Module 1: ODP QM Strategy Updates
Welcome to Module 1 of ODP’s QM Recertification Series. Before we focus on this first topic, ODP’s QM Strategy Updates, let’s review QM Recertification requirements overall.

Who needs to complete?
To remain QM Certified, recertification is required for those who completed initial QM Certification during 2016 or 2018

What needs to be completed?
All three modules must be accessed and reviewed
A 25-question test must be completed and submitted

When must recertification be completed?
No later than 12/31/20 *

* If the test is not passed on the first attempt, the test-taker will need to wait 24 hours for a second attempt to be made accessible. We recommend that you DO NOT wait until 12/31 to take your test.
The purpose of this QM Recertification module is to share updates to ODP’s QM strategy since you became initially certified. Upon completion of this training, the participant will be able to meet the following objectives:

• Discuss 6100 Regulations and how they apply to QM activities;

• Identify and locate MyODP.org resources relevant to continuous quality improvement, including:
  • Chapter 6100 regulations
  • ISAC & IM4Q reports
  • QA&I resources and reports
  • Provider Profiles

• Understand how QA&I is working to improve the ODP service system;

• Explain how NCI and IM4Q data are used to gauge progress on meeting ODP’s priorities as identified by the ISAC.
We’ll start with the biggest update!

Chapter 6100 governs the program, operational and fiscal aspects of the following:

- Home and Community-Based Services (including Supports Coordination and participant directed services under the Agency with Choice model) provided through the Consolidated, Community Living, Person/Family Directed Support and Adult Autism Waivers
- Targeted Support Management and
- Base-funded services
The new Chapter 6100 regulations—also known as the “6100s”—relate to ODP’s services for individuals with an intellectual disability or autism. They govern the program, operational, and fiscal aspects of HCBS, TSM, and Base-funded services. (Chapter 6100 rescinds and replaces Chapter 51.)

Official Publication:
October 5, 2019
Effective Date for § 6100.45 (QM Section):
February 1, 2020

The 6100s ensure forward movement for our service system as the new regulatory package helps to support individuals with an intellectual disability or autism to live and participate in their community, to achieve greater independence and to have opportunities enjoyed by all citizens of this commonwealth.

Additionally, these regulations strengthen community services and supports to promote person-centered approaches, community integration, personal choice, quality in service delivery, health and safety protections, competitive integrated employment, accountability in the utilization of resources, and innovation in services design.

Official Publication: October 5, 2019
Effective Date for §6100.45 (QM Section): February 1, 2020
The 6100 Regulations can be found on the PA Bulletin website, which includes published “rulemakings” for all State agencies.

On MyODP.org in the “Resources” section, select “6100 Regulations” for an overview of these new rules along with links to Communications, Training, & Requirements.

ODP encourages all entities to access the multitude of resources available on MyODP.org, especially the regulatory guidance developed via ODP’s Policy Division. This guidance supplements the 6100s and offers in-depth information on how to achieve and maintain compliance with the regulations.
(a) The provider shall develop and implement a quality management plan.

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NOTE: This is not a new requirement for most entities. The previous regulations required SCOs and providers to create and implement a QM plan. However, the 6100s apply this requirement to Adult Autism Waiver (AAW) providers and SCOs, too.

During QA&I, all AE, SCO and Provider QM plans will be reviewed every three years. All QM plans must include all elements listed to be considered in compliance with the 6100s.

The five broad QM plan component areas established by ODP, via the 6100s, must be reviewed and evaluated in the QM plan. They are intended to allow significant discretion to design a QM plan that meets the entity’s needs to target specific goals and establish priorities.
(b) The quality management plan shall include the following:

1. Performance measures.
2. Performance improvement targets and strategies.
3. Methods to obtain feedback relating to personal experience from individuals, staff persons, and other affected parties.
4. Data sources used to measure performance.
5. Roles and responsibilities of the staff persons related to the practice of quality management.

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NOTE: This is similar to the previous regulations.

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6100s: QM Section § 6100.45(c)

(c) The provider shall analyze and revise the quality management plan every 3 years.

NOTE: The 6100s specify that QM plans must be refreshed every three years. However, ODP’s QM Division recommends a fiscal-year QM plan review and revision as a best practice.

Entities should continue to reference “ODP Bulletin #00-17-01: QM Strategy of ODP” for guidance on best practices and a system-wide approach to improving quality based on the Everyday Lives values and founded on the mission, vision and values of ODP.
As a reminder, “ODP Bulletin #00-17-01: QM Strategy of ODP” recognized the ISAC as ODP’s Stakeholder Quality Council and it continues to serve as the entity that provides sustained, shared leadership and a platform for collaborative strategic thinking for the ODP system. ISAC members meet regularly to review and update strategies for each of the 12 recommendations identified in the 2018 document *Everyday Lives: Values In Action*, available on MyODP.org in the “Everyday Lives” section.
ISAC annual reports include detailed descriptions of progress made on the *Everyday Lives: Values In Action* recommendations.

**STRATEGIES + PERFORMANCE MEASURES = PROGRESS**

Annual reports from the ISAC include detailed descriptions of each recommendation, strategies the ISAC agreed to implement to move the recommendations forward, and performance measures the ISAC decided to use to track progress over time.
Here’s an example of what you’ll find in the 2019 ISAC annual report.

**ISAC Recommendation 2:**
*Promote Self-Direction, Choice, and Control*

**Accomplishments**
- Increased Use of Agency with Choice Participant-Directed Service Model in lieu of Provider-Delivered Services.
- Increased Use of the Supports Broker Service.
- Increased Emphasis on Self-direction, Choice, and Control in Traditional Service Models.

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<th>FY</th>
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Source: HCIS as of 9/30/2019

The comprehensive ISAC annual reports take a deep dive into the strategies and recommendations developed by the ISAC that continue to serve as a guide for everyone engaged in developing, providing, and advocating for services in the ODP system: administrative entities, providers, support coordination agencies, advocacy organizations, local quality councils, and all entities involved on the ISAC. Each year, ISAC members and ODP staff work collaboratively to update all Everyday Lives strategies and performance measures.
The *Simplify the System* report to the ISAC, published in 2018, recognizes the significant number of individuals/families who are on waiting lists or are unknown to the Department and sees benefit in designing approaches that would assist them in knowing how to support individuals/family members and facilitating their independent efforts.

The project scope included gathering input from diverse stakeholders, analyzing promising practices from other states and industry, gaining information from national associations and leaders, and exploring insights collected from program office staff.
The Everyday Lives conference attracts hundreds of attendees for a biennial, multi-day opportunity to learn, network, browse resources, and FOCUS on the priorities identified by ODP’s stakeholder quality council.
In 2016, ODP redesigned its system for assessing AE, SCO, and Provider performance from three separate strategies for monitoring entities to a coordinated approach to improving quality that places the experience of individuals with the system at its center. This system is called the Quality Assessment and Improvement (QA&I) Process.

At the end of FY19-20, three years of data will have been collected, allowing ODP to trend performance over time. As the first cycle of QA&I comes to a close, Cycle 2 of QA&I (beginning 7/1/20) will continue to evolve and focus on carrying out quality planning, quality control, and quality improvement.

Many QA&I resources are available on MyODP.org.
What was the QA&I process designed to do?

- Measure progress toward systems improvement based on *Everyday Lives: Values in Action* ISAC recommendations
- Gather timely and useable data to manage the ODP system performance
- Use data to manage the service delivery system with a continuous quality approach
- Demonstrate AE outcomes with the operating agreement
- Collect data for waiver performance measures, and
- Verify that SCOs and Providers comply with 6100 regulations
SO, HOW ARE WE DOING?

You can “read all about it” in a multitude of reports available on MyODP.org!

- Annual Self-Assessment Reports
- Annual Statewide Comprehensive Reports
- Administrative Entity Comprehensive Reports
- Provider Comprehensive Reports
- SCO Comprehensive Reports

Comprehensive reports available on MyODP.org:

- Annual Self-Assessment reports give a system-wide view of performance based on online surveys completed by all entities

- Annual Statewide Comprehensive Reports provide a view of performance for all entities included in the annual monitoring sample

Entity-specific reports available on MyODP.org are the final reports entities receive upon the completion of desk reviews, on-site reviews and remediation:

- Administrative Entity Comprehensive Reports
- Provider Comprehensive Reports
- SCO Comprehensive Reports
During the third year of QA&I (FY19-20), Adult Autism Waiver SCOs and providers were integrated into the QA&I process. With the addition of providers and SCOs serving Adult Autism Waiver (AAW) participants, ODP now has a complete set of data to evaluate equality across programs. During FY19-20, AAW SCOs and providers were assessed using tools that were slightly different from ODP’s other programs. During Cycle 2, launching on July 1, 2020, the tools used to assess performance across all OPD programs will be aligned, so separate tools will not be necessary.
In July 2019, ODP launched online Provider Profiles as a key effort to continuously improve quality and choice for individuals and families. This project is being rolled out in phases.

Phase 1 ~ 84 residential providers with 10 or more individual IM4Q surveys
Phase 2 ~ Providers who received full QA&I reviews in FY 2017-2018

The Provider Profiles are posted on MyODP.org.
-provider-profiles-project-update

The purpose of these profiles is to:

• Inform individuals and families about qualified ODP providers and services available to them

• Support individuals and families to make informed choices about qualified providers and services

• Connect individuals and families to the broader ODP service system through registration

• Foster a culture of quality across ODP

The purpose of these profiles, which are made up of a data display and provider summary page for each profiled provider, is to:

• Inform individuals and families about qualified ODP providers and services available to them

• Support individuals and families to make informed choices about qualified providers and services

• Connect individuals and families to the broader ODP service system through registration

• Foster a culture of quality across ODP
What can be found in the Data Display for each provider?

- IM4Q Scale Scores for:
  - Individual Satisfaction
  - Choice
  - Inclusion
  - Dignity
  - Family Satisfaction
  - Physical Setting

- Summary of Findings
- Statewide and regional comparison across IM4Q domains
- “Interpreting the Data” section
What can be found in the Provider Summary for each entity?

- Mission statement, philosophy, and guiding values
- Services and supports offered
- Areas of special expertise

Information for provider summaries are collected via an online tool. The questions in the tool are as follows:

- What is your organization’s mission statement and philosophy?
- What are your organization’s guiding values?
- How long have you been supporting individuals with intellectual disabilities and autism?
- What services and supports do you offer?
- Do you have an area of special expertise? For example, people who are deaf or hard of hearing, people with behavioral support needs, people with complex medical needs, employment services, community participation?
ODP uses many data sources to monitor the quality of life of those people who receive services, including QA&I findings and Enterprise Incident Management data. NCI and IM4Q are just two sources, but there were some big developments recently.
NCI: General Update

National Core Indicators (NCI) is a voluntary effort — organized by NASDDDS and involving public developmental disabilities agencies — to measure and track their own performance. PA is a participating partner.

What’s new?

- The “core indicators” were added to the Medicaid Adult Core Health Care Quality Measures and the CMS Medicaid Scorecard (11/19)
- FY17-18 national and PA-specific NCI reports were made available via MyODP.org (5/19)

As a reminder, NCI is a collaborative effort between the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI). The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. These indicators are now added to the Medicaid Adult Core Health Care Quality Measure Set and the CMS Medicaid Scorecard website.


The following NCI FY17-18 reports (six in total) were uploaded to MyODP.org in the spring of 2019:

- National and PA Adult Family Reports
- National and PA Family Guardian Reports
- National and PA In-Person Reports
IM4Q: General Update

Independent Monitoring for Quality (IM4Q) is the annual strategy used by ODP to interview thousands of people with disabilities and their family members in PA.

What’s new?

- The FY17-18 IM4Q annual summary report, issued May 2019, includes data on responses to 12 new questions regarding healthcare.
- Adult Autism Waiver (AAW) participants and family members are now included in the annual IM4Q sample, beginning July 2019.
- IM4Q data is now used to inform Provider Profiles.

During FY17-18, 708 individuals with disabilities and their family members were interviewed by the statewide IM4Q staff to learn about the overall quality of life for people who receive support through ODP. The Institute on Disabilities at Temple University compiles the data and issues annual statewide and AE-specific reports. These reports can be found on MyODP.org in the “Quality Management” section accessible via the “Resources” tab.

- The IM4Q interview instrument is the Essential Data Elements (EDE). The EDE contains 100+ questions, nearly half of which can only be answered by a person with a disability. For FY17-18, 12 new questions regarding healthcare were added to the Dignity, Respect and Rights section of the tool. As reported, in terms of access to general healthcare, 39% of the FY17-18 respondents said that there were barriers if they wanted to see a medical specialist.
- New for FY19-20 is the addition of AAW participants to the sample, allowing ODP to capture data across all its waiver programs.
- Finally, as mentioned previously, the Provider Profiles project utilizes data from IM4Q as part of the strategy to inform individuals and families about qualified ODP providers and services.
QM CERTIFICATION

ODP’s STRATEGY TO BUILD QUALITY MANAGEMENT CAPACITY ACROSS THE SYSTEM
Demand for QM Certification, ODP’s training curriculum designed to build QM capacity throughout the system, is still high!

Here are some fast facts:

• Up to 8 QM Certification in-person classes continue to be offered each year across the Commonwealth

• More than 600 professionals representing ODP, HCQUs, AEs, SCOs and Providers have been trained and certified as of 12/31/19

• During 2019, an additional 200+ professionals became ODP QM certified

Based on feedback from certificants, ODP’s QM Division continues to improve the QM Certification trainings, supplemental materials and requirements. For example, new class handouts make the training activities flow better and a new learning activity was added that focuses on how best to present data in charts and graphs.

During 2019 alone, 206 professionals from the following categories became ODP QM Certified:

• 22 AE staff

• 17 SCO staff

• 146 Provider staff

• 21 ODP/HCQU staff
Conclusion

Thank you for completing Module 1 of the QM Recertification Course!