

November 1, 2013

Quality Management and Improvement Strategy for the New York State Office for People with Developmental Disabilities (OPWDD)

(Incorporates the Developmental Disability Service System Transformation)

I. Purpose:

Quality Management is a systemic approach for assuring that quality assurance and quality improvement activities are integrated and working as intended to achieve desired results. CMS expects states to follow a continuous quality improvement (CQI) process which involves continuous monitoring (i.e., discovery), methods for remediation or addressing identified quality deficiencies, and processes for (a) aggregating collected information on discovery and remediation activities, and (b) prioritizing and addressing needed systems changes on a regular basis.¹

This document outlines OPWDD's Statewide Comprehensive Quality Management and Improvement Strategy that incorporates CQI processes and guides the activities of the NYS Office for People with Developmental Disabilities in establishing, assessing, and improving the quality of services throughout the NYS intellectual/developmental disability (I/DD) service system.

In accordance with CMS Technical Guidance², on components of a quality improvement strategy, this OPWDD document describes:

- ✓ Roles and responsibilities of the parties involved in discovery, remediation and improvement activities; (Section III)
- ✓ Processes for information gathering (i.e., discovery), remediation, and systems improvement; (Section IV)
- ✓ Performance Measures which express discovery activities.

In addition, this OPWDD Quality Strategy outlines:

- ✓ Key Quality Improvement Projects and Initiatives related to OPWDD's Transformation goals.

This Quality Management Strategy also comprises the following by reference or in the text of this document:

- **OPWDD's 1915 C Waiver Quality Improvement Strategy:** the systems improvement activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the HCBS waiver assurances; the correspondent roles and responsibilities of those conducting, assessing and prioritizing system corrections and improvements; and the processes followed

¹ CMS Instructions, Technical Guide, and Review Criteria for 1915 c HCBS waivers, Version 3.5, page 10

² CMS Instructions, Technical Guide, and Review Criteria for 1915 c waivers, Version 3.5, page 11

to continuously assess the effectiveness of the Quality Strategy and revise it as necessary and appropriate³.

- **OPWDD Transformation Evaluation Plan:** describes how OPWDD will assess the degree to which the key goals of the transformation plan are achieved and how the key activities of the transformation plan are implemented.
- **OPWDD Transformation Accountability Plan:** details specific measures which will be used to actively track progress of the Transformation Plan, endeavoring to ensure that quality and access are fostered throughout the transformation, including the transition to managed care.
- **OPWDD Strategy for Transition and Expanding Housing Options:** Appendix G-1, submitted to CMS on August 30, 2013 for BIP deliverables 13.1 and 13.2.
- **OPWDD's Work Plan Affirming its Commitment to Establish an Independent Person Centered Planning Process and Progress Towards Council on Quality and Leadership CQL Measures:** Submitted to CMS on September 1, 2013.
- **Quarterly Report & New York Draft Plan To Increase Competitive Employment Opportunities For People with Developmental Disabilities** Submitted to CMS on October 1, 2013

II. Context and Background:

Since the 1970s, national developmental disability policy and funding has evolved to build upon a foundation of core principles that promote independence; community inclusion; self-determination; and productivity⁴. These values and guiding principles are the building blocks **for helping people with developmental disabilities live richer lives—the mission of the New York State Office for People with Developmental Disabilities (OPWDD)**. This philosophy is further reflected in OPWDD's articulation of its vision, values, and guiding principles:

Our Vision: People with developmental disabilities enjoy meaningful relationships with friends, family, and others in their lives; experience personal health and growth; and live in the home of their choice and fully participate in their communities.

Our Values

Compassion: The capacity to appreciate what others think and feel.

Dignity: The recognition of the worth of each person and the treatment of individual rights and preferences with respect, honor, and fairness.

³ Application for a 1915c Home and Community Based Waiver, Version 3.5, Appendix H preprint instructions and

⁴ Medicaid Managed Care for People with Disabilities: Policy and Implementation Considerations for State and Federal Policymakers. National Council on Disability. March 18, 2013.

Diversity: The celebration, respect and embracing of the differences among us because these differences strengthen and define us.

Excellence: The continual emphasis on innovation, increasing knowledge, and delivering the highest quality supports and services.

Honesty: The foundation on which trust is built and truth is communicated.

Guiding Principles

Put the Person First: People with developmental disabilities are at the heart of everything we do, and this person-first ethic is embodied in the way we express ourselves.

Improve Overall Quality of Life: OPWDD's vision of productive and fulfilling lives for people with developmental disabilities is achieved by creating opportunities and supporting people in ways that allow for as many people as possible to access the supports and services they want and need.

Provide Equal Opportunity: Access to supports and services is fair and equitable; a range of options is available in local communities to ensure this access, regardless of where in New York State one resides.

Ensure Accountability: There is a shared accountability and responsibility among and by all stakeholders, including individuals with disabilities, their families, the public, and our nonprofit providers. OPWDD's staff and providers are held to a high degree of accountability in carrying out responsibilities. We strive to earn and keep the individual trust of people with developmental disabilities and their families, as well as the public trust. Creating a system of supports that honors an individual's right to be responsible for their own life and accountable for their own decisions is of paramount importance.

Nurture Partnerships and Collaborations: The needs of people with developmental disabilities are as diverse as the individuals themselves. We believe our services and supports are most effective when there is collaboration with the many local and statewide entities that are partners in planning for and meeting these needs; this may include people

These values and guiding principles are the basis for quality management activities and are foundational to OPWDD's partnership with its many stakeholders as OPWDD designs and implements significant system reforms that relate to transformation and transition to a managed care service delivery infrastructure designed to:

- Make the system more person centered --supports and services that match each person's unique identified interests and needs, including opportunities for self-direction;
- Serve people in the most integrated settings possible;
- Provide better integrated, holistic planning and supports to individuals;
- Measure quality based on individualized outcomes.

These system goals do not start and end with a transition to managed care. Rather system reforms are being driven by a variety of forces in the social and political landscape including dwindling resources; increased demand for supports and services; national policy shift from general services to individualized supports; need for resource allocation methodologies based on assessed support needs; emphasis on evidence based practices; and calls for increased efficiency and effectiveness.⁵ These pressures and the need for sustainability will continue to drive systemic redefinitions in the

⁵ A Leadership Guide for today's Disabilities Organizations, Overcoming Challenges and Making Change Happen. Robert L. Schalock and Miguel Angel Verdugo. 2012 Paul H. Brookes Publishing Co. page 2-3.

developmental disability service system regardless of whether the system transitions to a managed care infrastructure. Over time, these system redefinitions include:

- ✓ A Shift from organization based “programs” to community based support systems;
- ✓ Organizational evolution from the view of organizations as the primary service providers to organizations as bridges to the larger community;
- ✓ Changing from external monitoring and evaluation to internally based performance monitoring and quality improvement;
- ✓ Shift from caretaker role to support and facilitation role;
- ✓ Shift from facility based services to community based individualized support systems;
- ✓ Increasing emphasis on self-determination; self-direction; employment; and evidence based practices; and
- ✓ Increasing emphasis on the critical role that direct support professionals play in enhancing personal outcomes and quality of life^{6, 7}

As the OPWDD service system implements system reforms and shifts to a managed care infrastructure, it is critical that the core principles and values underlying the national developmental disability system, and reflected by OPWDD’s mission, vision, and guiding principles, continue to be the mainstay of service delivery in New York State. As the provision of lifelong supports to people with disabilities represents a significant public policy investment, services and supports that are provided must be focused on enabling people to become productive and contributing members of the community to the fullest extent possible. ⁸ This involves helping people become more independent by emphasizing community driven natural supports and connections, employment opportunities and focusing on individualized skill building strategies.⁹

As the landscape continues to change, it is vitally important now more than ever that New York State’s developmental disability service system have a comprehensive

It is vitally important now more than ever that New York State’s developmental disability system have a comprehensive set of quality strategies that not only ensures health and safety but also measures the effectiveness of services in assisting people to achieve self-determination and independence.

⁶ Quality of Life for People with Intellectual and Other Developmental Disabilities. Applications Across Individuals, Organizations, Communities, and Systems. Robert L. Schalock, James F. Gardner, Valerie J. Bradley. American Association of Intellectual and Developmental Disabilities. 2007. Page 174.

⁷ A Leadership Guide for today’s Disabilities Organizations, Overcoming Challenges and Making Change Happen. Robert L. Schalock and Miguel Angel Verdugo. 2012 Paul H. Brookes Publishing Co. page 2-3.

⁸ Medicaid Managed Care for People with Disabilities: Policy and Implementation Considerations for State and Federal Policymakers. National Council on Disability. March 18, 2013. Page 70

⁹ Ibit

quality management system and set of strategies that not only ensures the health and safety of this vulnerable population but also measures the effectiveness of services in assisting people to achieve self-determination and independence. Moreover, to be successful at system transformation, quality management and monitoring strategies must ensure that plans are person centered; services are tailored to achieve outcomes desired by the individual and meet individual needs and are modified as individual needs change.¹⁰

This Quality Management Strategy for the developmental disability transformation incorporates the needs and demands of the changing developmental disability landscape, while building upon New York State's strong foundation of providing quality supports and services.

Intellectual/Developmental Disability System Reforms and Transformation:

OPWDD has initiated reform efforts that will facilitate enhanced alignment with the Olmstead ruling to support all individuals with disabilities in the most integrated settings according to needs and preferences. The current service system and its underlying fiscal platform were developed to support the provision of care in more traditional site based community service settings. Over time, system transformations will enable the service system to better support individuals in more independent community based settings. OPWDD will complete its transformation from an institutionally-based system to a community-based system by moving nearly all of the remaining 1,300 people out of large institutions into community settings and transforming its campus-based services to provide short-term, intensive treatment services to individuals who have demonstrated the need for this level of care and who will remain only as long as required to develop the supports that will enable them to move back into the community.

OPWDD has committed to achieving significant milestones related to establishing most integrated service settings and a supportive infrastructure through participation in New York State's **Money Follows the Person (MFP) Demonstration** and **Balancing Incentives Program (BIP)**. To meet the need for community-based residential settings associated with these reforms, OPWDD will also identify, develop and make available a much broader range of community-based supportive housing options. New care planning practices will also ensure that individuals already living and being supported in community settings are experiencing and engaging in those communities to the fullest extent.

OPWDD Transformation Plan:

The NYS developmental disability transformation plan was approved as of April 1, 2013, to provide OPWDD with resources and guidelines to ensure high-quality, appropriate services for individuals with developmental disabilities served in Medicaid-funded programs overseen by the New York State Department of Health (DOH) and Centers for Medicare and Medicaid Services (CMS).

¹⁰ Medicaid Managed Care for People with Disabilities: Policy and Implementation Considerations for State and Federal Policymakers. National Council on Disability. March 18, 2013. Page 122-123

The primary goals of the transformation plan are to de-institutionalize OPWDD services, expand competitive supported employment, make available education and opportunities for the self-direction of services, and plan an eventual transition to managed care.

Four major components comprise the Transformation Plan:

1. Offering opportunities for individuals moving from OPWDD campuses to live in smaller, more personalized settings.
2. Establishing a strategy for increasing supportive housing options, and a timeline for the transitioning of residents of intermediate care facilities to community settings.
3. Increasing the number of individuals in competitive employment by 700 within one year.
4. Educating more than 6,000 stakeholders to increase the number of individuals who are self-directing their services in part or whole from 850 to over 2,000 in this fiscal year.

The **OPWDD Evaluation Plan**, which is a component of this Quality Strategy, describes how OPWDD will assess the degree to which the key goals of the transformation plan are achieved and how the key activities of the transformation plan are implemented (See Attachment A_OPWDD Evaluation Plan for specific details).

The **OPWDD Accountability Plan**, also a component of this Quality Strategy, details specific measures which will be used to actively track progress of the Transformation Plan, endeavoring to ensure that quality and access are fostered throughout the transformation, including the transition to managed care (See Attachment B_OPWDD Accountability Plan for specific details).

OPWDD Transition to Managed Care Service Delivery System:

Accessing supports and services from New York State's siloed service systems has long been a challenge for New Yorkers with developmental disabilities. Historically, due to fee for service funding structures and other system constraints, there have been significant obstacles to the development of effective mechanisms to coordinate care across different providers and service systems.¹¹ By phasing in managed care, OPWDD will begin to facilitate improved coordination of care. New organizations known as DISCOs with expertise from within the current OPWDD service provider community will provide holistic, person-centered care planning and delivery of coordinated, comprehensive supports and services to meet the full range of an individual's needs for support and services.

In 2014, initial managed care organizations will offer long-term supports and services, with a benefit package that includes OPWDD waiver services as well as NYS Department of Health (DOH) long-term services (e.g. personal care) and behavioral health services through NYS Office of Mental Health. Thereafter, OPWDD will begin to expand managed care operations to the entire state and expand the menu of supports and services provided by DISCOs to include acute and primary health

¹¹ Managed Care and Developmental Disabilities Reconciling the Realities of Managed Care with the Individual Needs of Persons with Disabilities. Dale Mitchell, PH.D. 1999

care and other Medicaid services. As this process proceeds, NYS OPWDD will phase out its fee-for-service operations entirely.

NYS contracts with an External Quality Review Organization (EQRO) to perform the independent assessment of program impact, access, quality, and cost effectiveness. The EQRO is expected to perform the following for DISCOs:

- **Validation of encounter data:** All DISCOs will be required to submit encounters to the Medicaid Encounter Data System (MEDS). MEDS data provide a source of comparative information and is typically used for monitoring service utilization, evaluating access and continuity of service issues, monitoring and developing quality and performance indicators, cost effectiveness analyses, and other related inquiries. The EQRO will audit the integrity, reliability, and validity of the data.
- **Validation of other quality data** that results in reports of performance measures/indicators including but not limited to: data reported by DISCOs for the 1915 C Waiver performance measures that relate to 1915 C waiver assurances; CQL Personal Outcome Measure information compiled by DISCOs and reported to OPWDD; and systems outcome data required by NYS OPWDD. The EQRO will audit the integrity, reliability, and validity of the data.
- **Validation of participating provider network reports and related information:** DISCOs will submit information on their provider network quarterly to NYS. These quarterly reports will be used to monitor compliance with access standards, network capacity, choice, and related inquiries regarding the validation of performance improvement projects.
- Review of **choice, timely access to supports and services, experience of care, availability of supports and network adequacy.**
- Validation of the DISCO data and methodology and results for required **performance improvement projects.**
- Validation of **enrollments and disenrollments** for appropriateness and other factors in accordance with federal/state standards.
- Validation of required **utilization review activities and review of coverage and authorization of services** (438.210).
- Preparation of annual reports on the performance of each DISCO and communication with NYS and DISCOs on strengths and weaknesses.
- Focused Review Activities and/or Targeted Reviews both clinical and non-clinical required by NYS DOH and/or OPWDD.

*For all data validation items mentioned above, the EQRO will audit the integrity, reliability, and validity of the data, and use this analysis to advise the DISCO and NYS on strengths and weaknesses, and make other recommendations and provide the information in a written report on each DISCO.

III. ROLES AND RESPONSIBILITIES FOR QUALITY MANAGEMENT/IMPROVEMENT PROCESSES AND ACTIVITIES

In accordance with the CMS Technical Guide¹² on components of a Quality Strategy, the following outlines the key parties involved in discovery, remediation and improvement activities for OPWDD:

A. Design, Delivery, and Improvement of Person Centered Supports and Strategies:

The OPWDD Division of Person Centered Supports is responsible for the design, development, and improvement of services and supports throughout the developmental disability service system.

The OPWDD Division of Service Delivery is responsible for the implementation and monitoring of services and supports delivered throughout NYS.

Key leaders in these divisions have responsibility for spearheading OPWDD's transformation initiatives related to competitive employment; self-direction; expanding community integrated housing options, Money Follows the Person (MFP) and deinstitutionalization; development of the specialized managed care plans; and for developing continuous quality improvement strategies in these important areas

B. OPWDD Internal Transformation Work Teams and Transformation Steering Committee:

In October 2013, OPWDD formed internal interdivisional enterprise work teams led by leaders from the Division of Person Centered Supports. These transformation work teams are focused on four areas priority areas for transformation and quality improvement: (1) self-direction; (2) self-direction plan technical elements; (3) Housing; (4) Employment.

These teams are charged with developing plans and strategies to shape transformation, including specific implementation work plans and strategies to remediate obstacles and barriers that are inherent and/or arise throughout the process.

These transformation teams report directly to the Commissioner and Executive Deputy Commissioner, the top leaders of OPWDD who ultimately prioritize and allocate staffing and other applicable resources for all OPWDD system improvement activities.

In addition, there is an overall Transformation Team Steering Committee comprised of top leaders of all OPWDD divisions and their key staffers. This Steering Committee meets several times per month and has temporarily taken on the role of the Quality Improvement

¹² CMS Instructions, Technical Guide, and Review Criteria for 1915 c waivers, Version 3.5, page 11

Steering Committee described in OPWDD's 1915 C Waiver Agreement.¹³ Also see section VI below.

C. OPWDD Stakeholder Transformation Teams:

In April 2013, former Commissioner Burke established stakeholder transformation teams focused on three main areas: (1) preparing the system to transition to managed care; (2) achieving transformation goals; and (3) continuing to work with the provider community to find efficiencies and foster innovation. To ensure continued success, the transformation teams are designed to guide the system, identify critical areas for improvement, coordinate new and ongoing efforts, and develop strategies to make sure that the system is person-centered and sustainable.

These teams are:

- ✓ **Managed Care Implementation Team:** The managed care implementation team guides OPWDD and provider agencies in forming developmental disabilities individual support and care coordination organizations (DISCOs) while ensuring a smooth transition and continuity of high quality of services;
- ✓ **Service Transformation Team:** The service transformation team will develop strategies, engage stakeholders, and help track progress in achieving the quarterly benchmarks outlined in the transformation agreement; and,
- ✓ **Provider Efficiency and Innovation Team:** the provider efficiency and innovation team will engage stakeholders to recommend, develop, track, and implement wide-ranging strategies to create system efficiencies and spread innovations that benefit services for people with developmental disabilities.

In addition to the above stakeholder transformation teams, New York State Legislation enacted in 2013 provides that a joint advisory council chaired by the commissioner of OPWDD and the commissioner of health will advise both agencies regarding the oversight of DISCOs. The 12-member council will include individuals with developmental disabilities, family members of, advocates for, and providers of services to people with developmental disabilities. Three members will also be members of the special advisory review panel on Medicaid managed care. The Joint Advisory Council is charged with reviewing all managed care options provided to individuals with developmental disabilities, including the adequacy of habilitation services, the record of compliance with person-centered planning, person-centered services and community integration, the adequacy of rates paid to providers and the quality of life, health, safety and community integration for individuals with developmental disabilities enrolled in

¹³ As described in OPWDD's 1915 C Waiver, Appendix H, the Quality Improvement Steering Committee (QISC) is chaired by the OPWDD Commissioner and Executive Deputy Commissioner. Their charge is to provide vision and strategic direction for quality management that will result in continuous quality improvement across the OPWDD enterprise and the larger developmental disability service system. The QISC is responsible for prioritizing system improvement activities and is advised by the OPWDD DD Advisory Committee and other stakeholder representatives as well as internal OPWDD subcommittees. The Single State Medicaid Agency participates in through the DD Advisory Committee.

managed care. The Joint Advisory Council will report its findings and recommendations to the commissioners and the New York State legislative leaders.

D. Bureau of Strategic Planning and Performance Measures:

This Bureau has responsibility for ensuring that OPWDD has meaningful performance measures that result in accountability and continuous quality improvement throughout the enterprise.

This Bureau spearheads OPWDD's involvement, implementation, and analysis of the **National Core Indicators (NCI)** used for quality improvement at the OPWDD systems level and is involved with the evaluation and accountability of OPWDD's transformation initiatives as outlined in the OPWDD Evaluation Plan and the OPWDD Accountability Plan incorporated in this Quality Strategy.

Staff in this bureau is instrumental to the efforts of the Transformation Steering Committee and Transformation Work Teams.

E. OPWDD Medical Director

OPWDD is in the process of hiring a Chief of Medical Services who will be initially tasked with enhancing the implementation and operation of OPWDD's Quality Strategy. The Medical Director will enhance the infrastructure and effectiveness of the Quality Improvement Steering Committee (QISC) created by OPWDD in March 2012. The Medical Director will also develop a centralized approach to data aggregation and analysis within OPWDD that will build upon the existing structure to enhance the use of evidence based data for decision-making about continuous quality improvement efforts at the enterprise level.

F. Provider Oversight Through Division of Quality Improvement (DQI)

The **Division of Quality Improvement (DQI)** is the administrative unit within OPWDD responsible for monitoring regulatory compliance and certifying all community programs including both state-operated programs and not-for-profit community residential, day, clinic and free-standing respite programs, and the review of Home and Community Based Services (HCBS) Waiver and Medicaid Service Coordination (MSC) services. DQI is comprised of the following Bureaus:

- ✓ **The Bureau of Program Certification (BPC):** is responsible for the review and certification of programs and services serving people with developmental disabilities in New York State. DQI certifies over 7,000 programs operated by over 600 agencies. Certified programs include residences (i.e., Individualized Residential Alternatives (IRA),

supportive and supervised community residences, intermediate care facilities (ICF) and Private Schools); day programs (i.e., day treatment, day habilitation, day training); Article 16 clinics and one specialty hospital. In addition, DQI reviews the provision of services for agencies which provide Home and Community Based Waiver (HCBS) services and Medicaid Service Coordination (MSC).

BPC surveys and certifies programs using trained teams of survey staff who operate out of three offices. These survey offices are located in Schenectady, Newark and Manhattan. All programs are surveyed based on the expiration date of the operating certificate with an overall average site visit frequency of once a year. In a given year, a program site that is not due for a certification survey receives an annual visit. This is a truncated review that focuses primarily on topics related to program participant health and safety and usually involves assessing whether previously identified deficiencies were corrected. Survey teams also visit programs to follow-up on complaints from program staff, the OPWDD Infoline, family members, program participants, and other agencies (e.g., CQC).

- ✓ **The Incident Management Unit:** was recently created (April 2011). This centralized unit provides real-time oversight of the critical function of incident management on a statewide basis and reviews to ensure appropriate protective measures are taken and that required notifications to entities such as law enforcement are completed as appropriate. This unit also provides feedback to providers if there are concerns related to the comprehensiveness and adequacy of corrective actions.

In addition, the IMU works in conjunction with the New York State Justice Center for the Protection of People with Special Needs, OPWDD Office of Investigations and Internal Affairs and the OPWDD Office of Employee Relations, as well as the OPWDD Statewide Committee on Incident Review (SCIR) and Local Incident Review Committees, to ensure a strong, coordinated approach is taken in response to any abuse allegations or other serious incidents that may occur within voluntary and state-operated service providers. They are responsible for managing the Incident Report and Management Application (IRMA) and reviewing and analyzing the data to identify significant trends to ensure they are responded to appropriately to improve the quality of services to individuals served. Staff from IMU are available 24 hours per day seven days per week to consult with providers to ensure that timely and appropriate safeguards are in place for individuals served.

They also provides other DQI staff with pertinent information for monitoring and evaluation and alerts BPC staff to significant untoward events for immediate follow up, as needed. They develop appropriate and standardized trend analysis reports for the Commissioner and Leadership Team's review, as well as specific trend reports that will be required to be completed on an annual basis by all providers of service in accordance with Part 624 regulations

- ✓ **DQI Bureau of Continuous Quality Improvement:** is responsible for developing and implementing projects critical to OPWDD's core mission as well as internal to DQI. The Bureau is responsible for developing, designing and improving protocols and survey processes used by the Bureau of Program Certification in their on-site survey work. CQI also is responsible for analyzing and reporting on performance measures from these surveys and making improvements resulting from the analysis. CQI designs and implements provider training twice annually and works with other units/divisions within OPWDD in developing the QI strategy. Data is aggregated and reported to OPWDD leadership and is used to complete the annual reports to CMS for continuation of OPWDD's waivers. CQI staff also oversees, coordinates and/or project manages a number of committees including Person Centered Health and Safety, the QI Core Committee, Early Alert Committee, COMPASS, Quarterly quality meetings with Department of Health on Waiver Oversight. In addition, CQI staff participate on many other agency-wide committees and workgroups.

G. Provider Oversight Through Bureau of Audit Services (BAS): BAS is responsible for conducting financial accountability and corporate governance audits for all provider agencies that operate under OPWDD's auspices. In addition to overall financial accountability, these reviews focus on board governance, oversight of executive directors, internal controls, use of agency resources, and fiscal viability.

H. Provider Oversight Through Enterprise Solutions: OPWDD's Bureau of Enterprise solutions has a calendar of post-payment reviews that are applied against HCBS waiver claims to identify overlapping or inappropriate claims. Inappropriate claims are either voided or adjusted or the provider is required to repay the claim. The data is aggregated and reported on a monthly basis to the NYS Office of the Medicaid Inspector General (OMIG).

IV. Quality Management Discovery and Remediation Processes

OPWDD's major processes for discovery and remediation include the following:

- **On-Site Surveys by DQI:** DQI's survey processes and protocols are extensive and comprehensive and reflect a review of the major elements of regulations, provider responsibilities, health and safety of individuals served, person centered planning and service coordination, service delivery, environmental/physical plant reviews, medication administration, infection control, personal allowance, rights, informed consent, individualized planning, etc. Surveyors conduct unannounced visits/inspections and utilize a variety of techniques to gather information including observation, interviews, documentation reviews, and facility and physical plant reviews.

All providers are visited at least annually through on-site HCBS waiver reviews, reviews of MSC, and reviews of OPWDD certified sites and facilities. More detailed information on OPWDD's survey processes and protocols can be found in the 1915 C Waiver Application and on OPWDD's website at:

http://www.opwdd.ny.gov/opwdd_services_supports/service_providers/division_of_quality_improvement_protocols

In addition, Provider Performance Transparency Reports are published on OPWDD's website at:

http://www.opwdd.ny.gov/opwdd_services_supports/service_providers/provider_performance/reports/listing

Remediation: The methods used by DQI to **remediate** individual problems as they are discovered through the survey process include the following:

- Through annual and recertification survey visits/activities, notification is provided to all providers of regulatory deficiencies.
- When warranted, generation of **Statements of Deficiency (SODs)** which require a **Plan of Corrective Action (POCA)**
- Review and analysis by DQI of all POCAs submitted by providers. If a POCA is deemed unacceptable by DQI, the provider is required to amend and submit an updated/acceptable POCA. DQI conducts follow up visits when warranted to ensure that corrective actions have been implemented by provider agencies. Corrective actions are also reviewed by DQI upon recertification of operating certificates and during HCBS reviews.
- When significant issues are found in provider agency operations, providers are referred for mandatory board training conducted by OPWDD or an approved trainer/training entity.
- DQI conducts statewide provider training to update the provider community on changes in policy, clarify expectations, and to share best practices and remediation strategies.
- Providers that experience systemic programmatic and fiscal issues are referred to the Early Alert Committee for concentrated remediation efforts and more intense monitoring and follow up. **OPWDD's Early Alert Committee:** is an inter-agency discovery process utilized to proactively identify providers that may show signs of decreased quality enabling OPWDD to take timely and definitive action.¹⁴

¹⁴ See OPWDD's 1915 C Waiver, Appendix C Quality Improvement processes and/or the Early Alert initiative on OPWDD's website at: http://www.opwdd.ny.gov/opwdd_services_supports/service_providers/early_alert

- **Statewide Oversight of Incident Management and use of IRMA:** The centralized Incident Management Unit (IMU) within DQI follows up on all incidents of abuse and neglect to ensure that appropriate actions are taken to protect health and safety and for compliance with regulations. Through the Incident Reporting and Management Application (IRMA), DQI tracks, analyzes and trends all incidents. Data from IRMA is used for quality improvement purposes. In addition, DQI survey activity includes a comprehensive review of provider incident management systems and review of incidents to ensure that appropriate individual remediation and systemic remediation has been implemented by the provider.
- **Restrictive Intervention Application (RIA):** OPWDD requires the mandatory reporting of SKIP-R Restrictive personal/physical interventions in state and voluntary operated programs. Collection and analysis of this information assists in analyzing the relationship between incidents reported and restricting interventions and frequency of staff involvement. The baseline data collected will help to target areas for quality improvement to reduce the need for physical interventions to be used throughout the I/DD system.
- **Limited Fiscal Reviews by Bureau of Audit Services:** financial accountability and corporate governance audits for all provider agencies that operate under OPWDD's auspices. In addition to overall financial accountability, these reviews focus on board governance, oversight of executive directors, internal controls, use of agency resources, and fiscal viability. Staff issue Audit Reports to providers with recommendations for improvement. When significant issues are identified, on-site follow up reviews are conducted to ensure that recommendations have been implemented and issues remediated. Providers experiencing repeated and systemic issues are referred to Early Alert for more intensive monitoring.
- **Post Payment Desk Reviews:** Using eMedNY Medicaid billing data, staff in the Division of Enterprise Solutions, identify billing issues that are repaid and/or adjusted by providers.
- **National Core Indicators (systems level discovery):** NCI was launched as a joint venture, by the National Association of State Directors of Developmental Disabilities Services (NASDDDs) and the Human Services Research Institute (HSRI) in 1997. NCI is a common set of data collection protocols to gather information about the outcomes of state service delivery systems for people with intellectual and developmental disabilities. New York State will continue to conduct the annual National Core Indicator (NCI) Survey for people with developmental disabilities through the Office for People with Developmental Disabilities (OPWDD). The primary survey protocol used annually by OPWDD is the Consumer Survey, a standardized instrument designed to assess individual satisfaction and outcomes for people with developmental disabilities. The

Consumer Survey measures constructs that define the quality of service delivery from the perspective of individuals with developmental disabilities and their families. Specifically, the Consumer Survey consists of indicators in the following domains: Home, Employment, Health and Safety, Choice, Community Participation, Relationships, Rights, and Individual Satisfaction.

V. Performance Measures and Continuous Quality Improvement Initiatives

Quality Improvement is a continuous process and refers to an organization's or systems's capacity to improve performance and accountability through systematically collecting and analyzing data and information and implementing action strategies and improvement projects based on the analysis.

Performance Measures:

The following chart depicts performance measure indicators by assurance and/or domain areas that are integrated in OPWDD's Quality Management Strategy and/or quality improvement projects within OPWDD's HCBS Waiver and fee for service delivery system.

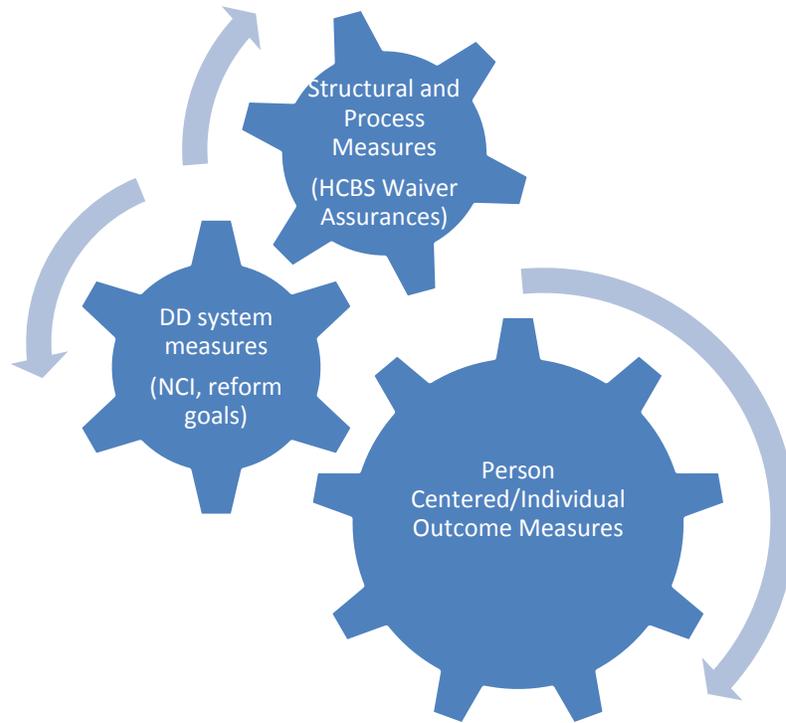
Assurance and/or Quality Domain Area	Description of What will Be Measured	Anticipated Data Sources
<p>Person Centered Measures: (Assess the degree to which supports provided are contributing and supporting individual preferences and priorities for quality of life outcomes that are most meaningful to each individual.)</p>		
<p>Quality of Life</p>	<p>OPWDD has embraced the CQL POMs and encourages providers to voluntarily use the POMs methodology or other person centered approaches to facilitate a focus on what is most meaningful to each person.</p> <p>In conjunction with the Agency Quality Ratings Design Team, OPWDD plans to develop a Person Centered Review Tool that will integrate a review of whether the provider is focusing on domain areas that are based on each individual's priority outcomes.</p>	<p>See affirmative commitment to person centered planning attachment submitted to CMS on September 1, 2013 for more information</p>
<p>Service Planning</p>	<p>a. Proportion of individuals sampled where the individual responded</p>	<p>NCI</p>

Assurance and/or Quality Domain Area	Description of What will Be Measured	Anticipated Data Sources
(see also under HCBS Waiver Assurances)	<p>that they were given a choice of providers.</p> <ul style="list-style-type: none"> b. Proportion of participants sampled in which services in the approved plan were provided c. Proportion of NCI respondents who responded that they were able to pick who comes to their planning meeting d. Number and percent of NCI respondents who reported on the Adult Consumer Survey that the services and supports provided met their needs e. Proportion of service plans that include an assessment of the health and safety risk of the individual 	DQI Survey
OPWDD System Reform Measures:		
Self-Direction	<ul style="list-style-type: none"> a. Provision of education on self-direction to Waiver participants b. Proportion of HCBS Waiver participants who are provided with information to enable them to make an informed choice on whether to self-direct their supports and services c. Participants who self-direct their supports and services do so with employer authority and/or budget authority. 	OPWDD surveys and data systems
Employment	<ul style="list-style-type: none"> a. Proportion of individuals who have an integrated job in the community b. Proportion of individuals who do not have an integrated job in the community but would like one. c. Proportion of individuals in Sheltered Workshops who transition to integrated community based employment. d. Proportion of individuals who receive Supported Employment Services and are working in the Community 	OPWDD data systems and NCI
Most Integrated Settings	<ul style="list-style-type: none"> a. Proportion of Settings meeting enhanced HCBS Setting Characteristics b. New Supportive Housing Opportunities c. Successful transition of individuals from campus based and other institutional settings d. 	<p>OPWDD Surveys and tracking systems</p> <p>NCI</p> <p>MFP Quality of Life Surveys</p>
<p>1915 C Waiver Assurance Measures: (Measures compliance with HCBS waiver assurances in accordance with CMS’s evidentiary approach to quality reviews of HCBS waiver programs). Note: Some of the measures in other areas of this chart measure these assurances/subassurances.</p>		

Assurance and/or Quality Domain Area	Description of What will Be Measured	Anticipated Data Sources
Level of Care	<ul style="list-style-type: none"> a. An individual evaluation for level of care (LOC) is provided to all applicants for whom there is reasonable indication that services may be needed in the future b. the LOC of enrolled participants is reevaluated at least annually or as specified in the approved waiver c. The process and instruments described in the approved waiver are applied to LOC determinations 	DQI Survey processes
Service Planning	<ul style="list-style-type: none"> a. SPs address all participants assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means b. The number and percent of service plans in which the identified supports are provided to meet the assessed needs and risks of participants. c. Service plans are update/ revised at least annually or when warranted when there are changes in the participants needs d. Services are delivered in accordance with the SP, including in the type, scope, amount, duration, and frequency specified in the SP e. Participants are afforded choice between waiver services and institutional care, and between/among waiver services and providers 	DQI Survey Processes and NCI
Qualified Providers	<ul style="list-style-type: none"> a. The state verifies that providers, initially and continually, meet required licensing and/or certification standards and adhere to other standards prior to their furnishing waiver services b. The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements c. The state implements its policies and procedures for verifying that provider training has been conducted in accordance with state requirements and the approved waiver 	DQI Survey Processes
Health and Welfare (see Incident Management, Rights, Access to Health Care below for specific performance measures)	<ul style="list-style-type: none"> a. The State, on an ongoing basis, identifies addresses and seeks to prevent the occurrence of abuse, neglect and exploitation. 	OPWDD's Incident Reporting and Management Application including mortality review information Restrictive Intervention Application DQI survey processes
Financial Accountability	State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.	eMedNY OMIG On-site reviews
Other Structural/Process Measures:		
OPWDD Fire	Proportion of OPWDD certified sites that comply with physical plant, fire	OPWDD MHL site visit protocol review

Assurance and/or Quality Domain Area	Description of What will Be Measured	Anticipated Data Sources
Safety and Physical Plant Requirements	safety and other requirements integral to OPWDD certification standards.	
Incident Management	<ul style="list-style-type: none"> a. Proportion of critical incident investigations that were completed within appropriate timeframes. b. Proportion of physical and sexual abuse allegations that were appropriately reported to law enforcement. c. Proportion of HCBS waiver participants where the review of a sample of provider investigations indicated that necessary and appropriate safeguards for affected individuals were implemented 	IRMA
Mortality Review	Proportion of deaths meeting criteria for mortality review that were reviewed by the mortality review committee	IRMA
Rights	<ul style="list-style-type: none"> a. Proportion of individuals that received information about their rights and the process to express concerns/objections in accordance with requirements. b. Proportion of individuals who were physically restrained 	DQI Survey processes RIA
Access to Health Care	Proportion of individuals who had a primary care doctor visit for an annual physical in the last twelve months)	Medicaid Data
Workforce competencies	Proportion of direct support professionals that meet competencies	DQI Survey
<p>National Core Indicators: (Measures performance of New York State’s developmental disability system at the system’s level and enables comparisons between New York State’s system and other state developmental disability systems). The NCI enhances OPWDD’s quality improvement process on a systems level by analyzing and sharing data on outcomes which are important to stakeholders, including people served and family members</p>		

A visual depiction of the performance measures for the quality strategy for OPWDD is below:



Quality Improvement Projects:

The following quality improvement projects are currently being designed, developed and implemented as of October 2013. Information on completed quality improvement projects can be found on OPWDD’s website under Progress Reports at:

http://www.opwdd.ny.gov/opwdd_about/commissioners_page

Priority Area for Quality Improvement	Description	Reference Documents
Facilitate Most Integrated Setting Appropriate to Individual Needs and Choices		
	See Transition and Expansion of Housing Options Submitted to CMS on August 30, 2012	Appendix G-1
	MFP Benchmarks	Appendix G-1
	Deinstitutionalization Targets	Appendix G-1
	Implementation of CMS May 2012 Federal Register, Proposed Regulations, Quality Principles for HCBS Settings	Will be provided in BIP status report to CMS end of November 2013

Priority Area for Quality Improvement	Description	Reference Documents
Increase Competitive Employment Opportunities and Options		
		See Attachment Quarterly Report & New York Draft Plan To Increase Competitive Employment Opportunities For People with Developmental Disabilities Submitted to CMS on October 1, 2013
Increase Self-Direction Opportunities and Options		
	To be outlined in the state’s policies on self-direction that demonstrate its commitment to and implementation of self-direction to be submitted to CMS on January 1, 2014 as committed to in the Transformation Agreement	Transformation Agreement
Enhance Person Centered Planning, Service Delivery and Outcomes		
Independent Person Centered Planning	See Affirmative commitment to independent person centered planning submitted to CMS on September 1, 2013	See BIP Progress Report dated Sept 1, 2013
Promotion of CQL POM outcome areas	<p>Promotion of CQL Personal Outcome Measures across the DD System</p> <p>The content and application methodology of CQL’s Personal Outcome Measures offers organizations and service systems a valid, uniform, and reliable system for:</p> <ul style="list-style-type: none"> (a) identifying quality of life outcomes as defined and described by each person; (b) determining the presence or absence of those outcomes in each person’s life; and (c) identifying the supports that are facilitating or will facilitate the outcomes. <p>CQL Poms are categorized as follows based upon the unique perspective of each individual:</p> <p>My Self: Outcomes that promote individuality and include safety, health, freedom from abuse and neglect.</p> <p>My World: outcomes resulting from connectedness and life in the community and include the different social roles and opportunities for assessing that community that a person may have.</p> <p>My Dreams: Outcomes associated with discovery, choice,</p>	See BIP Progress Report dated Sept. 1, 2013

Priority Area for Quality Improvement	Description	Reference Documents
	<p>and self-determination and include the quality of life and personal goals.</p> <p>OPWDD expects providers to focus on what is most meaningful to each individual in terms of quality of life outcomes. The CQL POMs methodology is one method for accomplishing this approach. OPWDD plans to assess the degree to which providers are focusing on domains that are most meaningful to each individual as we work with the new Agency Quality Ratings Workgroup to develop criteria for a new Person Centered Review Tool.</p>	
<p>Promoting Informed Choice while addressing Risks</p>	<p>While expectations in defined planning processes have traditionally included the consideration of potential risk factors or vulnerabilities for the person being supported and the development of appropriate “safeguards” across all settings where the person may be supported, there has been a strong reliance on the structure of certified settings as the “safety net” for risk mitigation rather than through a focus on the person-centered planning process.</p> <p>OPWDD has been working with a committee of stakeholders charged with identifying risks related to individuals living in more independent, non-traditional/non-certified settings, including individuals self-directing their services in an effort to address common factors that impact the ability of individuals to move forward with their lives and choices.</p> <p>The committee has recommended a number of strategies that will help to support and enhance the ability of individuals in conjunction with their circles of support to: make their own informed choices about their lives, including the pursuit of meaningful relationships, specific interests, dreams, and goals that may include “risk” and, to live, work and/or enjoy meaningful community inclusion and activities in the most integrated settings appropriate to needs, interests and goals. These strategies include the development of specific guidance and a risk assessment tool that can be used by the individual and any member of their circle of support to help with informed and defensible decision making as well as a number of other concrete recommendations that will help to support people in the most integrated settings possible.</p>	<p>Not Applicable</p>
<p>Enhance Provider Performance Expectations</p>		

Priority Area for Quality Improvement	Description	Reference Documents
	<p>It is important that the quality infrastructure for overseeing the developmental disability service delivery system be designed to determine if the service system is achieving desired outcomes for individuals. This can be accomplished by enhancing the focus of quality oversight to how well individuals are progressing toward their personal goals, how satisfied individuals and families are with the services received, how well providers promote quality outcomes and quality improvement within their operations, and using data related to these measures to effect individual, provider, and system improvements.</p> <p>In 2011, the People First Waiver’s Quality Design Team issued recommendations for system wide agency quality ratings and effective quality practices with an eye towards the developmental disability transition and transformation to a managed care infrastructure with an emphasis on evaluation of quality based on individualized person centered approaches. Using the 2011 Quality Design Team and COMPASS revision recommendations as a starting point, a new workgroup comprised of stakeholders will make recommendations that will lead to clear system wide expectations for agency quality practices that can be measured consistency across various quality domains that are most connected to the quality of life and personal outcomes for people with developmental disabilities. Recommendations will emphasize practices that promote agency culture and processes that strive for delivery of high quality supports in person centered ways. Once the workgroup completes its recommendations, OPWDD anticipates the integration of the enhanced quality expectations and criteria into its DQI protocols for a comprehensive redesign of its survey protocols to focus not only on important health and safety factors but on value added quality components that drive systemic quality improvements.</p>	<p>See 2011 Quality Design Team final report for starting point of new team’s work at http://www.opwdd.ny.gov/node/1464</p>
Health and Safety Reforms		
Justice Center	<p>Effective June 30, 2013, New York State implemented the Justice Center for the Protection of People with Special Needs, a new state agency created through legislation that Governor Cuomo spearheaded last year to reform how the state cares for people with special needs. The Justice Center provides tough oversight and</p>	<p>The Justice Center’s website is: http://www.justicecenter.ny.gov/ for more information.</p>

Priority Area for Quality Improvement	Description	Reference Documents
	<p>transparency for facilities across the state responsible for the care of special needs individuals, to prevent neglect and abuse, and ensure that anyone committing crimes will be swiftly caught and penalized for their actions.</p> <p>The Justice Center is designed to dramatically strengthen the level of monitoring, oversight and accountability of state operated, licensed or certified programs and facilities that serve more than one million New Yorkers with developmental disabilities, mental illness, substance abuse disorders and children in residential facilities. The agency tracks, investigates and prosecutes the most serious allegations of abuse and neglect against vulnerable individuals.</p>	
<p>Mortality Review</p>	<p>In 2012, OPWDD partnered with the University of Massachusetts Medical School’s Center for Developmental Disabilities Evaluation and Research Center to develop an enhanced statewide mortality review system. The goals include a reduction in preventable deaths and the ongoing advancement of standard of care practices.</p> <p>The system includes a central Mortality Review Committee (MRC) as well as six regional MRCs. The committee provides an expert review of potentially preventable deaths, identifies systems issues that increase the risk of mortality, and proposes solutions to improve the quality of supports and services across the system. Once the University of Massachusetts contract is in place, OPWDD anticipates producing its first Mortality Review Public Report for the 2012 Calendar Year. Data from the report will assist OPWDD to enhance quality improvement mortality prevention initiatives by targeting prevention strategies to areas of highest risk to the dd population.</p>	

VI. Development and Review of Quality Strategy

OPWDD’s Continuous Quality Improvement Infrastructure and Processes effective March 2012: OPWDD has developed a quality improvement infrastructure within the operating agency that now permeates through leadership, management, and Regional Office staff from all functional divisions/units. This restructured construct establishes a series of committees that interface and

create a framework to develop, monitor and revise quality improvement initiatives throughout the developmental disability service system in New York State. .

The lead committee is the Quality Improvement Steering Committee. The Transformation Steering Committee described in Section III above, is temporarily performing the role of the Quality improvement Steering Committee while OPWDD is in the process of hiring a Chief of Medical Services. The Chief of Medical Services will be charged with enhancing the overall operation of the mechanisms by which OPWDD performs continuous quality improvement using evidence based strategies and approaches, and as such will chair the Quality Improvement Steering Committee. The charge of the Quality Improvement Steering Committee is to provide vision and strategic direction for transformation and quality improvement that will result in system reforms and continuous quality improvement across the OPWDD enterprise. The Quality Improvement Steering Committee in conjunction with the Stakeholder Transformation Teams described in Section III above, the OPWDD Leadership Team, the DOH, and the Governor's Office is responsible for prioritizing system improvement activities. The Quality Improvement Steering Committee receives advice and recommendations through various advisory committees that provide necessary and specific expertise

The above committee framework, like organizational structures and processes, are intended to evolve and change as quality improvement projects commence and are completed and new quality improvement priorities are initiated. These committees and/or relationships are not meant to be static but are useful in describing how continuous quality improvement is being designed, developed, implemented and evaluated within OPWDD's enterprise.

System Design Changes—Processes for Monitoring and Analyzing Effectiveness

The evaluation of systems design changes resulting from OPWDD's quality management and quality improvement activities is achieved through the committee processes described above. Ultimately, the Commissioner advised by her Leadership, prioritizes all agency-wide system improvement activities and is responsible for the effectiveness of strategic implementation. The Commissioner is advised by the Quality Improvement Steering Committee, the internal and external transformation teams, the Joint Advisory Council for Managed Care established by legislation enacted in 2013, , the Commissioner's DD Advisory Council established by NYS Mental Hygiene Law (13.05) and comprised of self-advocates, family members, provider representatives, and other stakeholders, and a broad array of other internal and external stakeholders that represent various constituencies including the OPWDD Provider Associations; The Self Advocacy Association of New York State; the Statewide Committee for Family Support Services; and many others.

OPWDD engages in consistent and regular communications with these stakeholders on strategic priorities and systems improvement activities. These stakeholders, through various mechanisms, have a major role in providing input and recommendations to OPWDD. Stakeholders also play a major role in evaluating systems improvement actions. OPWDD collaborates with the Department of Health (DOH) (the Single State Medicaid Agency) to share quality improvement findings and best practices.

OPWDD's Statewide Comprehensive Plan, a public document that spans a five year period and is updated annually, was developed in partnership with stakeholders and describes the major elements of OPWDD's quality management strategy. It outlines OPWDD's current standards for systems improvement which centers around six key goals:

- ✓ People with developmental disabilities have plans, supports, and services that are person centered and as self- directed as they choose.
- ✓ People with developmental disabilities are living in a home of their choice.
- ✓ People with developmental disabilities are able to work at paying jobs and/or participate in their communities through meaningful activities.
- ✓ People with developmental disabilities have meaningful relationships with friends, family, and others of their choice.
- ✓ People with developmental disabilities have good health.
- ✓ Services and support for people with developmental disabilities shall be of the highest quality, flexible, fiscally responsible, and embrace the rich diversity of both the people served and the workforce.

Process to Periodically Evaluate the Quality Strategy:

Quality improvement and evaluation are not one time events. By definition, quality improvement is an ongoing effort to improve services and processes. As a result, OPWDD's Quality Strategy is reevaluated at least annually based on the discovery, remediation and analysis activities described. Recommended changes to the Quality Improvement Strategy are reviewed by the OPWDD Leadership Team in consultation with appropriate subcommittees, stakeholders, and the Department of Health (DOH) (the Single State Medicaid Agency).