Section 5 — Quality

Summary:

OPWDD's intent in Section 5 of the Request for Information (RFI) was to seek broader input from the varied perspectives of stakeholders regarding the provision of quality supports and services and related personal outcomes and quality measures within the People First Waiver. OPWDD is making significant quality management reforms including improving incident management systems that focus on health and safety and building agency capacity for quality improvement. This reform agenda and related changes will be continued in the People First Waiver.

A key measure of quality is ensuring that personal outcomes are met for individuals receiving services. Personal outcomes are based on an individual's interests and needs, and they are developed through the person-centered planning process. Quality measures must be integrated during the development, implementation and evaluation of an individualized plan that is both integrated and coordinated. Quality must also be measured based on the effectiveness of systems that the agencies put in place to ensure continuous quality improvement.

During the summer of 2011, the People First Waiver Design Teams recommended a quality strategy that incorporates quality incentives, measurement of personal outcomes and development of a quality scale. 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. The quality scale can be located at the following web address: http://www.opwdd.ny.gov/sites/default/files/documents/quality_matrix_chart_081711.pdf

Through the People First waiver, quality will be measured consistently across settings where supports are provided and will focus on meeting the personal outcomes of individuals served as well as promoting continuous quality improvement strategies. The feedback provided by the RFI respondents below included many practical ideas to help support these goals.

Quantitative Analysis:

The below tables represent the analysis of the responses to the Quality section of the RFI which included a total of seven (7) questions.

OPWDD received a total of 251 separate responses from individuals who receive OPWDD services, providers, parents, advocates, self-advocates, associations, and other groups that wished to respond to the RFI. RFI responses were submitted by single persons or from groups of individuals. Therefore, when we refer to "responses" each "response" could represent the opinion of one individual or hundreds of individuals.

Analysis of the Quality Section of the RFI by Question Number						
Question Number	**Number of Responses**	**% of Total RFI Responses**	**Yes Responses**	**% of Yes Responses**	**No Responses**	**% of No Responses**
Q-1	138	54.98%	n/a	n/a	n/a	n/a
Q-2	115	45.82%	n/a	n/a	n/a	n/a
Q-3	170	67.73%	n/a	n/a	n/a	n/a
Q-4	141	56.18%	n/a	n/a	n/a	n/a
Q-5	114	45.42%	n/a	n/a	n/a	n/a
Q-6	124	49.40%	n/a	n/a	n/a	n/a
Q-7	124	49.40%	n/a	n/a	n/a	n/a

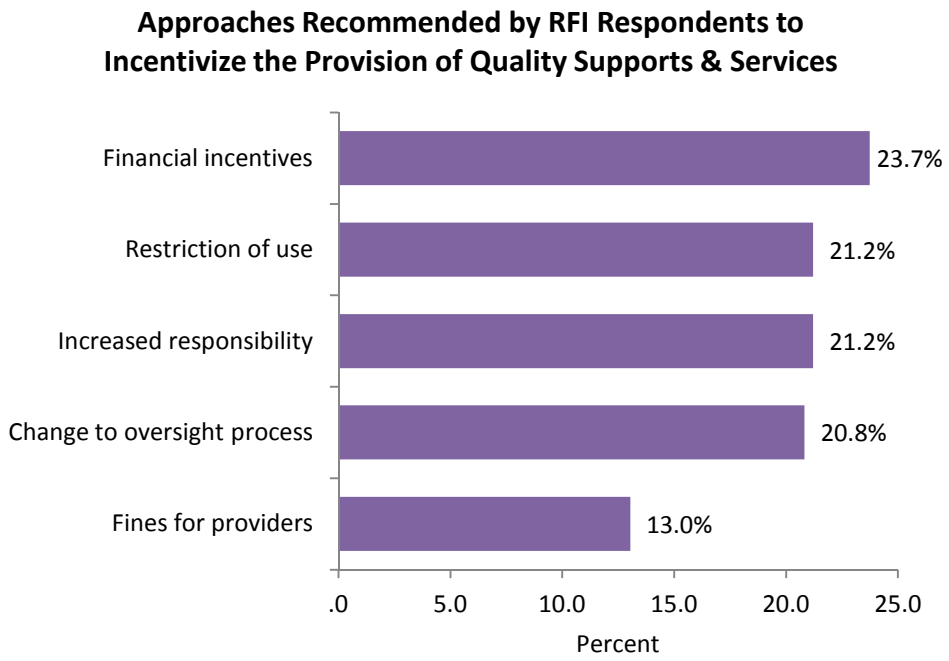
	Number of Responses	**% of Total RFI Responses**
TOTAL RFI responses that answered all questions included in the quality section	83	33.07%
TOTAL RFI responses that did not answer any question in the quality section	59	23.51%
TOTAL RFI responses that answered one or more questions but not all questions in the quality section	109	43.42%
TOTAL Responses to RFI	251	100.00%

RFI Questions:

(Q-1) - What approaches would you recommend to incentivize the provision of quality supports and services that are driven by a person centered plan of care and result in desired personal outcomes?

Number of Responses	**% of Total RFI Responses**	**Yes Responses**	**% of Yes Responses**	**No Responses**	**% of No Responses**
138	54.98%	n/a	n/a	n/a	n/a

Respondents were asked to choose from a number of suggestions for incentives and were allowed to choose as many of the options as they wanted. The chart on the next page represents the most common responses:



(Q-2) - What advantages and disadvantages are there to the approaches that you selected in question #1?

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
115	45.82%	n/a	n/a	n/a	n/a

Respondents offered some general feedback as to how quality should be defined and suggested that definitions of quality and accountability must be very clear. It was noted that by incentivizing quality and defining expectations, it becomes more likely that agencies will adopt quality improvement strategies. To that end, the development of clear guidelines to establish the minimum standards was suggested.

Respondents' comments on advantages and drawbacks: **Financial Incentives**	
Advantages	Disadvantages
• Quality agencies can use the money to expand, and reward excellent employees financially. • Placing focus on trying to excel promotes use of diverse and innovative approaches and can facilitate innovation. • Funds could be used to create new opportunities and service options for more people or be provided to families that need additional support to provide at-home care. • Funds could be targeted toward agencies that consistently follow a person-centered planning process and support individuals to meet personal outcomes. • Could encourage agencies to take on individuals with more complex needs. • Would link quality of service to payment and could reinforce high quality behaviors and practices. • Financial incentives are strong motivators in difficult financial times.	• The use of financial incentives could risk putting too much focus on money and not enough on services which could result in comprised quality. • The incentives are not necessarily linked to person-centered planning, and agencies vying for financial incentives could potentially ignore person-centered approaches or pursue the incentives as opposed to the person's personal outcomes. • May only improve presentation of program quality, not actual quality itself, or may reduce the likelihood of transparency when problems arise. • Could cost the state more money. • Incentives driven by per capita amounts may deter agencies from serving people with complex needs.

Respondents' comments on advantages and drawbacks: **Restrictions for Low Performers** (Limiting or not allowing new cases for low performers until improvement is exhibited)	
Advantages	Disadvantages
• Individuals and their families are redirected toward providers who offer quality supports and prevented from choosing a low quality provider. • Low performing agencies could focus on improvement without the concern of increased workload. • Low performing agencies would have to quickly improve or close which would weed out low performers and prevent them from expanding.	• Possible financial disadvantage could result from reducing services and not being able to take on additional cases. • Could lead to loss of service type in a particular area.

Respondents' comments on advantages and drawbacks: **Increased Responsibility for Demonstrations of Accountability**	
Advantages	Disadvantages
• Motivates through positive recognition of successes and increases the likelihood of improvement and development of more high quality services. • Would incentivize agencies to share best practices and offer the opportunity for their replication.	• Time and effort spent on proving accountability, not providing care. • More paperwork and time needed to document actions.

Respondents' comments on advantages and drawbacks: **Reducing the Oversight process for High Quality Providers**	
Advantages	Disadvantages
• Would allow OPWDD to focus more attention on agencies that need more assistance, and frees high quality providers to spend more time delivering services and focusing on continuous quality improvement. • It is a non-monetary incentive, and reduced oversight would cost the state less. • Would save time and money for the provider.	• Even high quality performers could slip in quality if not regularly monitored; risk of providers reducing quality with less oversight. • Concerns may not be discovered or disclosed if oversight is not consistent for all. • Risk of quality slipping if administrative staff changes.

Respondents' comments on advantages and drawbacks: **Fines for Providers/Developmental Disabilities Individual Support and Care Coordination Organizations (DISCOs) that Fall Short of Established Standards**	
Advantages	Disadvantages
• Fines are a deterrent to poor behavior and encourage agencies to do their jobs; the potential loss of revenue motivates providers to succeed. • Providers/DISCOs will want to remain fiscally sound and will therefore comply with regulations and standards. • Fines are appropriate when improvements are not made or for repeat citations.	• Could produce significant cash flow issues for smaller agencies or put an agency out of business. • The fines may result in less funding to improve or provide quality services and limit the agency's ability to address issues. • Removes resources intended for individuals served. • Providers may mask infractions to avoid penalties. • Providers may opt to pay a fine instead of complying with inconvenient requirements.

(Q-3) - What information technology (IT) systems do you envision utilizing to manage and coordinate information, gather and aggregate pertinent data, and create meaningful and useful reports?

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
170	67.73%	n/a	n/a	n/a	n/a

Manage and Coordinate Information — Respondents suggested that using a single IT system for data storage and management, with the capability to communicate with different agencies and the DISCO, may be the most efficient and cost-effective solution. Respondents noted that each DISCO will need a database to track services and supports delivered to an individual, and suggested that an electronic medical record could encompass an individual's entire record. It was recommended that any IT solutions implemented be commonly accepted, uniformly used, and implemented across the provider spectrum. A standardized, statewide system with consistent reporting formats was also recommended.

One respondent suggested that the IT solution used to store information could have a communication component to provide reminders and alerts, as well as facilitate regular communication. The use of social media was also suggested as a way for people to report on experiences and concerns.

Gather and Aggregate Data — Respondents suggested using databases to collect and store data and laptops and mobile applications for data collection on smart phones. Web-based applications with databases that link data from all stakeholders were suggested. It was recommended that data related to providers be shared with DISCOs so that the DISCO can analyze and disseminate information about the quality and reliability of direct providers. Uniform and consistent data collection throughout the state to ensure metrics can be compared across programs was also recommended.

Applications to create surveys (on, for example, individual and family satisfaction) and a system to contain satisfaction data were indicated as methods for gathering and aggregating data. Respondents recommended that assessment and evaluation tools should be web-based with data stored centrally. Respondents also suggested the development of a user-friendly, web-based system for quality management.

Creating Meaningful and Useful Reports — Respondents suggested a number of ways to create meaningful reports. It was noted that most electronic medical records systems can generate reports, and that real time data reports allow access to information that is current as of the moment the report is generated. It was noted a variety of software can be used to generate reports, from word processing and spreadsheet programs to data analysis packages which require users to have expertise in statistics. Respondents also suggested that reports on provider performance and results could be presented through dashboards.

(Q-4) - The provision of person centered supports is directly impacted by the relationships and interactions between direct support professionals and the people they support; how would you ensure that the direct support workforce is competent, well trained and empowered to provide support in a manner that brings the best possible quality of life to the individuals receiving supports?

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
141	56.18%	n/a	n/a	n/a	n/a

Competency — Respondents suggested many ways to ensure Direct Support Professionals (DSPs) are competent, including developing new or additional competency standards and having high expectations for staff. Some ideas included developing different "levels" of DSP competence, or the establishment of a credential requirement for DSPs. Clearly defined competencies were recommended, backed by competency-based training focused on the knowledge, skills, and attitudes required of new employees.

Several respondents suggested OPWDD require credentialing or certification for DSPs. It was noted that research shows credentialing of DSPs results in better outcomes as a result of lower turnover. More than one respondent suggested certification through the National Alliance of Direct Support Professionals, which was noted as being competency-based and having standards recognized by the US Department of Labor.

Respondents also spoke to minimum requirements, including the suggestion that DSPs have more than a high school diploma, including college coursework related to the developmental disability field. It was noted that all employees must pass a background check for criminal behavior, and there must be an atmosphere of zero tolerance for abuse and neglect.

Training Requirements — Respondents recommended that staff at all levels should have to meet annual training requirements. It was suggested that training should align with the support needs, environment and interests of the individual. It was also recommended that training be geared to specific populations. Other general suggestions included observation of post-training skills and measuring the effectiveness of training by the outcomes of the people served.

It was recommended that OPWDD or DISCOs establish core training so content is consistent and to refocus the workforce for changes coming to the OPWDD system. It was also suggested that the participant and family should be able to determine additional training areas for staff and that staff often feel training directed by the individual and circle of support is very relevant.

Respondents suggested agencies adopt a learning organization culture supported by skilled supervisors and mentors, and provide DSPs with opportunities to work under the close supervision of experienced clinicians.

Education outside of agency training was stressed by several respondents, who suggested agencies provide funded opportunities or mandate that employees gain higher education. Some respondents also recommended that agencies develop relationships with educational institutions to provide educational opportunities for DSPs.

The use of electronic media and the Internet to expand the accessibility of trainings was recommended, and it was noted that the web-based College of Direct Support (University of Minnesota) offers a full curricula of online courses that could be considered for DSP competency training.

Empowerment — Respondents suggested empowering DSPs through respect, support, mentoring and recognition. Suggestions included mentoring and ongoing support from supervisors and clinicians, and recognition programs like the OPWDD Everyday Heroes initiative to recognize exceptional DSPs as a platform for empowerment. Other recommendations were to incorporate DSPs and their ideas into program planning and to provide opportunities for staff to share challenges, experiences and frustrations with supervisors and each other.

Individual Growth and Control — In addition to the provision of competent support, it was noted that effective relationships between DSPs and the people they support are essential. Respondents noted that training on the person-centered philosophy of planning and delivering services will be needed, and that the growth of individualized, self-directed services will pose new challenges for recruiting and training DSPs. Respondents suggested that one of the best ways to find a good fit between the individual and the DSP is to match staff to individuals with common interests.

Career Growth and Incentives — Respondents suggested that DSPs are most likely to be motivated when there are incentives and career advancement potential. Financial incentives for employees who excel at their job performance or for those who get more education or training were suggested. Higher pay for DSPs with higher education was suggested. Respondents recommended that fair and competitive compensation and opportunities for advancement should be present, with educational release time for workers wishing to pursue higher education.

Hiring, Supervision and Management — Respondents recommended that, as part of the hiring process, potential recruits should be provided ample opportunity to understand what the job truly entails. One respondent suggested an ambassador program where a seasoned employee accompanies a prospective employee on a tour of various sites. It was also suggested that individuals and families should have a part in the hiring process.

Respondents also discussed the importance of hiring, training and retaining effective supervisors, and suggested leadership development, college coursework and in-service training to help DSPs move into supervisory roles. It was noted that strong supervision helps weed out low performers and address problem workplace behaviors.

It was also noted that a sound human resources department and managerial staff who can screen away less desirable applicants would be beneficial. The importance of well-trained upper management that is focused on making a better and more productive life for individuals, not financial reward, was noted.

Philosophy and Attitude — Respondents consistently noted the importance of teaching the values of service in the developmental disability field. Many noted that quality begins with the DSPs and their interactions with the people they support. Respondents stressed fostering a positive working environment with a mindful, caring approach, where individuals with or without disabilities are considered equal. Respondents also noted the importance of respect. It was suggested that a person-centered approach to hiring results in staff developing longer term "life" relationships with individuals.

Evaluation — It was noted that evaluation of staff should be linked to competencies and satisfaction with services. Methods of monitoring that were suggested included unannounced visits by supervisory or management staff and asking families and individuals to describe their experiences. The development of a standardized, statewide quality oversight system that measures outcomes for people was recommended, as was refining workforce policies by collecting and evaluating data.

(Q-5) - Through effective care coordination and with resource levels established based on the consistent assessment of strengths and needs, it is anticipated that plans of care will be delivered across a variety of settings in line with individuals' expressed interests and needs. Quality must be measured based on the outcomes realized by the individuals supported in their health status, functional capabilities and personal outcomes. What strategies do you recommend to effectively measure these outcomes for people receiving supports and services?

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
114	45.42%	n/a	n/a	n/a	n/a

Respondents suggested that metrics for achievement could be assigned as system standards and for individual outcomes. Benchmark outcomes and quality indicators could be established based on statewide and national experience. Additionally, respondents suggested measuring progress through a combination of observations, including discussions with the individual and their support staff and reviews of services provided. Both quantitative approaches utilizing data and qualitative approaches emphasizing interactions and dialogue were suggested. It was noted that quality measures must focus on outcomes as the principle indicator of good quality.

Respondents suggested measuring achievement of goals in the care plan and progress toward overcoming barriers. They cautioned that any strategy chosen must be flexible to meet the diverse needs of individuals. They also suggested that change be measured over time with incremental steps, including short and long-term goals. Respondents suggested measuring both satisfaction with services and the success of outcomes. While it was suggested that whether outcomes are achieved fully and satisfactorily is up to the judgment of the individual and/or their circle, it was also stated that measuring objective outcomes is important, particularly to ensure quality for people who have trouble expressing themselves.

It was noted that the individual being served should report on their own perceived goal accomplishment and that communication with family members and advocates is key in assessing outcomes. Regular evaluation of the plan of care to assess accomplishment of goals was suggested.

Respondents suggested the creation of a statewide, comprehensive quality oversight system, and measuring desired outcomes through the utilization or development of one or more standardized statistical instruments. It was suggested that goals and benchmarks should be tracked through a database. One respondent also recommended developing a registry or bank of goals to draw from when developing care plans.

It was also suggested that a specific methodology must be developed for care coordinators to capture and record health, safety and behavioral information, and that staff must understand what an outcome is and how to measure it consistently across the state. Respondents recommended measurement be conducted by a third party and be monitored by quality assurance personnel and OPWDD. Provider self-assessments were also suggested.

Outcome Measures — Respondents noted that outcomes should be based on the life priorities of the individuals receiving supports, should be developmentally appropriate, and should demonstrate that individuals are afforded choice as to how to meet their needs. It was suggested that measured outcomes must be based on a service plan formulated with the individual and that quality must be defined by the individual and the family so the process is individualized and dynamic.

Respondents indicated that outcomes must be operationally defined and suggested the use of measures that are efficient, require low administrative overhead, and can be interpreted at multiple levels in the overall system. Respondents suggested using performance-based measures that reflect needs-driven planning processes. Respondents also indicated that qualitative data is as important as quantitative data, and encouraged the use of narrative descriptions. Measuring global outcomes related to system performance and using standardized "quality of life" satisfaction surveys were also suggested.

Personal and Functional Outcome Measures — Respondents offered a number of ways to measure personal and functional satisfaction and goal achievement. It was noted that the plan for each individual should have concrete goals and well defined action plans and focus on reassessment of skills and satisfaction. It was suggested that the start of the process is to identify and define each goal for each individual.

Respondents suggested evaluating the application of person-centered planning and considering the use of popular tools like the Council on Quality Leadership's Personal Outcome Measures and National Core Indicators Survey. The Personal Outcome Measures focus on individual measures of achievement, while National Core Indicators measures satisfaction with the entire service system.

Parents also noted the importance of people enjoying their experience in being supported and suggested one indicator to measure was participation and attendance in support activities. One parent wondered if there was a "happiness scale" that could be applied, and another noted the indicator as old as time itself: "a smile on their face."

Health Status Outcome Measures — Respondents suggested health status can be measured in terms of a set of health indicators or clinical measures of health status, including data from annual physicals. It was suggested that measurement also reflect access to treatment and routine healthcare activities.

Assessment Tool — Some respondents noted that outcomes can only be evaluated by repeated measurements, and they recommended using the same tool to conduct the assessment of need and to measure personal growth and change. It was suggested that baseline needs could be established, starting with the initial assessment, with reassessment at stated intervals to determine if objectives are being met. Lastly, it was noted that developmental disability is a permanent condition, and assessments should primarily be used as a means of measuring progress.

(Q-6) - The quality design team created a quality measurement scale that identified expectations for provider performance and a 1 through 5 rating system that would be available to the public. What strategies would you utilize to implement quality improvement activities to be rated, or, as a DISCO, to ensure that provider agencies are rated, as high performers?

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
124	49.40%	n/a	n/a	n/a	n/a

RFI respondents recommended differing strategies to ensure agencies providing OPWDD services are high performing and comply with the new quality rating scale suggested by the People First Waiver Quality Design Team.

Some noted that strategies utilized to implement quality improvement activities could include a continuous quality improvement process to identify, address and improve issues or concerns. Additional strategies suggested included incorporating third party assessments and evaluations, evaluations by regulatory oversight agencies, and collecting feedback from the individuals served and their families.

Other suggestions included utilizing evidence-based practices, improving key operational processes, and making sure the workforce is aligned with agency goals. It was noted that training and support in quality improvement are essential. Respondents suggested that high performing agencies have a culture that establishes clear expectations and training for staff on skills and attitudes, and that staff should be educated through quality, competency-based models of instruction and values-based sensitivity trainings.

Some respondents noted that an agency should identify best practice "ideals" (above standards) and organizationally commit to striving toward those practices. It was suggested that agencies compare their performance with respect to the use of specific interventions, to determine the effectiveness of those specific interventions. It was suggested that OPWDD or DISCOs could provide examples of model plans capable of meeting the top rating on the scale.

In the event an agency is not performing highly, respondents suggested that there be strict timeframes for areas of improvement. It was recommended that if an agency cannot improve, it should be required to

accept the oversight of another agency as a mandatory function of its contract. Other respondents suggested consequences up to the closure of low performing agencies.

Determining Causes – Respondents suggested agencies analyze identified problems to get to the root of why the problems exist in the first place and provide performance feedback on specific metrics and indicators through a variety of means, including formal audits.

Quality Improvement Committees – Some respondents suggested the use of a quality improvement committee that meets regularly and monitors the progress of quality improvement plans. It was suggested this quality management committee could identify opportunities for the DISCO to improve its performance.

Motivation and Incentives — Respondents suggested both positive and negative incentives. One suggestion was a financial incentive program to influence agencies to continue to improve and have additional resources to do so. Another suggestion was to reward high achievers with financial or non-financial means, though not necessarily incentivize achievement of certain goals.

The motivation of having a high rating was suggested as incentive enough for an agency, and it was noted that people "vote with their feet" and will leave a low-performing agency if they are made aware of the rankings.

Clear Definitions — Respondents suggested clearly defining (or operationalizing) the standards for each level of the quality scale consistently across all DISCOs and providing clear and specific measurable objectives to indicate expectations for performance, including criteria for movement across ranking levels. It was suggested that defining and rewarding excellence will be an effective driver of quality, and that if expectations are clear, providers and DISCOs will strive toward excellence.

It was noted that if the DISCO or OPWDD provide clear objectives on an annual basis for the providers to achieve, the system would constantly be engaged in an improvement cycle. The elimination of reviewer bias was also noted as essential in determining fair rankings.

Quality Improvement Plans — Quality Improvement Plans were recommended as a means to define flaws within current practices and develop steps toward desired outcomes. The development of a quality improvement plan that requires consistent and periodic reporting of performance based on Quality Scale standards was suggested. It was noted that quality improvement plans could address each of the rating scale components. It was suggested that formal quality improvement plans including increased responsibility for demonstrations of accountability must be implemented to achieve higher performance. Some respondents suggested that any plan must include specific areas in need of improvement, a performance measurement scale, and action plans with people identified for the implementation.

Furthermore, a respondent noted their agency actively engages in strategic planning annually to align strategy with leadership efforts. A challenge noted in the development of plans is the lack of benchmarks for an agency to compare its own performance against.

The Role of DISCOs — Respondents suggested that DISCOs should routinely review the rating of each provider, and could provide specialized technical assistance and arrange mentoring by high-performing agencies in the network. It was also suggested that DISCOs should provide ongoing opportunities for its providers to learn and share promising practices, and provide expert resources and educational opportunities to disseminate best practices to providers in network. It was recommended that DISCOs incentivize compliance with the quality scale for providers. It was suggested that, in the event a provider in the DISCO network performs unsatisfactorily, a plan of improvement should be submitted to the DISCO, with termination of contracts a last resort.

External Quality Improvement Organizations — Respondents suggested engaging a variety of external quality improvement organizations including the Council on Quality Leadership and Baldridge National Quality Program and using Six Sigma tools which are based on defining, measuring, analyzing, improving and controlling processes.

(Q7) - What quality measures do you feel are appropriate to establish to rate the effectiveness and performance of a DISCO?

Number of Responses	% of Total RFI Responses	Yes Responses	% of Yes Responses	No Responses	% of No Responses
124	49.40%	n/a	n/a	n/a	n/a

Respondents suggested that quality measures should be primarily focused on the person and his or her ability to achieve personal outcomes, with additional importance on fiscal measures as well. It was suggested that OPWDD should establish standards for DISCO operations and then assess the DISCO annually against those standards. Also, standardized measurement tools should be used to consistently measure quality and identify improvement strategies. Several respondents suggested operationalizing criteria from the Quality Scale created by the People First Waiver Quality Design Team for this purpose.

The following is a framework for different kinds of quality measures as proposed by a few RFI respondents:

- "Input measures" indicate available resources to provide support (e.g. staff, money, facilities, etc.)
- "Process measures" represent how organizations manage and use those inputs (e.g. staff, money, facilities, etc.)
- "Outcome measures" refer to the results of the process for the individual. Outcomes can be personal, functional or clinical.

Included below are quality measures and topics for measurement suggested by RFI respondents, which fall into the above three categories and also represent broader categories from which specific quality measures could be derived.

Quality Measures & Topic Areas Centered on Individual Outcomes Suggested by RFI Respondents

Personal Outcomes

- Goal attainment
- Specific needs being met
- Length of time an outcome takes to be achieved
- Qualitative review of effective service matching

Cultural Competency

- Demographics of population served
- Culturally diverse providers in network
- Diversity and cultural/linguistic competency

Satisfaction

- Input from the person supported
- Quality of life indicators
- Satisfaction with services of individual served/family/advocate

Care Coordination

- Breadth of professionals on care coordination team
- Caseloads for care coordinators
- Demonstration of ability of stakeholders to provide input
- Equity in delivering services to individuals and working with network agencies
- Quality and individualization of care plans
- Use of traditional and non-traditional supports and services

Person-Centered Planning, Choice & Relationships

- Adequate supports for self direction
- Circle of support facilitation
- Demonstration of participation in decision-making and life direction
- Individual control of person-centered planning process
- Integration of family involvement
- Level of community independence
- Self-reports on effectiveness of person-centered plan
- Social proficiency
- Supports provided in the most integrated setting appropriate
- Whether or not a DISCO is using person-centered approaches

Health

- Clinical outcomes
- Condition-specific measurements
- Health literacy
- Health status
- High stabilization rate
- Rate of behavioral health hospitalizations
- Reduced chronic health issues
- Reduced hospital admissions

Quality Measures & Topic Areas Centered on Operational Outcomes Suggested by RFI Respondents

Operational Measures

- Adequate firewalls and division of internal roles
- Audit and review processes
- Board of Directors accountability
- Case mix (both low and high need individuals served)
- Complaints received
- Compliance with regulatory requirements
- Consistent use of assessment tools
- Corporate compliance
- Correct eligibility determinations
- Data integration
- Ease of access to information
- Incident reporting and responsiveness
- Infrastructure that facilitates ready access to services
- Quality of assessments
- Rapid response to inquiries
- Retention rates of DISCO and agency provider staff
- Retention rates of people served
- Staff competencies and training
- Use of evidence-based and best practices
- Waiting lists

Fiscal

- Ability to stay within capitated rate
- Able to provide effective services with set resources
- Administration to services ratio
- Cost savings realized
- Efficiencies in securing supports
- Fiscal stability
- Overhead costs
- Timely payment of obligations
- Transparency of contracting and reimbursement procedures

Network

- Adequate number of providers to allow for choice
- Consultation and mentoring to agencies
- Ease with which DISCO's customers can navigate the system
- Extent DISCO provides choice of providers
- Portfolio of supports and services offered
- Provider satisfaction with the DISCO
- Quality of interactions DISCO has with provider network
- Size of provider network

Analysis conducted by: Neil A. Mitchell, OPWDD, Strategic Planning and Performance Measurement