Quality Management Plan
Progressive Community Services 2022

Background

Progressive Community Services, Inc. (PCS) became incorporated as a 501(c)3 in 2004. In 2017, we became an IRIS Consultant Agency (ICA) with a dedication to self-direction and a focus on quality supports.

PCS is an active member in local and statewide disability groups including:
- Electronic Visit Verification Advisory Council
- ICA Best Practice Work Group
- Developmental Disability Coalition of Dane County
- Long Term Functional Care Screen Advisory Council
- ID/D Community Coordinated Response Workgroup, Dane County
- Long Term Care and Adult Protractive Services work group, Dane County
- Collaborative Stabilization Coalition, Dane County
- Technology First Coalition
- Wisconsin Service System Analysis Stakeholder- National Center for START Services

As an ICA, we have grown from 183 participants in February 2018 to 748 participants in January 2022. Our growth has forced us to be efficient and effective in order to meet our expectation of excellent service quality. Below is a small sample of quality initiatives that have been implemented over the past four years:
- Internal Work Instructions- documents that cover the space between DHS's work instructions and internal PCS process. These are working documents that are updated at least twice a year and as processes change.
  Outcome: Staff have an updated, easily accessible step by step guide on IRIS policies and processes.
- To Do List-calendar database that reminds ICs of various activities that need to be completed for each of the participants.
  Outcome: Our participants needs and PCS's contractual obligations are met as ICs are able to keep track of the numerous due dates for each IRIS policy.

PCS is an active participant in DHS and IRIS contractor leadership meetings. Below are examples of IRIS system changes where PCS collaborated with DHS and other IRIS leadership:
- America Recovery Plan Act (ARPA)
- Covid
- Electronic Visit Verification
- Vulnerable High Risk assessments
- Long Term Care Needs Panel
- MMIS portal in WISITS

Record Review Statistics-2021 third quarter

Overall results 91.6%
Enrollment 75%
Individual Support and Service Plan (ISSP) 92.7%
Participant Health and Safety 88.6%

Stregths-100%
- Participant Education Manual
- Signed ISSPs
- Updated plans when change in condition

Quality and Compliance shows improvement in every area between 2019 and 2020.

QUALITY & COMPLIANCE		2019	2020	% Improvement
Overall Quality Standards	★★★★	88.7%	90.3%	+1.6
Service Plan	★★★★	84.8%	86.4%	+1.6
Participant Education	★★★★★	90.4%	95.9%	+5.5
Quality and Timely Services	★★★★★	92.2%	94.7%	+2.5

2020 Participant Survey shows improvement in every area between 2019 and 2020.

PARTICIPANT SURVEY		2019	2020	% Improvement
Overall Satisfaction	★★★★	85.7%	90.7%	+5.0
IRIS Consultant Responsiveness	★★★★	82.7%	87.3%	+4.6
IRIS Consultant Quality of Communication	★★★★★	94.2%	97.7%	+3.5

Quality Management Plan

The following Quality Management Plan (QMP) outlines the potential deficiency, cause of the deficiency, severity of impact of deficiency, activity to address the deficiency, and the means to monitor the successfulness of the change implementation. This plan shows evidence of PCS's commitment to providing resources towards quality assurance and improvement activities.

Identify potential deficiencies through ongoing monitoring and tracking	Identify the causes of those deficiencies	Evaluate of the severity of the impact on IRIS participants or service providers	Design activities to permanently address deficiencies	Develop the means to monitor success following implementation and to what degree the deficiencies were corrected.
Individualized Support and Service Plan (ISSP) should indicate that each participant's needs are met.	• Documentation can be scattered since a participant's needs are identified in a variety of ways i.e. LTCFS, conversations with participant, and IC observation. • It is difficult to remember to capture supports that aren't funded by IRIS.	• A participant's needs may not be met if they are not accurately documented.	• Staff have been trained to accurately assess and document participant needs in the Long Term Care Functional Screen. • Staff will utilize the Long Term Care Needs Panel to assure all needs are identified on either the Needs Panel or the ISSP.	• Quarterly record reviews from Metastar will indicate an improvement with identifying participants' needs.
Each participant should be enrolled in the IRIS program within 45 days of receiving the referral.	• A participant can be referred when 17 ½ years old but can't enroll until they are 18. • Participants want to take time to discuss and interview ICs before choosing. • Participants can take a longer time securing providers and their rates. • Obtaining rates from providers for service and PQC forms is dependent on provider response time.	• Participants not in a long term care program could wait for an extended length of time with no services.	• PCS developed an intake document that will be completed by the Intake Coordinator during the first call with the participant. • Team Leads use their skills and knowledge to support each IC by taking the lead during the referral process. • PCS will implement efficiencies by having the Intake Coordinator secure plans from other long term care program providers and POA/guardianship papers to assure the correct decision	• Quarterly record reviews from Metastar will indicate an improvement with enrollment within 45 days. • WISITS reports will note referral date and enrollment date to determine improvement with enrollment within 45 days.

	• Gathering guardianship and POA paperwork takes time and sometimes requires redoing paperwork. • Referrals from Family Care and CLTS requires receipt and review of previous plan which is dependent on Family Care and CLTS provider timeline. • When a Budget Amendment is needed, the decision timeline is determined by DHS.		makers are signing documents.	
Emergency back-up plans (EBUP) need to be robust and effective.	• EBUPs are challenging for participants to identify in a hypothetical situations. • As a self- directed program, ICs don't check on back-up contacts to confirm availability. • There is no consistent template or requirement of what is needed on the back-up plan.	• Participants will not have adequate support when an emergency arises for one or more of their caregivers so their health and safety could be at risk.	• Develop and implement a consistent template for EBUPs, including "plan A" and "plan B" to address when an identified contact is not available during a specific emergency. • Train staff to consider the following when developing the EBUP: o different possibilities of when EBUPs will be utilized so they can help participants to understand the necessity for a robust EBPU.	• Internal audits of EBPUs. • Ongoing conversations with ICs during staff meetings and individual consultations to determine their understanding of the EBPU. • Review of Critical Incidents to determine if EBPUS were effective when care worker had an emergency.

			o participant's support needs i.e. 24 hour care vs. come in support and the health and safety risks related to the individual.	

IC training needs to be effective and efficient.	• As a small agency, most of our staff are generalists and do no have specialties. Each manager trains their staff on all topics which then limits the training to what that manager knows.
	• The strengths of each manager/team lead is not utilized when only one manager trains a staff person.
	• There is a cycle of manager burn out when a new staff is hired or subsequent staff are hired in a short period of time.
	• The manager is unable to complete other duties when a new staff is hired or subsequent staff are hired in a short period of time.
		• ICs may not have the knowledge needed to adequately provide resources to a participant.
		• Unnecessary errors can be time consuming to fix for the ICA and FEA taking time away from supporting other participants.
			• Utilize a new training model to accomplish the following:
			  o Maximize the strengths of the management team.
			  o Disperse the time commitment needed to train a new hire across multiple staff.
			  o New ICs learn different styles from different managers.
				• Survey management to determine if they are able to train new staff without neglecting other duties or feeling overwhelmed.
				• Survey new staff to determine if they feel knowledgeable about their job within six months of initial employment.
				• Record reviews of new staff show improvement with IRIS requirements.

Additional Information

Describe how quality results and plans of correction will be communicated within PCS and to other stakeholders:
PCS's internal communication will utilize the following means to disseminate the QMP and any plans of correction across the agency:
- Small team meetings
- Full staff meetings
- Management meetings
- Board meetings
- Trainings
- Email
- PCS sharepoint site
- Internal Work Instructions

Stakeholders will be able to find our QMP and its results on the PCS website, http://pcsdane.org/. No plans of corrections are noted at this time.

Quality improvement initiatives related to record review findings:
- Individualized Support and Service Plan (ISSP) should indicate that each participant's needs are met (see QMP chart for details).
- Each participant should be enrolled within 45 days of referral (see QMP chart for details).

Internal auditing process
Listed below are the various means PCS assures contract compliance as well as quality services:
- Program Managers complete case reviews regularly.
- When a budget amendment is requested a rigorous review of the plan will be completed before the budget amendment is submitted.
- Record review results can trigger reviews of an IC's caseload if negative patterns are noted.

Remediation of deficiencies found during the recertification site visits
There have been no remediation of deficiencies noted during site visits.

Quality measures created from the Participant Satisfaction Survey results

Individualized Support and Service Plan (ISSP) should indicate that each participant's needs are met (see QMP chart for details).

Improvement projects related to Incident reporting

Emergency back-up plans (EBUP) need to be robust and effective (see QMP chart for details).

High level overview on what is being done for PIPs

- Supported Employment for Students:
  PCS will utilize IC motivational interviewing training to increase the percentage of PCS participants exiting high school who will meet their employment goals.
- Electronic Signature Platform to Reduce Paperwork Burden:
  PCS will reduce the amount of time ICs spend on paperwork and the return time to receive paperwork by half when utilizing Formstack, an electronic signature platform.

How PCS is ensuring completion of the Vulnerable/High Risk assessments

PCS developed a flowchart/survey that is completed for every PCS participant annually and when there is a change in condition. The survey determines if the person meets the Vulnerable High Risk criteria based on IRIS policy. Each IC will case note when the survey has been completed and all surveys will be kept on file within PCS.

How PCS ensures participants have updated behavior support plans (BSP) and approved restrictive measures:

- If a participant's Long Term Care Functional Screen indicates that the person has behaviors requiring intervention, then a BSP, formal or informal, is required to be on file. Managers review if BSPs are on file when Budget Amendments are requested and when case reviews are conducted.
- PCS has an internal Restrictive Measures flowchart that is used by ICs to determine if a Restrictive Measure application is needed. The PCS Intake and Quality Coordinator consults on questions, reviews and files applications and compiles quarterly data for submission. The Executive Director attends DHS Restrictive Measure quarterly meetings.