Quality Services

Supervision and QA

Why Are We Here?

- Address the indicators of quality services in each ECI process
  - Referral & evaluation
  - Comprehensive needs assessment and outcome development
  - Service planning
  - Service delivery

What else?

- Supervision!
  - tools you can use to address quality

  - support staff in growth and development

  - reduce the risk to your agency

Learning Objectives

Participants will:

- Be able to identify the purposes of quality assurance.
- Integrate quality assurance processes into supervision.
- Learn where to find and how to use available resources for supervising and assuring quality in ECI service provision and documentation.

Survey Questions

Do you use the BDI-2 electronic reports and graphs for IFSP development?

Do you use the BDI-2 data manager for supervision or quality assurance or both?

Other than limited or lack of funding, what is the single largest barrier to providing services consistent with the Seven Key Principles?

Other than limited or lack lf funding, what is the single largest barrier to service providers accurately capturing the quality of their service provision in their documentation?

Why BDI tools

- BDI-2 graphs and electronic reports

- BDI-2 data manager

Battelle Developmental Inventory 2nd edition

Survey Results

- 72.9% are not using the BDI-2 Data Manager as a supervision or QA tool
- 20% responded that staff are not familiar with the 7 Key Principles or don't know how to implement them.
- Over 60% responded that staff would benefit from additional training on how to implement documentation requirements.

Shared QA Tools

- Majority of tools focused on compliance
- Tools that addressed case management were often limited to TCM only
- Variety of timeline tracking tools

Quality Assurance Efforts by DARS Participation in Monitoring

1. Compliance items that have quality components;
2. Quality indicators that we anticipate will be included in rule in the future;
3. Quality indicators that are directly related to ECI assurances to Medicaid
4. Quality indicators that can result in more effective services to children and families, and
5. Reviews of children who are referred, evaluated, but do not enroll.

Details of Issues

1. Compliance items that have quality components

	A	B	C
1	*Contractor:*		*Date:*
2	**Compliance Monitoring by QA**		
3	**Part 1**		
4	***Compliance Issues with Quality Components***		
5	**# of records reviewed = 11**	**# of issues identified**	**Comments**
6	**Eligibility**		
7	5. Use of the BDI	1	
8	6. Eligibility Statement	5	
9	IFSP		
10	8. Description of child	4	Brief, descriptions which are insufficient in relation to reason for referral; or all developmental areas not covered;
11	9. Identification of needs	7	Needs not identified, or needs related to referral concern not discussed.
12	10. Family's resources, priorities, and concerns related to enhancing child's development	6	Section of IFSP is left blank
13	15. Measureable outcomes	10	Outcomes very general, global and unmeasurable; many do not specifically address identified needs, or concerns stated at referral
14	16. Outcomes modified as needs change	1	
15	18. Clinical and needs based reasons for changes or no changes to IFSP (periodic reviews and annual)	3	no clinical needs based reasons for changes
16	19. SST supported by planned service from LPHA	NA	No records reviewed had planned SST
17	**Service Delivery**		
18	25. Documentation: description of contact, child's progress, family or routine caregiver participation in the activities	1	Documentation of parent participation is minimal, but meets current requirement

Details of Issues

Quality Assurance Items		
Part 2		
Quality Assurance Review of child records		
# of records reviewed = 11	**# of issues identified**	**Comments**
Eligibility		
A. Documentation of LPHA role in eligibility determination	4	No reports or detailed progress notes to support billing of evaluation by therapist. No reference by therapist to reason for referral or parent concerns.
IFSP		
B. Outcomes address routines and daily activities	10	Prompts on forms are not utilized.
C. Outcomes appear appropriate, and address child needs	9	Outcomes not related to identified needs, or needs were not not identified in the IFSP
D. Planned services address the needs of the child	3	Reviewer was not always able to determine why specific services were planned based on needs and/or outcomes
E. Clear distinction in progress notes between different types of services	NA	Only one service being provided in 11 records reviewed.
Service Delivery		
G. Documentation reflect provision of medically necessary service that addresses the outcomes planned in the IFSP	1	There were two good examples of documentation in the sample.

Details of Issues

Part 3		
Quality Assurance Review of referred, evaluated not enrolled		
# of records reviewed = 6	**# of issues identified**	**Comments**
AA. Did the team adequately address concerns?	6	Documentation of referral concerns and needs identified by families or referral sources is very weak, making it impossible to know if concerns were addressed.
BB. Did adequate Service Coordination/Case Management occurred prior to closure?	0	All 45 day timelines were met
CC. BDI-2 scores and %s support correct eligibility determination	1	incorrect scoring of BDI-2
DD. Is there documentation of eligibility decisions? (Eligibility statement, Progress notes or other)	0	
EE. Is there sufficient documentation to support billing of a discipline specific evaluation? (OT, PT or SLP report, or detailed Progress note, etc)	6	No reports or detailed progress notes by therapist which may present some liability to the program around accuracy of eligibility determination. The function of licensed therapists in evaluation includes both participation in administering the BDI-2, as well as the application of discipline specific knowledge about a child. Documentation of evaluation should reflect both of these roles.
FF. Does it appear that the BDI was sufficient for complete eligibility determination? (If the child scored in a borderline range on the BDI, ~24% delay, or ~32% expressive only, was Qualitative Determination?Does this appear reasonable? Are there any indicators in the referral or medical information that indicates a need for Qualitative consideration?)	6	Unable to determine since there is no report or progress note by thrapists (PT, OT, SLP) to indicate whether or not all concerns were addressed
GG. Notice of Ineligibility in record	0	

QA Defined

- **Definition of *QUALITY ASSURANCE:***

a program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met

Medical Definition of *QUALITY ASSURANCE:*

Same as above

QA Defined

- **Quality assurance** (**QA**) refers to the systematic activities implemented in a quality system so that quality requirements for a product or service will be fulfilled. It is the systematic measurement, comparison with a standard, monitoring of processes and an associated feedback loop that confers error prevention. This can be contrasted with quality control, which is focused on process outputs.

Federal Child Outcomes

1. Children have positive social relationships.
2. Children acquire and use knowledge and skills.
3. Children take appropriate action to meet their needs.

Federal Family Outcomes

1. Families understand their children's strengths, abilities and special needs.
2. Families know their rights and advocate effectively for their children.
3. Families help their children develop and learn.
4. Families have support systems.
5. Families are able to gain access to desired services, programs, and activities in their community.

Seven Key Principles

In Part C Early Intervention programs, quality is demonstrated by implementation of the **7 Key Principles:**

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts
2. All families, with the necessary supports and resources, can enhance their children's learning and development
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.

Seven Key Principles

4. The EI process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.
5. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

- Agreed upon practices self assessment

Why do we care about quality WIIFM???

- Family reasons
- Professional reasons, which include professional knowledge, skills, and abilities
- Billing reasons

Making the Connections for Quality

- From referral info to evaluation and assessment
- From evaluation and assessment to developing goals
- From goals to planning services
- From service planning to service delivery
- From service delivery to re-assessment

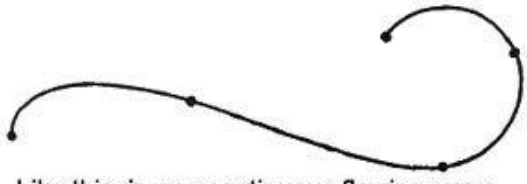
How do we demonstrate quality

- Documentation of:
- Connections
- Quality practices
- Medical necessity

How to document the connections

- Referral → First contact
- First contact → Evaluation
- Evaluation → Needs Assessment

Synthesize & Summarize!



Like this, in one continuous flowing curve

Documenting Connections

- Info summary → IFSP Outcomes
- IFSP Outcomes → Service Planning
- IFSP Outcomes → Service Delivery
- Service Delivery → Service Delivery
- Service Delivery → Reassessment

Demonstrating quality

- quality practices
  - parent involvement
  - Implementing 7 Key Principles
  - Implementing DEC Recommended Practices

Demonstrating Quality

- Documenting Medical Necessity
- Appropriate evaluation teams
- Appropriate evaluation and needs assessment
- Connecting the Dots . . . . . .

How to do it

- 7 key principles
- Medical Necessity

Crosswalk

7 key principles – which ones relate? (All 7 Principles are represented)	Components of Medically Necessary Service
#1 Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.	Safe and **EFFECTIVE**
#4 The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs. #5 IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.	Consistent with the symptoms and/or diagnosis of the condition under treatment
#7 Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.	Consistent with generally accepted professional medical standard
#1 Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts. #2 All families, with the necessary supports and resources, can enhance their children's learning and development. #3 The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives. #6 The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.	Furnished at the most appropriate level of care
#7 Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.	Not furnished primarily for convenience

How do we improve quality? SUPERVISION

Required 3 hours per quarter for each staff person, including contractors (40 TAC §108.309(f)(1)

- Record review
- Consultation
  - Individual or group
  - Face-to-face or via technology
- Observation
  - Individual or group
  - Face-to-face or via secure technology

Record review

- Review child records for compliance and quality
- Seeking feedback from:
  - families
  - stakeholders
  - team members

Consultation

- Reflective supervision
- Review of scenarios
- Discussion of training

Observation

- Observe a service delivery visit
- Observe a video of a visit
- Observe team interaction

Narrow scope of your QA

Ask your agency QA person

Select an area that you know is a concern

Ask your staff

Quality for All

- QA applies to all children and all services, regardless of the funding source. If quality services are provided and documented, requirements will be met
- Satisfies all stakeholders and pay sources
- Family outcomes will be met and most children will make developmental progress

Stay Tuned

- Referral & evaluation
- Comprehensive needs assessment and outcome development
- Service planning
- Service delivery

The End