

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

LEVEL	0	1	2	3	4	5
	<p>Early Alert Agencies</p>	<p>Significant Improvement Needed.</p>	<p>Inconsistent Provision of Adequate Individualized Services</p>	<p>General Compliance with Regulations- Beginning to work on Quality Management Plan</p>	<p>Self Survey and Quality Management Plan Implemented and being Evaluated (An Emerging Agency)</p>	<p>Fully Implemented Quality Management Plan with the highest standards of service in OPWDD</p>
<p>Description of Levels</p>	<p>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.</p>	<p>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 agency or guidance to agency management.</p>	<p>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 does act to correct them for at least the individual program cited. The agency has demonstrated limited ability to</p>	<p>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. There is evidence of an active Board of Directors that provides fiscal and policy direction to the agency</p>	<p>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 and provides sufficient guidance to agency management. The agency engages in self-assessment</p>	<p>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 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</p>

			<p>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>management and responds to issues identified by external review agencies and agency management. The agency is fiscally viable.</p>	<p>activities. 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>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 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>
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Quality will be Assessed in the Areas Below

<p>Individualized Services and Planning</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 ultimate goal of improving the quality of life for the person receiving supports.</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 supported.</p> <p>No specific systems are in place to assess preferences of individuals with PIMD</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 person's functional needs.</p>	<p>Person First language is used</p> <p>Annual or more frequent, individual, person centered planning is provided. Systems to assess preference of individuals with PIMD consist of speaking to family and caregivers and 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>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>Meaningful work and Activity Choices are provided</p> <p>Individual Routines are developed and supported. 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>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 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>
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<p>Protections, Health and Safety, Incident Reporting and Environmental support</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 concerns are corrected for the individual and through systemic corrections.</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, chronic staffing issues</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 lacks clear procedures for the management of incidents and allegations of abuse.</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 systems.</p> <p>Fire safety systems implemented as required</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 health, and safety. It is clean and maintained.</p> <p>Emerging needs for additional services are generally identified and addressed.</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 injuries with recommendations generalized across the system.</p> <p>The physical environment promotes people’s health, safety and independence. It is clean and individualized.</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>
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<p>Family, Natural Supports, Community Connections, Inclusion</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.</p> <p>Insufficient focus on supporting relationships</p>	<p>Complaints by stakeholders are on-going and not addressed.</p> <p>Community inclusion activities are viewed as trips into the community and occur infrequently</p> <p>There is little understanding of supporting a person to become a member of his/her community</p> <p>A solely medical model is adopted for people with PIMD without concern for Quality of Life or community inclusion</p>	<p>Complaints by stakeholders are on-going and addressed inconsistently.</p> <p>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.</p> <p>A primarily medical model is adopted for people with PIMD with limited concern for Quality of Life or community inclusion</p>	<p>Complaints by stakeholders are addressed timely and analyzed to provide positive change</p> <p>There is evidence of effort from the agency to address issues of inclusion and community connections</p> <p>Quality of Life and community inclusion needs are uniquely and specifically addressed for those with PIMD.</p>	<p>Policies and practices facilitate continuity of natural support systems</p> <p>Accessibility Plan to Remove Unnecessary Barriers</p> <p>Meaningful relationships are supported and nurtured for all individuals regardless of functioning level</p>	<p>Participate as fully as desired in the life of the community</p> <p>Meaningful relationships are mentored, supported and enhanced, including intimate relationships in accordance with an individual's abilities.</p> <p>Multiple social roles in the community are supported for all individuals regardless of functioning level.</p>
<p>Workforce Competencies</p> <p><i>The workforce is stable and competent to support individuals in a person centered manner. The</i></p>	<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</p>	<p>Staffing is frequently inadequate to meet health and safety needs.</p> <p>Limited ability to assess and meet the training needs of its staff.</p>	<p>Adequate numbers of staff to meet health and safety needs.</p> <p>Staff meet OPWDD qualifications</p> <p>Minimum OPWDD Training</p>	<p>Adequate numbers of staff to provide effective services per the individual's plan.</p> <p>Training provided in more than the minimum requirements.</p>	<p>The support needs of individuals shape the hiring ,training and assignment of all staff</p> <p>Orientation and Annual Training in Mission, Values and Governing Principles</p>	<p>Ongoing training curriculum for individuals and families which includes self advocacy, empowerment, self directed services, when applicable</p>

<p><i>workforce is diverse and provides supports that embrace variation in ideas and cultural expression.</i></p>			<p>Requirements Met</p> <p>Staff are trained in individual program plans</p>	<p>Agency has identified the training needs of staff to provide adequate services and has a mechanism to measure the competence of its staff.</p> <p>Staff Code of Conduct</p> <p>Workforce demonstrates increasing competence in terms of supporting and respecting individuals.</p>	<p>Management and Leadership Training Provided</p>	<p>Ongoing training for all stakeholders with regard to the mission, values and governing principles of the organization.</p> <p>Workforce demonstrates knowledge of individuals desired life plan and demonstrates advocacy to assist person in achieving the plan.</p> <p>Individuals who receive services are members of the agency workforce</p>
<p>Care Coordination</p>	<p>N/A</p> <p>Cannot be responsible for providing Care Coordination</p>	<p>N/A</p> <p>Cannot be responsible for providing Care Coordination</p>	<p>N/A</p> <p>Cannot be responsible for providing Care Coordination</p>	<p>Competency measures to be developed</p>	<p>Competency Measures need to be developed</p>	<p>Agency Provides supports to manage and coordinate individualized Health Care services throughout a person's life stages.</p>
<p>Quality Management Plan</p> <p><i>Agencies demonstrate processes that support continual quality improvement. Stakeholders, including</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>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>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</p>

<p><i>individuals who receive services, are represented in aspects of the quality improvement initiatives.</i></p>		<p>Poor administrative or supervisory oversight of programs and services.</p> <p>No customer satisfaction assessments.</p>	<p>Limited administrative or supervisory oversight of programs and services.</p> <p>Limited assessment of customer satisfaction.</p>			<p>Fully Implemented and Self Sustaining with ongoing improvements based on new goals</p>
<p>Governance and Leadership (fiscal)</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 to members of the BOD, agency employees or other</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 viable.</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>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 and board</p> <p>There is evidence of an informed and involved Board of Directors that is</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 between Mission, Vision, Values, Operational Goals and Plans, and the Quality Management Plan</p>

	<p>entities</p> <p>Serious lapse of fiscal record keeping</p> <p>Breakdown of internal controls as identified by a review or audit, leading to misuse of agency funds.</p> <p>No evidence of regular board meetings in accordance with agency bylaws.</p> <p>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</p> <p>Board lack of oversight of agency personnel including executive staff</p> <p>Lack of awareness of fiscal or programmatic issues facing the agency</p> <p>Lack of Board participation in policy setting</p> <p>Lack of independence between the board and the executive</p>				<p>independent from and provides sufficient guidance to agency management. The agency engages in self-assessment activities.</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>
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	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 quality indicators and improvements in agency outcome measures.	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
Incentives						Mentor other agencies

From specific site reviews to agency/system reviews

From direct oversight to internal self correction and quality improvement

Assessment to Remediation to Follow up