

Quality Design Team Charter

The purpose of the Quality Design Team is to:

- Recommend reforms that will enhance the development of an integrated, comprehensive quality structure driven by performance metrics that are linked to both individual outcomes and system performance.
- Recommend reforms related to the key features of quality oversight/quality management and quality improvement (e.g., surveys, consumer satisfaction, NCI, COMPASS, cross-systems reviews, capabilities of direct support professionals and other developmental disability workforce members, etc.) to enhance performance and achieve outcomes.
- Recommend how the People First comprehensive quality structure can provide information to measure progress towards the following demonstration goals articulated in the People First Waiver concept paper:
 - Better care coordination for people with developmental disabilities with extremely complex medical/behavioral health needs can be achieved through specialized systems of care management/coordination and the utilization of adequate and appropriate clinical/medical resources.
 - A transformed long-term care delivery system that places person-centered planning, effective assessment and treatment strategies, individual responsibility and self-determination at the forefront can enhance care and individual satisfaction and lower Medicaid costs.
 - New reimbursement models for institutional and community based care systems can allow for meeting complex individual needs in community based settings, encourage efficiency, improve accountability, and reduce costs.
 - The continued provision of essential mental hygiene services will provide lower-cost services that meet individuals' needs and defer entry into higher cost Medicaid services.

Through its work, the Quality Design Team will answer the following questions:

1. From a state regulatory and quality oversight and operational framework, what are the areas where key reforms are needed to achieve an integrated, comprehensive quality structure driven by performance metrics that are linked to personal outcomes?
2. What are the key operational features/components (such as capabilities of direct support professionals/developmental disability workforce) that impact on quality of services/service delivery and



individualized outcomes for people with developmental disabilities?

3. How can OPWDD's quality structure and processes integrate meaningful performance and quality outcome measures at the individual, provider, and program level and to make use of this information for quality improvements at various levels (individual level, systems level, provider level, and program/service level) through the quality improvement life cycle?
4. What provider incentives and/or pay for performance and accountability mechanisms should OPWDD consider to promote and reward continuous quality improvements and desired individual outcomes?
5. Under the People First Waiver how can OPWDD ensure appropriate diversity of providers in line with individuals' interests in aligning their cultural, community and family histories with a provider of their choice?
6. How can OPWDD better integrate the use of performance outcome measures to inform policy, program, and fiscal considerations and enhance accountability at both the provider and systems levels?
7. How can we go about developing performance measures for each of the research and demonstration goals outlined above? What structures, business systems, and other infrastructure will be necessary to develop, implement, compile, analyze, and integrate these data into the demonstration?
8. Given the People First Waiver and Design Team discussions, what are the key differences anticipated in relation to quality oversight of supports and services from OPWDD's current model of quality oversight/quality assurance? In particular, detail any anticipated differences in how the state will oversee the health and safety of waiver participants and how the quality structure will ensure that each person's needs are met.