

NYS Quality Improvement Workplan for the OPWDD Comprehensive Waiver (0238)/1115 Waiver, January 20, 2012

Issue	Action Steps	Time Frame		Status
<p><u>Health and Welfare Assurance:</u> <u>All action items delineated below for the Health and Welfare Assurance will remain in place under the 1115 Waiver</u></p>				
<p>1. Improve the reporting of mortalities for state and voluntary operated programs/facilities</p>				
	a. Train all providers on OPWDD's Incident Report and Management Application (IRMA).	Completed		Completed
	b. Add required fields to IRMA to increase data integrity for the reporting of mortalities	Completed		Completed
	c. Implement process for the centralized review of initial mortality data entered into IRMA.	Completed		Completed
	d. Develop and implement review to be conducted by OPWDD Internal Audit to determine if the improvements to mortality reporting are working (see also 4 n).	May 2012		
<p>2. Improve the investigation of individual mortalities for state and voluntary operated programs/facilities</p>				
	a. Develop criteria for when OPWDD's Office of Investigations and Internal Affairs (OIIA) will assume responsibility for the investigation of deaths (as discussed with NQE), (see also 5 k below).	July 2012		
	b. In conjunction with OIIA, develop criteria for when OPWDD certified investigators will closely monitor the investigations of deaths (see also 5 l below)	July 2012		
	c. Establish process for statewide implementation of the new criteria in a and b (see also 5 m below).	July 2012		
	d. Implement processes for centralized investigations of deaths (a above) and enhancing monitoring of investigations (b above) in accordance with the established criteria and	September 2012		

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	policy/processes developed in a through c above. .			
	e. Develop/revise and implement investigation review survey process to determine that investigations are completed in accordance with OPWDD incident management and investigations requirements.	May 2012		
3. Enhance the statewide monitoring, data aggregation, and review of mortalities for quality improvement for state and voluntary operated programs/facilities				
	a. Develop/amend and finalize mortality performance measures for the waiver amendment and quality improvement (e.g., for deaths identified as unexpected, the number and percentage for which mortality review/investigation resulted in the identification of preventable causes.)	March 2012		
	b. Gather information from other states on mortality review (e.g., Mass).	Completed		Completed
	c. Meet with experts to review possible framework for mortality review.	March 2012		
	d. Develop framework for mortality review based on the meeting with experts and information from other states.	May 2012		
	e. Establish an OPWDD statewide mortality review committee.	May 2012		
	f. Develop processes to review statewide mortality data collection and analysis and recommend system improvements as appropriate	May 2012		
	g. Develop process to make pertinent mortality information available to stakeholders	June 2012		
4. Improve the reporting of all serious reportable incidents and allegations of abuse for state and voluntary operated programs/facilities				
	a. Establish mechanisms for the anonymous reporting of allegations of abuse	Completed		Completed
	b. Develop protocol and MOU with the State Police and	Completed		Completed

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	designated liaison for law enforcement to ensure incidents and allegations of abuse are reported to law enforcement when a crime may have been committed against an individual receiving services.			
	c. Expand Critical and Significant Event Notification Protocol for state and voluntary operated programs in order to enhance notification processes and real time updates to appropriate OPWDD staff.	Completed		Completed
	d. Establish centralized Incident Management Unit to improve oversight, analysis, and follow-up on reports of serious reportable incidents and allegations of abuse in state and voluntary operated programs/facilities.	Completed		Completed
	e. Create and hire for new centralized Incident Management positions.	June 2012		
	f. Mandate the use of IRMA by all state and voluntary operated programs/facilities for real time data entry.	Completed		Completed
	g. Train all voluntary and state operated agencies on the use of IRMA	Completed		Completed
	h. Develop guidance to the field on the required use of IRMA by all state and voluntary agencies.	Completed		Completed
	i. Submit regulations to the Governor's office for approval requiring the use of IRMA by all state and voluntary agencies.	March 2012		
	j. Update OPWDD website to provide information to the public on how to report incidents.	Completed		Completed
	k. Add a section on the "Learning About Incidents" brochure to provide information on how to report incidents.	March 2012		
	l. Issue guidance to the field to require the reporting and investigation of exploitation and theft of a person's funds. (as discussed with NQE). Note: Clarence Sundrum's Report is making statewide recommendations related to classification of abuse across all human service agencies. If this recommendation is adopted this will be implemented on a statewide basis so OPWDD will hold off on revising its own	June 2012		

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	regulations until the statewide approach is adopted.			
	m. Update OPWDD's incident handbook (the Part 624 Handbook) to include actions taken to strengthen incident management as described in this workplan.	October 2012		
	n. Develop and implement review by OPWDD Internal Audit to determine if the improvements to incident reporting are working. (see also 1 d above)	May 2012		
5. Strengthen the investigation of all incidents and allegations of abuse for state and voluntary operated programs/facilities				
	a. Establish Office of Investigations and Internal Affairs (OIIA) to enhance the quality and independence of investigations.	Completed		Completed
	b. Create and hire for new OPWDD investigator positions	June 2012		
	c. Restructure OPWDD's investigations process to make investigations of allegations of physical and sexual abuse in all state operated programs independent from operations. (Note: d below addresses independence of investigations in voluntary programs/facilities as regulations were needed to effectuate this action).	Completed		Completed
	d. Issue regulations that require that investigations across the system (state and voluntary) be conducted at arms length.	Completed		Completed
	e. Require state investigators working for OIIA be trained and certified by a nationally recognized consultant identified by OPWDD.	Completed		Completed
	f. Establish consistent investigator training and competencies for state and voluntary agencies.	June 2012		
	g. Develop consistent format and guidance for investigations across the system (state and voluntary) to improve quality of investigative reports	Completed		Completed
	h. Issue guidance to the field requiring the use of the standard format for investigative reports	February 2012		
	i. Submit regulations to the Governor's office for approval that	March 2012		

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	require all state and voluntaries to enter investigative reports into IRMA.			
	j. Submit regulations to the Governor's office for approval which establish appropriate timeframes for the completion of investigations by state and voluntary agencies.	March 2012		
	k. Establish appropriate criteria for when the OPWDD OIIA will assume responsibility for the investigation instead of the state and voluntary agencies. (see also 2.a above).	July 2012		
	l. In conjunction, with OIIA, develop criteria for when OPWDD certified investigators will closely monitor the investigation instead of the state and voluntary agencies (see also 2 b. above).	July 2012		
	m. Establish process for statewide implementation of the new criteria in k through l (see also 2 c. above).	July 2012		
	n. Improve tracking of OIIA investigations and outcomes by developing/enhancing investigations database	Completed		Completed
	o. Connect Investigations Database to IRMA Database for fully integrated data collection and management	March 2013		
	p. Develop and implement internal control review to determine if improvements to investigations are working	September 2012		
<p>6. Improve communication and feedback between incidents and allegations of abuse and the service coordinator to ensure appropriate monitoring and service plan updates (state and voluntary operated programs/facilities)</p>				
	a. Review role of the service coordinator in relation to incident management requirements/guidelines/processes to ensure there is a clear feedback loop between the responsible individuals following up/remediating the incident back to the service coordinator for the affected individual(s) on their caseload so that they are apprised of the status and outcomes of the incident. (also see #3 under service plans)	May 2012		
	b. Review service coordination guidance to ensure appropriate triggers for necessary service plan changes to ensure that	May 2012		

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	needs and safeguards are identified when a person is affected by an incident (see also service planning action items). (also see service plan action steps).,			
7. Improve statewide monitoring of restrictive interventions that do not rise to the incident level for state and voluntary operated programs/facilities				
	a. Develop data collection, review and analysis process for restrictive physical interventions that do not rise to the incident level in order to establish baseline information on when restrictive interventions are utilized to better direct training efforts and prevent abuse from occurring. Pilot reporting process throughout state operated services.	February 2012		
	b. Require voluntary providers to begin using standardized reporting process for restrictive physical interventions that do not rise to the incident level.	June 2012		
	c. Require all service providers to begin using standardized reporting process for emergency (PRN or STAT) use of medications to modify or control maladaptive or inappropriate behaviors that do not rise to the incident level.	June 2012		
	d. Propose regulations that would require a consultative panel to review the use of psychiatric medication with co-occurring conditions.	Completed		
8. Enhance statewide monitoring, data aggregation, and review of incidents and allegations of abuse for state and voluntary operated programs/facilities				
	a. Allow the Commission on Quality of Care and Advocacy for People with Disabilities (CQC) access to IRMA to enhance statewide data analysis for system improvements.	Completed		
	b. Develop/Amend performance measures and data collection	March 2012		

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	necessary for the Waiver Technical Amendment on incident management and investigations (e.g., number and percent of investigations done accurately and correctly according to state incident management policies and procedures).			
	c. Amend DQI Incident Management Protocol to ensure the incorporation of all pertinent requirements	April 2012		
	d. Incorporate means to track all remediation into DQI database	July 2012		
9. Reduce excessive overtime by OPWDD staff working in state operated programs/facilities				
	a. Develop a formal tracking process that monitors the amount of overtime that state OPWDD employees work. (1) staff working more than 32 hours of ot in any two-week period; (2) staff working greater than 16 consecutive hours on any occasion; staff working greater than 7 consecutive days within any two week period.	Completed		
	b. Develop performance measures to assess progress in reducing excessive overtime by OPWDD staff and for continuous quality improvement	May 1, 2012		
10. Increase statewide health and safety communications and alerts to raise awareness in state and voluntary operated programs/facilities				
	a. Issue updated transportation safety memorandum reinforcing policies and procedures and accountability for all individuals	Completed		
	b. Develop and implement a Choking Prevention Initiative to raise awareness of dysphagia, choking risks and interventions, food preparation, and the importance of adhering to individuals' diet plans.	February , 2012		
	c. Develop/implement an ongoing process for a statewide series of Health and Safety Alerts to raise awareness on	Completed		

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	where health and safety may be compromised.			
11. Enhance fire safety and prevention in state and voluntary operated programs/facilities				
	a. Issue an administrative memorandum standardizing fire safety practices at state and voluntary homes.	Completed		Completed
	b. Develop and Implement a new fire safety curriculum in conjunction with the Office of Fire Prevention and Control (OFPC) and voluntary agencies.	Completed		Completed
	c. Develop and implement protocol to report all fires in state and voluntary programs to OFPC so that OFPC can review cause and origin.	Completed		Completed
	d. Develop and implement uniform fire drill and evacuation process.	March 2012		
	e. Develop and implement uniform fire drill and evacuation reporting format to enhance access to information and trends that help direct technical assistance to appropriate locations.	July 2012		
	f. Develop and distribute a process on how to report a fire event that occurs in an OPWDD certified residence.	April 2012		
	g. In conjunction with OFPC, conduct fire safety webinar that will consist of panel discussion by an expert who will present information on steps that can be taken to improve fire safety awareness, prevention, preparedness, and response to fire emergencies. Widely disseminate webinar. Develop and post "how to" training videos to emphasize awareness of site-specific fire evacuation plans.	December 2012		
	h. Reconvene group of state and national experts in fire safety construction to review the progress made to date in the gap analysis study of existing homes and review next steps regarding prioritization.	February 2012		Meeting scheduled for 2/9/12
	i. Add fire safety performance review protocols into DQI database	March 2012		
	j. Develop mechanism for collecting and tracking information	Completed		Completed

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	regarding incidents and causes of fires in OPWDD certified residences.			
	k. Develop process to analyze and trend information on cause and origin of fires to use in fire prevention efforts (e.g., issuing Health and Safety Alerts).	Completed		
12. Promote initiatives for culture change and strengthen system-wide communications to promote positive relationships				
	a. Implement unannounced site visits by DDSO leadership to all site-based programs to facilitate open communication between staff and DDSO Leadership and individuals receiving services and DDSO Leadership.	Completed		Completed
	b. Initiate a team to comprehensively address culture change; engage direct support professionals in these efforts and to develop measurable outcomes.	Completed		Completed
	c. Develop and implement state employee survey (a.k.a. trust survey) to assess culture and establish baseline information surrounding the reporting of health and safety concerns.	Completed		Completed
	d. Develop action plan(s) for culture change team.	April 2012		
	e. Form local culture change implementation teams to implement action plan(s).	April 2012		
	f. Reissue Trust Survey to assess progress with culture change.	July 2012		
	g. Reconvene focus group to assess culture change effectiveness.	March 2013		
	h. Launch "I Spoke Out" Campaign to remind staff of the need to report abuse and neglect directly to their Supervisor.	Completed		Completed
	i. Provide all state employees access to OPWDD e-mail to increase the sharing of information on reform initiatives.	Completed		Completed
	j. Re-launch agency-wide OPWDD newsletter called People First to provide information about reforms and positive system outcomes.	Completed		Completed
	k. Develop and implement an OPWDD Facebook page to	Completed		Completed

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	distribute press releases, share success stories, and other information			
	I. Require all OPWDD staff to receive training in the “Promoting Positive Relationships and Safe Environments for People With Developmental Disabilities” course to help staff in preventing and identifying abuse within the system. (note: promulgated regulation to require this training annually for all state and voluntary staff (see 3 b. under Qualified Providers).	Completed		Completed
<p><u>Qualified Provider Assurances</u> <u>All action items delineated under the Qualified Provider Assurance will remain in place under the 1115 Waiver</u></p>				
<p>1. Strengthen qualifications/criteria and expectations for new OPWDD staff in state operated programs/facilities</p>				
	a. Develop and implement additional qualifications/criteria for newly hired OPWDD direct support professionals to ensure the hiring of the highest quality staff possible (high school diploma or equivalent; psychological and fitness testing; mandatory drug testing; Medicaid excluded provider screenings; child abuse registry screening). Note: requirements exist for voluntary operated programs/facilities including Medicaid excluded provider screening, Criminal Background Check (CBC) Screenings and reference checks, Child Abuse Registry Screening, mandatory training and review of competency by DQI survey staff.	Completed		Completed
	b. Amend the state title and expectations for developmental aid to direct support assistant to reinforce the duties and expectations of this position.	Completed		Completed
	c. Issue directive that all state employees must serve probationary period regardless of previous employment/experience and that no employee will be rehired or who has been terminated or resigned in lieu of termination	Completed		Completed

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	due to substantiated abuse/neglect.			
	d. In cooperation with (NYSOMIG), identify employee and provider conduct that will be referred to the OMIG through a process developed by OPWDD and the OMIG for consideration of excluding such employees and providers from participation in the Medicaid program inclusion.	July 2012		
2. Strengthen disciplinary processes for holding OPWDD staff accountable for misconduct and violations in state operated programs/facilities				
	a. Incorporation of a cross-systems table of penalties between the state and Civil Service Employees Association (CSEA) setting forth specific penalties if employees have been found to engage in certain misconduct (statewide cross systems initiative)	Completed		
	b. Develop new cross-systems training program for arbitrators that comprise the abuse panel to increase consistency of decisions (statewide cross systems initiative being handled by the Governor's Office of Employee Relations (GOER) external to OPWDD)	OPWDD will monitor GOER's progress		
	c. Restructure and streamline OPWDD's disciplinary review process to create a statewide disciplinary review panel to increase consistency and improve the management of the agency's Employee Performance Management Program.	Completed		Completed
	d. Develop/implement consistent policies related to the issuance of Notices of Discipline (NODs) for centralized decision making for specific categories of charges.	Completed		Completed
	e. Implement suspension without pay in substantiated disciplinary cases for serious abuse and neglect.	Completed		Completed
3. Ensure consistent training for direct support professionals and supervisors statewide to prevent abuse and neglect in state and voluntary operated programs and facilities				

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	a. Develop and implement statewide training to reinforce principles of respect, dignity, and professional ethics for all people served.	Completed		Completed
	b. Promulgate regulations that require that all employees, volunteers, and family care providers in the OPWDD system receive annual training on promoting positive relationships, incidents/abuse reporting, and abuse prevention. .	Completed		Completed
	c. Develop the Positive Relationships Offer More Opportunities for Everyone (PROMOTE) curriculum designed to emphasize the importance of positive relationships and proactive measures to prevent challenging behaviors.	February 2012		
	d. Complete multiple “train the trainer” sessions to train at least 80 instructors for the PROMOTE Curriculum.	April 2012		
	e. Begin implementing the PROMOTE curriculum statewide for all direct support professionals and supervisors.	June 2012		
	f. Implement Awareness Training and Feedback Policy for State staff involved in allegations of abuse, neglect or mistreatment, including enhanced supervision to incorporate direct observation of the employee’s performance of job duties and additional training as determined by circumstances.	Completed		Completed
<p>4. Develop consistent statewide competencies for direct support professionals and supervisors in state and voluntary operated programs and facilities</p>				
	a. Create the NYS Talent Development Consortium to establish core competencies for all direct support professionals and other projects related to qualifications of staff.	Completed		Completed
	b. In conjunction with the NYS Talent Development Consortium, develop the core competencies for which direct support professionals must meet to be deemed qualified.	March 2012		Final revision stage
	c. To support the consistent use of the core competencies: develop a talent development plan to outline strategies and	June 2012		In Planning Stage

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	resources to learn the competencies, create assessment tools for supervisors, align performance management systems to the new competencies and develop outcome measures.			
	d. Begin field tests with select agencies, using field test data as it is received, modify competencies and tools as appropriate. Incrementally expand implementation until all agencies are using competencies.	July 2012		
	e. Develop a protocol to review core competencies for direct support professionals to be included in the OPWDD Division of Quality Improvement (DQI) survey protocols.	December 2012		
	f. In conjunction with the NYS Talent Development Consortium, develop core competencies for which direct support front-line supervisors must meet to be deemed qualified.	December 2012		
	g. For direct support supervisors, begin field tests with select agencies, using data modify competencies as needed and incrementally expand implementation until all agencies are using supervisory competencies.	March 2013		
	h. Develop a protocol to review core competencies for front-line supervisors to be included in the OPWDD Division of Quality Improvement (DQI) survey protocols.	June 2013		
5. Strengthen qualifications and criteria for new voluntary provider applicants				
	a. Develop and implement consistent statewide application and review processes for new provider applicants.	Completed		Completed
	b. Develop specific criteria for agency Executive Directors and other key staff positions and incorporate into the new provider application review process	April 2012		
	c. Amend statewide application for new provider applicants to ensure that all willing and qualified providers are approved. Strengthen application questions to assess qualifications such as knowledge, expertise, and ability of the provider to	April 2012		

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	deliver the service. Ask potential providers to articulate their competencies and background and what they bring to the table.			
	d. Develop and implement internal control review to determine if new criteria and processes is working.	November 2012		
	e. For 1115 Waiver, review new provider application process and criteria and amend as necessary to function under the care management infrastructure of the 1115 Waiver.	December 2012		
6. Enhance OPWDD oversight and accountability of state and voluntary provider agencies that deliver services under OPWDD's auspices				
	a. Redesign OPWDD's Early Alert Committee and processes as a tool to oversee voluntary non-profit providers and better detect precursors to serious/systemic problems.	Completed		Completed
	b. Review Early Alert Committee and processes as a tool to oversee state operated programs/facilities to ensure consistent application of monitoring and sanctions across state and voluntary provider programs/facilities	June 2012		
	c. Publically disclose providers with Early Alert status on OPWDD's website.	Completed		Completed
	d. Develop Early Alert criteria to determine the number of times, period of time, etc. that providers will be allowed to be on Early Alert status before additional sanctions or decertification commences.	June 2012		
	e. Implement provider fines as an additional provider sanction for voluntary operated provider agencies	Completed		Completed
	f. Review OPWDD's complete sanctions policies, procedures, and processes for state and voluntary operated programs/facilities and compile them in one place and post on OPWDD website for transparency.	June 2012		

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	g. Develop an internal control review to determine if the improvements to Early Alert and sanctions are working.	May 2012		
7. Qualifications and Competencies for staff who assist individuals to self-direct services under the 1115 Waiver				
	a. Review policy and requirements for self-directed services and qualifications and competencies for staff that assist individuals with self-direction and make changes necessary to align with the 1115 care management structure to meet qualified provider and health and safety assurances.	December 2012	Jerry	
<u>Service Plan Assurances</u>				
1. Review/modify service coordinator training for adequacy of assessment, service plan development, and service plan monitoring information and guidance for state and voluntary operated service coordination programs				
	a. Design and pilot Informed Choice Curriculum to train service coordinators in how to help individuals make informed choices in their lives.	Completed		
	b. Implement Informed Choice Curriculum statewide and post to OPWDD Training Website for use by all provider agencies.	March 2012		
	c. Review service coordination CORE and required training to determine if training components adequately train service coordinators in how to assess individual needs in order to appropriately help the person develop a service plan (as discussed with NQE) and health and safety monitoring.	March 2012		
	d. Update the Individualized Service Plan (ISP) curriculum and post to the OPWDD Training Website for use by authorized trainers.	June 2012		
	e. Modify service coordination training content as necessary in accordance with the review identified above.	June 2012		

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	f. Amend service coordinator required training requirements to make the ISP course a required training for all service coordinators/service coordinator supervisors (as discussed with NQE).	June 2012		
<p align="center">2. Strengthen Service Plan Development Processes to carry into the Design of 1115 Waiver Care Coordination for state and voluntary operated service coordination programs</p>				
	a. Establish a pilot for evaluating implementation of comprehensive nationally normed assessment tool(s) that will lead to roll out of a statewide assessment tool(s) that will ultimately inform support levels, the care plan, and care management resource allocation.	May 2012		
	b. Implement pilot of assessment tool(s).	June 2012		
	c. Decide how assessment tool(s) will be integrated into the 1115 Waiver care coordination model.	December 2012		
<p align="center">3. Strengthen service coordination service plan review and monitoring processes for state and voluntary operated service coordination programs</p>				
	a. Establish criteria under which the service coordinator must review the plan and include linkages to when there are incidents involving the person (also see #6 under Health and Safety)	June 2012		
	b. Develop guidance and review template for service coordinator supervisors to review service plans of individual service coordinators that they supervise for quality control and quality improvement.	June 2012		
	c. Review the roles/responsibilities of the service coordination supervisor to ensure there is enough guidance on the supervisor's role with regard to oversight of service coordinators in their health/safety monitoring	June 2012		

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<p>4. Clarify roles/responsibilities and competencies for service coordinators and service coordinator supervisors going into the 1115 waiver</p>				
	<p>a. As the 1115 waiver care coordination model is designed, specify the qualifications, experience, core competencies for service coordinators/care coordinators and service coordination/care coordination supervisors, and required members of the care coordination team to ensure appropriate skill levels for health and safety of individuals served.</p>	<p>December 2012</p>		
	<p>b. Formulate monitoring expectations and risk management tools for 1115 care coordinators particularly for people that will reside in non-certified settings under the 1115 Waiver.</p>	<p>December 2012</p>		
<p>5. Empower individuals and families and enhance informed choice and transparency for state and voluntary operated programs/facilities</p>				
	<p>a. Establish e-mail communication line (PeopleFirst@opwdd.ny.gov) to enable all stakeholders to comment or question on an array of topics</p>	<p>Completed</p>		<p>Completed</p>
	<p>b. Facilitate statewide listening sessions and public forums to ensure opportunities to solicit input into the development of the 1115 waiver</p>	<p>Completed</p>		<p>Completed</p>
	<p>c. Post demographic information about provider agencies on OPWDD's website including a listing of supports and services.</p>	<p>Completed</p>		<p>Completed</p>
	<p>d. Develop system for posting provider quality ratings on OPWDD's website.</p>	<p>March 2012</p>		
	<p>e. Begin implementation of quality rating system.</p>	<p>July 2012</p>		
	<p>f. Post COMPASS agencies on OPWDD website</p>	<p>Completed</p>		<p>Completed</p>

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NYS Quality Improvement Workplan for the OPWDD Comprehensive Waiver (0238)/1115 Waiver, January 20, 2012

Issue	Action Steps	Time Frame		Status
	g. Submit regulatory amendment to the Governor's office for approval which would require agencies to provide written information and explanation that maximizes individual and family/advocate understanding to individuals and families/advocates when beginning services, at the time of admission (i.e., when services commence) and annually thereafter, on individual rights including right to object. (a regulatory amendment would be required for mandated annual updates in writing).	October 2012		
<u>Administrative Authority Assurances</u>				
1. Strengthen DOH Administrative Oversight General				
	a. Redraft performance measures in Appendix A and align with administrative authority delegated functions.	March 2012		
	b. Revise DOH remediation strategies in Appendix A to align with performance measures and delegated functions.	March 2012		
	c. Redraft the MOU to articulate clear delegation, roles, and responsibilities.	March 2012		
	d. Restructure standing quarterly meetings and establish a standing agenda to include reports to be reviewed and discussed in the areas of health and welfare, qualified providers, and service plans along with the other assurances, based on oversight of OPWDD Reform Initiatives.	July 2012		
	e. In conjunction with OPWDD, determine appropriate DOH participation on OPWDD committees that monitor OPWDD Reform Initiatives.	July 2012		
	f. Examine DOH, Commission on Quality of Care and Advocacy for Persons with Disabilities (CQC), and the Office of the Medicaid Inspector General (OMIG), oversight	October 2012		

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NYS Quality Improvement Workplan for the OPWDD Comprehensive Waiver (0238)/1115 Waiver, January 20, 2012

Issue	Action Steps	Time Frame		Status
	responsibilities and processes to determine how they dovetail and compliment current DOH and OPWDD oversight.			
	g. Determine the level and frequency of collaboration between DOH, CQC, and OMIG, who also provide external oversight of OPWDD.	October 2012		
	h. In collaboration with OPWDD, define transitional roles and responsibilities for quality oversight and continuous improvement for the 1115 Waiver.	July 2012		
	i. Develop a process to monitor transition into the 1115 Waiver to clearly demonstrate Medicaid involvement and oversight.	July 2012		
2. Strengthen DOH Administrative Oversight: Health and Welfare				
	a. Meet with OPWDD to review and identify data to establish a process to enhance DOH oversight of health and welfare including: <ul style="list-style-type: none"> • Select targeted data sources for reports to DOH; • Develop type and scope of standard reports to be forwarded to DOH; • Develop reporting timelines; • Develop DOH process for reviewing and analyzing OPWDD reports for trends in remediation and quality improvement; • Develop feedback mechanism with OPWDD to communicate results of DOH analyses and findings; • Develop a process for evaluating OPWDD remediation and quality improvement activities to assure that both individual and systemic remediation needs have been addressed (closing the loop). 	July 2012		
	b. Develop the criteria, and establish a process and time frame for OPWDD notification to DOH of critical incidents and events (e.g. suspicious deaths).	March 2012		

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NYS Quality Improvement Workplan for the OPWDD Comprehensive Waiver (0238)/1115 Waiver, January 20, 2012

Issue	Action Steps	Time Frame		Status
3. Strengthen DOH Administrative Oversight: Qualified Providers				
	a. Develop documentation by which OPWDD certifies that providers recommended by OPWDD for enrollment into NYS Medicaid meet OPWDD provider standards.	July 2012		
	b. Develop a process to track the number of providers recommended by OPWDD, but who are denied enrollment into NYS Medicaid.	July 2012		
	c. Develop a process to monitor OPWDD's remediation of providers who are identified with deficiencies.	July 2012		
	d. Develop a process for evaluating OPWDD remediation and quality improvement activities to assure that both individual and systemic remediation needs have been addressed (closing the loop).	July 2012		
4. Strengthen DOH Administrative Oversight : Service Plans				
	a. Implement proposed process to bring ISP review to current timeframes as per the CMS State Medicaid Director Letter of January 2010.	Completed		
	b. Strengthen DOH oversight of service planning and implementation including: <ul style="list-style-type: none"> • Provide OPWDD with a statistically valid, representative ISP sample in preparation for implementation of the proposed ISP review process • Develop an ISP validation review process based on a sub set sample of the ISP sample provided to OPWDD • Develop process to provide feedback to OPWDD to communicate results of DOH review findings and analysis 	July 2012		

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NYS Quality Improvement Workplan for the OPWDD Comprehensive Waiver (0238)/1115 Waiver, January 20, 2012

Issue	Action Steps	Time Frame		Status
	<ul style="list-style-type: none"> • Develop format and frequency of reporting to OPWDD • Develop a process for OPWDD to demonstrate the remediation of findings from the DOH validation review. 			
	c. Develop a process for evaluating OPWDD remediation and quality improvement activities to assure that both individual and systemic remediation needs have been addressed (closing the loop).	July 2012		
<u>Quality Improvement Strategy/Systems Improvement</u>				
<p>1. Reformulate a comprehensive and integrated process for Continuous Quality Improvement both short-term to meet assurances and longer term going into the 1115 waiver.</p>				
	a. Review and define the roles and responsibilities of various divisions and units within OPWDD currently as it relates to Quality oversight and continuous quality improvement. Specify parties involved in measuring performance and making improvements. Clarify who has designated responsibility for directing and approving decisions on quality improvements. Clarify expectations of provider agencies currently as it relates to quality oversight and continuous quality improvement.	March 2012		
	b. Review the roles and responsibilities of existing quality oversight and quality review committees within OPWDD and how they communicate and interact with divisions and units responsible for quality oversight/quality improvement and each other. Determine whether revisions are needed to how these committees interact, communicate, and report to each other and leadership.	March 2012		
	c. Create updated chart and description of quality oversight and quality improvement connections by committees, roles and	March 2012		

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NYS Quality Improvement Workplan for the OPWDD Comprehensive Waiver (0238)/1115 Waiver, January 20, 2012

Issue	Action Steps	Time Frame		Status
	responsibilities and review and define ongoing continuous quality improvement deliverables from the various committees and reporting relationships. Include processes for trending, prioritizing, and implementing these system improvements.			
	d. Define transitional roles and responsibilities for quality oversight and continuous quality improvement for OPWDD, care management entities, and contracted providers anticipated as the state moves into the 1115 Waiver.	December 2012		
2. Enhance systems wide data aggregation and analysis function for system improvements				
	a. Assign dedicated OPWDD staff to the function of data aggregation and analysis	March 2012		
	b. Compile list of data that is available across the system including the data sources, frequency of data collection and aggregation and other pertinent information such as data integrity/internal control processes in place so necessary improvements can be determined.	April 2012		
	c. Develop an interdivisional committee of individuals and committee processes for the review of the aggregated data to come to conclusions about what the data is telling us in order to make systems/quality improvement recommendations to the Commissioner and leadership.	May 2012		
3. Review/Amend Waiver and Statewide Quality Improvement Strategy				
	a. Review Appendix H and make modifications to the statewide Quality Improvement Strategy that aligns with the Operating Agency (OPWDD) quality improvement priorities, processes, and practices and transitions necessary for quality improvement in the 1115 Waiver.	March 2012		
	b. Review and amend all waiver performance measures to align with the Quality Improvement Strategy, this workplan, and the	March 2012		

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NYS Quality Improvement Workplan for the OPWDD Comprehensive Waiver (0238)/1115 Waiver, January 20, 2012

Issue	Action Steps	Time Frame		Status
	recommendations from NQE and ensure the establishment/revision of data collection systems necessary to track performance measures.			
	c. Complete and Submit Request for Additional Information (RAI) from CMS.	March 2012		
	d. Revise and Submit Waiver Amendment	March 2012		
4. IT Infrastructure				
	a. Formulate high level IT infrastructure plan (People First X-Change) for care management to be used by SUNY Albany and IBM in support of the Innovations Challenge Grant.	Completed		
	b. Work collaboratively with SUNY Albany and IBM to support their application submission to CMS for the Health Innovations Challenge Grant that will fund New York State's information technology care management infrastructure for people with developmental disabilities. (Letter of Intent Submitted).	February 2012		

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