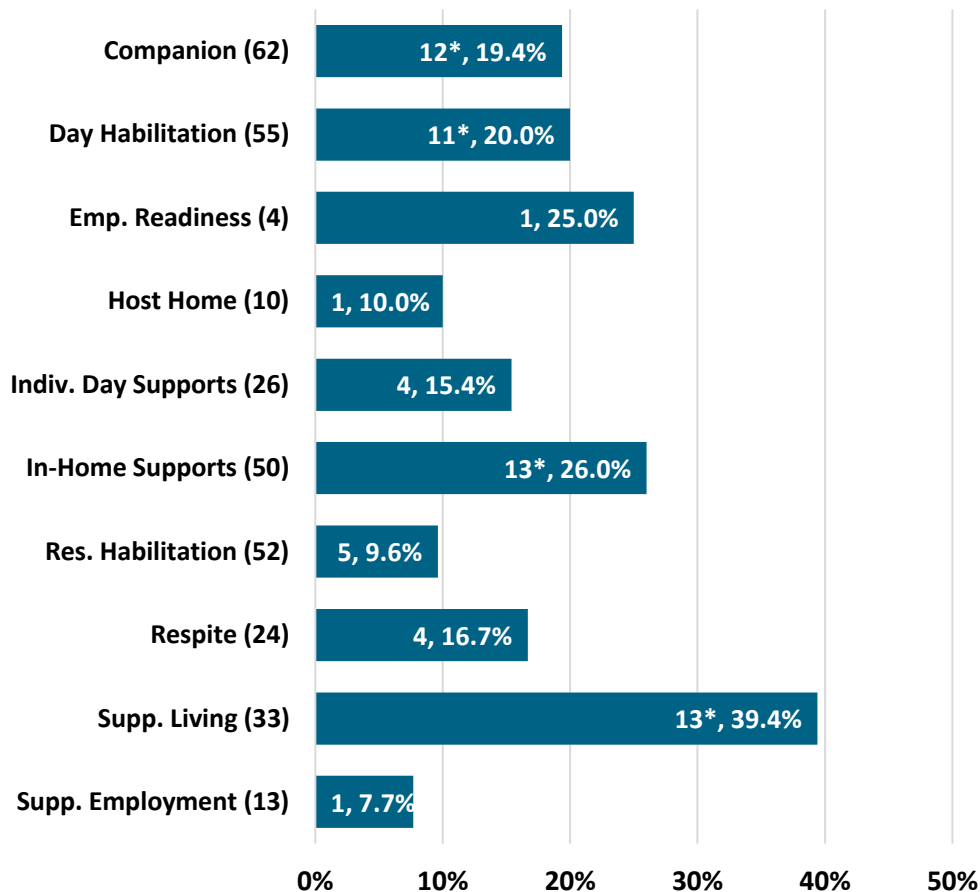
Follow-up PCRs

All services that do not pass their original certification review or who receive an alert receive a Follow-up PCR within 30 days of their review. Follow-up PCRs allow Quality Surveyors (Qs) an opportunity to reassess QA indicators which were not met during the original PCR. In FY 2023, a total of 65 Follow-up PCRs were completed - including seven second Follow-up PCRs. Approximately 88 percent (n = 58) of services reviewed through a Follow-up PCR met requirements to become certified. Services requiring a second Follow-Up PCR included: Companion (1), Day Habilitation (3), In-Home Supports (1) and Supported Living (2). All services passed their certification upon their second Follow-up.

Figure 25 shows the number and percent of certifications requiring Follow-up PCRs by service category. Asterisks indicate that one or more second Follow-up PCRs were included in the count. Supported Living and In-Home Supports were more likely than other services to require a Follow-up PCR - 26 and 39 percent of reviews, respectively. Host Home, Supported Employment, and Residential Habilitation services were least likely to require a Follow-Up PCR.

**Figure 25. Percent of PCRs requiring one or more Follow-ups
by Service: FY 2023**

*Includes 1 or more 2nd Follow-Up PCRs



Original versus Follow-up PCRs

Person Centered Outcomes

In FY 2023, surveyors reassessed a total of 531 deficiencies across 74 distinct QA indicators during Follow-up PCRs. To allow a direct comparison, deficiencies reassessed through the Follow-up PCR are for the same person and service as was reviewed through the original PCR. In FY 2023, 87.6 percent of deficiencies identified through the original PCRs were met at Follow-up (479 out of 547).

Figure 26 shows the percent of PCO deficiencies met at Follow-up by domain. Over 95 percent of deficiencies reassessed within the Rights and Dignity domain and 91 percent of deficiencies reassessed within the Safety and Security domain were met at the time of the Follow-up PCR. The Health and Service Planning and Delivery domains had the lowest proportion of deficiencies met at the time of the Follow-up PCR – 87.1 and 83.0 percent, respectively.

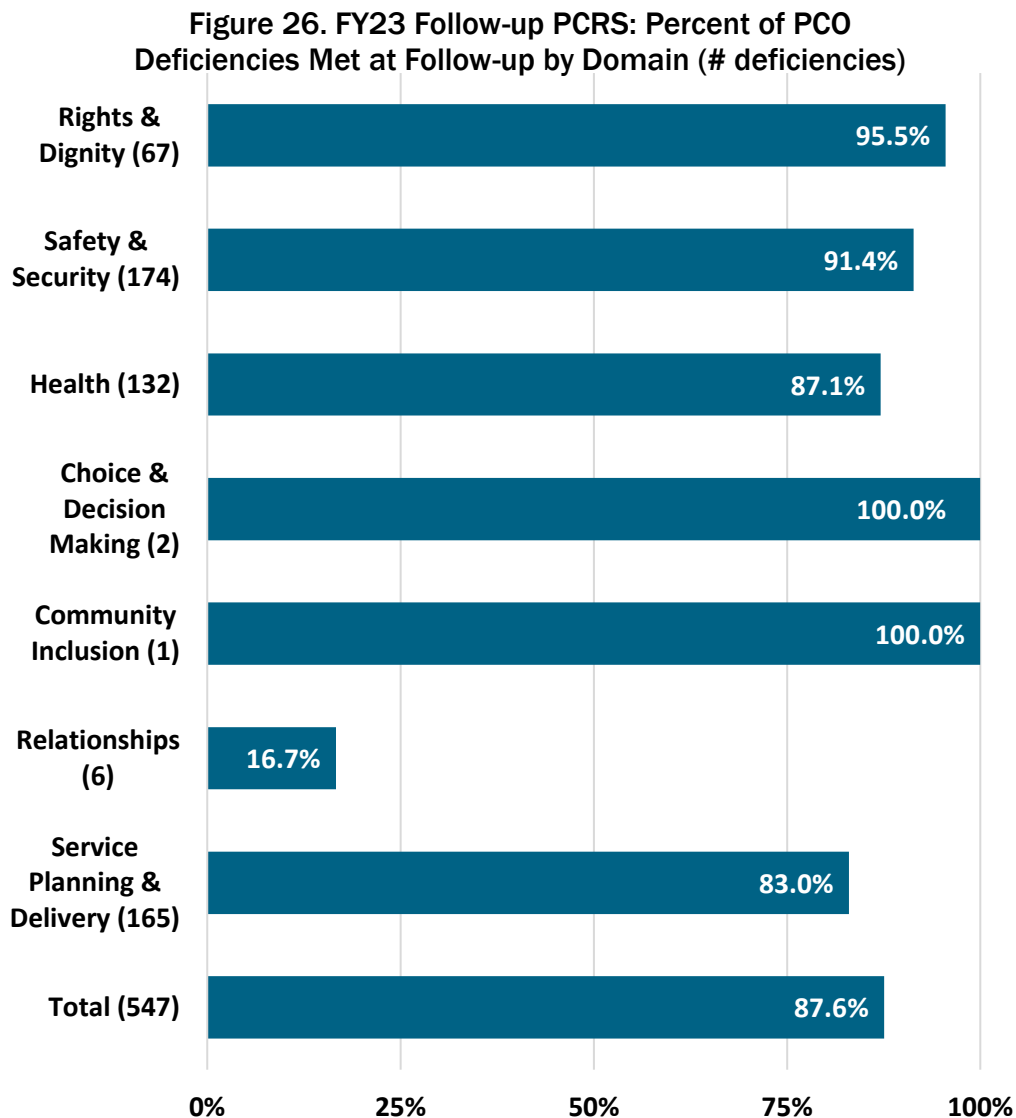
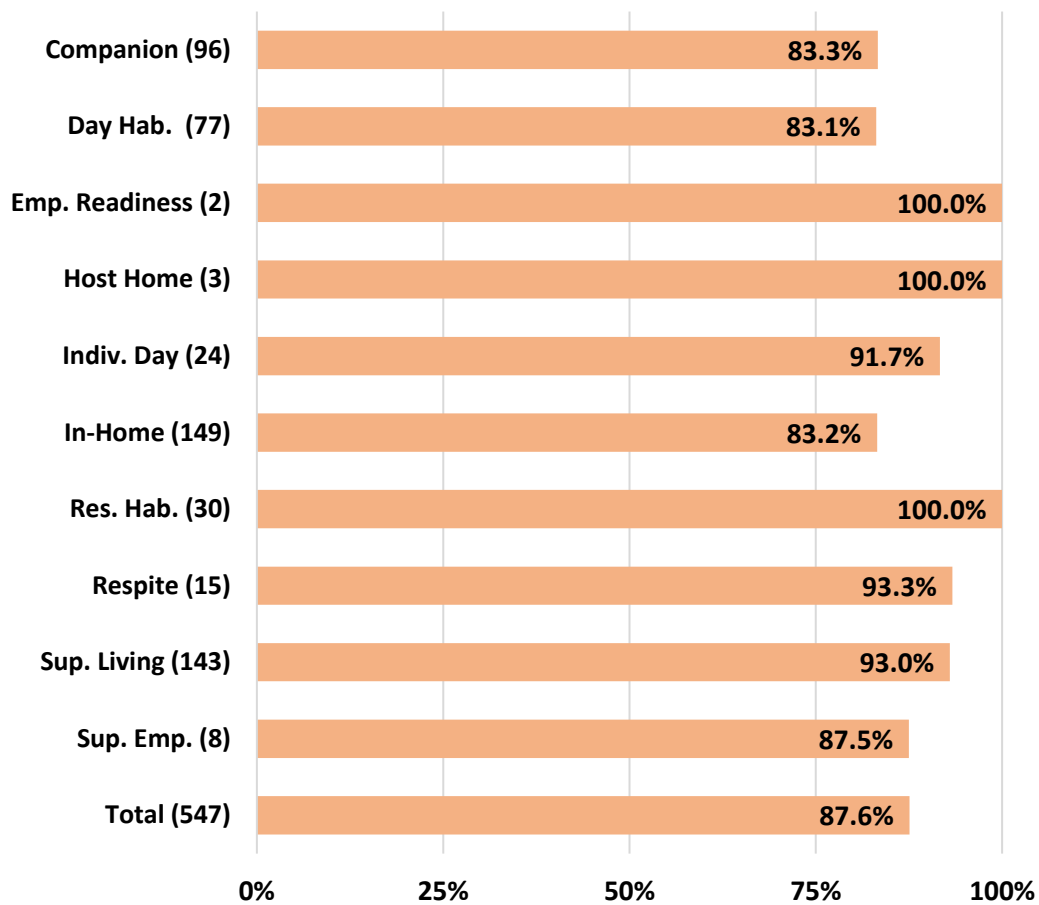


Figure 27 shows the percent of PCO deficiencies met at Follow-up by service category. Residential Habilitation, Host Home, and Employment Readiness services met 100 percent of their deficiencies at Follow-up. Fewer than 85 percent of deficiencies were met at Follow-up for In-Home Supports, Companion, and Day Habilitation services.

Figure 27. FY23 Follow-up PCRs: Percent of PCO Deficiencies Met at Follow-up by Service (# deficiencies)



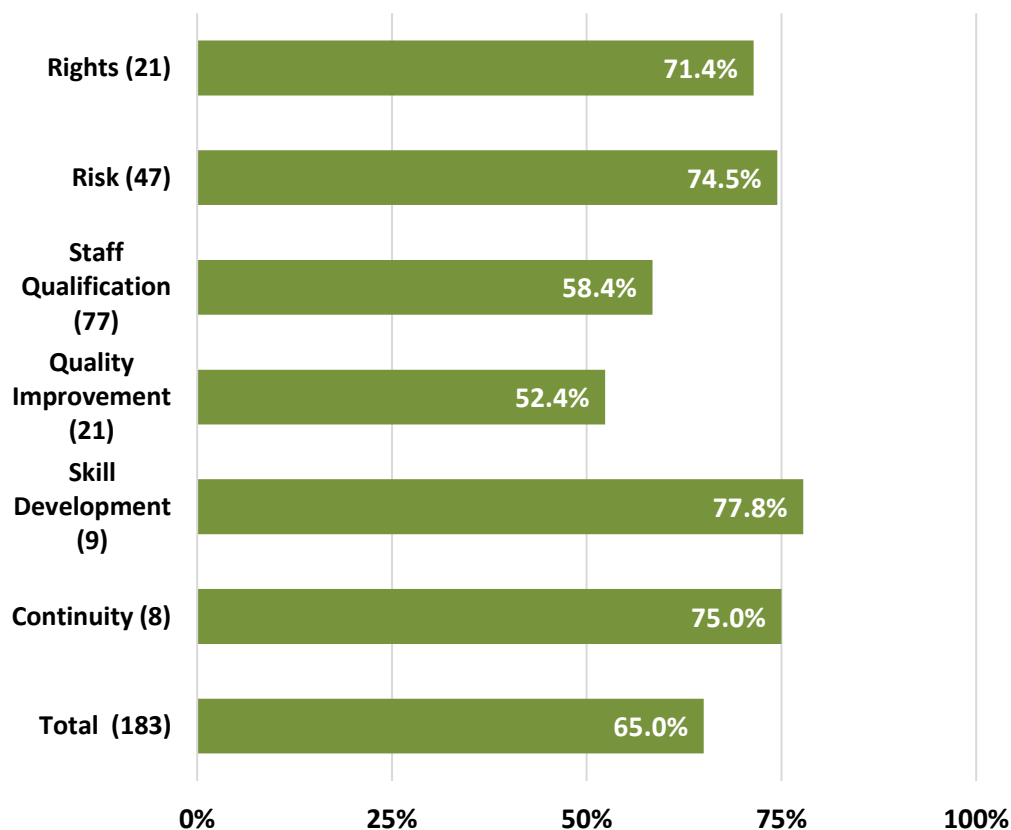
Of the 74 PCO indicators reassessed through a Follow-up PCR, 28 (37.8%) had one or more outstanding deficiencies remaining after Follow-up. A total of nine outstanding deficiencies were critical indicators. These indicators are listed in Table 19. Of the nine critical indicators, three were in the Safety and Security domain and another three were in the Health domain.

Table 19. FY23: Critical PCO Deficiencies Remaining After the Follow-Up PCR			
Domain	Indicator	# Records Reassessed	# Deficiencies Post Follow-up
Rights and Dignity	Critical: If there is a BSP, is it monitored for progress or need for revision?	2	1
Safety and Security	Critical: Are the Direct Support staff and their supervisors able to demonstrate competency in person specific training through conversation and actions?	13	1
	Critical: Do the staff promote and implement practices that ensures the safety of the person?	12	2
	Critical: Is there written evidence that each direct support staff that works with the person has received person specific training on all current documents, information and required supports relevant to the service being provided?	55	3
Health	Critical: If the person has restricted mobility needs through the use of a wheelchair or other medical equipment, is there a clear and consistent plan for its use regarding positioning, and physical transfers, when equipment should be worn, etc.?	11	2
	Critical: If the person takes medications during the time services are being provided by this provider, are the medications safely administered to or by the person?	12	2
	Critical: Is there evidence the Health Promotion Activity Plan (HPAP) is being implemented?	4	1
Service Planning and Delivery	Critical: Is progress being documented on the goals/objectives that are outlined in the ISP, as well as any goals/objectives being implemented by the provider?	17	6

Organizational Outcomes

A total of 183 Organizational Outcome deficiencies across 50 indicators were reassessed through a Follow-up PCR in FY 2023. Figure 28 shows the number of deficiencies reassessed and percent of deficiencies met at Follow-up by System Area. On average, 65 percent of Organizational Outcome deficiencies were scored met during the Follow-up PCR. By System Area, deficiencies were most likely to be met in the areas of Skill Development, Continuity, and Risk. Deficiencies within the areas of Quality Improvement and Staff Qualification were least likely to be met at follow, 52.4 and 58.4 percent, respectively.

Figure 28: FY23 Follow-up PCRs: Percent fo Organizational Outcome Deficiencies Met at Follow-up by System Area (# deficiencies)



Of the 50 Organizational Outcome indicators reassessed through a Follow-up PCR, 26 (52.0%) had one or more outstanding deficiencies remaining after follow-up. A total of six outstanding deficiencies were critical indicators. These indicators are listed in Table 20. Of the six critical indicators, two were in the area of Risk domain and another two were in Staff Qualification.

Table 20. FY23: Critical Organizational Outcome Deficiencies Remaining After the Follow-Up PCR			
Domain	Indicator	# Records Reassessed	# Deficiencies Post Follow-up
Rights	Critical: Does the provider have a Human Rights Committee that functions in accordance with DDS policy?	2	1
Risk	Critical: Does the provider ensure a TMEs ability to properly administer, document and store medications is evaluated by a registered nurse per current DDS standards?	4	1
	Critical: Does the provider have a system in place to ensure it has current and accurate health care information that impacts the services the provider offers to individuals?	7	4
Staff Qualification	Critical: Does the provider ensure that individuals served are protected from employees with prohibitive criminal backgrounds?	9	2
	Critical: Is there evidence present that all staff have met the requirements of Phase II Direct Support Staff training?	13	3
Quality Improvement	Critical: Does the provider implement a Quality Assurance plan that effectively evaluates the quality of services delivered and initiates change when warranted?	2	1

Alerts

In collaboration with DDS, Qlarant has identified critical health, safety and rights indicators that if scored “no” could indicate the person was at risk or there was a high probability of risking the person’s wellbeing. These indicators are identified as an “alert” and if identified during a PCR the provider’s rating automatically drops to ‘Needs Improvement.’ Alerts were initiated in July 2023 due to the fact that provider’s where these circumstances were occurring were continuing to receive ratings of ‘Excellent’ or ‘Satisfactory’ simply because they were able to meet enough of the indicators to receive a high score. With the number of indicators scored, an alert indicator did not impact scores enough to cause significant changes to overall percentages. The new methodology requires all providers who have an alert to receive a Follow-up PCR to ensure the issues leading to the alert have been resolved.

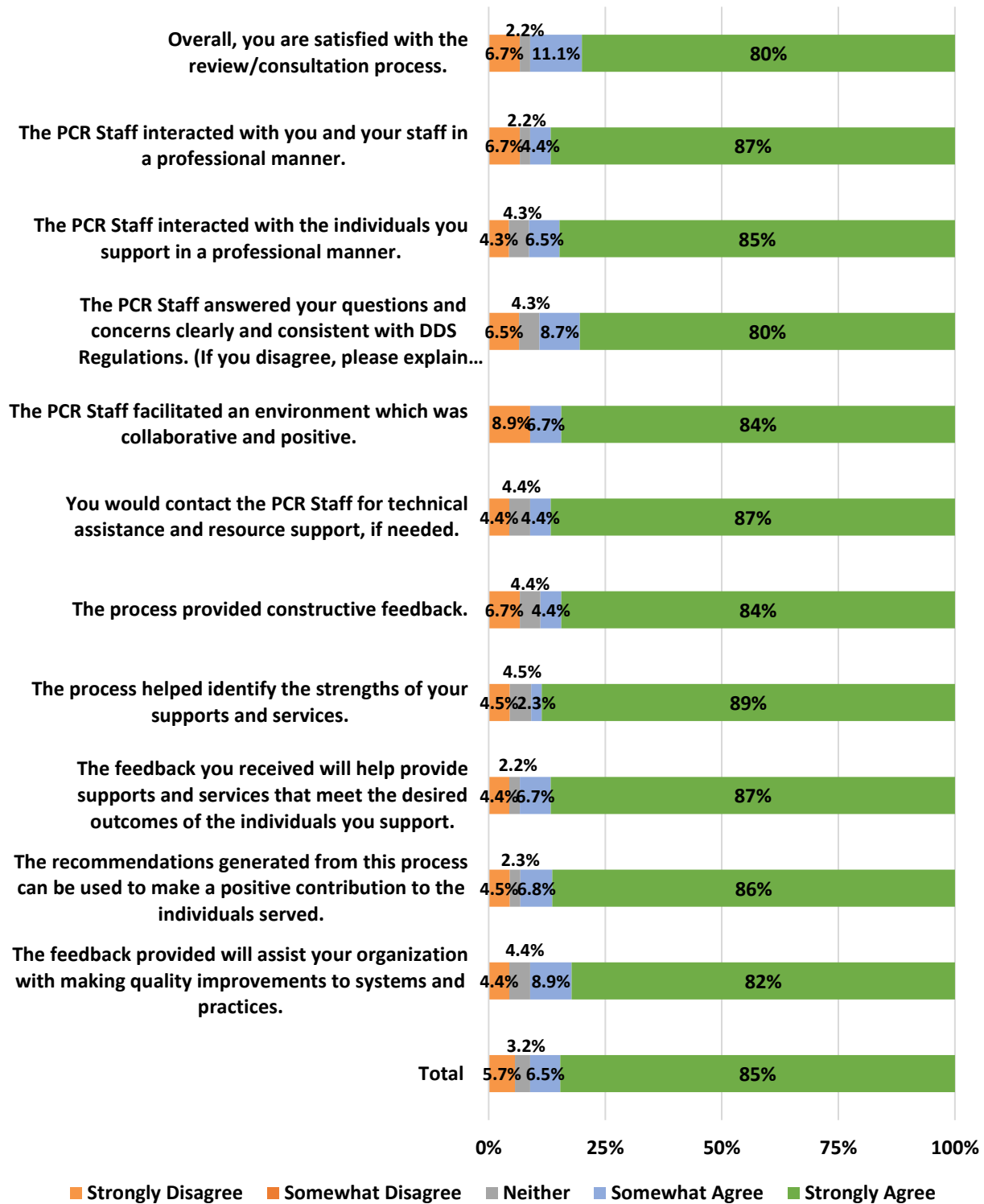
In FY 2023, a total of 42 alerts were reported. Table 21 shows the number of times each alert was reported and which alert type it belongs to. The most common alert, accounting for 50 percent of all alerts, had to do with direct support staff not receiving person specific training on all current documents, information and required supports relevant to the service being provided. The second most common alert had to do with medications being safely administered to people when services are being rendered by the provider (n = 9).

Table 21. FY 2023 Alerts by Type			
Alert Type	Indicator	N	%
Staff Training	Is there written evidence that each direct support staff that works with the person has received person specific training on all current documents, information and required supports relevant to the service being provided?	21	50.0%
	Has training occurred on the Health Promotion Activity Plan (HPAP)?	1	2.4%
	If the person has health concerns that may impact the service, are staff aware of those concerns and able to explain the process for reporting?	1	2.4%
	If the person takes medications during the time services are being provided by this provider and if medication is administered to the person, is it done by a person trained in medication administration?	1	2.4%
Health Care Management Plan	Are protocols listed on the HCMP being implemented by all staff?	3	7.1%
ISP and Services	Are services being provided in accordance with the waiver prior authorization agreement and in accordance with the ISP?	1	2.4%
Service/ Supports Health Plan	If the person has restricted mobility needs through the use of a wheelchair or other medical equipment, is there a clear and consistent plan for its use regarding positioning, and physical transfers, when equipment should be worn, etc.?	5	11.9%
Medication	If the person takes medications during the time services are being provided by this provider, are the medications safely administered to or by the person? (Medication)	9	21.4%
Totals		42	100.0%

PCR Process Reaction

At the completion of the PCR, providers are asked to complete a satisfaction survey regarding their experiences during the review process with Qlarant. In the survey, providers are asked to indicate whether they ‘Strongly Disagree’, ‘Somewhat Disagree’, ‘Somewhat Agree’, ‘Strongly Agree’, or ‘Neither’ agree or disagree to 11 aspects of their review. Feedback from FY 2023 is presented in Figure 29. About 91 percent of providers surveyed indicated they were satisfied with the review/consultation process. Providers were most likely to agree that feedback provided during the review process will help provide supports and services that meet the desired outcomes of the individuals you support (93.3% agree) and least likely to agree that the process provided constructive feedback. (88.9% Agree).

Figure 29. FY23 Provider Satisfaction Survey Results (N = 46)



A selection of comments from provider's who participated in the feedback survey are listed below:

- "[The QS] was professional and respectful with the entire provider staff and the people we support. The entire provider staff felt comfortable in her knowledge and was willing to positively engage with her. [The QS] delivered a professional demeanor and was able to facilitate intelligent discussion between Qlarant and [agency name]".
- "The process was a comprehensive learning tool. The PCR team comprehensively examined all organizational documentation and Person-Centered Outcomes, including HCBS settings services, and determined which requirements were being met."
- "The PCR Team was very knowledgeable and offered future technical assistance if needed. I enjoyed collaborating with [the QS] regarding ideas for community engagement with a person we support. Her creative suggestion will be shared with the person served and the team.
- "My services will improve tremendously with the recommendations."
- "They were very helpful throughout this process and did a great job of setting expectations for each day. I appreciated the open-line communication and the opportunities to discuss their observations."
- "Professionalism was exuded throughout the process. Any questions were answered with swiftness. "
- "[The QS] and the PCR team were polite, professional, and organized throughout the review. I especially appreciate all of the open communication prior to and during our review week. It was helpful to stay informed. "
- "The PCR team was very professional through all stages of the process starting from the Pre-PCR review meeting to the closure of the PCR."
- "We're very grateful for their care and concern for our participants. [The QS], in particular was very kind and gentle with our participants. They were all smiling and happy after their interviews!"

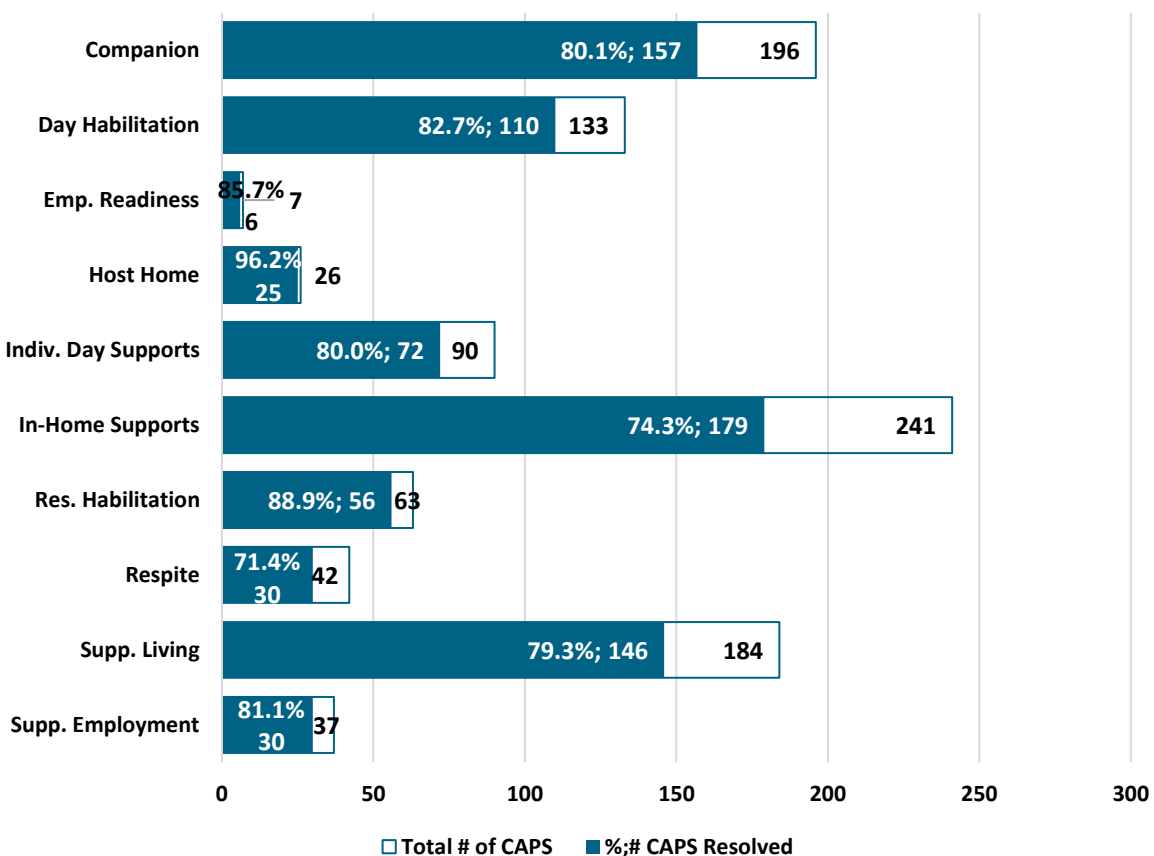
Section II: Corrective Action Plans

In FY 2023, 1,590 indicators were reviewed through a Corrective Action Plan (CAP) - 1,014 PCO and 571 Organizational Outcome indicators. Of these a total of 1,265 (79.6%) were approved by Qlarant.

Person Centered Outcome CAPs

Of the 1,519 PCO indicators addressed through a CAP, 1,014 were for PCO indicators. Figure 30 shows the number of PCO indicators submitted for a CAP and the number and percent approved by service. Overall, 79.6 percent of PCO CAPs were approved. By service, the percent of CAPs approved ranged from a low of 71.4 percent for Respite services to a high of 89.9 percent for Residential Habilitation services.

Figure 30. Number of CAPS Submitted and Resolved by Service Type: FY23



Indicators listed in Table 22 comprised 36.6 percent of the 1,014 PCO indicators submitted for a CAP in FY 2023. The most common PCO CAP had to do with service providers having quarterly reports (n = 111) written/distributed according to DDS policy and progress notes (n = 98) written per DDS

policy. Approximately 88 percent of CAPS submitted for these indicators were approved. Indicators listed in Table 22 were also the least likely to be approved across the CAPs submitted in FY23. The indicator ensuring people conducting Phase II training had first-hand knowledge of the person and the subject matter was the least likely to be approved (66.7% approved).

Table 22. PCO Indicators Requiring the Most CAPs: FY 2022			
Indicator	# Approved	# Declined	% Approved
Were quarterly reports written and distributed per DDS policy?	98	13	88.3%
Are progress notes written in accordance with DDS policy?	78	10	88.6%
Is there written evidence that each direct support staff that works with the person has received person specific training on all current documents, information and required supports relevant to the service being provided?	44	21	67.7%
Do the people conducting Phase II training have first-hand knowledge of the person and the subject matter?	40	20	66.7%
Does the person know what to do and where to go in the event of an emergency and is it consistent with the written individualized emergency plan and in accordance with current DDS standards?	41	8	83.7%

Organizational Outcomes CAPS

On average, 79.5 percent of 571 Organizational Outcome CAPs were approved. Indicators listed in Table 23 comprised about 40 percent of Organizational Outcome CAPs submitted in FY 2023. Nearly 14 percent of Organizational Outcome CAPs were in regards to providers' ensuring staff meet the requirements of the role they fill within the organization. Approximately 75 percent of these CAPs were approved. Similar to PCO CAPs, the indicator ensuring people conducting Phase II training had first-hand knowledge of the person and the subject matter was the least likely to be approved (68.8% approved).

Table 23. Organizational Outcome Indicators Requiring the Most CAPs: FY 2023			
Indicator	# Approved	# Declined	% Approved
Does the provider ensure that staff meet the requirements of the role they fill within the organization?	59	20	74.7%
Does the provider ensure that the health of staff does not place individuals served at risk from a communicable disease?	31	8	79.5%

Table 23. Organizational Outcome Indicators Requiring the Most CAPs: FY 2023			
Indicator	# Approved	# Declined	% Approved
Does the provider have a system in place to ensure it meets the standards related to staff training?	29	8	78.4%
Does the provider ensure that individuals served are protected from employees with prohibitive criminal backgrounds?	24	9	72.7%
Is there evidence present that all staff have met the requirements of Phase II Direct Support Staff training?	22	10	68.8%
Does the provider have and implement a system to ensure that staff are informed of their job duties and expectations that is in accordance with DDS guidelines?	25	5	83.3%

Section III: Discussion

Summary

PCR findings from FY 2023 are generally positive with the majority of services reviewed meeting certification requirements. Several services, including Employment Readiness, Host Homes, Individualized Day Supports, Residential Habilitation, Supported Employment, and Supported Living services received all ‘Excellent’ or ‘Satisfactory’ ratings and no services failed their certification. Average PCO scores were over 90 percent for all PCR types and interviews with individuals suggested high levels of satisfaction with services, providers, progress towards goals, and desired presence in the community.

Person Centered Outcome scores varied by domain and service for Initial and Annual PCRs. On average, scores were lowest in the Safety and Security, Health, and Service Planning and Delivery Domains and highest in the Community Inclusion and Rights and Dignity domains. By Service, scores were lowest for Day Habilitation Small Group and In-Home Supports among providers who received an Annual PCR.

The average Organizational Outcome score was about three points lower for providers reviewed through the Initial and Annual PCRs in FY 2023 than those reviewed in FY 2022. Scores by System Area show providers reviewed through the Annual PCR scored 11 points lower on Staff Qualification indicators in FY 2023 than those reviewed in FY 2022. Providers reviewed through the Initial PCR scored eight points lower on Skill Development than those reviewed in FY 2022.

Follow-up PCRs completed in FY 2023 were successful with 88 percent of providers meeting certification requirements upon their first Follow-up, and the remaining meeting certification

requirements through a second Follow-up PCR. Approximately 88 percent of PCO deficiencies and 65 percent of Organizational Outcome deficiencies were met when reassessed at Follow-up. PCO deficiencies within the Health (87.1%) and Service Planning and Delivery (83.0%) domains and Organizational Outcome deficiencies within the areas of Quality Improvement (52.4%) and Staff Qualification (58.4%) were least likely to be met at Follow-up.

Finally, in FY 2023, 1,590 indicators were reviewed through a CAP - 1,014 PCO and 571 Organizational Outcome indicators. Of these, a total of 1,265 (79.6%) were approved by Qlarant. By service, the percent of CAPs approved ranged from a low of 71.4 percent for Respite services to a high of 89.9 percent for Residential Habilitation services. The most commonly submitted PCO CAPs had to do with service providers having quarterly reports and progress notes written and distributed per DDS standards. Nearly 14 percent of Organizational Outcome CAPs were in regards to providers' ensuring staff met the requirements of the role they fill within the organization.

Recommendations

Safety and Security

Safety and Security was the lowest scoring domain for Initial (89.3%) and Annual (94.6%) PCRs in FY 2023. The lowest scoring Safety and Security indicator for Initial (54.5%) and Annual (80.1%) PCRs had to do with the person knowing what to do and where to go in the event of an emergency and it being consistent with the written individualized emergency plan and in accordance with current DDS standards. This standard was most commonly missed by providers because there was no evidence of a written personal emergency preparedness plan (PEPP) or evidence of it being reviewed quarterly with the person.

Further, the critical indicator having to do with providers having written evidence that each direct support staff that works with the person has received person specific training on all current documents, information and required supports for the people they serve was missing for about 23 percent of providers reviewed through the Initial PCR in FY 2023. This indicator is similar to an indicator in the Organizational Outcome section regarding whether there is evidence of a system in place to ensure the provider meets the standards related to staff training, which for the Annual PCR was almost 15 percentage points lower (72.7% Met) than FY 2022 (87.67% Met). (See recommendations in this section.)

Recommendation 1: DDS may want to consider developing a training for providers on the

regulations regarding the PEPP, how to properly develop the PEPP and how often they need to document reviewing it with the people they serve.

Service Planning and Delivery

About 14 percent of services reviewed through the Initial PCR in FY22 and 16 percent of services reviewed in FY 2023 did not meet the critical indicator regarding properly documenting people's goals and objectives outlined in their ISP or being implemented by the provider. Analysis provided in this report show providers who missed this QA indicator were implementing the person's goals but were not doing so according to the frequency outlined in the goals or did not document any progress to help determine progress on the goals/objectives.

The lowest scoring Service Planning and Delivery indicators among Annual PCRs completed in FY 2023 had to do with quarterly reports (65.3%) and progress notes (77.0%) being written and distributed per DDS policy. It was often the case that providers were not uploading Quarterly reports to MCIS within seven business days from the end of the reporting period.

Recommendation 2: It is recommended that Qlarant continue to provide technical assistance and support to providers during their Initial PCR and specifically ensuring this requirement is understood by the provider. If needed, the Quality Surveyor can share ideas that ensure this information is captured on the provider's ISP goal/progress tracking forms and discuss how staff are trained on this process to ensure they understand this requirement.

Recommendation 3: It is recommended that DDS ensure that initial training and information provided to new providers specifically cover how to document progress on goals and tracking goals according the frequency identified in the ISP and plan of care.

Recommendation 4: It is recommended that DDS consider developing additional notifications from MCIS as an automated system that notifies providers via email multiple times within the 7 days after the reportable period ends to upload quarterly reports.

Health

Health was the lowest scoring PCO domain in FY2022 and while it has increased some in FY 2023, it is still among the lower scoring domains. The lowest scoring Health indicators in FY 2022 and FY2023 suggest providers may struggle with ensuring training has occurred on the Health Care Management Plans (HCMPs) and Health Promotion Activity Plans (HPAPs).

Recommendation 5: It is recommended the DDS Health and Wellness team provide a training session targeting provider agency nurses on the development, implementation and training requirements of the HCMP and HPAP.

In-Home Supports

In-Home support services was one of the lowest scoring services reviewed in FY 2022 (93.9%) and FY 2023 (94.5%). It also had fewer deficiencies met at during the Follow-up PCR (83.2%) as compared to other services. The lowest scoring critical indicator for In-Home supports suggests providers are not always reporting Serious Reportable (SRI) or Reportable Incidents (RI) within the required timeframe.

Recommendation 6: It is recommended DDS send a reminder, targeting In-Home Support providers, regarding the required timelines for reporting SRI and RIs.

Organizational Outcomes: Staff Qualification

The average Organizational Outcome score was about three points lower for providers reviewed through the Annual PCR in FY 2023 than those reviewed in FY 2022. Scores by System Area show providers reviewed through the Annual PCR scored 11 points lower, on average, on the Staff Qualification area in FY 2023 than those reviewed in FY 2022.

Among Annual PCRs, two critical Staff Qualification indicators scored below 85 percent. These indicators had to do with providers ensuring that individuals served are protected from employees with prohibitive criminal backgrounds (76.1% Met) and providers presenting evidence that all staff have met the requirements of Phase II Direct Support Staff training. (79.8% Met). These two indicators were also less likely than other Organizational Outcome indicators to be resolved through a CAP with 72.6 and 68.8 percent of CAPS approved, respectively.

Recommendation 7: Nearly half of the time (10/21) providers did not meet requirements regarding criminal background checks was due to documentation not reflecting that background check were completed for the staff using the DOH website. DDS may want to consider reminding providers of the importance of documenting this information.

Recommendation 8: More often than not, Phase II training requirements were not met due to documentation not including evidence of one or more specific trainings (i.e., adaptive equipment training). It is recommended that Qlarant and DDS work together to develop a template that providers

can use to track and document this type of training.

Recommendation 9: Qlarant will develop a quarterly dashboard with results from this indicator and provide it to DDS. This dashboard could also be shared with the provider network to inform and provide additional awareness to providers on this requirement.

Improvements to the PCR Tools and Processes

Standardized Not Met Reasons

Qlarant added standardized Not Met reasons to each of the review tools. Standardized Not Met Reasons provide Quality Surveyors guidance within the tool on specific reasons for which an indicator can be not met. It also allows Qlarant to easily list the most common reasons indicators are not met, in turn, making it easier for providers to address areas in which they can improve their processes. It also provides DDS with more detailed data used to identify areas needing improvement.

Increasing Weights for Critical Indicators

As of November 07, 2022, with approval from DDS, Qlarant changed the weight assigned to several critical indicators from five to 15 points. This increase in critical indicators' weights will cause them to have a greater impact on service's overall score, perhaps further incentivizing providers to ensure they are met.

Alerts

It was observed that despite critical issues and serious risks identified during a PCR, some provider's services scored at 'Excellent' or 'Satisfactory', and therefore, did not receive additional follow up to ensure the risk was resolved. Accordingly, in collaboration with DDS, as of November 7, 2022, select critical indicators scored "Not Met" may trigger an Alert, which automatically results in a score of "Needs Improvement" therefore, requiring a Follow-up PCR. Alerts are related to health and wellbeing, safety and rights. Follow-up PCRs resulting from one or more Alert occurs within 30 days of the PCR review.

Conclusion

Between December 1, 2022 and November 30, 2023, Qlarant completed a total of 329 service certifications, including 12 Initial, 242 Annual, 66 HCBS, and nine Semi-Annual PCRs. Furthermore, an additional 65 Follow-up PCRs were completed and 1,590 Corrective Action Plans (CAPs) were

addressed. PCR findings from FY 2023 are generally positive with nearly 85 percent (N = 279) of services meeting certification requirements through their original PCR with the remaining services meeting certification requirements through a Follow-up PCR.

Utilizing findings from PCRs conducted in FY 2023, Qlarant has identified several areas in which service providers may need additional guidance from DDA and DDS. Recommendations have been provided to help guide training initiatives or other necessary actions to effectively remediate the issues identified. These recommendations largely focus on improving performance within the areas of Safety and Security, Health, Service Planning and Delivery, and Staff Qualifications.