



**Quality Design Team  
Final Report**

**Team Meeting Dates:**

- June 20, 2011
- July 15, 2011
- July 26, 2011
- August 12, 2011

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### **I. Executive Summary**

Over the course of the Quality design team meetings that have taken place, certain themes have emerged and have been adopted by the team. These themes address the measurement of quality, both in design and concept. They are summarized below.

#### Accountability

New York must ensure that appropriate and effective systems are in place to meet the core health and safety needs of individuals with developmental disabilities. Agencies must establish systems that provide individual supports and treatment to meet identified needs and ensure regulatory compliance. A robust system of oversight and monitoring is essential to regularly evaluate the effectiveness of those systems. OPWDD is making significant reforms to the area of quality management including improving the incident management systems that focus on health and safety and agencies' capacity for quality improvement. The reform agenda and related changes will be continued in the People First Waiver. Ensuring the health and safety of the individuals who receive supports and services is the foundation of any expanded focus on quality.

#### Measuring Quality

Quality must be measured based on outcome indicators that are tied to the individual receiving services by the systems that the agency puts in place to address self assessment, correction and quality improvement. Personal outcomes are based on an individual's interests and needs. They are developed through a person-centered discovery process and include the four OPWDD domains of health, work/meaningful activities, relationships and home. Agency outcomes are based on the provision of responsive services to the individual that address personal outcomes including health and safety, governance, workforce, and quality improvement. Quality cannot solely be directed by OPWDD, but must be aggressively pursued by the agency providing services. OPWDD should choose not to work with agencies that do not believe in and pursue quality improvement.

Quality must be measured consistently across settings where supports are provided. Quality measures must be ensured in all interactions through the development, implementation and evaluation of an effective personal plan that is integrated and coordinated.

Agencies need to have access to valid information technology systems for comprehensive care coordination, self assessment and quality improvement.

The measurement of quality must align with the established mission, vision, values and guiding principles of OPWDD. The indicators identified to measure quality must link back to the person receiving services and be readily available to the providers of service.

#### New York's Quality Scale

The Quality design team has proposed a rating system for agencies which sets clear expectations for quality performance. The rating system has defined benchmarks which differentiate one level of quality agency from the next, describing five different levels of quality. At level one, the agency requires OPWDD monitoring and is just meeting regulatory requirements. At level five, the agency has an aggressive action plan for self correction and self improvement and is not dependent on DQM for traditional regulatory oversight. This rating system is called the Quality Scale (attached).

The Quality Scale and the ratings of agencies will be a public document and provided to all stakeholders through a variety of means (e.g. web-based publication). It will assist stakeholders such as individuals and families to make



informed decisions on the choice of service providers and to hold providers accountable for the quality of service that they deliver.

### Personal Outcomes are Personal

In the evaluation of personal outcome measures, agencies must strive to support the informed choice of individuals without placing external values on the choices of individuals. For individuals who are not able to directly express their desired outcomes, quality expectations will be determined based on observation and interaction and should not rely solely on the choices and opinions of others.

To establish appropriate measures for the effective assessment of personal and agency outcomes, consultation is needed with outside content and measurement experts.

### Quality Incentives

The Quality Scale must be transparent to providers and given to them one year before they will be measured against it so that they can begin the process of quality improvement. The purpose of the Quality Scale is to incentivize agencies to identify and correct problems immediately and to make sure the corrections occur across all services for all people. Each agency should move to a dynamic quality improvement plan which sets aggressive goals as needed for self improvement under the oversight of OPWDD.

It was suggested that to incentivize quality, those agencies that were at a Quality Level 1 or 2 (indicating low performance) would be closely monitored for their ability to meet the health and safety needs for the people they support. A greater level of technical assistance and oversight would be provided to low performing agencies. If agencies do not correct their low performing status, the design team recommends that they should not be allowed to continue to deliver services. Agencies that are rated as a 5 would be considered for expanded responsibility. The team discussed and supported the concept of financial incentives for demonstrated quality. Positive incentives may include awards, ceremonies, acknowledgement (e.g. saying that a provider is “doing well”), fewer surveys and the opportunity to mentor agencies that are struggling.

The rating information would be available to the public – thus demonstrating transparency. Scores would be made available on the OPWDD Web page so that families and individuals would be readily aware of the “quality” of services provided by an agency.

Diversity of providers and choice will be incorporated in the following structures as a mechanism to ensure desired outcomes:

- Defined within the Quality Scale;
- Articulated in within the established DISCO contracts;
- Reinforced through the development of a diverse provider networks t; and
- Measured during quality review activities.

Reports resulting from quality reviews should be clear, summarize outcomes and provide meaningful, actionable information to decision makers. To meet this expectation the following activities have been initiated and/or recommended:

- Mandated use of OPWDD’s statewide electronic Incident Report and Management Application (IRMA),
- Electronic records required to rate as a high performing agency,



- Require use of integrated electronic records for health and long-term care, and
- Require agencies to use Quality Improvement Organization (QIO) and demonstrate a history of meeting best practice standards for establishing and completing quality-focused metrics

Quality measures for the Care Management entity need to be established separately from the provider measures which were reviewed by the team and summarized in the current Quality Scale. Appropriate measures include care coordination, responsiveness to advocacy, fiscal viability, corporate compliance measures and the effective separation of duties (i.e. provider vs. MCO role). Additional activity will be undertaken by an internal workgroup, with stakeholder input, to establish appropriate standards in the same format as the existing scale.

### Conclusion:

The People First Waiver is New York State's opportunity to broaden the supports and services available to individuals with developmental disabilities through a more flexible and person-centered approach to service delivery. The use of a consistent assessment process that drives life planning and resource allocation and the strengthening of the care coordination process are critical pieces of the waiver. In line with these changes, quality must be measured based upon the outcomes of the person receiving services. If the person's health and functional and personal outcomes are met in a way that enhances his or her quality of life, then quality has been achieved. The concepts and the rating system, as defined in the Quality Scale, are meant to drive quality improvement within agencies to ensure that their practices and actions focus on achieving quality outcomes for people who they support.

### II. Introduction

Quality is defined as a distinctive feature, character, trait or attribute of something or a person. In health care, the Institute of Medicine defines quality as doing the right thing, at the right time and in the right way, noting that there needs to be a balance between overuse, under use or misuse of health care resources.

Quality is both objective and personal, and this is reflected in two clear tracks –health and safety and the measurement of quality of life. Both of these tracks need to be measured, reviewed and trended as the basis for designing quality improvement initiatives. It is also clear that while OPWDD regulates health and safety, it must “incentivize” it’s providers to provide services which support individuals to experience a full and comprehensive quality of life.

The design team reviewed the current OPWDD quality management approach which focuses on deficiency and compliance. While this approach has been viewed as an agency strength in terms of its oversight of health and safety, there needs to be confidence that these reviews are done uniformly and consistently across the state. The design team endorses the reform activities underway within OPWDD related to strengthening incident management systems and increasing employee competencies and accountability. However, design team members agreed that the primary measure of quality is the quality of life outcomes for the people who are receiving supports and services and that demonstrating health and safety is necessary, but not sufficient, in the measurement of quality. To that end, the design team coordinated several presentations on the best practices of quality management.

- The Council on Quality and Leadership (CQL) is a leader in the measurement of quality in the lives of people with developmental disabilities. Many other organizations use its indicators to measure quality. James Gardner, the president of CQL provided an in-depth presentation on CQL’s definition and measurement of quality of life.
- The design team also heard from two Quality Improvement Organizations (QIOs) about their work with state systems, including how they measure personal and agency outcomes, the types of approaches and processes they use, the reports, tracking and trending they do, and how service providers have been used them to improve the quality of programs. QIOs are certified by the Centers for Medicare and Medicaid Services (CMS) to measure quality.
- The group also reviewed the National Core Indicators project, the American Network of Community Options and Resources (ANCOR) system and Georgia’s and Tennessee’s quality review processes.

The design team utilized their combined experience and the information from the presenters to establish a draft rating system to measure quality in the provision of supports and services in NYS OPWDD-certified and funded agencies. As mentioned previously, the product which summarizes the team’s activities is the Quality Scale.

### III. Team Recommendations

- A. Charter Question 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?
- a. Summary: The key OPWDD reforms that focus on ensuring effective systems to support health and safety are integral to the quality framework of the agency and the certified providers. Quality measurements need to focus on quality assurance and improvement as measured by the outcomes that are realized for the people who receive the supports and services as well as regulatory compliance. Quality needs to start with the individual and needs to ensure that organizations are responsive to individuals. Consistent person-centered planning and assessment processes should start with defining personal outcomes in line with the person's interests and needs. Quality measurements should then ensure that these are being met for the individual.
- b. Expanded Explanation: The design team established a draft rating system which sets the standards for quality. The rating system has defined benchmarks which differentiate one level of quality agency from the next. Within the rating system there are five defined levels of quality. At level 1, the agency is dependent on OPWDD for monitoring and is just meeting regulatory requirements. At level 5, the agency has an aggressive action plan for self correction and self improvement and does not require assistance from OPWDD to meet regulatory standards. This rating system is outlined in the team's Quality Scale. The Quality Scale clearly identifies expectations for providers of service. It is recommended that the Quality Scale be provided to providers one year before they will be measured against it, so they can begin the process of quality improvement where needed. The purpose of the Quality Scale is to incentivize agencies to identify and correct problems immediately and to make sure the corrections occur across all services for all people. Ultimately, each agency should move to a dynamic quality improvement plan which sets aggressive goals for self improvement. Agencies will be given a rating (1-5) based on the outcome of measurements within the defined domains. The lowest level is where standards are not being met, and the higher levels will indicate that agencies are providing person-centered services, delivering supports that result in desired personal outcomes for individuals, and employing leadership practices that support continuous quality improvement.
- c. Key issues: The group agreed that ensuring that the health and safety needs of individuals are met is a core expectation. Service delivery and supports in non-certified sites and the appropriate measures for quality at these sites is an area that requires development. Quality is measured based upon the degree to which a comprehensive care plan, outlining functional, health and personal outcomes, is implemented and effective to bring about desired results in the person's life.

- B. Charter Question 2: What are the key operational features/components (such as capabilities of direct support professionals/DD workforce) that impact on quality of services/service delivery and individualized outcomes for people with developmental disabilities?
- a. Summary: The design team identified six domain areas for the Quality Scale that have a direct impact on the delivery of quality supports and services.
- b. Expanded Explanation: The six domain areas in the Quality Scale are:
- 1. Individualized Services, Planning, and Service Delivery**  
The plan of care is developed based on an individual's assessed and desired health, and functional and personal outcomes. It is delivered through a comprehensive care coordination approach with the ultimate goal of improving the quality of life for the person receiving supports.
  - 2. Protections/Health and Safety/Rights and Environmental supports**  
Individuals receive supports and services in environments that meet or exceed guiding regulations in the areas of health and safety. Incident management systems are well established and serve to identify areas requiring correction, and systemic correction is completed as appropriate. Additionally, it is expected that any identified concerns are corrected for the individual and also reviewed more globally to determine if systemic corrections are needed.
  - 3. Supporting Family/Natural Supports and Community Connections/Community Inclusion**  
Opportunities for individuals to maintain and establish relationships should be supported and nurtured. Ideally, individuals should be supported in multiple social roles.
  - 4. Workforce Performance**  
The workforce is stable and competent to support individuals in a person-centered manner. The workforce is diverse and provides supports that embrace variation in ideas and cultural expression.
  - 5. Quality Management Plan**  
Agencies demonstrate processes that support continual quality improvement. Stakeholders, including individuals who receive services, are represented in aspects of the quality improvement initiatives.
  - 6. Governance and Leadership**  
Agency leadership is responsible and accountable for the provision of quality, person-centered supports. Leaders ensure that a clear vision and mission focused on improving individuals lives is both communicated and demonstrated in action.
- c. Key issues: The primary purpose of establishing a clear statement of the indicators for quality measurements for agencies is to support agencies to develop systems and practices that enhance quality of life for those who they are supporting. This cannot be done through regulatory compliance oversight alone and must come from the independent and aggressive actions of the agencies.

- C. Charter Question 3: How can OPWDD's quality structure and processes integrate meaningful performance and quality outcome measures at the individual, provider, and program level and 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?
- a. Summary: The Quality Scale clearly articulates the expectation that providers build an organization that enhances the quality of life for people they are serving. Through the development of clear personal outcome measures and defined agency expectations, a shift to a true person-centered approach to quality will be realized. Individuals receiving supports and services have a wide range of interests and needs that change over time. Quality is measured based on how well an agency supports those interests and meets those needs consistently in a person-centered manner.
  - b. Expanded Explanation: Individuals who are receiving supports and services must be asked if their expressed interests and needs are being met. Measures related to individual satisfaction are important to determine the quality of the supports provided. Additionally, it is imperative that agencies consistently measure individual needs and outcomes and establish consistent metrics to define the health and functional needs of individuals and then meet those needs through an effective care plan. The team concurred with the personal outcome measures identified by CQL as health, functional and personal. In the evaluation of personal outcome measures, agencies must strive to avoid imposing external values on the choices of individuals. For individuals who are not able to directly express desired outcomes, quality expectations should be based on observation and choice testing and not rely solely on the choices and opinions of others. It is recommended that untoward events in a person's life are effectively evaluated through the standing incident management processes and that more statewide evaluation of aggregate trend patterns and the initiation of systemic corrections be consistently undertaken.
  - c. Key issues: The design team noted there must be time for providers and OPWDD to transition to a new quality review process. The team recommends that consultation is needed from a qualified QIO to establish appropriate measures and processes for evaluating personal outcomes for individuals.

- D. Charter Question 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?
- a. Summary: The team agreed that quality performance should be incentivized. The incentives discussed include financial incentives, clearly articulated positive feedback, opportunities to develop and take on roles of greater responsibility (development and program expansion), and the opportunity to mentor agencies that are struggling.
  - b. Expanded Explanation: The team discussed the development of a rating system for providers, utilizing a 1-5 scale of quality. It was suggested that to incentivize quality, those agencies that were at a Level 1 or 2 (indicating low performance) should be closely monitored for their ability to meet health and safety needs for people. A greater level of technical assistance and oversight would be provided to low performing agencies. Additionally, agencies at a Level 1 or 2 rating or on the early alert list should not be supported for continued operation. Agencies that are rated as a Level 4 or 5 would be considered for increased responsibility. The concept of financial incentives for demonstrated quality was discussed and agreed to by the team. Other incentives may include OPWDD recognition, the mentoring of poorer performing agencies, and greater opportunities for expansion. The rating information would be readily available – thus demonstrating transparency. Scores would be made available on the OPWDD Web site and through active agency communication so that families and individuals are readily aware of the “quality” of services provided by an agency.
  - c. Key issues: There needs to be a balance between high scoring agencies having less direct monitoring and OPWDD still ensuring that quality services are being delivered. Also, any scores put on the Intranet must be explained so that individuals, agencies, and families understand the data being presented, i.e. what the score means.

- E. Charter Question 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?
- a. Summary: The value of supporting individuals' needs and interests in a culturally competent manner will be an articulated expectation in all contracts for care coordination entities and is included as a performance expectation in the Quality Scale. Additionally, care coordination entities will need to ensure that they have an adequate provider network to provide broad options for services and supports.
  - b. Expanded Explanation: An integral component of person-centered planning is incorporating the person's interests to establish and maintain relationships and to facilitate desired social roles in the person's life. The concepts identified in the Quality Scale that define and incentivize the delivery of coordinated person-centered care reinforce the expectation of diversity within the provider environment. Diversity of providers and choice will be incorporated in the following structures as a mechanism to ensure desired outcomes:
    - Defined within the Quality Scale;
    - Articulated in within the established DISCO contracts;
    - Reinforced through the development of a diverse provider networks t; and
    - Measured during quality review activities.
  - c. Key issues: Close monitoring of the established network of providers will need to occur in order to ensure that there is adequate choice within the network to provide culturally competent supports.

- F. Charter Question 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?
- a. Summary: Effective policy and program decisions are informed by comprehensive and accurate data. As there is a shift to quality measures focused on personal outcomes, it is imperative that data be maintained electronically through coordinated information management systems that support the quality delivery of supports and the measurement of outcomes. Clear reports that summarize outcomes and provide meaningful information to decision makers are imperative and a basis for self correction and quality improvement.
- b. Expanded Explanation: To meet this expectation, the following activities have been initiated and/or recommended:
- Mandated use of OPWDD’s statewide electronic Incident Report and Management Application (IRMA),
  - Use of IRMA data to evaluate aggregate trend patterns and initiate appropriate focused and systemic corrections
  - Electronic records required to rate as a high performing agency
  - Require use of integrated electronic records for health and long term care
  - Require agencies to use Quality Improvement Organization (QIO) and demonstrate a history of meeting best practice standards for establishing and completing quality-focused metrics
- c. Key issues: The development of a comprehensive and integrated information technology system for the State of New York will support the concept of “no wrong door” and maximize the clinical/treatment benefits to the individuals receiving supports through the timely sharing of medical and other pertinent information. Additionally, effective technology systems to aggregate outcome information are essential to measure quality across the state. The development of a system as proposed will be tremendously costly and require significant training for users.

- G. Charter Question 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?
- a. Summary : Any quality design needs to incorporate technology to ensure that measurements have integrity, results can be responded to quickly, and the information is easily accessible to individuals and their families. It is recommended that the State consider using a Quality Improvement Organization (QIO) certified by CMS to develop this system as these organizations have demonstrated best practices in developing standards measurement and analysis.
  - b. Expanded Explanation: The design team recognized the importance of being able to utilize information technology more widely. Moving toward a real time medical and clinical record capability is an essential building block for increasing accountability within our system. It also offers the possibility of streamlining our processes to promote efficiency. The process in OPWDD's current Division of Quality Management (DQM) protocols is most consistent with the measurement of health and safety and regulatory compliance at the Quality Scale's lower performing levels (1, 2, and 3). To establish appropriate benchmarks to be a Level 4 or 5 agency, consultation is needed with outside content experts. There will be significant changes in quality oversight and a phased-in approach would be helpful to ensure that agencies are aware of new expectations and are able to meet the new standards. This will allow time for organizations to make adjustments in their internal processes and begin or improve upon their self correction and quality improvement processes.
  - c. Key issues: Information systems will need to be integrated, updated, and created to ensure that consistency of surveys and transparency of the results is realized. Outside consultation is needed to ensure appropriate measures are developed.

- H. Charter Question 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.
- a. Summary: There will be a shift from measuring compliance to measuring the outcomes evident in people's lives and individual satisfaction regarding the supports that they receive. These supports and services will be measured consistently across the sites where supports and services are provided.
  - b. Expanded Explanation: At the core of delivering quality supports and services is the development of a care plan that aligns with the person's needs and interests. The plan should support achievement of related personal outcomes. Quality must be measured consistently across settings where supports are provided; quality measures are not meant for certified settings alone and must be ensured in all interactions through the development, implementation and evaluation of an effective personal plan that is integrated and coordinated. Currently OPWDD's DQM is updating its review/survey process and related protocols. It is imperative that the elements set forth through the Quality design team and the People First Waiver process are incorporated and aligned in the revised DQM procedures. Any quality measures that DQM uses cannot contradict any recommendations that the Quality design team develops. Quality measures related to personal outcomes and person-centeredness need to be included in any plan. We need to move away from the deficiency/compliance approach. While this approach has been viewed as an agency strength in terms of protecting health and safety, we need to have the confidence that it does so uniformly and consistently across the state with high inter-surveyor reliability. We need to be able to track and trend existing and emerging issues and identify where processes need to be improved. The survey needs to evolve to include a greater focus on outcomes and less focus on the process. Inter-surveyor reliability processes need to be put in place. Some best practice standards identified include having supervisors compare findings or review results between themselves and the surveyor, and using scenarios to facilitate discussion on how and why surveyors came to their conclusion. Also teams should rotate so that everyone is not always reviewing the same agencies.
  - c. Key issues: It is important to remember that when reviewing providers, not everything can be examined. Priorities need to be set regarding what is important. Also, lower performing agencies need to be reviewed more often and more comprehensively. However, unless specific processes are put in place for self correction and quality improvement, experience has shown that sometimes agencies will stop implementing effective practices.

**IV. Follow-up Design Questions** – list questions/issues that define next steps in furthering the final design of this aspect of the waiver.

1. What are the specific measurements (indicators) for the items on the Quality Scale?
2. How will we transition to a new survey process? What technical support will be needed to create the necessary protocols?
3. How do we measure an MCO, and would this process be different from reviewing the agencies delivering direct services?
4. How do we ensure clear guidance to agencies on the measurements and clear guidance to surveyors on how to ascertain information when individuals cannot communicate their own desires or needs?
5. How do we develop a system to make sure agencies are taking the responsibility to monitor, correct and improve their systems?
6. How can the survey/review system be designed so that it is flexible as individual's interests and needs change?

### Appendix A – List of Team Members

- **Stan Butkus**, Director, Metro New York DDSO, OPWDD Team Lead
- **Jan Abelseth**, Associate Executive Director, AHRC/Nassau, Co-facilitator
- **Judith Berek**, Consultant
- **Kate Bishop**, People First Waiver Unit, OPWDD
- **Deborah Burkhardt**, Director, Quality Management Strategies Unit, OPWDD
- **Bridget Cariello**, Parent, Long Island Regional Coordinator, Self Advocacy Association of New York State
- **Michael A. Doherty**, Executive Director, Chemung ARC
- **Marisa Geitner**, Executive Vice President and COO, Heritage Christian Services
- **Maxine George**, Executive Director, The Alternative Living Group, Inc
- **Stephen Glicksman**, Licensed Psychologist, Women’s League Community Residences
- **Robin Hickey**, Parent, Program Planner, NYS Developmental Disabilities Planning Council
- **Louie Lopez**, Self Advocate, Board Member, Self Advocacy Association of New York State
- **Richard Monck**, Director, Staten Island DDSO , OPWDD
- **Neil Mitchell**, Senior Administrative Analyst, OPWDD
- **Douglas Patterson**, Self Advocate
- **Tom Richards**, Information Management Systems, OPWDD
- **Anne Swartwout**, Associate Budgeting Analyst, OPWDD

### Appendix B – Team Charter

**Quality:** 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 dd 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.
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/DD 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.

**Appendix C – Resources Used by the Team**

<b>Material</b>	<b>Source</b>
2008-2009 QA QI Report Card	Real Choice Quality Management Subcommittee – OPWDD DQM
2010-2011 NCI Adult Consumer Survey	Human Services Research Institute
CMS 372 Report – Annual Report on HCBS Waivers	CMS/OPWDD Waiver Unit
COMPASS Components - Draft	OPWDD DQM
5 D Sustainability in Uncertain Times	Conference on Quality and Leadership
Personal Outcome Measures	Conference on Quality and Leadership
Defining Quality with Personal Outcome Measures	Conference on Quality and Leadership
Key Factors and Success Indicators in Person-Centered Supports	Conference on Quality and Leadership
Basic Assurances	Conference on Quality and Leadership
What Really Matters: A Guide to Person-Centered Excellence	Conference on Quality and Leadership
“Nursing Home Compare”	Medicare.gov
Support Intensity Scale Users Manual, 2004	American Association on Intellectual and Developmental Disabilities (AAIDD)
Performance Excellence Markers,	American Network of Community Options and Resources
Provider Report Cards, “Determining Provider Performance”	Tennessee Department of Intellectual and Developmental Disabilities
Quality Assurance Individual Review for Residential & Day Services	Tennessee Department of Intellectual and Developmental Disabilities
Quality Assurance Organizational Review for Day, Residential, Personal Assistance & Clinical Services	Tennessee Department of Intellectual and Developmental Disabilities
Quality Assurance Individual Review for Personal Assistance Services	Tennessee Department of Intellectual and Developmental Disabilities
Quality Assurance Individual Review for Nursing Services	Tennessee Department of Intellectual and Developmental Disabilities
Quality Assurance Individual Review for Therapy Services	Tennessee Department of Intellectual and Developmental Disabilities
Quality Assurance Individual Review for Behavior Services	Tennessee Department of Intellectual and Developmental Disabilities
Annual Quality Assurance Survey Report	Tennessee Department of Intellectual and Developmental Disabilities



Tennessee HCBS Waiver Individual Review	Tennessee Department of Intellectual and Developmental Disabilities
Tennessee HCBS Waiver Qualified Provider Review	Tennessee Department of Intellectual and Developmental Disabilities
Tennessee Quality Assurance Performance Ratings (QA Report Card Scores for April 2011)	Tennessee Department of Intellectual and Developmental Disabilities
NCI State Report: New York, 2009-10	National Association of State Directors of Developmental Disabilities Services & the Human Services Research Institute
NCI Consumer Outcomes Phase XII Final Report. 2009-2010 Data	National Association of State Directors of Developmental Disabilities Services & the Human Services Research Institute
Quality Management In The Field of Human Services: A Discussion with the New York Office of Persons with Developmental Disabilities	Delmarva Foundation
DC Quality Review: A Provider Certification Program: for HCBS Waiver Providers	Liberty Healthcare Corporation
Division of Disability & Rehabilitative Services, Division of Aging (Indiana)	Liberty Healthcare Corporation



**Appendix D – Draft Quality Scale**

Requirements for each level include all of the requirements for the previous levels

LEVEL	0	1	2	3	4	5
	Early Alert Agencies	<b>Significant Improvement Needed</b>	<b>Inconsistent Provision of Adequate Individualized Services</b>	<b>General Compliance with Regulations- Beginning to work on Quality Management Plan</b>	<b>Self Survey and Quality Management Plan Implemented and being Evaluated (An Emerging Agency)</b>	<b>Fully Implemented Quality Management Plan with the highest standards of service in OPWDD</b>
<b>Description of Levels</b>	<b>OPWDD is considering or taking adverse action against the agency or one or more of its programs. Individuals served by this agency are considered to be at risk. OPWDD is conducting frequent monitoring visits.</b>	The agency does not provide adequate services in one or more areas. Stakeholders are dissatisfied with services. Despite technical assistance, the agency has difficulty achieving and/or maintaining minimal regulatory compliance. There are no current immediate danger situations at this agency. The agency’s Board of Directors is not providing adequate governance to the	There are not good systems in place to ensure programs operate effectively. The strength of the program depends on the strength of the individual program manager. OPWDD has received and sustained complaints from stakeholders against individual programs and services. Site reviews at individual programs have identified some serious deficiencies. Once deficiencies are identified to the agency, the agency	All programs and services meet regulatory requirements for the provision of health and safety services but all or some could improve in some quality areas. The agency takes responsibility for correcting deficiencies identified by State regulatory agencies and addressing complaints from individuals but should improve systems to self identify issues that need correction.	Agency has consistently provided services that meet the health and safety needs of individuals. Services, in general, are individualized and person-centered. OPWDD has received minimal complaints that have been sustained from stakeholders regarding the quality of services they are receiving. There is evidence of an informed and involved Board of Directors that is independent from	Agency consistently provides high quality, individualized services. Individuals capable of proactively expressing their opinions are strongly involved in choosing and planning their services; for those individuals unable to proactively express their opinion due to profound intellectual and multiple disabilities(PMID), the agency has



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LEVEL	0	1	2	3	4	5
		<p>agency or guidance to agency management.</p>	<p>does act to correct them for at least the individual program cited. The agency has demonstrated limited ability to self-assess its operations. The agency is fiscally viable. The agency has an active Board of Directors that responds to issues identified by external regulatory agencies but does not have strong governance practices that would identify and prevent serious issues from occurring.</p>	<p>There is evidence of an active Board of Directors that provides fiscal and policy direction to the agency management and responds to issues identified by external review agencies and agency management. The agency is fiscally viable.</p>	<p>and provides sufficient guidance to agency management. The agency engages in self-assessment activities.</p> <p>Agency is responsive to requests from OPWDD and other agencies to serve individuals in crisis or individuals who have been misplaced or have challenging needs.</p>	<p>adopted or created meaningful methods to intuit the preferences of these individuals that includes observation and interaction with the person and does not rely solely on projecting the choices and opinions of others onto the individual.</p> <p>The agency implements an effective self-assessment system that results in continuous improvement in the quality of services and satisfaction of individuals being served.</p> <p>There is evidence of a fully informed and involved Board of Directors that is independent from</p>



LEVEL	0	1	2	3	4	5
						<p>and provides sufficient guidance to agency management.</p> <p>Agency initiates plans to serve individuals in crisis or individuals who have been misplaced or have challenging needs.</p>

**Quality will be Assessed in the Areas Below**

<p><b>Individualized Services and Planning</b></p> <p><i>The plan of care is developed based on individual's assessed and desired health, functional and personal outcomes; it is delivered through a comprehensive care coordination approach with the</i></p>	<p>No or inadequate treatment planning leading to dangerous or egregious situations</p>	<p>In many cases, service planning is not sufficient to meet the individual's needs for services and supports.</p> <p>Needs are often not identified, assessed or addressed timely.</p> <p>Choices are seldom recognized or</p>	<p>Generally meets minimum requirements for services and planning in terms of individual protections.</p> <p>Little support for individualized services.</p> <p>Plans are often reactive or chosen by staff with little assessment of the</p>	<p>Person First language is used</p> <p>Annual or more frequent, individual, person centered planning is provided.</p> <p>Systems to assess preference of individuals with PIMD consist of speaking to family and caregivers and</p>	<p>The cumulative record of personal information promotes continuity of services (there is a life plan)</p> <p>Positive Behavioral Supports are used</p> <p>Decision Making Supports are provided to people as needed</p>	<p>Individuals Choose and Realize Personal Goals</p> <p>Affirming active life plan replaces behavior support plan.</p> <p>Person Centered and Person Directed Services are emphasized</p> <p>Individuals</p>
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LEVEL	0	1	2	3	4	5
<p><i>ultimate goal of improving the quality of life for the person receiving supports.</i></p>		<p>supported.</p> <p>No specific systems are in place to assess preferences of individuals with PIMD</p>	<p>person’s functional needs.</p>	<p>do not include methods of personal assessment of the preferences of the individual him or herself.</p> <p>Agency provides adequate behavior support services. Behavior support services include proactive measures to teach replacement behaviors.</p>	<p>Meaningful work and Activity Choices are provided</p> <p>Individual Routines are developed and supported.</p> <p>A caregiver consensus exists regarding the personal preferences of individuals with PIMD that reflects staff observations of, reactions to, and knowledge of the individual.</p> <p>Agency recognizes and supports individuals’ diverse cultural and ethnic background and facilitates opportunities for inclusion.</p>	<p>participate fully in their own lives (Nothing about me without me) to the extent capable, and methods are adopted to directly include those with PIMD in developing, choosing and realizing personal goals and person centered services ( in person centeredness, the phrase “Not applicable”, is not applicable).</p> <p>Agency fully incorporates opportunities for diverse cultural expression through person centered planning processes.</p>



LEVEL	0	1	2	3	4	5
<p><b>Protections, Health and Safety, Incident Reporting and Environmental support</b></p> <p><i>Individuals receive supports and services in environments that meet or exceed guiding regulations in the areas of health and safety. Incident management systems are well established and serve to identify areas requiring correction and systemic correction is completed as appropriate. Additionally, it is expected that any identified</i></p>	<p>Failure to report, investigate or provide needed protections in situations that warrant reporting as allegations of abuse or neglect. Numerous allegations of abuse, neglect, significant injuries of unknown origin or unexpected deaths. Systemic ongoing deficiencies in critical operational areas such as nursing, health care, medication administration, incident reporting, fire safety, etc. Numerous complaints from individuals, parents or advocates. Patterns of complaints from agency staff, particularly alleging lack of incident reporting, lack of administrative support such as food, supplies or utilities,</p>	<p>Agency lacks clear procedures for upholding rights or objections to the limitation of rights.</p> <p>Agency lacks clear procedures for ensuring individual safety.</p> <p>Lacks clear procedures for identifying and addressing emerging health care needs.</p> <p>Frequent use of intrusive or restrictive interventions .and limitation of rights.</p> <p>Physical plant is not adequately cleaned or maintained.</p>	<p>Agency does not always implement procedures for upholding rights or objections to the limitation of rights.</p> <p>Emergency Plans are available and implemented</p> <p>Occasional use of Intrusive Interventions and rights limitations without a clear plan.</p> <p>Generally administer medications and treatments safely. Errors are identified and addressed individually with no review of contributing systems.</p> <p>In general, Implements Part 624 requirements but not always; because of inadequate oversight</p>	<p>In most cases, staff recognizes and honors people’s rights</p> <p>Rights are not limited without a justification, time limit and a plan to eliminate the need for the limitation.</p> <p>Reviews and analyzes trends, potential risks, allegations of abuse, injuries of unknown origin and deaths. Takes site-specific or issue-specific remedial action when deficient practices are identified. In some cases, identifies the need for systemic corrections.</p> <p>The physical environment promotes people’s</p>	<p>Staff is aware of and supports individual rights.</p> <p>Implements policies and procedures that promote people’s rights</p> <p>Individuals are offered opportunities to self advocate and supported in doing so.</p> <p>Individualized safety supports and emergency plans are in place</p> <p>Responds quickly and effectively to people’s concerns</p> <p>Prompt and thorough investigation of abuse, neglect, mistreatment and</p>	<p>Individuals are supported in choosing as much about their life as possible with a coordinated and comprehensive review of risk</p> <p>Agency encourages and supports self-advocacy.</p> <p>Agency uses incident report and other risk based information to continually improve systems</p>



LEVEL	0	1	2	3	4	5
<p><i>concerns are corrected for the individual and through systemic corrections.</i></p>	<p>chronic staffing issues</p>	<p>Agency lacks clear procedures for the management of incidents and allegations of abuse.</p>	<p>systems.  Fire safety systems implemented as required</p>	<p>health, and safety. It is clean and maintained.  Emerging needs for additional services are generally identified and addressed.</p>	<p>injuries with recommendations generalized across the system.  The physical environment promotes people's health, safety and independence. It is clean and individualized.</p>	
<p><b>Family, Natural Supports, Community Connections, Inclusion</b></p> <p><i>Opportunities for individuals to maintain and establish relationships should be supported and nurtured.</i></p>	<p>Complaints by families, neighbors and other stakeholders.  Insufficient focus on supporting relationships</p>	<p>Complaints by stake holders are on-going and not addressed.  Community inclusion activities are viewed as trips into the community and occur infrequently  There is little understanding of supporting a person to become a member of his/her community</p>	<p>Complaints by stakeholders are on-going and addressed inconsistently.  Community Inclusion activities are viewed as trips into the community and occur at least weekly. There is little support for participation as a member of a community or personal relationships.  A primarily medical</p>	<p>Complaints by stakeholders are addressed timely and analyzed to provide positive change  There is evidence of effort from the agency to address issues of inclusion and community connections Quality of Life and community inclusion needs are uniquely and specifically</p>	<p>Policies and practices facilitate continuity of natural support systems  Accessibility Plan to Remove Unnecessary Barriers  Meaningful relationships are supported and nurtured for all individuals regardless of functioning level</p>	<p>Individuals participate as fully as desired in the life of the community; agency supports individuals to live in line with their expressed values  Meaningful relationships are mentored, supported and enhanced, including intimate relationships in accordance with an individual's abilities.</p>



LEVEL	0	1	2	3	4	5
		A solely medical model is adopted for people with PIMD without concern for Quality of Life or community inclusion	model is adopted for people with PIMD with limited concern for Quality of Life or community inclusion	addressed for those with PIMD.		Multiple social roles in the community are supported for all individuals regardless of functioning level.
<p><b>Workforce Competencies</b></p> <p><i>The workforce is stable and competent to support individuals in a person centered manner. The workforce is diverse and provides supports that embrace variation in ideas and cultural expression.</i></p>	Chronic staffing issues including high staff turnover, frequent use of temporary or per diem staff, failure to replace needed clinical staff in a timely manner	Staffing is frequently inadequate to meet health and safety needs.  Limited ability to assess and meet the training needs of its staff.	Adequate numbers of staff to meet health and safety needs.  Staff meet OPWDD qualifications  Minimum OPWDD Training Requirements Met  Staff are trained in individual program plans	Adequate numbers of staff to provide effective services per the individual's plan.  Training provided in more than the minimum requirements.  Agency has identified the training needs of staff to provide adequate services and has a mechanism to measure the competence of its staff.	The support needs and diverse personal interests of individuals shape the hiring ,training and assignment of all staff  Orientation and Annual Training in Mission, Values and Governing Principles  Management and Leadership Training Provided	Ongoing training curriculum for individuals and families which includes self advocacy, empowerment, self directed services, when applicable  Ongoing training for all stakeholders with regard to the mission, values and governing principles of the organization.  Workforce demonstrates knowledge of individuals desired life plan and



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				<p>Staff Code of Conduct</p> <p>Workforce demonstrates increasing competence in terms of supporting and respecting individuals.</p>		<p>demonstrates culturally competent advocacy to assist person in achieving the plan.</p> <p>Individuals who receive services are members of the agency workforce</p>
<p><b>Quality Management Plan</b></p> <p><i>Agencies demonstrate processes that support continual quality improvement. Stakeholders, including individuals who receive services, are represented in aspects of the quality improvement initiatives.</i></p>	<p>Repeated failure to implement POC especially in areas related to health and safety</p>	<p>Plans of correction are developed with difficulty and not sustainable by the agency.</p> <p>Lacks ability to self-identify needs for improvements.</p> <p>Poor administrative or supervisory oversight of programs and services.</p> <p>No customer satisfaction assessments.</p>	<p>Plans of correction are completed and implemented at the program cited but systemic corrections seldom occur.</p> <p>Minimal ability to self-identify opportunities for improvements.</p> <p>Limited administrative or supervisory oversight of programs and services.</p> <p>Limited assessment of customer</p>	<p>Self Assessment Plan has been implemented and Monitors Basic Assurances</p> <p>Annual satisfaction survey conducted.</p>	<p>Self Assessment Plan implemented including activities to assess satisfaction of all stakeholders</p>	<p>Full Self Assessment, with Self Correction for all services which includes a process to review the achievement of valued outcomes for people served</p> <p>Quality Improvement Plan Fully Implemented and Self Sustaining with ongoing improvements based on new goals</p>



LEVEL	0	1	2	3	4	5
			satisfaction.			
<p><b>Governance and Leadership (fiscal)</b></p> <p><i>Agency leadership is responsible and accountable for the provision of quality, person centered supports. Leaders ensure that a clear vision and mission focused on improving individuals lives is both communicated and demonstrated in action.</i></p>	<p>Receipt of Medicaid payment suspension letter</p> <p>Poor financial position as represented by key ratios</p> <p>Inability to meet payroll or pay payroll tax withholdings.</p> <p>Agency staff reporting bounced checks, especially payroll checks</p> <p>Tax delinquencies resulting in receipt of notice of liens</p> <p>Outstanding liabilities as the result of an audit</p> <p>Chronic failure to submit fiscal reports such as the CFR and financial statements</p> <p>Diversion of funds to other entities</p> <p>Loan of agency funds</p>	<p>Board is not responsive to agency's operational needs or engaged in governance activities</p> <p>The agency's Board of Directors is not providing adequate governance to the agency or guidance to agency management.</p>	<p>An active board showing compliance with meeting attendance and review of important agency issues.</p> <p>The Board of Directors responds to issues identified by external regulatory agencies but does not have strong governance practices that would identify and prevent serious issues from occurring.</p> <p>The agency has demonstrated limited ability to self-assess its operations</p> <p>The agency is fiscally</p>	<p>Fiscal Policies and Procedures that assure adequate internal controls</p> <p>Board directs that the Quality Management Plan become operational</p> <p>There is evidence of an active Board of Directors that provides fiscal and policy direction to the agency management and responds to issues identified by external review agencies and agency management.</p> <p>Agency has an</p>	<p>Board Training Program</p> <p>Current statements of mission, vision, values and governing principles</p> <p>Current Strategic Plan with goals, objectives, timelines and persons responsible identified</p> <p>Signed commitment from the board of directors to the pursuit of excellence</p> <p>Individuals who receive services have a clear path for communication with agency leadership</p>	<p>Full implementation of Electronic Records</p> <p>Continuous Board Training</p> <p>Individuals who are supported and family members sit on the board and other governance committees</p> <p>Creation of a Positive Culture to include Clarity of Vision, Shared Values, Integrity and Trust and open honest and frequent communication</p> <p>Demonstration of strategic alignment</p>



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	<p>to members of the BOD, agency employees or other entities            Serious lapse of fiscal record keeping            Breakdown of internal controls as identified by a review or audit, leading to misuse of agency funds.            No evidence of regular board meetings in accordance with agency bylaws.            No evidence of written board meeting minutes which discuss incidents, health and safety violations, major physical plant issues, the budget and any fiscal concerns and audit findings from external agencies            Board lack of oversight of agency personnel including executive staff            Lack of awareness of</p>		<p>viable.</p>	<p>effective compliance program that meets the regulatory requirements.</p>	<p>and board             There is evidence of an informed and involved Board of Directors that is independent from and provides sufficient guidance to agency management. The agency engages in self-assessment activities.             Agency's compliance program creates a culture of ethical behavior and compliance; Board is fully informed of compliance issues.</p>	<p>between Mission, Vision, Values, Operational Goals and Plans, and the Quality Management Plan             The agency implements an effective self-assessment system that results in continuous improvement in the quality of services and satisfaction of individuals being served.             Compliance program fully integrated with Quality Improvement process. There are demonstrable outcomes to the Compliance program.</p>



LEVEL	0	1	2	3	4	5
	fiscal or programmatic issues facing the agency Lack of Board participation in policy setting Lack of independence between the board and the executive director Self dealing between the Board members and the agency.					
Survey Process	Repeated and significant lack of regulatory compliance resulting in 45 or 60 day letters, especially in the areas related to health and safety DQM provides ongoing monitoring for safety	DQM conducts at least annual regulatory reviews at all programs and services and additional monitoring visits as needed.	DQM performs yearly reviews of all services, visits all programs yearly and conducts regulatory reviews at approximately half of the agency's site-based programs.	DQM conducts yearly visits to all programs and services. Regulatory reviews are conducted at approximately a quarter of the agency programs. Remainder of visits focus on review of	DQM does look behinds for approximately 10 % of an agency's self assessment processes and verifies one or more outcome measures used by the agency.	Once a year validation visit and comprehensive report on the quality management plan back to DQM



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				quality indicators and improvements in agency outcome measures.		