

# **QUALITY MANAGEMENT PLAN OVERVIEW**

### **OVERVIEW: MISSION, VISION, AND VALUES**

It is the mission of the Beaver County Rehabilitation Center, Inc. to provide the opportunity for personal growth and independence while respecting the dignity and uniqueness of each individual. Through the continuum of quality assurance and improvement, our vision is to ensure that Everyday Lives and recovery are a reality for all people served by our agency. We believe that everyone is different, and that each person carries intrinsic value. We also believe that self-determination is for everyone, that everyone can make choices and have control over his or her life. As a result, however, supports need to be individualized as well as uphold the needs and desired outcomes of each individual. All those served by BCRC should have choice in the services that they receive. They should feel respected as individuals, and have the same rights that are afforded to all citizens. They should feel secure that all changes in their supports are made with their input, and that their records and personal information are held in the strictest confidence. Individuals served by BCRC should have the opportunity to grow and participate in meaningful activities that improve their quality of life and move them toward their desired outcomes.

From community participation to supported employment, and from in-home and community based supports to psychiatric rehabilitation, BCRC offers a wide variety of services and supports to those who walk through our doors. All programs are provided within the value framework established by the Office of Developmental Programs (ODP) [under the Department of Human Services], the Substance Abuse and Mental Health Services Administration (SAMHSA) [under the Department of Human Services], and the Office of Mental Health and Substance Abuse Services (OMHSAS) [under the Department of Health and Human Services].

### **ODP VALUES:**

### **EVERYDAY LIVES**

• Control	I have control over all areas of my life. My family, supporters, and community know these are my decisions and work with me to achieve greater control.
• Choice	I decide everything about me life. My family, supporters, and community help me learn about opportunities and together we make them happen.
• Freedom	I have the same rights as all other members of the community and I can fully use them. My family, supporters, and community respect my rights.

• Stability	Changes to my life are made only with my permission and input. My family, supporters, and community do "nothing about me without me." They plan with me to meet my needs, now and for the future.
Health and Safety	I am healthy and safe in all areas of my life. I, my family, supporters, and community balance health, safety, and risk according to my wants and needs.
• Connected	I am a full member of my community with respect, dignity, and status. My family, supporters, and community know me as a person, welcome and accept me.
• Responsibility	I am dependable and honor my commitments. I keep my word. My family, supporters, and community are honest and fair, do what they're supposed to do, and keep their word.
• Communication	I am listened to and understood; my input is valued. My family, supporters, and community listen to me and communicate in ways that work for me.
• Success	I am the best I can be in the goals that I decide. My family, supporters, and community learn how to support me to achieve my goals.
<ul> <li>Employment / Meaningful Contribution</li> </ul>	I want to want to work and/or have other ways to contribute to my community. My family, supporters, and community support me to find and keep a real job that I like with good wages and benefits or start and run my own business, and/or volunteer the way I want in my community.
<ul> <li>Individuality</li> </ul>	I am respected and valued for who I am and want to be. My family, supporters, and community treat me with dignity and support me in a person-centered way.
• Relationships	I decide who is in my life: friends, family, partners, neighbors, pets, and others in the community. My family, supporters, and community respect the relationships I choose and support me to form new relationships.
<ul> <li>Partnerships</li> </ul>	I need people in my life who will honor my life's journey. My family, supporters, and community work together with me to build bridges.
• Quality	I want my life my way. I, my family, supporters, and the community make sure the services I choose are proved to be of high quality.
• Advocacy	I am the best person to let others know what I want and need. My family, supporters, ad community listen to me and understand what I want and need, and assist me to be heard by others.

### **ODP VALUES:**

### **BUREAU OF AUTISM SERVICES**

- Support those living with autism throughout the lifespan
- Support those living with autism across the spectrum
- Support families of individuals living with autism
- Every person living with autism can have an improved quality of life given the right supports delivered by trained staff
- Increased independence and self-sufficiency of individuals living with autism
- Explore innovative, collaborative models of service delivery
- Professional and program accountability

### SAMHSA VALUES:

## Substance Abuse and Mental Health Services Administration

- There are many pathways to recovery
- Recovery is self-directed and empowering
- Recovery involves a personal recognition of the need for change and transformation
- Recovery is holistic
- Recovery has cultural dimensions
- Recovery exists on a continuum of improved health and wellness.
- Recovery is supported by peers and allies
- Recovery emerges from hope and gratitude.
- Recovery involves a process of healing and self-re-definition.
- Recovery involves rejoining and rebuilding a life in the community.
- Recovery is a reality. It can, will, and does happen.

### **OMHSAS VALUES:**

Office of Mental Health and Substance Abuse Services

#### Services should:

- Facilitate recovery for adults and resiliency for children
- Are responsive to individuals' unique strengths and needs throughout their lives
- Focus on prevention and early intervention
- Recognize, respect and accommodate differences as they relate to culture/ethnicity/race, religion, gender identity and sexual orientation
- Ensure individual human rights and eliminate discrimination and stigma
- Are provided in a comprehensive array by unifying programs and funding that build on natural and community supports unique to each individual and family
- Are developed, monitored and evaluated in partnership with consumers, families and advocates
- Represent collaboration with other agencies and service systems

### **OUALITY PLANNING: PLAN DEVELOPMENT**

Essential for any agency's accountability and improvement with regard to their mission, vision, and values, is the need for quality management oversight. Quality management gauges the effectiveness and functionality of program design and pinpoints where attention should be devoted to secure desired outcomes. Though this process looks different across agencies, BCRC operates under a written Quality Management Plan that is monitored regularly, predominately through data collection and committee activity.

BCRC's Quality Management Plan was developed under the guiding principles set forth in ODP's Quality Framework for Home and Community-Based Services (HCBS) and OMHSAS as seen below. Utilizing both participant-centered and system-centered focus areas, we were able to structure a comprehensive plan that not only ensures the quality of care provided to our clients, but also ensures that our agency's overall functioning is efficient and effective.

### SEVEN PARTICIPANT-CENTERED FOCUS AREAS

<ul> <li>Participant Access</li> </ul>
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Individuals have access to home and community-based services and supports in their communities.

• Participant-Centered Service Planning and Delivery

Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life in the community.

Provider Capacity and Capabilities

Participant Safeguards

Participant Rights and Responsibilities

• Participant Outcomes and Satisfaction

• Participant Progress Toward Recovery

There are sufficient Home and Community-Based providers and they possess and demonstrate the capability to effectively service participants.

Individuals are safe and secure in their homes and communities, taking into account their informed and expressed choices. Individuals are also supported to achieve and maintain optimal health through Risk and Safety Planning, Critical Incident Management, Housing and Environment, Restrictive Interventions, Medication Management, Natural Disasters and other Public Emergencies.

Participants receive support to exercise their rights and in accepting personal responsibilities.

Participants are satisfied with their services and achieve desired outcomes.

Participants have the opportunity for growth, recovery and inclusion in their community, have access to culturally competent services and supports of their choice, and enjoy a quality of life that includes family members and friends

### FOUR SYSTEM PERFORMANCE-CENTERED FOCUS AREAS

Quality Management

Organizational performance is continuously measured, evaluated and improved. Individuals and other stakeholders are engaged in designing and improving services.

• Human Resources Management

A stable, knowledgeable and effective workforce is developed and maintained.

• Financial Management

Fiscal practices are state-of-the-art, accurate and efficient.

• Information Management

Information systems are state-of-the-art, cost-effective, efficient and support data-based management.

For this particular QM cycle for **Aurora Psych Rehab**, BCRC has elected to focus on the four areas highlighted above. Goals and objectives were selected in consideration of past performance data and the present QM initiatives maintained by the Department of Human Services, including the involvement of participants. Though several goals only require an annual measurement, relevant data will be monitored on a quarterly and even monthly basis when necessary.

BCRC's Quality Management Plan for **Aurora Psych Rehab** is structured by focus areas that are then divided into goals. Next, outcomes and measurable target objectives are listed that support each goal. This particular portion of the plan allows staff to identify the extent to which goals are being achieved, and assists in evaluating overall performance. Target objectives are then followed by performance measures, which are numerical indicators of progress toward established goals. The final data set provides data source(s) for each performance measure and lists the person ultimately responsible for overseeing the goal, while the remaining portion of the plan lists the activities purposed to lead to its achievement.

### **OUALITY CONTROL AND IMPROVEMENT: PLAN MONITORING**

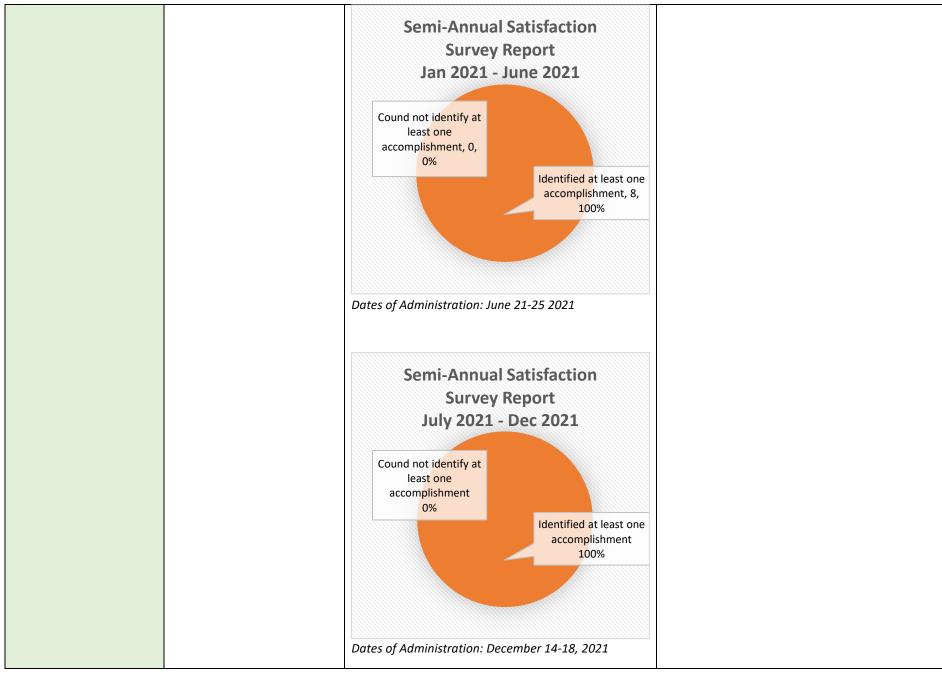
Though BCRC's Quality Management Plan for **Aurora Psych Rehab** will be formally revised every three years along with our overall agency QM Plan, staff will quarterly monitor, review, and analyze target objectives and performance measures to provide accountability to our mission and vision, and to ensure progress toward desired outcomes within each participant-centered and system performance-centered focus area. Though our Executive Director has overall responsibility for agency direction, fiscal stability, and client welfare, the Quality Management Committee exists to oversee agency-wide adherence to the plan seen below. The committee consists of administrative staff, fiscal staff, program staff, and participants to ensure comprehensive expertise and perspective when evaluating each dimension of the plan. This diversity will also foster a team-oriented approach that we hope will then generate a higher degree of compliance across all systems. Reviews and revisions will be supported with documentation and will demonstrate an overall commitment to the ongoing process of quality management within our organization.

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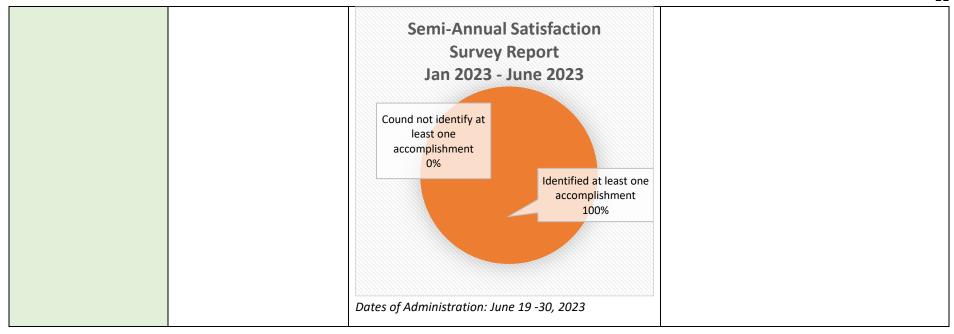
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### QM Plan: 2020-2023 Focus Area: Participant Outcomes and Satisfaction Service Provider: Beaver County Rehabilitation Center, Inc. Goal #1 **Target Objective** Performance Measures/Data Source(s)/ Outcome Frequency/Responsible Person Aurora Psych Rehab Performance Measure: Of all semi-annual satisfaction survey Participants are satisfied with their % of semi-annual survey respondents provides for respondents, 75% will be able to relay at services and that indicate an accomplishment since participants the least one accomplishment they've attending Aurora Psych Rehab achieve desired experienced since attending Aurora. opportunity to progress outcomes. toward their personal N: # of semi-annual surveys that and recovery goals. identify at least one accomplishment since attending Aurora during the **Semi-Annual Satisfaction** review period **Survey Report** July 2020 - Dec 2020 D: Total # of semi-annual surveys during the review period Cound not identify at least Data Source: Aurora Psych Rehab one accomplishment, 0, 0% semi-annual satisfaction surveys Identified at least one Sample. All psych rehab semi-annual accomplishment, 4, 100% surveys available during the review period Frequency: Semi-annually Responsible Person: Aurora Dates of Administration: December 14-18 2020 Services Coordinator, Aurora Secretary, Compliance Coordinator







# Focus Area: Participant Outcomes and Satisfaction

Service Provider: Beaver County Rehabilitation Center, Inc.

**Desired Outcome**: Aurora Psych Rehab provides for participants the opportunity to progress toward their personal and recovery goals.

**Target Objective**: Of all semi-annual satisfaction survey respondents, 75% will be able to relay at least one accomplishment they've experienced since attending Aurora

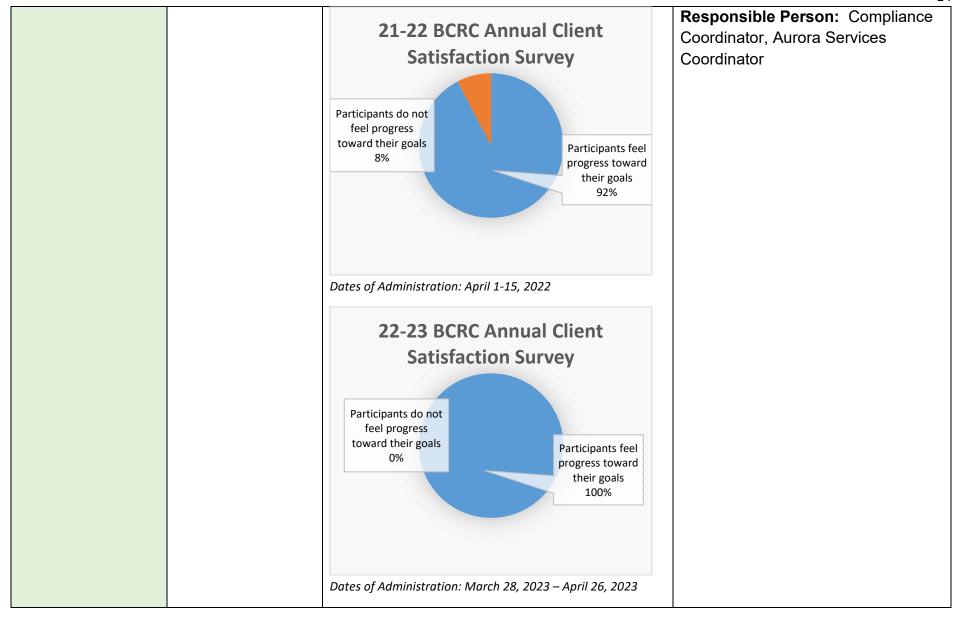
**Performance Measure(s)**: % of semi-annual survey respondents that indicate an accomplishment since attending Aurora Psych Rehab

Data Source(s): Aurora Psych Rehab semi-annual satisfaction surveys

Responsible Person: Aurora Services Coordinator, Aurora Secretary, Compliance Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
Administer Semi-annual Satisfaction Survey (July – Dec 2020)	Aurora PR Staff	1/31/2020	Complete	12/18/2020
Administer Semi-annual Satisfaction Survey (Jan – June 2021)	Aurora PR Staff	6/30/2021	Complete	6/25/2021
Administer Semi-annual Satisfaction Survey (July – Dec 2021)	Aurora PR Staff	1/31/2022	Complete	12/18/2021
Administer Semi-annual Satisfaction Survey (Jan – June 2022)	Aurora PR Staff	6/30/2022	Complete	6/25/2022
Administer Semi-annual Satisfaction Survey (July – Dec 2022)	Aurora PR Staff	1/31/2023	Complete	12/29/2022
Administer Semi-annual Satisfaction Survey (Jan – June 2023)	Aurora PR Staff	6/30/2023	Complete	6/30/2023

QM Plan: 2020-202	QM Plan: 2020-2023 Focus Area: Participant Outcomes and Satisfaction				
	eaver County Rehabilit				
Goal #2	Outcome	Target Objective	Performance Measures/Data Source(s)/		
			Frequency/Responsible Person		
Participants are	Aurora Psych	Data collected from BCRC's Participant	Performance Measure:		
satisfied with their services and achieve desired outcomes.	Rehab provides for participants the opportunity to	Satisfaction Survey indicates that at least 80% of responding Aurora Psych Rehab participants either agree or strongly agree that the services they are receiving at Aurora are helping them reach their personal and recovery goals.	% of responding participants (identified with Aurora Psych Rehab) that either agree or strongly agree that the services they are receiving at Aurora are helping them reach their personal and recovery goals during the period under review.		
		Participants do not feel progress toward their goals, 0, 0%  Patticipants feel progress toward their goals, 7, 100%  Dates of Administration: March 1 - 12, 2021	N: # of responding individuals (identified with Aurora PR) that either agree or strongly agree that the services they are receiving are helping them reach their personal and recovery goals during the period under review  D: # of responding individuals (identified with Aurora PR) who completed the survey.  Data Source: Annual Satisfaction Survey, Survey Monkey  Sample: All annual satisfaction surveys (identified with Aurora) for the 2020-2023 fiscal years  Frequency: Annually		



## **Focus Area: Participant Outcomes and Satisfaction**

Service Provider: Beaver County Rehabilitation Center, Inc.

**Desired Outcome**: Aurora Psych Rehab provides for participants the opportunity to progress toward their personal and recovery goals.

**Target Objective**: Data collected from BCRC's Participant Satisfaction Survey indicates that at least 80% of responding Aurora Psych Rehab participants either agree or strongly agree that the services they are receiving at Aurora are helping them reach their personal and recovery goals.

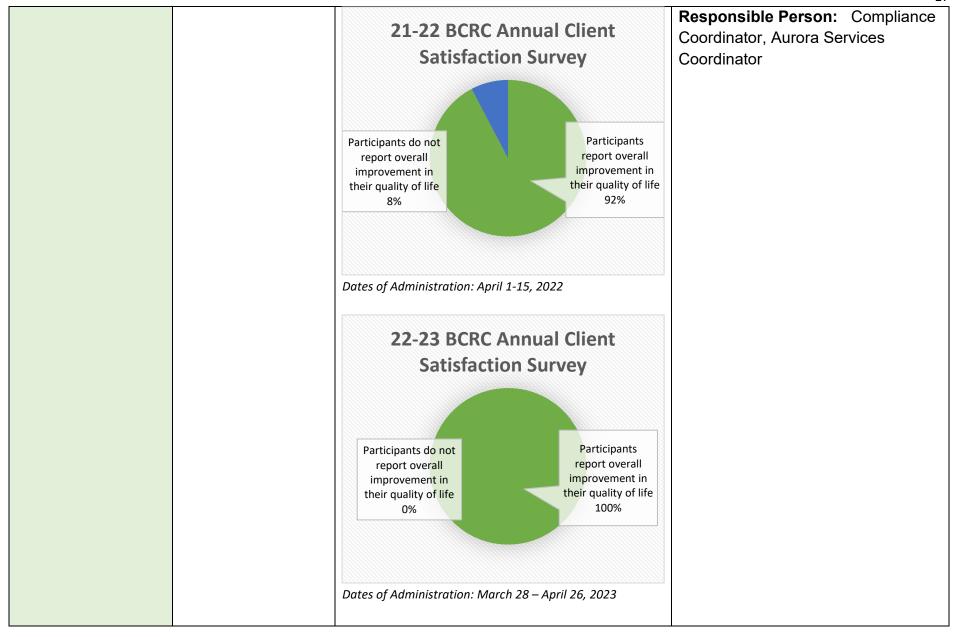
**Performance Measure(s)**: % of responding participants (identified with Aurora Psych Rehab) that either agree or strongly agree that the services they are receiving at Aurora are helping them reach their personal and recovery goals during the period under review.

Data Source(s): Annual Satisfaction Survey, Survey Monkey

Responsible Person: Compliance Coordinator, Aurora Services Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
Administer BCRC Annual Client Satisfaction Survey	Compliance Coordinator, Aurora Services Coordinator	4/30/2021	Complete	3/12/2021
Administer BCRC Annual Client Satisfaction Survey	Compliance Coordinator, Aurora Services Coordinator	4/30/2022	Complete	4/15/2022
Administer BCRC Annual Client Satisfaction Survey	Compliance Coordinator, Aurora Services Coordinator	4/30/2023	Completed	4/26/2023

QM Plan: 2020-2023	Focus Area: Participant Outcomes and Satisfaction			
Service Provider: Bo	eaver County Rehabil			
Goal #3	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person	
Participants are satisfied with their services and achieve desired outcomes.	As a result of Aurora psych rehab, participants feel as though their quality of life has improved.	Data collected from BCRC's Participant Satisfaction Survey indicates that at least 85% of responding Aurora Psych Rehab participants report an overall improvement in their quality of life since engaging with Aurora.	Performance Measure: % of responding Aurora Psych Rehab participants that report an overall improvement in their quality of life during the period under review.  N: For the period under review, # of	
	Participants do not report overall improvement in their quality of life, 1, 14%  Participants report overall improvement in their quality of life, 6, 86%	individuals (identified with Aurora PR) who agree or strongly agree that they've experienced improved quality of life since the start of Aurora services  D: For the period under review, # of individuals (identified with Aurora PR) who completed the survey  Data Source: Annual Satisfaction Survey, Survey Monkey		
		Dates of Administration: March 1 - 12, 2021	Sample: All annual satisfaction surveys (identified with Aurora PR) for the 2020-2023 fiscal years  Frequency: Annually	



**Focus Area: Participant Outcomes and Satisfaction** 

Service Provider: Beaver County Rehabilitation Center, Inc.

**Desired Outcome**: As a result of Aurora Psych Rehab, participants feel as though their quality of life has improved.

**Target Objective**: Data collected from BCRC's Participant Satisfaction Survey indicates that at least 85% of responding Aurora Psych Rehab participants report an overall improvement in their quality of life since engaging with Aurora.

**Performance Measure(s)**: % of responding Aurora Psych Rehab participants that report an overall improvement in their quality of life during the period under review.

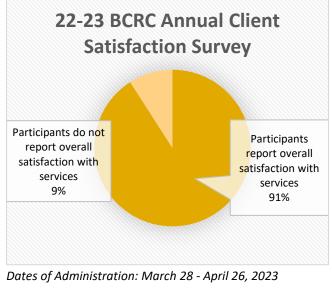
Data Source(s): Annual Satisfaction Survey, Survey Monkey

Responsible Person: Compliance Coordinator, Aurora Services Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
Administer BCRC Annual Client Satisfaction Survey	Compliance Coordinator, Aurora Services Coordinator	4/30/2021	Complete	3/12/2021
Administer BCRC Annual Client Satisfaction Survey	Compliance Coordinator, Aurora Services Coordinator	4/30/2022	Complete	4/15/2022
Administer BCRC Annual Client Satisfaction Survey	Compliance Coordinator, Aurora Services Coordinator	4/30/2023	Complete	4/26/2023

### Focus Area: Participant Outcomes and Satisfaction QM Plan: 2020-2023 Service Provider: Beaver County Rehabilitation Center, Inc. Goal #4 **Target Objective** Performance Measures/Data Source(s)/ Outcome Frequency/Responsible Person 85% of Aurora Psych Rehab participants Performance Measure: Participants are **Participant** completing BCRC's annual satisfaction % of Aurora Psych Rehab participants satisfied with their satisfaction with services and service provision is survey will indicate an overall satisfaction during the period under review who with the services they are receiving. continually complete the satisfaction survey, and achieve desired improved. mark an overall satisfaction with the outcomes. services they are receiving. 20-21 BCRC Annual Client **Satisfaction Survey** N: # of responding individuals (identified with Aurora) that either agree or strongly agree that they are satisfied with the services they are receiving Participants do not report overall satisfaction with D: # of responding individuals (identified services, 1, 14% with Aurora) who completed the survey Participants report overall satisfaction with **Data Source:** Annual Satisfaction services, 6, 86% Survey, Survey Monkey **Sample**: All annual satisfaction surveys Dates of Administration: March 1 - 12, 2021 (identified with Aurora) for the 2020-2023 fiscal years Frequency: Annually Responsible Person: Compliance Coordinator, Aurora Services Coordinator





Service Provider: Beaver County Rehabilitation Center, Inc.

**Desired Outcome**: Participant satisfaction with service provision is continually improved.

**Target Objective**: 85% of Aurora Psych Rehab participants completing BCRC's annual satisfaction survey will indicate an overall satisfaction with the services they are receiving.

**Performance Measure(s)**: % of Aurora psych rehab participants during the period under review who complete the satisfaction survey, and mark an overall satisfaction with the services they are receiving.

Data Source(s): Annual Satisfaction Survey, Survey Monkey

Responsible Person: Compliance Coordinator, Aurora Services Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
Administer BCRC Annual Client Satisfaction Survey	Compliance Coordinator, Aurora Services Coordinator	4/30/2021	Complete	3/12/2021
Administer BCRC Annual Client Satisfaction Survey	Compliance Coordinator, Aurora Services Coordinator	4/30/2022	Complete	4/15/2022
Administer BCRC Annual Client Satisfaction Survey	Compliance Coordinator, Aurora Services Coordinator	4/30/2023	Complete	4/26/2023

QM Plan: 2020-2023	ocus Area: Participant Access							
Service Provider: Beaver	Service Provider: Beaver County Rehabilitation Center, Inc.							
Goal #1	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person					
Individuals have access to supports in their communities.	Individuals desiring psych rehab services from Aurora will experience few- if anybarriers in accessing support.	100% of participants referred to services that do not meet diagnostic criteria set forth by DHS, will receive support from Aurora in applying for an exception.	Performance Measure: % of participants that do not meet diagnostic criteria for psych rehab who receive support from Aurora in applying for an exception during the period under review.					
		During FY 2020-2021, there were four (4) clients referred who did not meet diagnostic criteria and 100% were assisted with applying for an exception.	N: # of participants that do not meet diagnostic criteria for psych rehab who receive support from Aurora in applying for an exception during the period under review					
		During FY 2021-2022, there were two (2) clients referred who did not meet diagnostic criteria and 100% were assisted with applying for an exception.	D: # of participants that do not meet diagnostic criteria for psych rehab for the period under review  Data Source: Aurora Participant Enrollment Spreadsheet  Sample: All enrollment information available for the 20-23 fiscal years					
		During FY 2022-2023, there were five (5) clients referred who did not meet diagnostic criteria, and 100% were assisted in applying for an exception.	Frequency: Semi-annually  Responsible Person: Aurora Services  Coordinator, Aurora Secretary					

# Action Plan: Goal #1 Focus Area: Participant Access

Service Provider: Beaver County Rehabilitation Center, Inc.

**Desired Outcome**: Individuals desiring psych rehab services from Aurora will experience few- if any- barriers in accessing support.

**Target Objective**: 100% of participants referred to services that do not meet diagnostic criteria set forth by DHS, will receive support from Aurora in applying for an exception.

**Performance Measure(s)**: % of participants that do not meet diagnostic criteria for psych rehab who receive support from Aurora in applying for an exception during the period under review.

Data Source(s): Aurora Participant Enrollment Spreadsheet

Responsible Person: Aurora Services Coordinator, Aurora Secretary

Action Item	Responsible Person	Target Date	Status	Completion Date
Report Aurora Participant Enrollment July 2020 - Jun 2021	Aurora Services Coordinator, Aurora Secretary	7/31/2021	Complete	7/8/2021
Report Aurora Participant Enrollment July 2021 - Jun 2022	Aurora Services Coordinator, Aurora Secretary	7/31/2022	Complete	7/1/2022
Report Aurora Participant Enrollment July 2022 - Jun 2023	Aurora Services Coordinator, Aurora Secretary	7/31/2023	Complete	7/31/2023

QM Plan: 2020-20	)23	Focus Area: Participant Access		
Service Provider: I	Beaver County Rehabilita	tion Center, Inc.		
Goal #2	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person	
Individuals have access to supports in their communities.	Individuals desiring psych rehab services from Aurora will experience fewif any- barriers in accessing support.	Aurora Psych Rehab staff will submit a continued stay request for 100% of all participants wanting to continue services.	Performance Measure: % of participants who wanted to continue psych rehab services that Aurora submitted a continued stay request for during the period under review.	
	accessing support.	During FY Jul 20 – Jun 21, 100% of participants wanting to continue services had Continued Stay requests submitted by Aurora staff. 0 requests were denied.	N: # of participants who wanted to continue psych rehab services that Aurora submitted a continued stay request for during the period under review.  D: # of participants who wanted to continue the period under review.	
		During FY Jul 21 – Jun 22, 100% of participants wanting to continue services had Continued Stay requests submitted by Aurora staff. 0 requests were denied	psych rehab services for the period under review  Data Source: Participant folders  Sample: All psych rehab participant folders for the period under review	
		During FY Jul 22 – Jun 23, 100% of participants wanting to continue services had Continued Stay requests submitted by Aurora staff. 0 requests were denied.	Frequency: Track Semi-Annually; Report Annually  Responsible Person: Aurora Services Coordinator, Aurora Secretary, Compliance Coordinator	

## **Focus Area: Participant Access**

Service Provider: Beaver County Rehabilitation Center, Inc.

**Desired Outcome**: Individuals desiring psych rehab services from Aurora will experience few- if any- barriers in accessing support.

**Target Objective**: Aurora Psych Rehab staff will submit a continued stay request for 100% of all participants wanting to continue services.

**Performance Measure(s)**: % of participants who wanted to continue psych rehab services that Aurora submitted a continued stay request for during the period under review.

Data Source(s): All psych rehab participant folders for the period under review

Responsible Person: Aurora Services Coordinator, Aurora Secretary, Compliance Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
Report Continued Stay Requests	Aurora Services Coordinator,	7/31/2021	Complete	7/8/2021
for FY Jul 20 – Jun 21	Aurora Secretary			
Report Continued Stay Requests	Aurora Services Coordinator,	7/31/2022	Complete	7/1/2022
for FY Jul 21 – Jun 22	Aurora Secretary		-	
Report Continued Stay Requests	Aurora Services Coordinator,	7/31/2023	Complete	7/31/2023
for FY Jul 22 – Jun 23	Aurora Secretary			

QM Plan: 2020-2023		Focus Area: Participant Safeguards				
Service Provider: Beav	ver County Rehabilit	ation Center, Inc.				
Goal #1	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person			
Participants are safe when attending BCRC services as a result of risk management activity, incident management review,	Participant information is safely secured and routinely updated.	100% of Aurora psych rehab participant folders are reviewed semi-annually for the presence of IRPs and dates of compliance, updated releases, updated emergency contact information, and updated diagnostic information.	Performance Measure: % of Aurora psych rehab participant folders reviewed for the following during the period under review: the presence of IRPs and dates of compliance, updated releases, updated emergency contact information, and updated			
and accurate and thorough documentation.		During FY 2020-2021, 100% of participant folders were reviewed for the presence of IRPs and dates of compliance, updated releases, updated emergency contact information, and updated diagnostic information.  During FY 2021-2022, 100% of participant folders were reviewed for the presence of IRPs and dates of compliance, updated releases, updated emergency contact	diagnostic information, and updated diagnostic information  N: # of Aurora psych rehab participant folders reviewed as described above for the period under review  D: # of Aurora psych rehab participant folders for the period under review  Data Source: Review Checklist Spreadsheet			
		information, and updated diagnostic information.  During FY 2022-2023, 100% of	Sample: All Review Checklist information for the 2020-2023 FY			
					participant folders were reviewed for the presence of IRPs and dates of compliance, updated releases, updated emergency contact information, and updated diagnostic information.	Frequency: Track Semi-Annually; Report Annually  Responsible Person: Aurora Secretary, Aurora Services Coordinator

## **Focus Area: Participant Safeguards**

Service Provider: Beaver County Rehabilitation Center, Inc.

**Desired Outcome**: Participant information is safely secured and routinely updated.

**Target Objective**: 100% of Aurora psych rehab participant folders are reviewed semi-annually for the presence of IRPs and dates of compliance, updated releases, updated emergency contact information, and updated diagnostic information

**Performance Measure(s)**: % of Aurora psych rehab participant folders reviewed for the following during the period under review: the presence of IRPs and dates of compliance, updated releases, updated emergency contact information, and updated diagnostic information

Data Source(s): Review Checklist Spreadsheet; Participant files

Responsible Person: Aurora Secretary, Aurora Services Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
Semi-Annual update of Review Checklist Spreadsheet	Aurora Secretary, Aurora Services Coordinator	1/31/2021	Complete	1/15/2021
FY Report % of folders reviewed for Jul 20 – Jun 2021	Aurora Secretary, Aurora Services Coordinator	7/31/2021	Complete	7/8/2021
Semi-Annual update of <i>Review</i> Checklist Spreadsheet	Aurora Secretary, Aurora Services Coordinator	1/31/2022	Complete	1/15/2022
FY Report % of folders reviewed for Jul 21 – Jun 2022	Aurora Secretary, Aurora Services Coordinator	7/31/2022	Complete	7/1/2022
Semi-Annual update of Review Checklist Spreadsheet	Aurora Secretary, Aurora Services Coordinator	1/31/2023	Complete	1/15/2023
FY Report % of folders reviewed for Jul 22 – Jun 2023	Aurora Secretary, Aurora Services Coordinator	7/31/2023	Complete	7/31/2023

QM Plan: 2020-2023	QM Plan: 2020-2023 Focus Area: Provider Capacity and Capabilities Service Provider: Beaver County Rehabilitation Center, Inc.					
Goal #1	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person			
BCRC possesses and demonstrates the capability to effectively serve participants.	Aurora psych rehab staff are routinely trained to ensure the highest quality of service provision for	100% of all Aurora psych rehab practitioners will receive 18 hours of training <b>annually</b> Jan 1 – Dec 31 with 12 of these hours being in recovery oriented practices.	Performance Measure: % of Aurora psych rehab staff that receive 18 hours of training (with 12 being in recovery oriented practices) for the period under review			
		During 2020, 100% of psych rehab practitioners received a minimum of 18 hours of training with at least 12 of these hours being in recovery oriented practices.	N: # of Aurora psych rehab staff that receive 18 hours of training (with 12 being in recovery oriented practices) for the period under review			
		During 2021, 100% of psych rehab practitioners received a minimum of 18 hours of training with at least 12 of these hours being in recovery oriented practices.	D: # of Aurora psych rehab staff for the period under review  Data Source: Relias Training  Sample: All training summary data for all PR staff for the period under review			
		During 2022, 100% of psych rehab practitioners received a minimum of 18 hours of training with at least 12 of these hours being in recovery oriented practices.	Frequency: Track Semi-Annually; Report Annually  Responsible Person: Aurora Services Coordinator, Compliance Coordinator			

# **Focus Area: Provider Capacity and Capabilities**

Service Provider: Beaver County Rehabilitation Center, Inc.

**Desired Outcome**: Aurora psych rehab staff are routinely trained to ensure the highest quality of service provision for participants.

**Target Objective**: 100% of all Aurora psych rehab practitioners will receive 18 hours of training annually (Jan 1 – Dec 31), with 12 of these hours being in recovery oriented practices.

**Performance Measure(s)**: % of Aurora psych rehab staff that receive 18 hours of training (with 12 hours being in recovery oriented practices) for the period under review

Data Source(s): Relias Training

Responsible Person: Aurora Services Coordinator, Compliance Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
Report on training for 2020 calendar year	Aurora Services Coordinator, Compliance Coordinator	1/31/2021	Complete	1/15/2021
Report on training for 2021 calendar year	Aurora Services Coordinator, Compliance Coordinator	1/31/2022	Complete	1/15/2022
Report on training for 2022 calendar year	Aurora Services Coordinator, Compliance Coordinator	1/31/2023	Complete	1/15/2023

QM Plan: 2020-2023 Focus Area: Provider Capacity and Capabilities			
		bilitation Center, Inc.	
Goal #2	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person
and demonstrates the capability to effectively serve rehab staff are routinely trained to ensure the	routinely trained to ensure the highest quality of	100% of newly hired Psych Rehab staff will complete the 12 hour practitioner orientation training within their first year of working at Aurora.	Performance Measure: % of newly hired Psych Rehab staff that complete the 12 hours practitioner orientation training within their first year of working at Aurora
	for participants.	During FY 2020-2021, Aurora did not hire new staff.  During FY 2021-2022, Aurora did not hire new staff.	N: # of newly hired PR staff that complete the 12 hours of practitioner orientation training within their first year of working at Aurora (for the period under review)
		During FY 2022-2023, Aurora did not hire new staff.	D: # of newly hired PR staff working at Aurora (for the period under review)  Data Source: Relias Training
			Sample: Training records of all newly hired PR staff
			Frequency: Annually
			Responsible Person: Aurora Services Coordinator, Compliance Coordinator

# **Focus Area: Provider Capacity and Capabilities**

Service Provider: Beaver County Rehabilitation Center, Inc.

**Desired Outcome**: Aurora psych rehab staff are routinely trained to ensure the highest quality of service provision for participants.

**Target Objective**: 100% of newly hired Psych Rehab staff will complete the 12 hour practitioner orientation training within their first year of working at Aurora

**Performance Measure(s)**: % of newly hired Psych Rehab staff that complete the 12 hours practitioner orientation training within their first year of working at Aurora

Data Source(s): Relias Training

Responsible Person: Aurora Services Coordinator, Compliance Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
No action steps are needed other than routine monitoring of orientation for new hires	Aurora Services Coordinator, Compliance Coordinator	Dependent on new hire date	N/A	N/A

QM Plan: 2020-2023 Focus Area: Provider Capacity and Capabilities				
Service Provider: Bea	ver County Rehabilitati			
Goal #3	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person	
BCRC complies with all service standards and seeks to continually improve its practices	Psychiatric Rehabilitation services reflect adherence to all service descriptions	Aurora Psych Rehab participates in 100% of all requested audit activity. Should an area of non-compliance be identified, 100% of CAPs will be integrated into the QM Plan.	Performance Measure: % of requested Psych Rehab audits that Aurora participated in AND % of CAPs integrated into the QM Plan for the period under review.	
		Audits for FY 2020-2021: Aurora participated in all requested audits for this period under review. The findings of all audits resulted in zero CAPs; therefore, nothing was integrated into the QM plan.	N: # of requested Psych Rehab audits that Aurora participated in for the period under review D: # of requested Psych Rehab audits for the period under review	
		Audits for FY 2021-2022: Aurora participated in all requested audits for this period under review. The findings of all audits resulted in zero CAPs; therefore, nothing was integrated into the QM plan.	N: # of Psych Rehab CAPs for the period under review integrated into the QM Plan D: # of Psych Rehab CAPs for the period under review  Data Source: Audit letters, QM Plan  Sample: All PR audit requests and	
		Audits for FY 2022-2023: Aurora participated in all requested audits for this period under review. The findings of all audits resulted in zero CAPs; therefore, nothing was integrated into the QM plan.	findings for the period under review  Frequency: Semi-annually  Responsible Person: Aurora Services Coordinator, Aurora Secretary, Compliance Coordinator	

# Focus Area: Provider Capacity and Capabilities

Service Provider: Beaver County Rehabilitation Center, Inc.

Desired Outcome: Psychiatric Rehabilitation services reflect adherence to all service descriptions

**Target Objective**: Aurora Psych Rehab participates in 100% of all requested audit activity. Should an area of non-compliance be identified, 100% of CAPs will be integrated into the QM Plan.

**Performance Measure(s)**: % of requested Psych Rehab audits that Aurora participated in <u>AND</u> % of CAPs integrated into the QM Plan for the period under review.

Data Source(s): Audit letters, QM Plan

Responsible Person: Aurora Services Coordinator, Aurora Secretary, Compliance Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
No action steps needed apart from routine monitoring	Aurora Services Coordinator, Aurora Secretary, Compliance Coordinator		Ongoing	