

OVERVIEW

The purpose of this procedure is to define the general process for Provider Certification Reviews (PCR) as a part of the contract with the District of Columbia's Department on Disability Services (DDS) contract with Qlarant.

COVID-19 Response

Three business day prior to the PCR, the surveyor will contact the provider and review a Health and Safety Checklist. If there is any indication there may be a risk of exposure at a particular site, it may be determined that some or all of the review activities would be conducted remotely.

The focus of the PCR is to monitor and evaluate quality across the entire range of services provided by DDS' network of providers.

DDS has delegated Intellectual/Developmental Disabilities (IDD) quality reviews to Qlarant. These reviews are focused on person-centered practices and provider performance. The purpose of these reviews is to determine adherence to DDS policies and procedures, and HCBS I/DD and Individual and Family Support (IFS) waiver regulations to assess the quality of the service delivery system through various sources including:

- Interviews with people receiving services
- Interviews with provider staff
- Record reviews, and
- Observations of services provided, when appropriate

The overall goal of the review process is to identify practices that are person-centered, show respect for rights of the person receiving services, ensure the health, safety and wellbeing of the person served and provide evidence the person is included in decision making and provided choice.

Safety of the Person: If at any point during any of the quality review processes, abuse, neglect, and/or exploitation is suspected, Qlarant staff will follow the necessary reporting procedures outlined by DDS' policies. As part of the initiative to analyze the quality of services to people served by the provider network, critical/adverse incidents may be part of the quality review process. Providers may be asked to present policies and procedures related to reporting critical/adverse incidents.

Feedback from Participants: Qlarant encourages providers and people who participate in the PCR to give feedback through a satisfaction survey measuring opinions regarding Qlarant's performance in conducting the PCR process. Providers will be sent a link to a survey upon completion of PCR. People who receive services will be given a paper copy of the survey or a link to complete the survey online. Comments will be reviewed on a regular basis. Trends or patterns of feedback will be presented to management and DDS (if necessary) for action. Information regarding specific quality surveyors conducting the PCR will serve as a component of their annual review.

REVIEW TOOLS

The tools utilized for the PCR process cover key services provided to people with IDD and affiliated with the PCR. Below lists the corresponding services and the tool(s) used to review the service. Each service the provider renders will be subject to review. The location of the tools are on DDS' website at <https://dds.dc.gov/node/911312>.

Service	Tool(s) as titled on DDS website	Web Address for Tool
Day Habilitation	DDA Provider Certification Review Day Habilitation 1:1	https://dds.dc.gov/node/734512
	60 Day - Day Services	https://dds.dc.gov/node/734512
	DH and Small Group DH	https://dds.dc.gov/node/734542
	PCR HCBS Day Services Assessment Validation	https://dds.dc.gov/node/1139927
Residential Habilitation	Residential Habilitation	https://dds.dc.gov/node/734672
	60 Day Residential Services	https://dds.dc.gov/node/734672
	PCR HCBS Residential Services Assessment Validation	https://dds.dc.gov/node/1139936
Employment Readiness	Employment Readiness	https://dds.dc.gov/node/806962
Host Home	Host Home without Transportation	https://dds.dc.gov/node/734562
	Host Home with Transportation	
Individualized Day Supports	Individualized Day Supports (IDS)	https://dds.dc.gov/node/988022
In Home Support	In Home Support	https://dds.dc.gov/node/734582
Respite	Respite Hourly	https://dds.dc.gov/node/734692
	Respite Daily	https://dds.dc.gov/node/734682
Supported Employment	Supported Employment Intake and Assessment (SE I & A)	https://dds.dc.gov/node/734752

	Supported Employment Job Placement (SE JP)	https://dds.dc.gov/node/734742
	Supported Employment Job Training Support	https://dds.dc.gov/node/734722
	Supported Employment Long Term Follow Along (SE LTFA)	https://dds.dc.gov/node/734712
Supported Living	Supported Living with Transportation Supported Living without Transportation Supported Living Periodic with Transportation Supported Living without Transportation	https://dds.dc.gov/node/734772
Companion Services	Companion Services – 1:1 Companion Services – 1:2 Companion Services – 1:3	https://dds.dc.gov/node/777802

Each provider will also participate in a review of their organizational practices using the following tools:

- PCR Organizational Outcomes (<https://dds.dc.gov/node/777792>)
- 60 Day Organizational Provider Version (<https://dds.dc.gov/node/777792>)
- PCR HCBS Org Assessment Validation (<https://dds.dc.gov/node/1139932>)

For each person randomly selected to participate in the review, if he/she accepts, will be interviewed using the tool titled Satisfaction Domain (<https://dds.dc.gov/node/1170530>).

PROVIDER CERTIFICATION REVIEW PROCESS

The PCR uses a consultative approach to assist the provider organization in increasing the effectiveness of the service delivery systems and to meet individuals’ communicated choices and preferences that matter most. Working collaboratively with providers, quality surveyors (surveyors) identify the provider organization’s strengths and opportunities for improvement in rendering person-driven and outcome-based supports and services. The PCR includes the following activities: Pre-review, Onsite Review, and Post-review processes.

Provider Certification Review (PCR) – Initial, Annual, and Semi-Annual PCRs

The PCR includes a review of agencies serving people with Intellectual and Developmental Disabilities and who receive the HCBS I/DD or IFS waiver. There will be up to 335 reviews completed annually. The PCR will include the following waiver services:

- **HCBS IDD and IFS Waivers** - Day Habilitation, Individualized Day Supports, Employment Readiness, Supported Employment
- **HCBS IDD Waiver Only** - Residential Habilitation, Supported Living, Host Home, In-Home Support and Respite Services

Qlarant's PCR activities will be conducted on-site. Each PCR will include an interview with people receiving services, observation (residential and day programs only), service specific record reviews, staff record reviews, and administrative record review.

Pre-Onsite Activities

- Each provider will receive an email notification at least 30 calendar days (or 4 weeks) prior to the on-site or remote PCR. The following guidelines will be followed:
 - **Response to Notification:** Providers who do not respond to their initial review notification within two business days of receipt will receive a follow-up phone call. If no provider response is received within five business days of the original review notification, DDS will be notified. Reviews will only be rescheduled based upon request by DDS or if there is a conflicting review occurring during the same time (e.g., a provider may have an accreditation survey scheduled the same week).
 - Providers with key staff who may be unavailable during the scheduled review will need to have a substitute participate in their absence. The absence of key staff will not result in rescheduling of a review.
 - **Emergency Situations:** Providers who respond to a PCR notification but later experience an emergency will have one business day to notify the lead surveyor of the emergency. Emergency situations will be handled on a case-by-case basis.
 - **Failure to be available for the PCR:** Quality surveyors will wait one hour on the scheduled first day of the review for a provider who may be late. The lead surveyor will call contact numbers for the provider to determine when the provider may be arriving before deciding to leave the location and canceling the PCR. Failure to be available for a scheduled review will result in a "Failed" score for the PCR and DDS will be notified.
 - In the case the provider is currently not rendering services to people in any service, has not submitted a resignation letter to DDS, and plans on continuing to provide services in the future, the review will continue as planned and the sample for the review will be based on past services rendered.
 - When a provider is authorized to render a service, but is not actively rendering the service as the time of the PCR, but plans on continuing to provide the service in the future, it will be noted that the service was not reviewed in that PCR year.
- After the initial notification, the lead surveyor will conduct an Orientation Conference with the provider to discuss in more detail PCR on-site or remote review activities and expectations, and answer any questions. At this time, the provider will need to identify a contact person to support the lead surveyor. In collaboration with this designee, the following information will be requested prior (at least 5 business days prior to the start date of the review) to the on-site activities:
 - Provider's site type and addresses

- Staffing information, including (Note: Qlarant will provide a template for providers to use to submit this information):
 - Name
 - Title
 - Date of hire
 - If the staff provides transportation
 - If the staff is a trained medication employee (TME)
 - Service(s) provided
 - List of people the staff serves, the services provided and location of services.
- The lead surveyor will discuss and develop a schedule with the provider for the review activities including the entrance conference, interviews, and exit conference.
- The provider will have an opportunity to submit policies and procedures prior to on-site activities. Qlarant will provide an Administrative Review Documentation Checklist as a guide to use for submitting this information.
- Satisfaction survey results from people receiving services may also be submitted prior to the start of the review.
- Surveyors will gather internal and external information (i.e., MCIS data, critical incidents, serious reportable incidents (SRI), Mortality Review Committee (MRC), Fatality Review Committee (FRC), issues, adaptive equipment, sanctions, enhanced monitoring, interviews and document reviews) about the provider organization.

Sample Selection

People Served Sample Selection

A sample of people receiving services for interviews and record reviews will be generated and a sample key will be developed and shared with the provider after the Entrance Conference via secure email. The sample key consists of the person's name with an assigned number that is used to identify people receiving services without sharing protected information.

The selection process begins after receiving the list of people who receive service(s) and support from the provider. A random sampling process will be used to select the sample from a provider's full caseload of people receiving services. The process is designed not to exclude people who were included in the provider's previous PCR and will provide a sample that is both representative of and proportional to a duplicated count of people receiving residential, work/day supports, and supported employment services.

The selection will ensure that at least 10 percent of the people in each provider's service are selected. A sample number greater than 10 percent will be required for those services that have less than 10 people. The formula applied for these groups will be 10 percent of the total, plus one.

The numbers will be rounded up to create a sample number. For example, when there are twenty-five people in a service, the sample will be three. Once the sample size is determined, a representative sample will be selected, unless extenuating circumstances require modifications.

Once a sample size is determined for each service a provider renders, the appropriate number of people will be randomly selected for each service. An oversample will also be selected. The sample may be increased when, during the course of the review, findings indicate the need for an expanded sample. The following sampling matrix will be used based on the total number of people served for each service:

# of People Receiving Service	Sample Size
1	1
2-24	2
25-34	3
35-44	4
45-54	5
55-64	6
65-74	7
75-84	8
85-94	9
95+	10

People who are not receiving services from the provider at the time of the review (e.g., changed providers, withdrew from services, death) will not be included in the overall sample. In addition, people selected must have been receiving services for at least one month prior to the review to be eligible. If the person selected is not eligible, the first person in the oversample list will be chosen.

If a person receives more than one service from the provider, that person may be randomly selected for multiple services.

Service Specific Record Review Sample

The record maintained by the provider will be reviewed for each person selected for an interview, specific to the service for which the person was selected. Because the sample is representative of the provider, the records reviewed will also be representative of the documentation maintained by the provider and can be used to determine if the provider meets the requirements of Chapter 19, HCBS I/DD waiver and/or Chapter 19, IFS waiver.

Observation Sample (Settings)

On-site observations will be 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 will be driven by the random sample of people selected for an interview and will occur, when possible, during the same visit as the interview. The person being interviewed will determine the location of the interview. In the case that the person selects a location other than the provider operated location, an additional visit will occur to complete the observation.

Staff Sample

Staff records will be selected based on staff who provide direct supports to the people selected for the interview process, and ensure each service the provider renders is represented. Staff will be selected randomly, with up to five direct care staff per provider.

In addition to direct care staff, as applicable, the Qualified Intellectual Disabilities Professional (QIDP), nurse, Program Manager, and Supported Employment Professional/Specialist personnel records will also be reviewed.

Follow-Up Reviews

Sampling for Follow-Up reviews will follow the same procedures as Annual PCRs. People will be selected for interviews or record reviews, as necessary, based on the deficiency noted and specific to the services identified in the deficiency.

Onsite or Desk Review Activities

Entrance Conference

The Entrance Conference is the first activity of the review. This meeting is facilitated by the lead surveyor and includes the following activities:

- Introductions
- Review the process, including the tools used to collect information
- Review the schedule details of the day-to-day activities such as interviews with the person/families, and administrative/leadership staff
- Deliver the individual sample key, and staff sample key using the secure email system, if necessary

Interviews with People Receiving Services

Interviews will be face-to-face and the person being interviewed should determine who is involved in the process and where the interview will take place. Surveyors will ensure each person understands participation in the process is voluntary. This process may also include interviews with family members, legal guardian or authorized representatives and the direct support professionals that work directly with the person receiving services.

- The interview provides an opportunity for people receiving services to express how they feel about the supports and services received from the provider or staff. The intent is to meet face-to-face and provide a confidential atmosphere to allow maximum freedom of expression.
- If the legal guardian chooses not to participate, it will not necessarily exclude the person receiving services from participating in the process. However, depending on the type of guardianship, permission for the person to participate may be required from the legal guardian.
- For people who are interviewed in a residential setting or a day program, when the onsite interview is complete, surveyors will observe the person in the environment as part of the observation process, as discussed below.
- The provider and surveyor will work together during the week of the review to schedule the interview with the person and coordinate other interviews as relevant, using the individual sample key.

- The provider should confirm that each person selected is willing to participate in the interview process (in person, or by video call) as soon as possible. When a person declines to participate, a person from the oversample will be chosen.

Observations

Observations will take place in the person receiving services residence and/or the program he/she attends during the day. They will assess the following:

- Implementation of person-centered supports and services
- Safety and health issues
- Implementation of the person's outcomes plan and identified supports and services
- Privacy and confidentiality
- Respect and dignity
- Absence of abuse, neglect, and exploitation
- Choice-making
- Rights restrictions/violations
- Appropriate staffing
- Community inclusion

On-site Record Reviews

Record reviews include a review of the service plans for people who participate in the PCR process and provider records maintained for the person. Records will be specific to the service for which the person was selected in the sample.

Immediately following the entrance conference, a list of people receiving services and personnel records will be given to the provider. The provider has two (2) hours to deliver all paper records and/or provide access to an electronic record for staff training, personnel, and person's records to the surveyors. Only records delivered within this timeframe will be reviewed.

All person's, staff training, and personnel records that are located in another location will be delivered to surveyors by 4:00 PM on the first day of the review. Any records presented after 4:00 PM will be treated as if they had not been delivered and only records delivered within this timeframe will be reviewed.

All requested records must be available and accessible to the surveyors for the duration of the PCR process.

Administrative Review:

The Administrative Review includes administrative documents to include the organization's policies, procedures, and practices, and the provider's internal committee(s) and/or board meeting minutes. A review of personnel records to determine qualifications, training and compliance with background screening requirements is also completed during this review component. These records will be based on the staff selected to be interviewed.

Exit Conference

The surveyor will schedule a time with the provider to conduct the Exit Conference. The provider is encouraged to have key members of the team participate in the Exit Conference. Surveyors

will discuss key findings such as the person's/family feedback on services provided, any strengths or best practices identified, recommendations that need immediate action for specific compliance issues identified, and technical assistance. Based on the results of the PCR, if necessary, a Follow-Up PCR will be scheduled between thirty (30) to sixty (60) days of the date of the Exit Conference or a Semi-Annual PCR will be scheduled within six months of the Exit Conference date. The final report will be distributed after the Exit Conference.

Provider's Feedback Survey

Qlarant will provide a feedback survey after each review to the provider. The survey will be distributed to other stakeholder groups as designated by the District. Aggregate data will be compiled and analyzed to help improve the survey tool and processes.

Final Report

Throughout the review, surveyors will use DQMS to enter all PCR data. The surveyor's manager will review the data, reconcile any discrepancies or possible errors, and approve the data for final distribution. All PCR review types (Initial, Annual, Semi-Annual and Follow-Up) will be subject to the manager's approval process, ensuring all information from surveyors is reconciled as needed. When the manager completes the quality assurance (QA) oversight process, the review data will be marked approved and a final PCR report will be automatically generated from DQMS. Therefore, the final report will be sent to the provider on the day of the Exit Conference. The report will also provide a statement of deficiencies and outline steps needed to resolve deficiencies identified during the PCR. The lead surveyor will share the results of the PCR and review the PCR Report at the time of the Exit Conference.

Sub reports that include specific results and scoring for the tools will be sent to the provider after the Exit Conference.

Post Onsite Activities

Corrective Action Plan (CAP)

In addition to sub reports, a CAP Report will be submitted to the provider. In the case, the PCR results in QA indicators are score as deficient, those indicators will be listed on the CAP Report.

Within five (5) business days from the Exit Conference, the provider will submit to Qlarant a CAP to address deficiencies identified in the final and CAP report. Within five (5) business days from receipt of the CAP response, the surveyor will review the CAP and determine whether the response is approved or declined and send the CAP response back to the provider. In the case any part of the CAP is declined, the provider will have five (5) business days from receipt of the CAP report to respond and address any issues noted with the provider's initial CAP response. The surveyor will then review and submit a response to the provider within five (5) business days. If the CAP is not accepted in the second submission, the lead surveyor will meet with the provider to address the decline and develop an acceptable plan to complete the CAP process.

The PCR results and CAP are uploaded to DDS' electronic record system

The final PCR report and CAP are uploaded to Qlarant's DDS web-based portal and made accessible to DDS.

Follow-Up PCR

When required, the Follow-Up PCR is conducted within thirty (30) to sixty (60) days of the previous PCR. The processes are the same as described for the PCR, but focus is on the deficiencies that had been previously identified. Technical assistance is provided to show the provider how to attain a satisfactory status.

- **Provider Notification:** Each provider will receive email notification ten business days prior to the scheduled on-site. Follow-Up PCR, using Qlarant's secure email system for sharing sensitive and private information. The provider will have access to this site throughout the review process. The email notification will provide specific information that outlines the Follow-Up PCR review processes and expectations of the provider.
- **Touch-Base Call:** After the notification, the surveyor will contact the provider to discuss in more detail the Follow-Up PCR on-site review process and expectations, and answer any questions.
- **Provider Information:** The provider will need to provide the following information prior (at least five business days prior to the start date) to the Follow-Up PCR activities:
 - Staffing and provider location updates since the last PCR (i.e., provider site addresses, and staff names, titles, and services provided). Qlarant will provide a template for providers to use to submit their information.
 - Policies and procedures that were updated since the last PCR and results for the CAP(s), including supporting documentation.
- **Interviews with People Receiving Services:** Based on the provider's previous PCR deficiencies, face-to-face interviews may need to be completed. These may include the person previously selected and/or additional people randomly selected. The provider and surveyor will coordinate interviews during the week of the review, as needed, following the same process as in the PCR.
- **Observations:** Surveyors may conduct observations throughout the Follow-Up PCR based on the deficiencies identified during the PCR. The surveyor will identify if additional observations are necessary based on the provider locations (i.e., residential and day program). The data collected will determine whether improvements are in accordance with the deficiencies identified in the CAP to meet waiver requirements.
- **Record Review:** After receiving the individual sample key, the provider will have two hours to provide access to all requested records. Record reviews include records cited for deficiencies in the previous PCR and additional records as necessary to determine quality improvements across all supports and services. In the case that additional records are added to the sample, the entire record may be reviewed. Records will be reviewed to determine if they are compliant with the CMS HCBS requirements of the service delivery and DDS' requirements and guidelines.
- **Administrative Review:** The Administrative Review includes a review of additional administrative documents and personnel records, as needed, based on the previous PCR deficiencies.
- **Exit Conference:** Surveyors will schedule a time with the provider to conduct the Exit Conference. The provider will be encouraged to have key members of the team participate. Surveyors will discuss improvements made addressing deficiencies identified in the CAP and offer recommendations and technical assistance to address specific compliance issues that need further action to improve quality of supports and services. The final report will be reviewed and approved by a manager. The surveyor will share the results and review the report with the provider during the Exit Conference.

- **Follow-Up PCR Report:** The provider will receive the final report by close of business on the day of the Exit Conference.
- **Corrective Action Plan:** Based on the Follow-Up PCR findings, the provider may need to submit another CAP within five business days for review and approval, and determine whether an additional Follow-Up PCR is needed, or a Semi-Annual PCR should be scheduled. (The CAP process will follow the process as noted for the Annual PCR).

Scoring Definitions and Next Steps

The table below identifies the scoring criteria and resulting review activity that will occur due to the score.

As of November 7, 2022, specific critical indicators may trigger an Alert and result in an automatic Follow-up PCR, regardless of the score. The critical indicators that will lead to an automatic follow-up are identified on the PCR tools. Accordingly, any Follow-up PCR resulting from one or more of the identified Alerts will occur within 30 days from the conclusion of the review.

Score: Excellent
<p>Criteria for Score:</p> <ul style="list-style-type: none"> ▪ Scores for Q/A Person Centered indicators and Organizational Outcome indicators are at least 90% for both critical indicators and total indicators. ▪ Score 100% on all HCBS settings indicators. ▪ A score of 80% or greater is achieved on Satisfaction. An excellent rating can only be achieved by reaching this level of performance at the initial annual review.
<p>Next Review Activity: When there are Quality Assurance Indicators that are not met, the provider will be required to complete a Corrective Action Plan (CAP) for each of these indicators and return the CAP to the designated member of the Qlarant team within five business days from receipt of the PCR results report. Within ten business days after the end of the review process, a designated PCR team member will enter the PCR results and the corrective actions into the MCIS Issue Resolution system. The follow-up of indicators will be under the guidance of the assigned Quality Resource Specialist/or Service Coordinator and followed through the MCIS system, until resolved. The provider will receive bi-annual certification, effective from the first date of the initial PCR review date.</p> <p>HCBS Assessment: This assessment is conducted on an annual basis for all services that are part of the HCBS setting requirements. (This does not include In-Home Supports, Respite, or Companion 1:1 services) When the provider has an annual or six month review, this assessment is part of the PCR. When a provider has received a bi-annual certification, this assessment is conducted as a separate process at the annual date from the last PCR. The tool that is used is composed of indicators that measure the HCBS setting rule only and is conducted for the services that come under the rule, as well as organizational indicators that measure the HCBS requirements. There is no satisfaction or environmental components to this assessment. Any indicators that are not met require a corrective action by the provider.</p>
Score: Satisfactory
<p>Criteria for Score:</p> <ul style="list-style-type: none"> ▪ Scores for Q/A Person Centered indicators and/or Organizational Outcomes indicators are at least 80% for both critical indicators and total indicators. ▪ A provider scores 90% or greater but does not score 100% on all HCBS settings indicators.

Next Review Activity: All Quality Assurance (Q/A) Indicators that are not met will require a CAP by the provider for each of these indicators identified. The CAP must be returned to the designated member of the PCR team within five business days from receipt of the PCR results report. Within ten business days after the end of the review process, a designated PCR team member will enter the PCR results and the corrective actions into the MCIS Issue Resolution system. Follow-up of indicators will be under the guidance of the assigned Quality Improvement Specialist/ or Service Coordinator and followed through the MCIS system until resolved. The provider will receive annual certification, effective from the date of the PCR review date.

Score: Needs Improvement

Criteria for Score:

- Scores for Q/A Person Centered indicators and/or Organizational Outcomes indicators range between 70-79% for either critical indicators and/or total indicators.
- The provider will be notified of its placement on the DDS Do Not Refer list.

Next Review Activity: A Follow-Up review will be required by the PCR team. All Quality Assurance (Q/A) Indicators that are not met will require a Corrective Action Plan (CAP) by the provider for each of these indicators identified. The CAP must be returned to the designated member of the PCR team within five business days from receipt of the PCR results report. The PCR team will conduct a Follow-Up PCR thirty (30) to sixty (60) calendar days from the issuance of the PCR initial report. This review will include a review of all not met Q/A Indicators in the CAP, and all outstanding issues as stated above. Providers' CAPs should be applied to all people in their service where applicable, not just to the person(s) cited in the initial review. To determine this systemic corrective action, the PCR team will select a sample of additional people to review in addition to the persons in the initial review sample. The surveyor will review all people selected in the total sample for evidence that a not met indicator has been met for each person in the expanded sample as well as for the people in the original sample. When a person in the sample is no longer receiving services at the time of Follow-Up PCR, the surveyor will still evaluate the indicator(s) scored not met during the initial review. This evaluation may take the form of reviewing the indicator for other persons receiving services in the organization with similar circumstances to determine whether the provider has corrected the not met indicator when it affects other people. If no one is receiving the service measured by the not met indicator at the time of the review, the provider will need to present a written plan for how to ensure the indicator will be met in the future. The score for the Follow-Up PCR will be calculated, and when a provider has achieved a score that places the provider in the satisfactory range, the provider will be removed from the associated sanction, and receive an annual certification, effective from the first date of the initial PCR review.

Score: Unsatisfactory

Criteria for Score: Scores for Q/A Person Centered indicators and/or Organizational Outcome indicators range between 51-69% for either critical (five point) indicators and/or total indicators. The provider will be notified of its placement on the DDS Do Not Refer list.

Next Review Activity: All Quality Assurance Indicators that are not met will require a CAP by the provider for each of these indicators identified. The CAP must be returned to the designated member of the PCR team within five business days from receipt of the PCR final report.

Qlarant will conduct a follow-up review thirty (30) to sixty (60) calendar days from the issuance of the PCR final report. This review will include all not met Q/A indicators in the

CAP, and all outstanding issues identified. Providers' CAPs should be applied to all effected people in their service where applicable, not just the person(s) cited in the initial review. To determine this systemic corrective action, Qlarant will select a sample of people to review in addition to the people in the initial review. The surveyors will review all persons selected in the total sample for evidence that a not met indicator has been met for all sampled people. When a person in the sample is no longer receiving services at the time of the Follow-Up PCR, the surveyor will still evaluate the indicator(s) that were scored not met during the initial review. This evaluation may take the form of reviewing the indicator for other people in the organization with similar circumstances to determine that the provider has corrected the not met indicator when it affects other people.

If there are no persons receiving the service measured by the not met indicator at the time of review, the provider will need to present a written plan for how to ensure the indicator will be met in the future. The score for the Follow-Up PCR will be calculated, and when a provider has achieved a score that places them in the satisfactory range, the provider will be removed from the associated sanction, and will receive a six-month provisional certification, effective from the first date of the initial PCR.

Score: Failed

Criteria for Score: Scores of 50% or less in all Q/A Person Centered indicators (in a service) and/or Organizational Outcomes indicators will result in a Fail rating. The provider will be notified of its placement on the DDS Do Not Refer List and Enhanced Monitoring.

Next Review Activity: A provider will be referred to the QAPMA for review by the Certification Review Panel, which will review all available evidence including indicator results and other quality measures relevant to the provider and recommend a Follow-Up PCR or termination. If a decision by the panel is to move to a Follow-Up PCR, and the provider achieves satisfactory scores, the provider will be removed from the associated sanction, and will receive a six-month provisional certification effective from the first date of the initial PCR.

Appeals

As part of the PCR and Follow-Up PCR activities, a provider may submit an appeal based on review results. The first appeal will be conducted by the project manager or designee and if a second appeal is received based on the first appeal's results, DDS will review and finalize those results. The following outlines the steps for the appeals process:

- When a provider disputes any of the facts specific to the findings at the Initial, Annual, Semi-Annual, or the Follow-Up PCR, the provider must submit documentation via electronic mail to the PCR Project Manager within five business days, from the receipt of the written report. The documentation should identify:
 - the indicator(s) under dispute;
 - the reason the provider believes the indicator should not have received the rating;
 - any documentation to support the provider's claim(s).
- The Project Manager will review the appeal statements and documentation presented and will determine if changes need to be made in the results of the PCR. This will be completed within ten (10) business days of receipt of the provider's documentation.
- The Project Manager will issue a report detailing the rationale for the decision to change or keep the original designation of the indicators under appeal to the provider and DDS/DDA personnel within ten (10) business days of receipt of the appeal.
- If the Project Manager finds that the documentation supports the provider's argument

for changing a rating of an indicator, the review will be rescored, and the results will be issued with the amended score. The previous scores will be considered null and void.

- If the score is reversed, an updated report will be sent to the provider, posted for DDS to access and the electronic case management system updated.
- If the provider does not agree with the first appeal findings, the provider has five business days of receipt of the first appeal results to submit a second appeal and any supporting documentation to the DDS Deputy Director of QAPMA.
- Within 10 business days of receipt of the second appeal, the DDS Deputy Director of QAPMA will use a final determination.