



Quality Assessment and Improvement: Annual Statewide Report *FY2018-19*

*Office of Developmental Programs
Quality Strategy*



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About the Statewide Report



ODP's QA&I Annual Statewide Report:

- Summarizes and makes available all data results to foster quality improvement across the entire service system
- Provides data results aggregated statewide and by region that can be analyzed and used to target specific opportunities for improvement

[QA&I Annual Statewide Report](#)



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About the QA&I Process



The goals of ODP's QA&I process are to:

- Evaluate how well the current system of support performs
- Identify ways to improve our service system for all individuals

To achieve those goals, the process is designed to:

- Follow an individual's experience throughout the system
- Measure progress toward implementing *Everyday Lives: Values in Action*
- Gather timely and useable data to manage system performance
- Use data to manage the service delivery system with a continuous quality improvement approach



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The Statewide Report Sample



During each year of the the QA&I three-year cycle, one-third of AEs, SCOs, and Providers receive full reviews. Table 1.1 shows how those entities were distributed for Cycle 1, Year 2 (C1Y2) of QA&I.

	Central	Northeast	Southeast	Western	Statewide
AEs	7	2	1	6	16
SCOs	8	3	1	6	18
Providers	65	35	119	72	291

AE = Administrative Entity SCO = Supports Coordination Organization



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What We Measure (Part 1)



The annual QA&I process is used by ODP to:

- Demonstrate compliance to the Centers for Medicare and Medicaid Services (CMS)
- Determine whether regulatory requirements are met
- Promotes communication and learning at all levels in the ODP system that can lead to positive change
- Encourages collaboration and partnerships across the ODP system to achieve quality improvements

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What We Measure (Part 2)



ODP also measures how well the system is doing to support individuals with ID/A to live everyday lives.



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What We Measure (Part 3)



For each year of the QA&I cycle, critical focus areas are selected by ODP in alignment with the ISAC recommendations for system improvement.

Areas of focus for FY 18-19 were:

1. Assure Effective Communication
3. Increase Employment
9. Improve Quality



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FY18-19 Data Results & Findings



Now it's time to dig into the data!



NOTE! The data results for the three focus areas are followed by a list of ODP recommendations, based on what we've learned.

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Focus on Communication



ISAC Recommendation #1: Assure Effective Communication

Every person has an effective way to communicate in order to express choice and ensure his or her health and safety. All forms of communication should consider and include the individual’s language preferences and use of current technology.



On the next 5 slides, we will review the results related to this recommendation.

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Results: Effective Communication



Table 4.1 - Payment of Communication Assistance as Required

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
AEs pay for communication assistance as required	100%	7/7	100%	1/1	100%	1/1	100%	6/6	100%	15/15
AEs pay for communication assistance for SC service	100%	6/6	100%	1/1	100%	1/1	100%	6/6	100%	14/14

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Results: Effective Communication



Table 4.2 - SCOs Support Individuals who are Deaf or Hard of Hearing

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
SCOs have staff or available contractors certified to communicate with people who are deaf or hard of hearing	100%	8/8	100%	3/3	100%	1/1	83.3%	5/6	94.4%	17/18

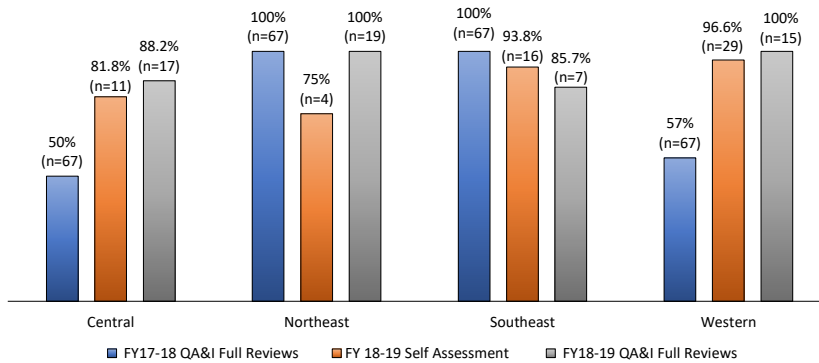
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Results: Effective Communication



Graph 4.1 - SCs Explore Options for Communication Assistance
FY18-19 QA&I Full Reviews (94.8%; n=58)



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Results: Effective Communication



Table 4.3 - Providers Support Individuals with Communication Needs

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
Provider staff who serve a deaf participant(s) have viewed and completed ODP's required training	100%	2/2	N/A	N/A	20%	1/5	62.5%	5/8	53.3%	8/15
Providers implement communication strategies as indicated in ISPs	100%	6/6	100%	13/13	60%	24/40	100%	15/15	78.4%	58/74

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Results: Effective Communication



Table 4.3 - Providers Support Individuals with Communication Needs

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
Staff are trained on the individual's communication plan and/or formal communication system	100%	8/8	100%	12/12	31.8%	7/22	94.1%	16/17	72.9%	43/59
Providers document individuals' progress related to communication outcomes in progress notes	83.6%	5/6	100%	15/15	46.2%	6/13	92.9%	13/14	81.3%	39/48

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Recommendations: Effective Communication



- ODP will continue to work with providers to analyze provider performance in **maintaining staff or available contractors who are certified** to communicate with people who are deaf or hard of hearing, then strategize for improvement and tracking progress;
- When a need for communication assistance is identified, SCs should **explore options for communication assistance** with individuals when appropriate and support individuals to choose;
- Providers are encouraged to continue to **ensure staff are trained** on each individual's communication plan and/or formal communication system;
- Providers should ensure that individuals' **progress notes related to communication outcomes include progress measured** on one or more of the communication indicators established.

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Focus on Employment



ISAC Recommendation #3: Increase Employment

Employment is a centerpiece of adulthood and must be available for every person. The benefits of employment for people with disabilities are significant and are the same as for people without disabilities.



On the next 4 slides, we will review the results related to this recommendation.

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Results: Increasing Employment



Table 3.1 - AEs and SCOs Promote Employment and Designate Employment Leads

	Central		Northeast		Southeast		Western		Statewide	
	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable	Results	# Meeting Criteria/ # Applicable
AEs Promote Employment	100%	7/7	100%	2/2	100	1/1	100%	6/6	100%	16/16
AE has an Employment Lead	100%	7/7	100%	2/2	100	1/1	100%	6/6	100%	16/16
SCO has an Employment Lead	100%	8/8	100%	3/3	100%	1/1	83.3%	5/6	94.4%	17/18

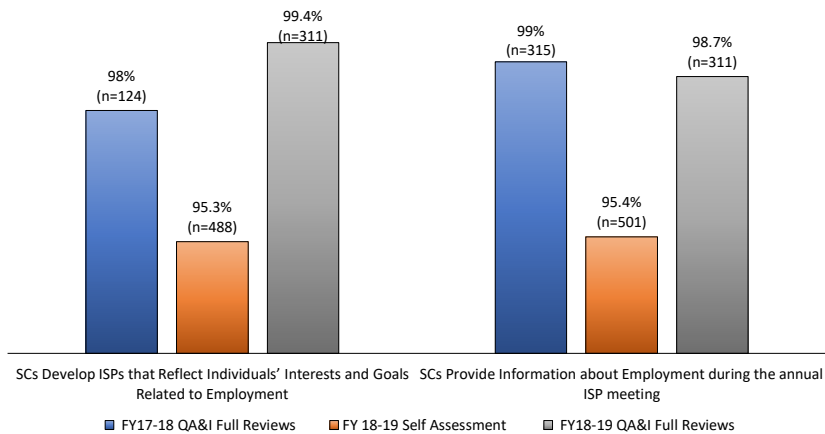
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Results: Increasing Employment



Graph 3.1 - SCs Support Individuals to Become Employed



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Results: Increasing Employment



Table 3.4 - Providers Support Individuals Interested in Employment

	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable
Employment Providers render services in integrated home and community-based settings	100%	11/11	100%	5/5	93.8%	15/16	90.9%	10/11	95.3%	41/43
Small Group Employment & Transitional Work Providers have policies supporting individuals to transition to CIE	87.5%	7/8	100%	5/5	100%	6/6	100%	8/8	96.3%	26/27

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Results: Increasing Employment



Table 3.4 - Providers Support Individuals Interested in Employment

	Central		Northeast		Southeast		Western		Statewide	
	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable	Results	#Meeting Criteria/ # Applicable
Individuals are supported in exploring employment opportunities through job development and career assessment	100%	4/4	100%	1/1	100%	12/12	100%	9/9	100%	26/26
Individuals are supported in obtaining employment through job interviewing	33.3%	1/3	100%	1/1	96.7%	11/11	100%	3/3	88.9%	16/18

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Recommendations: Increasing Employment



- ODP encourages Small Group Employment & Transitional Work Providers to **develop policies supporting individuals to transition to CIE**
- All SCOs are encouraged to **designate Employment Leads** to promote and coordinate Employment First efforts within each entity and across stakeholders
- SCs are encouraged to **continue to identify individuals' interests and goals** related to employment and ensure ISPs reflect person-centered steps to achieve these interests and goals
- Providers should ensure Individuals are supported in obtaining employment through **job interviewing**
- ODP encourages Providers to analyze their performance in **ensuring fading plans are developed and implemented** for individuals receiving ongoing Job Coaching and Support, then strategize for improvement and track progress

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Focus on Improving Quality



ISAC Recommendation #9: Improve Quality

Together we must plan and deliver services and supports that adhere to our values, measure person-centered outcomes, and continuously improve an individual's quality of life. All stakeholders must be engaged in the process of measuring how well services assist people in achieving an everyday life.



On the next 2 slides, we will review the results related to this recommendation.

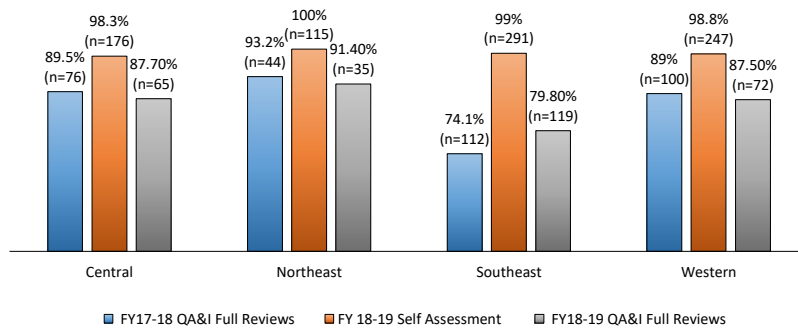
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QA&I Results: Improving Quality



Graph 2.1 - The Providers Quality Management Plan (QMP) reflects ODP's Mission, Vision and Values
 Statewide FY18-19 QA&I Full Reviews (84.9%; n=291)



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Results: Improving Quality



Table 2.1 - Entities Review and Evaluate Performance Data in Selecting Priorities for the QM Plan

		Central		Northeast		Southeast		Western		Statewide	
AEs	C1Y1 Full Reviews	100%	4/4	100%	3/3	100%	2/2	100%	7/7	100%	16/16
	C1Y2 Self-Assessments	92.9%	13/14	100%	10/10	100%	5/5	100%	19/19	97.9%	47/48
	C1Y2 Full Reviews	85.7%	6/7	100%	2/2	100%	1/1	83.3%	5/6	87.5%	14/16
SCOs	C1Y1 Full Reviews	100%	4/4	66.7%	2/3	100%	4/4	100%	10/10	95.2%	20/21
	C1Y2 Self-Assessments	100%	15/15	100%	11/11	100%	16/16	100%	28/28	100%	70/70
	C1Y2 Full Reviews	87.5%	7/8	100%	3/3	0%	0/1	50%	3/6	72.2%	13/18
Providers	C1Y1 Full Reviews	88.9%	56/63	88.9%	32/36	61.9%	39/63	89.4%	59/66	81.6%	186/228
	C1Y2 Self-Assessments	98.2%	160/163	100%	105/105	99.6%	258/259	99.1%	223/225	99.2%	746/752
	C1Y2 Full Reviews	78.2%	43/55	89.7%	26/29	59.5%	47/49	79.6%	43/54	73.3%	159/217

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Recommendations: Improving Quality



- All are encouraged to **align QM Plan Goals and Desired Outcomes** with ODP's Mission, Vision and Values
- ODP will **continue working with AEs and Providers** to analyze Provider performance in developing QM Plans that reflect ODP's Mission, Vision and Values, reviewing and evaluating performance data in selecting priorities for QM plans, and analyzing and revising QM Plans at least every three years, then develop strategies for improvement in all three areas
- AEs are reminded of the requirement for at least one member of the QA&I Provider Review Team to **become QM Certified**, and to ensure the current ODP QM Certified staff recertify every two years

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Additional Focus Areas



On the next 11 slides, we will review results related to these additional focus areas:

- Person-Centered Planning & Service Delivery
- Self-Direction, Choice & Control
- Increasing Community Participation
- Supporting People with Complex Needs
- Developing & Supporting Qualified Staff

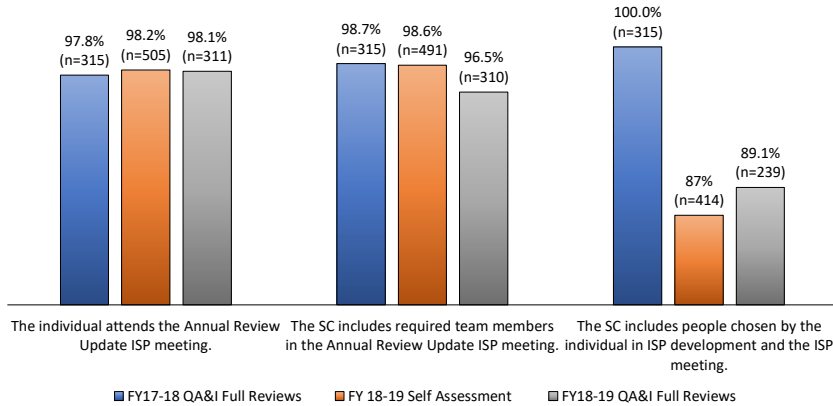
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Person-Centered Planning & Service Delivery



Graph 5.1 - Individuals are Supported to Develop Person-Centered ISPs



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Self-Direction, Choice and Control



Self-Direction, Choice, and Control

IHCS or Supported Living Providers' policies ensure individuals have freedom to move about their home and community	60.5%
IHCS or Supported Living Providers' policies ensure individuals have access to food at any time during the provision of services	55.6%
IHCS or Supported Living Providers' policies ensure individuals have opportunity to regularly update their activities	61.3%
If independent living technology or remote monitoring is used, Providers' policies ensure consent forms to use independent living technology are obtained and filed	35.3%



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Increasing Community Participation



Promote Community Participation

AEs promotes community access as defined in the CMS Final Rule	100%
Individuals' ISPs include community activities of their choice	99.2%
Individuals' ISPs include necessary supports for community activities	99.4%



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Increasing Community Participation



SCs Foster Community Participation

SCs facilitate conversations with individuals about community activities of their choice	95.5%
Individuals' ISPs reflect the same degree of community access and choice as others without a disability	97.7%
SCs use individual monitoring to record individuals' engagement in community activities	84.4%



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Promote Health, Wellness & Safety



Promote Health, Wellness and Safety

Individuals' medical contacts seen in the review period are identified	99.4%
Individuals' health care needs are addressed	99%
Providers ensure individuals complete all health care appointments	92.6%



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Promote Health, Wellness & Safety



Table 8.4 - Individuals Receive Information on how to Identify and Report Abuse, Neglect, and Exploitation

	C1Y1 Full Reviews	C1Y2 Self-Assessments	C1Y2 Full Reviews
Central	75.6%	86.8%	92.4%
Northeast	65.4%	96.6%	83.9%
Southeast	77%	86%	91.1%
Western	64.6%	90.5%	86.1%
Statewide	68.6%	89.7%	89.1%

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Supporting People with Complex Needs



People with Complex Needs are Supported

AEs provide SCOs & providers assistance to support people with complex needs	100%
AEs identify areas of need in the community & resources available	100%
SCs ensure plans are in place to address complex needs	99.2%
SCs completed additional monitoring during a crisis period to resolve the crisis	100%



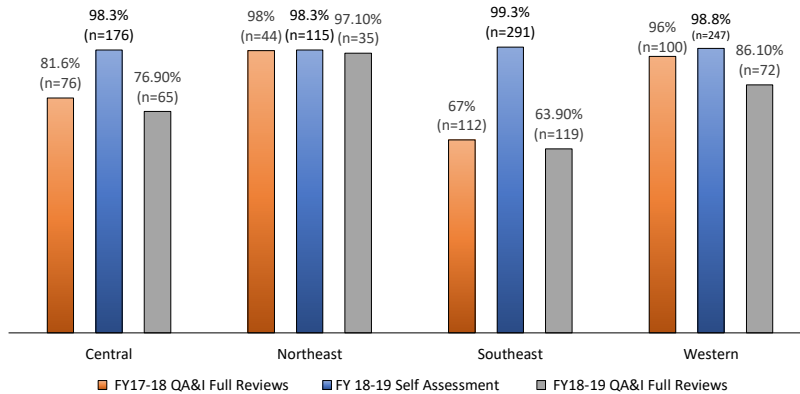
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Developing & Supporting Qualified Staff



Graph 10.1 - Provider Annual Training Plans Meet All Requirements



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Developing & Supporting Qualified Staff



Providers ensure Training Requirements are met

Staff receive annual incident management training	76.1%
Staff complete training on the Provider's Emergency Disaster Response plan	72.8%
Staff who render CPS complete Department-approved training on CPS	85.3%
New hire staff complete Department-approved training on CPS within 60 days of hire	91.7%



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Developing & Supporting Qualified Staff



SCs ensure Training Requirements are met

SC Supervisors with a caseload completed ODP-required trainings in the training year	94.4%
New SCO staff completed required # of hours of orientation and required # topics in the first year	94.1%
New SCs completed required ODP SC orientation prior to working independently with waiver participants	94.1%
SCs completed all required training within 30 days of an individual who is deaf or hard of hearing being added to their caseloads	94.1%



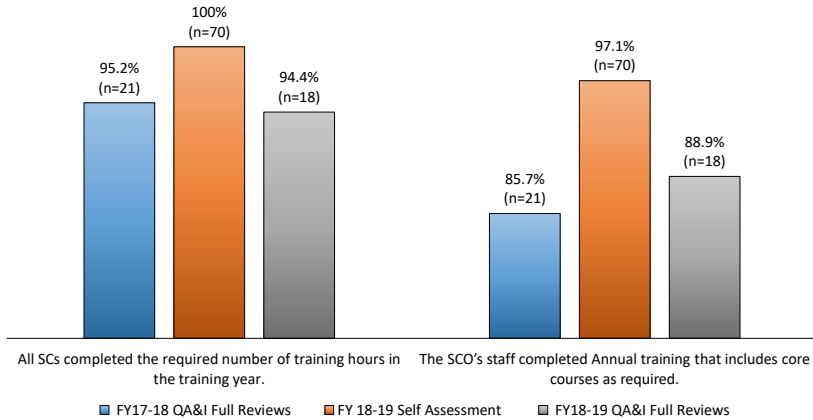
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Developing & Supporting Qualified Staff



Graph 10.2 - SCOs' Staff Training



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How to Use this Data (Part 1)



Before we begin, it's important to focus on the "so what?" factor. It's not enough to look at the data. We must have a strategy to use what we've learned to improve the system.



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How to Use this Data (Part 2)



Entity QA&I performance results for AEs, SCOs and Providers assist in determining priorities for improvement:

- When performance for an AE, SCO or Provider falls below the threshold of 86% for any measure, evaluate whether the cause for poor performance represents a systemic problem in need of a quality improvement project supported by an improvement plan with action steps—a QM Plan and Action Plan



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How to Use this Data (Part 3)



ODP will continue to use information discovered during the QA&I process to:

- Inform its understanding of how well strategies for improvement identified by the ISAC are working
- Update policies and procedures
- Identify and respond to needs for training and technical assistance
- Develop and implement QM Plans and Action Plans where performance improvements are needed statewide and/or specific to a region



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QM Plan: Abuse, Neglect, and Exploitation



Entity Name: Office of Developmental Programs		Year: FY17-18	
Focus Area: Individual Safeguards			
Goal	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person
Individuals are safe and secure in their homes and communities.	Individuals receive information about how to identify and report abuse, neglect, and exploitation in a setting that ensures privacy.	Increase the percent of individuals who receive information about how to identify and report abuse, neglect, and exploitation in a setting that ensures privacy to at least 86% by June 30, 2019. FY17-18 Baseline: 216/315 individuals; 69%	Number and percent of individuals who receive information about how to identify and report abuse, neglect, and exploitation in a setting that ensures privacy. Numerator = number of individuals who receive information about reporting abuse, neglect, and exploitation in a setting that ensures privacy. Denominator = number of individuals in the sample. Data Source: QA&I Process Frequency: Annually Responsible Person:
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Action Plan: Examples of Action Items



Action Item	Responsible Person(s)	Target Date	Status	Completion Date
1. *Coordination with SAPNA around development of content of bi-fold card and key card.		12/30/2018	Completed	12/30/2018
2. Provide clarification to desk reviewers for Cycle 1 Year 3 regarding the performance measure and guidelines about where the conversation is to take place and where it is to be recorded in the record.		6/1/2019	Completed	6/1/2019
3. SC Monitoring Form revisions will be part of a Work Order that will result in access to an extract report.		12/2019	Completed. SCOs already have access to IMT extract. *Go-live of enhancement to IMT (originally scheduled to have occurred in Oct 2019) is now scheduled for December 2019.	12/07/2019
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QA&I Results FY18-19



- Statewide results for : 89.1%
- Central Region: 92.4 %
- North East Region: 83.9%
- South East Region: 91.1%
- West Region: 86.1%

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Questions



Questions?



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