

## Part 4

# Quality Assurance and Quality Improvement in Home and Community-Based Services Grantees

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## Section One. Overview

Improving the quality of home and community-based services (HCBS) is one of the major goals of the Systems Change for Community Living Grants Program. Although many Systems Change grants have quality assurance/quality improvement (QA/QI) components, CMS awarded 19 grants in 2003 that focused specifically on quality assurance and quality improvement in Medicaid home and community-based services, particularly those provided through Section (§) 1915(c) waiver programs. The 19 grants are listed in Exhibit 4-1.

### Exhibit 4-1. FY 2003 QA/QI Grantees

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California	North Carolina
Colorado	Ohio
Connecticut	Oregon
Delaware	Pennsylvania
Georgia	South Carolina
Indiana	Tennessee
Maine	Texas
Minnesota	West Virginia
Missouri	Wisconsin
New York	

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## Enduring Systems Improvements

Grantees reported major enduring systems improvements resulting from their initiatives to improve the effectiveness and efficiency of existing QA/QI processes or to develop new Quality Management Systems (QMS) or new components of existing systems.

Several Grantees focused their quality improvement initiatives on a specific area, such as services for persons with mental retardation/developmental disabilities (MR/DD), the design of participant safeguards and the related functions of discovery and remediation, or methods to obtain data on participant outcomes. Others had more ambitious goals, such as designing a coordinated HCBS quality management and improvement system across several waiver programs.

This section of the report provides an overview of Grantees' QA/QI enduring improvements, as shown in Exhibit 4-2. The enduring systems improvements are grouped into six major areas:

- New or improved methodology/tool or indicators to measure participant satisfaction and outcomes

**Exhibit 4-2. Enduring Systems Improvements of the QA/QI Grantees**

	CA	CO	CT	DE	GA	IN	ME	MN	MO	NY	NC	OH	OR	PA	SC	TN	TX	WV	WI	Total
New/improved methodology/tool or indicators to measure participant satisfaction and outcomes	X	X	X	X	X		X	X		X			X	X		X	X	X	X	14
New provider standards or monitoring tools						X					X							X		3
New/improved system for quality data collection, analysis, and reporting	X	X	X	X				X				X		X			X	X		9
New/improved quality management system to help ensure continuous quality improvement in services	X			X		X	X				X	X		X				X		8
New/improved critical incident reporting and/or remediation process or system		X	X	X		X	X	X			X					X		X		9
New methods to involve participants in QA/QI processes and policy development		X	X	X														X		4

- New provider standards or monitoring tools
- New/improved system for quality data collection, analysis, and reporting
- New/improved quality management system to help ensure continuous quality improvement in services
- New/improved critical incident reporting and/or remediation process/system
- New methods to involve participants in QA/QI processes and policy development

The remainder of Section One describes the enduring improvements that Grantees reported in each of these areas. Many Grantees brought about systems improvements in more than one area.

Section Two provides more detailed information about each state's grant initiatives: both their accomplishments and their enduring changes. Grantees' accomplishments were preliminary steps in the process of bringing about enduring systems improvements. For example, developing quality indicators is an accomplishment, whereas establishing formal monitoring procedures and funding an annual participant survey are enduring systems improvements.

### **New/Improved Methods to Measure Participant Satisfaction and Other Outcomes**

A frequently expressed concern about traditional quality assurance systems is their lack of a consumer focus and failure to measure outcomes that are important to program participants. Grantees in 14 states established new or improved methods for measuring participant satisfaction and other outcomes, several of which are described below.

Grant staff in Colorado's Division for Developmental Disabilities standardized critical elements of a participant/family survey to be used statewide. The standardization allows the Division to collect and report consistent participant and family satisfaction data across years, programs, and providers. The consistent collection and reporting of these data has significantly advanced Colorado's ability to improve the performance of the developmental disabilities services system, to support informed choice for participants/families, and to support transparency in the provision of information to the general public.

Grant staff in Connecticut's Department of Developmental Services developed quality indicators and review methodologies for all services and settings—including some that were not previously monitored as part of the formal quality assurance system, such as employment services, day services, and in-home settings. The Department also modified its quality service review tools for all service settings.

To align its discovery processes with newly developed quality indicators, grant staff in Delaware's Division of Developmental Disabilities modified its Community Living Arrangement review to focus more on person-centered quality outcomes. The Division also developed a complaint process for participants, families, and providers to help identify and/or resolve concerns.

Georgia's grant staff and a contractor evaluated current performance measures for the State's DD system and worked with stakeholders to create performance indicators based on the CMS Quality Framework. After cross-walking the resulting set of outcome measures with the National Core Indicators (NCI) and evaluating the Division's data system for NCI compatibility, the State decided to join the NCI. The first NCI survey was funded by the grant, and the Division has committed to conducting the NCI survey annually.

Three States modified the Participant Experience Survey (PES) to tailor it to meet their needs. Maine added items related to the assessment and care planning process, worker availability, backup plans, and interest in participant direction; and Minnesota added measures related to maintaining and enhancing social roles and relationships, caregiver outcomes, and items applicable for participant-directed services. West Virginia modified the PES to measure the experiences of waiver participants who self-direct a portion of their services. In addition, based on PES reports, Maine modified contracts with case management agencies to include more specific provisions related to health and welfare monitoring, development of backup plans, and linking participants with other community resources that support independence.

Grant staff in Oregon's Department of Human Services, Seniors and People with Disabilities (SPD), developed a participant survey that can be used across three waiver programs to measure overall participant satisfaction with services and provide participant perspectives on how well their supports meet health and safety needs and preferences. SPD will administer the participant survey every 2 years to individuals directing their services: people with developmental disabilities, older adults, and people with physical disabilities.

Pennsylvania's grant partner, the Center for Survey Research at Penn State Harrisburg, developed two standardized survey instruments to assess participants' satisfaction levels with services, processes, and providers' responsiveness. These instruments included add-on modules for each specific HCBS waiver, non-Medicaid programs, and the Program of All-inclusive Care for the Elderly (PACE). The first survey instrument is an intake survey for newly enrolled participants and the second is an annual satisfaction survey. After pilot testing and possible adaptation, the instruments will be used statewide with multiple programs, including eight waivers and two state programs.

After assessing several methods for measuring participant experience outcomes that are currently used in the State's various long-term services and supports programs, Wisconsin adopted a set of 12 participant experience outcomes to be used in all HCBS programs serving adults with physical or developmental disabilities and frail elderly persons. The set of 12 participant experience outcomes will form the basis for the development of a reliable and valid measurement tool for the State's HCBS managed-care programs.

New York developed a complaint hotline to obtain information from waiver participants and their families about the quality of services received. The information is being used to improve service quality by responding to issues and eliminating problems. The complaint line was fully operational in 2005. By the end of the contract period 245 complaints and concerns had been received, several of which required immediate intervention and were addressed.

An unexpected benefit of the complaint line was its usefulness as a mechanism to correct and/or prevent errors in Medicaid billing. Regional service coordinators were able to compare providers' billing statements against complaints regarding direct care staff no-shows and initiate prompt billing corrections where appropriate. The complaint line has become a part of the waiver's quality management program, adding an additional level of protection for participants' safety by enhancing the ability of contract and Department staff to address and resolve issues in an appropriate and timely manner. It has also proven to be an extremely useful tool for uncovering deficiencies on the provider, regional, and state levels and for obtaining valuable information on individual and systemic issues.

### **New/Improved Provider Standards or Monitoring Tools**

Indiana grant staff helped to develop, promulgate, and implement a new rule regarding the certification and monitoring of providers of unlicensed services, such as Adult Foster Care, Adult Day Services, and attendant care services (including both agency staff and participant-directed workers). The rule defines provider standards and includes provisions for monitoring and corrective actions, revocations of provider approvals, provider appeals processes, and processes to ensure the protection of individuals receiving services (e.g., incident reporting and coordination efforts with adult and child protective services entities). The rule also requires all providers to have a QA/QI process. A grant contractor developed a provider survey tool to monitor compliance with the new rule's standards.

In North Carolina, Local Management Entities (LMEs) manage mental health, developmental disabilities, and substance abuse services at the local level. Grant staff developed critical performance indicators and a comprehensive quality management plan for oversight of the LMEs.

West Virginia revised its automated provider monitoring tools and process to ensure that necessary quality management data are collected. Quality reviews are now entered directly into electronic forms, which are merged into a centralized database. The data are now more readily available and easier to use for quality monitoring. The State also revised the initial certification process for providers and developed a recertification process that examines compliance with the basic standards on an annual basis.

### **New/Improved System to Collect, Analyze, and Report Quality Data**

Many Grantees had initiatives to address problems with current data systems. Some systems could not provide consistent data across programs and populations, and others could not produce useful quality data. In addition, key data elements were not computerized, so the information could not easily be aggregated or analyzed. Nine Grantees had initiatives to improve data systems, several of which are described below.

Connecticut developed several new approaches for collecting data on quality outcomes. Previously, only state-level reviewers collected data and assessed quality as part of the State's quality service review system. Now, case managers and regional quality monitors collect data through participant interviews, direct care worker interviews, document or record reviews, safety checklists of the environment, and observation of participants during service provision. Case managers also now help individuals and their families to review the quality of their supports and services, and regional quality monitors look at service patterns and trends and evaluate vendor performance at the regional level through quality review visits with individuals in their homes or day services settings.

Connecticut also developed a web-based software application (launched in July 2008) to compile and report data related to the quality of services provided by both state staff and private, contracted providers. The application enables the provision of more timely, comprehensive, and integrated data for quality assurance reports that will lead to improvements in service quality and also fulfill evidentiary requirements for the CMS waiver assurances. Because the new application allows data to be sorted by participant, provider, service type, or administrative region, it will facilitate the analysis of quality indicators and will enable the State to track performance measures over time as well as corrective actions taken to address identified problems.

Minnesota moved data sets from three sources (Department of Human Services [DHS] Licensing, the Ombudsman for Managed Care, and Appeals) into the DHS data warehouse. In addition, as part of the Vulnerable Adult Reporting Information System, county intake staff and county adult protection investigators now have a common system for (1) the intake of maltreatment reports, (2) the distribution of reports to investigative agencies, and (3) the capture of investigative outcome data and data from participant surveys resulting from county-based investigations. The Data Mart also now houses participant survey data.

Both the Data Mart and the Vulnerable Adult Report Tracking System were piloted in December 2007 and have been available statewide since March 2008.

Ohio developed and implemented a new information management system and its associated training activities in five pilot counties. The new system will facilitate QA/QI activities by reducing redundancy in reviews conducted by different agencies, facilitating reporting, and enabling comparison with other reviews and with data from other units and state agencies. After the grant ended, all of the tools needed to expand the new information management system were scheduled to be ready by the end of 2008, and statewide implementation was planned for 2009.

Texas implemented a QA/QI Data Mart to draw existing data from the Department of Aging and Disability Services' disparate automated systems. The Data Mart also provides data for quality measures based on the HCBS Quality Framework. The State has started using the Data Mart to generate reports to help identify the current state of program effectiveness, and to help management set goals for improvement by measuring the impact of new policy on program performance. The Data Mart will also enable the analysis of participant outcomes and fulfill evidentiary report requirements mandated by CMS for waiver renewal.

West Virginia developed templates for quality management reports that incorporate data on services and budgets, quality indicators, and quality improvement projects. The templates are used in both the MR/DD waiver and the Aged/Disabled (A/D) waiver to compile and organize data and to generate reports.

### **New/Improved Process or System to Help Ensure Continuous Quality Improvement in Services**

Eight Grantees developed or improved quality management processes or systems to help ensure continuous quality improvement. California's grant staff and partners designed the Bay Area Quality Management System, which includes a Quality Service Review, and provides a standard and consistent set of service quality expectations and measurements and a platform for regional centers and providers to work as partners in pursuit of continuous quality improvement in services.

The Bay Area QMS was piloted with everyone involved in transitioning residents from Agnews Developmental Center: family members, providers, regional center staff, and Department of Developmental Disabilities Services (DDDS) staff. After the grant ended, Agnews was scheduled to close by June 2008, and funding for the full implementation of the QMS pilot was secured through June 2008 and projected to be secured through 2009.

Once the QMS is established and validated, DDDS will consider expanding its use beyond the pilot project population to include all the participants and residential services of the

three Bay Area Regional Centers, which serve more than 30,000 individuals with developmental disabilities. Once this initial expansion is accomplished (and information is available from this larger implementation), DDDS will consider expanding its use statewide.

Delaware's Division of Developmental Disabilities developed and implemented a new quality management system and formed a Performance Analysis Committee to collect and analyze data on specified indicators and to deliver data analysis reports to various quality-related Division committees and administrators. At the time of the grant's final report, the Committee had generated more than 20 data analysis reports for the system's continuous quality improvement cycle. The reports, which cover a variety of subjects and are cross-referenced with the CMS waiver assurances, are intended to help the Division's senior management and various entities charged with quality improvement to judge the quality of DD services and to develop improvement strategies to address weaknesses identified in the reports.

Indiana developed a more comprehensive quality management strategy than existed prior to the grant across a broader base of service delivery. The strategy includes both intra-agency and interdivision collaborations, and is now part of all aspects of service planning, implementation, review, and reporting.

Maine's Department of Health and Human Services created an integrated management team that promotes cross-program communication, information sharing, issue identification, and opportunities for collaborative quality improvement activities. The integrated management team includes the office directors responsible for managing HCBS waiver programs.

North Carolina's Division of Mental Health, Developmental Disabilities, and Substance Abuse Services developed a comprehensive quality management plan based on the CMS Quality Framework for HCBS. The plan includes mechanisms and activities that promote adherence to basic standards as well as improvements over time. Essential quality assurance monitoring activities have been continued to the extent that they directly serve the goal of ensuring the viability of the system, safeguarding participants, and improving the quality of services; and ongoing quality improvement activities have been developed and coordinated across all levels of the State to guide policy and practice.

For example, the Division implemented structures and processes for continuous quality improvement through the establishment and training of local, divisional, and statewide quality improvement committees. In addition, Local Management Entities are now required to submit annually at least three quality improvement reports that describe how they have used quality improvement processes to address service delivery issues in such areas as increasing service capacity, ensuring continuity of care, and ensuring the use of evidence-based practices.

Ohio developed a Quality Management Framework, which served as the foundation for aligning the State's MR/DD system with the CMS Quality Framework and the waiver assurances. In the future, the Quality Management Framework will be incorporated into the processes that will be used to determine actions that are needed to improve quality, such as additional training, or regulatory and other policy changes. Ohio also established an Office of Quality Management, Planning, and Analysis, which is working with several state-supported stakeholder groups to carry on the work of improving the quality management system.

Pennsylvania developed a three-tiered quality management system, which was included in two waiver renewal applications and approved by CMS. The State appropriated funds to implement the system, as well as provider report cards, information technology systems changes, a training institute, a public relations campaign, and the management of a quality council.

West Virginia established a Quality Improvement Team to coordinate and oversee quality initiatives in two waiver programs, and developed quality indicators to support the evidentiary requirements for CMS's six waiver assurances. A number of changes regarding quality management roles and responsibilities were incorporated into the contracts between the state Medicaid agency and the agencies that administer the waivers. These changes include commitments to stakeholder involvement through the waiver Advisory Councils established through the grant, the ongoing development of quality indicators that exceed CMS requirements, and an annual retreat process for the Advisory Councils that includes training, Quality Management Work Plan development, and quality improvement projects.

### **New/Improved Critical Incident Reporting and/or Remediation Process or System**

Critical incident reporting and remediation systems are essential components of a quality management system that includes activities designed to correct identified problems at the individual level. To remedy problems expeditiously and effectively, it is essential to collect and evaluate information in a timely manner. Grantees in nine states made enduring systems improvements in these areas, examples of which are described below.

Colorado implemented a new web-based critical incident reporting system that has increased the timeliness and quality of reporting and provided a system for data analysis. Critical incident data are stored in a data warehouse, and business intelligence software is used to support data-based decision making and remediation and quality improvement processes. In addition, the system is integrated with the community contract management system, providing more data elements to analyze, which can facilitate analysis of areas that would benefit from targeted quality improvement activities. For example, the combined

system enables the State to link information about critical incidents to participants' disability diagnoses, utilization of specific waiver services, and specific service providers.

Connecticut's Department of Developmental Services established a standardized process for reporting, documenting, and following up reportable incidents involving individuals who receive waiver services in their own or a family home. Information obtained through this reporting system is used to identify, manage, and reduce overall risk, and to assist the Department in quality oversight and improvement efforts. The Department also established a formal process of "root cause analysis" to review selected sentinel events in order to analyze potential factors that increase risk, and to facilitate the design and execution of effective risk prevention strategies. To fairly compare providers who support people with the most challenging needs with other providers, the Department also developed methods to risk adjust the incident data.

Indiana developed a statewide web-based incident reporting system to immediately capture information about factors that might adversely affect the health and welfare of program participants. Complaints may also be made by phone, fax, and e-mail. The system alerts case managers, the Division of Aging, and the Office of Medicaid Policy and Planning of critical (i.e., sentinel) incidents requiring immediate response and then monitors that response and remediation. System processes include the daily review of sentinel incidents and a weekly review of other incidents. The Division of Aging's QA/QI unit reviews the data to identify trends; patterns of critical incidents; and the need for revisions in policy, procedures, and/or training. Complaint data are integrated with the incident reporting/reviewing process when the complaint affects, or has the potential to affect, an individual's health and welfare.

Maine grant staff and partners developed cross-waiver health and welfare indicators, which can be measured using linked Medicaid and Medicare claims data (e.g., avoidable hospitalizations, use of preventive health services, and use of emergency rooms). They also developed a common approach for mapping discovery methods with the CMS assurances, and a database that enables a consistent approach for assessing strengths and gaps in discovery methods across waiver programs. The database can be used by other waiver programs to create a similar inventory. Grant staff also developed an event reporting system with the Office of Elder Services that includes a common reportable event form, and definitions and data elements ranging from death and serious injury to exploitation and medication errors. Event definitions and time frames are consistent across waiver programs, enabling improved reporting and monitoring.

Minnesota developed a Vulnerable Adult Report Tracking System that allows electronic submission of county data to the Department of Human Services and established investigative agencies. The system will enable DHS to use investigative outcome data for

continuous quality improvement related to incident management and the prevention of maltreatment. All county Adult Protection units are required to use this system for reporting alleged maltreatment and for all local Adult Protection investigation activities. Importantly, the new system also allows DHS to “match” people who are receiving publicly funded services to reports of their alleged maltreatment and investigation results.

North Carolina’s Division of Mental Health, Developmental Disabilities, and Substance Abuse Services developed a new incident response and reporting system, which requires Local Management Entities to review all serious incident reports submitted to them by service providers in their areas, and to report quarterly on trends and efforts to reduce incidents and respond to complaints. Procedures are in place to involve state agencies for the most serious incidents. Because the agency responsible for technology projects is being restructured, implementation of the system has been delayed until July 2009.

Prior to 2004, Tennessee’s Division of Mental Retardation Services (DMRS) definitions of abuse, neglect, and exploitation were extremely complex, making it difficult to understand when and what to report. The DMRS investigative Protection from Harm Unit held many meetings with all stakeholders to establish definitions of abuse, neglect, and exploitation that would be more easily understood. Although the new definitions are clear and concise, if in doubt, program participants can report questionable incidents to DMRS staff, who will determine whether the incidents meet the definitions.

The Protection from Harm Unit also made changes in operational procedures to ensure that participants’ legal representative and/or designated family member know about allegations of abuse, neglect, or exploitation and understand the investigative process. Finally, grant staff developed a new communication system for reporting incidents. Formerly, information was provided only in aggregated form, which did not include all of the information needed for Adult Protective Services and the Protection from Harm Unit to follow up. The new system requires that reports provide more detailed information about each incident.

West Virginia developed a process to track abuse and neglect as part of the incident reporting template, and training in abuse and neglect was added to the required provider training. As the incident management system was being developed for the Aged/Disabled waiver, the MR/DD incident management work group was developing a web-based data system that tracks critical incidents and produces mandatory reports for Adult Protective Services. Aged/Disabled waiver staff were involved in the development of this data system, which has the same structure for both waiver programs. Provider testing by region was conducted during the grant period, and the web-based system was fully implemented in 2008.

## **New Methods to Involve Participants in QA/QI Processes and Policy Development**

State policy on long-term services and supports historically was developed without participant input, and quality assurance systems have traditionally lacked a participant focus. Four states developed processes to promote more active and effective involvement of participants and families in QA/QI processes and policy development, examples of which are described below.

Colorado's Division for Developmental Disabilities convened a Self-Advocates Advisory Council to provide direct input and feedback to the Division director on policy issues in the State's DD system, and Connecticut's Department of Developmental Services hired nine permanent, part-time self-advocate coordinators to fulfill leadership and mentor roles focusing on QA/QI initiatives. In addition to working with service users and their families, the self-advocate coordinators provide new employee training for state staff, particularly on human rights and self-determination, self-advocacy, and self-direction initiatives, and influence policy development as committee and work group members.

Delaware's Division of Developmental Disabilities instituted a Quality Council as an external review body. The Council is composed of a volunteer group of 18 stakeholders—waiver participants, family members, providers, and direct support staff—who meet to review quality reports and to recommend systems improvements as part of the continuous quality improvement process for performance reports.

West Virginia established a Quality Assurance and Improvement Advisory Council in both its A/D and DD waivers to monitor quality initiatives and promote networking and partnerships among stakeholders. Each Advisory Council comprises 15 members, 5 of whom must be current or former service recipients, the other 10 being family members, advocates, and providers. The Advisory Councils meet quarterly and provide an opportunity for nonmembers to offer input on issues of concern, and also participate in an annual retreat to develop Quality Management Work Plans for quality improvement projects.

## **Continuing Challenges**

Grantees successfully addressed many challenges during grant implementation but reported many that remained.

### **Lack of Funding**

Five Grantees noted that obtaining funding for new initiatives as well as ongoing funding to support quality assessment and management activities for HCBS waivers was very difficult. One of these Grantees pointed out that components of the quality service review are challenging to implement because they are time, labor, and resource intensive. This Grantee

also said that grant funds had been used to keep case management ratios manageable during the closing of an Intermediate Care Facility for persons with mental retardation, which enabled the provision of high-quality planning to develop individualized supports but that resources may not be available in the future to maintain this level of support. Another said that because Medicaid coverage of nursing facility services is an entitlement but waivers are not, it is a major challenge each year to convince the State's budget office to spend money on HCBS infrastructure.

### **Organizational and Administrative Issues**

Three Grantees mentioned organizational or administrative challenges in developing and implementing quality management systems, including (1) managing QA activities and assurances across multiple waiver programs; (2) staff turnover in the agencies that administer waiver programs; and (3) changing state priorities. One Grantee said that restructuring and privatization of the State's Bureau of Quality Improvement Services had led to fragmentation in the quality review processes and interfered with ongoing QA/QI operations.

### **Information Technology and Data Collection Issues**

Six Grantees mentioned challenges related to information technology (IT). Two noted that technology-related initiatives may depend on support from the state IT agency, which is not always available or timely because of competing IT projects.

Others said that lack of resources, staff, and technological capacity (i.e., old computer hardware and software) make it difficult to share data among county MR/DD boards, service providers, and state staff, and that finding resources to update outdated computer systems is an ongoing challenge. Some states' computer systems are so outdated that no one working today can fix them without a very steep learning curve.

Three Grantees indicated that their data systems either did not allow the collection and analysis of needed data or that collecting and analyzing data from various systems posed a challenge, as did distributing the data to various stakeholders. One state established a single organizational structure that now manages eight waiver programs, but grant staff said that reconfiguring and standardizing several data management systems to fit with the new system will be difficult.

Another Grantee noted that the need to implement new technology and databases that are compatible with two existing data collecting systems had led to poor data aggregation and an inability to identify trends and conduct patterns analysis. As a result, a great deal of analysis and trending continues to be conducted manually, as does documenting required follow-up on incidents and complaints and management of mortality review processes. Finally, one Grantee said that given the various restrictions in state and federal law

regarding data sharing among government agencies, it is challenging to find ways to allow quality assessment across services and programs while ensuring data privacy.

### **Policy and Practice Issues**

Three Grantees commented on the challenge of combining monitoring for regulatory compliance with outcome measurement. One said that balancing regulatory compliance with quality improvement activities is challenging because there is always a tendency to revert to an event-based compliance system, rather than fully embrace a quality improvement system. Another noted that the QA/QI field is not as well developed in HCBS as it is in primary and acute health care, so the state and local HCBS agencies have to develop QA/QI methods and indicators specific to HCBS. Professionals in the long-term services and supports system have traditionally addressed quality issues on a case-by-case basis, and it can be very difficult for them to incorporate a systems approach into their assumptions and expectations regarding quality assurance.

Further, one Grantee said reaching consensus on the development and the use of quality indicators can be difficult because some stakeholders, including staff and managers, do not understand the appropriate use of indicators in quality management. Only a few recognize that indicators by design seldom do more than indicate (i.e., they are not intended to serve as a direct justification for action but as a pointer to areas for more in depth discovery). Many HCBS professionals and managers still think that “assuring quality” means writing more and better specifications and do not comprehend the concept of objective discovery.

### **Stakeholder Involvement**

One Grantee noted that developing provider certification panels is challenging because they include a mix of professional and volunteer panel members who must be educated on the quality review process so they can make informed decisions based on voluminous data. In addition, because the certification panels need to review as many as 30 or more residential homes per year, workload intensity may become a problem for some members. Another pointed out that it is difficult to ensure participation in the Self-Advocate Advisory Committee by those who live in geographically isolated parts of the state, some as far as 8 hours’ travel time from the state capital.

## **Lessons Learned and Recommendations**

In the course of implementing their initiatives, Grantees gained experience in developing policies, processes, and procedures to improve their states’ quality management systems. They described numerous lessons learned and made many recommendations, which may be useful to states and stakeholders interested in ensuring the quality of their long-term services and supports systems.

## **Lessons Learned**

Many of the QA/QI Grantees developed and implemented some form of participant survey, and several shared insights they had gained about this process. Others shared lessons learned related to grant implementation issues generally.

### ***Implementing New Participant Surveys***

Implementing a participant survey for the first time can require a steep learning curve regarding the most efficient process for carrying out the various required steps. Giving responsibility for a particular step to entities that do not consider it a priority can significantly delay implementation. For example, in California, initial implementation of the National Core Indicators survey was considerably delayed because the task of obtaining informed consent was given to regional center service coordinators who already had very busy schedules. To address this problem, the grant's contractor identified a method (in accordance with confidentiality statutes) whereby participants' names and addresses were released directly to the contractor, who then obtained consent and scheduled the interview at the same time.

Several Grantees mentioned problems they had had in obtaining consumer participation for a variety of reasons: (1) residential care facility staff were reluctant to let surveyors speak to residents because of concerns about the effect of survey results on the facility and concerns about client confidentiality; (2) locating the clients' guardians was time consuming, and obtaining permission for their participation in the survey was often difficult; and (3) some waiver participants were distrustful and unwilling to participate in interviews. To reduce these participation barriers, states should first conduct outreach and education about the survey to allay concerns and improve collaboration and participation.

To ensure a representative sample, one Grantee suggested that states (1) recruit participants from different ethnic groups through outreach letters written in several different languages, and by using bilingual schedulers to arrange interviews; (2) incorporate cultural diversity training in the interview training curriculum to ensure proper cultural etiquette and sensitivity to cultural variations, which can improve interview results; and (3) over-sample in less populated areas to enable a more comprehensive examination of the unique issues they face compared with issues in more populous areas.

### ***Grant Implementation***

Several Grantees stressed the need to be realistic about what can be accomplished when attempting to bring about systems change within a specified time period because progress is often incremental, and it may be necessary to focus initially on one or two small changes. They also emphasized the need to be flexible—to be prepared to immediately change goals

and methods to achieve goals—based on emerging opportunities and insurmountable barriers identified through formative evaluation.

One Grantee noted that prior to committing resources to QA/QI initiatives, states need to conduct an assessment to determine which activities have priority and ensure that all activities are aligned with existing or planned quality management initiatives. Incorporating grant goals and objectives into the division's long-term system reform plan ensured that grant-related accomplishments would be sustained when the grant ended. Another pointed out that using existing department senior staff as primary grant staff ensures integration of grant goals into existing systems and structures, resulting in more enduring systems changes.

Enlisting the support of top administrators and securing the commitment of relevant leaders can help to ensure that resources will be committed to a new initiative and that information about systems changes will be communicated to those whose work will be affected by them. Two Grantees stressed the importance of constant communication with executive management at every stage of the project and of the need to provide information about grant activities to internal and external stakeholders. Project directors also need to establish mechanisms to inform key agency program staff about quality-related initiatives pertaining to their respective programs and to solicit their feedback. One Grantee noted that having the Medicaid agency and the two agencies that administer the waivers constantly at the same table was critical in reaching agreement on various issues.

One Grantee said that establishing a single office responsible for all long-term services and supports programs, including nursing facility and waiver services, had been critical to developing and implementing an integrated approach to quality assurance and improvement.

## **Recommendations**

Grantees made numerous recommendations for the operation of grants generally and for changes in state and federal policies to facilitate and support quality management strategies. Grantees' recommendations, discussed below, are grouped into seven broad categories.

### ***Using Peers in Participant Surveys***

States considering the use of peers to conduct participant satisfaction surveys should consult with other states that have experience with such programs. Many of the problems grant staff encountered would have been minimized had they first spoken to those with experience.

### ***Involving Stakeholders***

- Before changes in quality management systems can be made, time and resources are needed to achieve buy-in from key stakeholders and to convince them to adopt new ideas and approaches. Stakeholders need to be involved in many activities—from advisory groups to work groups to focus groups. It is also essential to ensure broad, strategic participation of stakeholders with the authority and responsibility to bring about change. Project staff need to clarify what is expected of stakeholders, and, if their input is solicited, be prepared to respond to it.
- States should develop a clear work plan at the outset to obtain stakeholders' understanding, buy-in, and commitment. Project staff and all stakeholders need to understand that a continuous quality improvement process is iterative and has to occur over a long period: 5 to 10 years at a minimum. Internal communication among state decision makers is crucial to obtain buy-in by management and to ensure ongoing success.
- States seeking to implement a single Quality Management System for multiple service delivery systems serving different populations are well advised to spend the time needed to engage all stakeholders in establishing priorities for the project *prior* to submitting a request for funding. When representatives of different service populations could not agree about design and implementation features, grant staff found it helpful to remind them of their initial agreement about priorities in order to get them back on track.
- The involvement of all stakeholders can help to bring about systems change, but to provide helpful input, stakeholders must be knowledgeable. Education and training may be needed for them to understand quality management principles and CMS expectations.
- Conducting focus groups in different regions is a very effective way to obtain information that is both specific and reflects regional needs and differences. Also, dividing the focus group into a participant group and a provider group allows both to speak freely and provide better insight into different program issues. Using an advocacy organization that is viewed as both unbiased and knowledgeable to conduct focus groups enables participants and providers to freely express concerns and complaints. If waiver participants have difficulty expressing themselves, hiring facilitators who are skillful in communicating with people with impaired speech and/or cognitive abilities is crucial.

### ***Involving Participants***

- Systems change initiatives should always include activities to develop self-advocates' skills and self-advocacy because participants help drive systems change in ways that state staff cannot.

- When developing a quality management system, states should base the analysis of the system's performance on what program participants consider to be most relevant to them. Focus groups can be useful in identifying what is important to participants. Obtaining participants' input validates and provides credibility for the performance measures.
- States should ensure that all information regarding quality management initiatives—including written documents, multimedia materials, websites, and web-based services—is fully accessible to individuals with disabilities.
- Including participants and families in any effort to improve quality assurance programs can be key to success. For example, hiring individuals with disabilities to survey their peers can help to increase response rates, because participants feel more comfortable when being interviewed by individuals with similar experiences.

### ***Information Technology and Data Management Systems***

- States should determine where additional funding might be needed to finish work begun under a grant, and/or to supplement grant funds because technology development often costs more and takes more time than anticipated, especially when integrating new systems with existing ones. This is particularly true when information about the existing system is unavailable and must be researched during the project.
- Grantees should carefully analyze the amount of grant and state resources available prior to committing to developing state-of-the-art applications that use the most advanced software platforms. Grantees must closely scrutinize their state's long-term commitment to supporting these types of applications. Where possible, they should combine any data system development projects in the quality area with other data systems and projects related to financial systems or other mandated reporting systems. Doing so will help to ensure ongoing financial and technical support for the quality data systems.
- Using a separate data analysis committee to deliver performance reports to other quality review committees, rather than having each committee conduct its own data analysis, can be beneficial for several reasons: (1) the data analysis committee can be structured to include members with considerable expertise in data analysis and reporting, (2) having a single data analysis committee can help ensure a common format for all reports, and (3) a separate data analysis committee reduces the workload for other committees.
- It is important to conduct an analysis of the state's information technology capabilities prior to establishing database development goals. One Grantee found that its goal was too ambitious and premature: to develop a single relational database that would pull together the various spreadsheets and information collection tools used by a division to analyze information.

- Before designing new data management systems, it is essential to carefully consider how the data will be used and who is the target audience for particular data (e.g., CMS or the state legislature). Doing so will help to ensure that the new system provides the needed data. Systems should be designed to provide sound information when needed and to have the capability to quickly and easily identify trends, key issues, and patterns, to enable rapid resolution of program participants' problems.
- When using an information technology contractor and/or consultant, states should use different vendors for (1) analyzing the organization's needs and (2) choosing a technology solution and/or developing the system that the state selects. Doing so will help to ensure that all available technology solutions and options are explored and that they are evaluated in regard to how they will meet the state's needs and selection criteria, rather than being based on the vendor's preference.
- The audience for quality data may need to be educated about how to interpret it. If data are misinterpreted and used against providers, they will be reluctant to provide data in the future.

### ***Quality Management Systems***

- States that want to implement new quality management systems need to have a systematic way to analyze the current system, to determine what is needed and to plan for future investments. Such an analysis can provide information to (1) guide future investments; (2) coordinate investments across programs, populations, and funders; and (3) avoid duplication of effort in these investments. This information can be used both in the short term (to guide a specific project) and over the long term to highlight areas that need the most attention and investment.
- States should find ways to identify high performers and provide incentives for high performance. Doing so will help to embed a new quality management system into professional practice in a way that simple compliance systems can never achieve. This goal will most likely require some creative work with providers, advocates, participants, and families to identify ways to recognize excellence.

### ***State Policy***

Grantees made several recommendations for changes in state policy to facilitate quality assurance and improvement. Some of these recommendations were directed at their own state, but many are relevant to other states as well. Their recommendations included the following:

- While person-centered planning (PCP) is being implemented in the state's programs and policies, additional activities are needed to ensure that the PCP philosophy and processes are understood and adopted statewide at the community level.
- The state needs to update its information technology system to make communication more efficient and timely and to reduce paperwork.

- The state needs to revise the certification processes for unlicensed service providers to help ensure the provision of high-quality services.
- States need to provide ongoing financial support for HCBS quality management.
- The state should standardize training on the implementation of Individual Service Plans and fund more training for providers.
- The state should provide more training on reporting abuse, neglect, and exploitation to professional staff, direct care workers, and individuals with disabilities.
- Because quality management is resource intensive, to the extent possible, states should assign staff to this task as part of a dedicated and focused activity. They should also determine what quality activities already exist to ensure that new activities are not duplicative and to identify activities that can inform new efforts.
- States should consider contracting with Quality Improvement Organizations (QIOs) to conduct quality management activities, because it can help to assure the public that the reviews will be objective. Another advantage is that CMS provides a 75 percent federal match for approved QIOs.

### **CMS**

- Quality management for HCBS needs ongoing state and federal financial support. Because investments in information technology are essential to improve QA/QI systems, CMS should provide a 90 percent federal match for states to develop data systems that enable them to meet the waiver assurances, even if they are not directly part of the Medicaid Management Information System. CMS should also consider funding continuing costs for IT systems as well as the initial costs for IT development.
- CMS should amend the Participant Experience Survey to add an option for field notes, which would facilitate the survey process. The PES provides ample aggregate-level outcome data that identify programmatic challenges in many service areas. However, the tool does not provide insight into a program's micro-level dynamics. Adding an option for field notes would compensate for the tool's limitation.
- CMS should shift its primary quality management focus from emphasizing regulatory compliance to measuring outcomes—or at least achieve a better balance between the two.
- CMS needs to provide consistent reinforcement of—and help states to better understand and implement—a systems approach to quality management. Also, CMS regional staff who review and approve waiver applications and those who conduct periodic reviews of waiver programs need to better understand the concepts and requirements of a systems approach to QA/QI. Continuing education for CMS staff in this area would be helpful.

- To help states ensure that the data they collect are in accord with the CMS Quality Framework and the waiver assurances, CMS should clarify that the waiver assurances differ from the domains in the Quality Framework, even though some appear to be the same (e.g., service planning). The Framework needs to be clarified to ensure that states' data meet waiver requirements.
- CMS should establish uniform requirements for unlicensed Medicaid providers.
- CMS should continue providing grant funding to facilitate systems changes. The grants were invaluable, providing flexible resources "without strings" to improve the state's QA/QI system—resources that would not otherwise have been available. The flexibility afforded by the grant enabled the state to think "outside the box" and to adapt to changes resulting from frequent staff turnover without "jumping through a lot of hoops." Access to grant funding is and will continue to be critical to help states fully implement the systems and technological innovations necessary to meet CMS requirements for §1915(c) evidence-based reporting.
- CMS wants states to automate data collection and reporting, but most states have old hardware and software and the cost to upgrade is very expensive. To obtain the federal 90 percent match for new hardware, states need to fill out a complicated Advance Planning Document (APD), which is extremely time consuming: it would take one employee a full year's work to develop an APD. CMS needs to streamline the process for obtaining the 90 percent match to enable states to update their data systems.
- The national technical assistance vendors for the grants were an invaluable resource that could have been better utilized if Division grant staff had understood all of their capabilities. Because of staff turnover, grant staff were not always aware of the full range of technical assistance (TA) that was available. TA providers should spend more time with individual Grantees to ensure that the Grantee understands the type and extent of TA available.



## **Section Two. Individual QA/QI Grant Summaries**



# California

## Primary Purpose and Major Goals

The grant's primary purpose was to address system weaknesses in two critical areas of home and community-based services delivery: provider capacity and capabilities, and the ability to measure participant outcomes and satisfaction. The grant had three major goals: (1) to design and pilot a Quality Management System (QMS) to improve the provision of person-centered and participant-directed services and supports to individuals with developmental disabilities (DD) in the San Francisco Bay area, (2) to adopt a systems approach to measuring participant satisfaction with services and supports at key intervals to guide system improvement efforts, and (3) to apply "lessons learned" from grant project activities to make statewide system reforms.

The grant was awarded to the Department of Developmental Disabilities Services (DDDS) and was subcontracted to the San Andreas Regional Center for implementation.

## Role of Key Partners

- The Bay Area Leadership Group, the grant project's Steering Committee, received monthly progress reports on all grant activities and made final policy and funding decisions. The Group included representatives from the DDDS, the Director of the state-owned and -operated Agnews Developmental Center, and the Executive Directors of the three Bay Area regional centers—Golden Gate, East Bay, and San Andreas. (Regional centers are private nonprofit entities that provide case management services and administer DD waiver programs.) Other stakeholders attended meetings but did not have decision-making authority. The Leadership Group was formed as part of the Agnews closure plan prior to the State receiving the grant.
- The Community Development Team included a wide range of stakeholders—service users and family members, service providers, advocacy organizations, representatives from the Agnews Developmental Center and three regional centers, DDDS staff, and other stakeholders. The Team was the grant's advisory body, meeting quarterly and providing expertise, input on grant products, and guidance on grant activities. This team was one of six that helped to write the plan for closing the Agnews Developmental Center.
- The Quality Assurance Work Group (QAWG), an advisory body to the grant, collaborated with DDDS to develop the conceptual model and final design of the Bay Area Quality Management System. The QAWG was created by the grant project director to deal specifically with operational issues (e.g., the review and development of provider survey tools). Several members of the Community Development Team served on the QAWG.
- A Quality Management Review Commission was established to serve in an advisory capacity to review data reports generated by the Bay Area Quality Management System and to make recommendations for system improvements and capacity building to the

Bay Area Leadership Group. The members include two service users, seven parents, an advocate from Protection and Advocacy, Inc., and one service provider.

- The three regional centers collaborated with the DDDS and a grant-funded consultant to design a Quality Service Review (QSR) process and produce a two-volume technical manual.

### **Major Accomplishments and Outcomes**

- A contractor conducted a comparative analysis of California's many consumer satisfaction instruments and an analysis of California's information system with respect to the requirements of participation in the National Core Indicators (NCI). The Quality Assurance Work Group simultaneously conducted its own informal review of the same existing surveys and reviewed the contractor's final recommendations. The purpose of this duplicative effort was to obtain stakeholder input via the QAWG prior to any decisions being made by the Steering Committee. Recommendations in the contractor's report and from the QAWG informed the Steering Committee's decision to use both the NCI Consumer and Family Satisfaction surveys as part of the QSR process.
- Using the NCI survey instruments, a grant contractor conducted in-person interviews with approximately 750 DD waiver participants aged 18 and over; a mail survey of approximately 400 families from the same population; and in-person interviews with every individual who had transitioned from Agnews Developmental Center from July 2003 through March 2005. Survey findings from the first year of the grant were published in late 2007. Findings from the second year were scheduled to be published in mid-2008. The DDDS is considering conducting another NCI survey of individuals who have transitioned from Agnews as well as NCI surveys of waiver program participants.

### **Enduring Systems Change**

- Grant partners designed the Bay Area Quality Management System, which includes a Quality Service Review, and provides a standard and consistent set of service quality expectations and measurements and a platform for regional centers and providers to work as partners in pursuit of continuous quality improvement in services. The Bay Area QMS targets everyone involved in transitioning residents from Agnews Developmental Center—family members, providers, regional center staff, and DDDS staff. Agnews was scheduled to close by June 2008, and funding for the full implementation of the QMS pilot was projected to be secured through 2009.

As the pilot project began to implement the QMS approach, tools, and information system developed over the 3-year grant period, important data about provider capacity and quality, participant outcomes, and the actual process of deploying the QMS became available. The Quality Management Commission used this information to make recommendations to the Bay Area Leadership Group for changes in the policies and processes of the three Bay Area regional centers.

Once the QMS is established and validated, the DDDS will consider expanding its use beyond the pilot project population to include all the residential services of the three Bay Area regional centers who serve more than 30,000 individuals with developmental disabilities. When this initial expansion is accomplished (and information is available from this larger implementation), the DDDS will consider expanding its use statewide.

- A key component of the QSR is its focus on quality outcomes for individuals through the use of several monitoring tools for provider services. These tools are implemented by professional staff at regional centers (registered nurses, psychologists, QMS Specialists, and service coordinators) as well as by family members, friends, and other visitors to individual's homes. In December 2006, the grant project director began intensive training on the use of the new monitoring tools, primarily for professionals and families.

In addition to the annual NCI surveys, the QMS includes an ongoing Quality Snapshot survey to measure individual outcomes and satisfaction. Using this tool, visitors to a participating residential home can provide information about their perspective on the home's environment and staff and a resident's well being. Quality Snapshot surveys are mailed directly to the QMS Coordinator and data from returned Snapshots are being reviewed, utilized, and entered into a central information system.

- A Quality Management Information System was developed and implemented to manage QMS data storage and display. The system will aid QMS Specialists in their work with providers to continuously improve their services and ensure that services meet the entire array of provider quality expectations. In addition, the system will include a response tracking process that will enable follow-up for any areas or discoveries needing attention during the quality improvement efforts.
- The grant's work has laid the foundation for using data on participant and family satisfaction to continuously improve services at the individual provider level, the regional center system level, and, potentially, at the statewide system level.

### **Key Challenges**

- During the development process for the QMS components, it was difficult to avoid re-creating a traditional quality assurance program based on compliance and an "event-based" review, but the grant succeeded in doing so.
- The survey sample size for the NCI survey of individuals who recently moved from the Agnews Developmental Center to the community was about a quarter of that recommended, making useful comparisons and conclusions from the data extremely difficult. The NCI results from the much larger Medicaid waiver Consumer and Family surveys have provided more useful, reliable, and comparable data for the QMS.
- The NCI indicators describe primarily "satisfaction with services" and do not for the most part portray the "condition" of service users in the community. Satisfaction surveys were not meant to specifically describe, for example, health and wellness, safety, and environmental conditions. For stakeholders concerned primarily with these aspects of

community living, the NCI survey is not particularly useful. Nonetheless, the State decided to use the NCI survey because its pros outweighed its cons (e.g., it is a valid and reliable tool that can be benchmarked).

- In a service system the size of California's, which serves more than 200,000 individuals with developmental disabilities, it is very difficult to bring about statewide systems change in a 3-year grant cycle.

### **Continuing Challenges**

- The components of the Quality Service Review are challenging to implement because they are time, labor, and resource intensive.
- Developing certification panels is a challenging process because a mix of professional and volunteer panel members must be educated on the QSR process and methodology in order to make important decisions based on voluminous data. The certification panels need to review as many as 30 or more homes per year, so workload intensity may prove problematic.
- Balancing regulatory compliance with quality improvement activities is challenging because there is always a tendency to revert back to an event-based compliance system, rather than fully embrace a quality investment/quality improvement system.
- Keeping case management ratios manageable, as they are in the Agnews Closure process, is needed to provide high-quality planning to develop individualized supports. Resources may not be available in the future to maintain this level of support and attention.

### **Lessons Learned and Recommendations**

Lessons learned relate to the methods used to conduct the NCI Consumer surveys. In the first year, the contractor was only able to schedule survey interviews after consent was obtained from service users by a regional center Service Coordinator. Since the Service Coordinators had to work this task into their already busy schedules, the consents were received very intermittently, which created enormous delays. To address this problem, the contractor identified a method (in accordance with statutes related to confidentiality) whereby service users' names and addresses can be released directly to the contractor, who can then obtain consent for and schedule the interview at the same time.

### **Key Products**

#### *Educational Materials*

- Grant partners developed materials to educate stakeholders and participants about the QSR process.

- Materials were produced to train specific professionals (e.g., service coordinators, registered nurses, behavioral analysts) on the application of QSR tools and how to input data into the Quality Management Information System.

#### *Technical Materials*

Under the new Quality Management System, each agency or organization providing community residential services and supports must be certified to do so. The Quality Service Review provides the means for this certification and new versions of the QSR Manual (Volumes I and II) will incorporate revisions based on implementation feedback and will be distributed semi-annually.

- *The Quality Service Review, Volume I* delineates (1) provider expectations and measures of those expectations; (2) the working collaboration between providers and regional centers to meet those expectations; (3) the review tools used by professionals, families, and friends to provide feedback and information on the activities and conditions of the homes; and (4) a series of interview tools to provide a wide variety of information and data to corroborate or remediate the QSR process.
- *The Quality Service Review, Volume II* describes the interpretive guidelines for each expectation and measure and provides technical assistance and resources to aid the provider and regional center staff (the QMS Specialist) to improve the quality of support services in the home. Also included in Volume II are several Training Modules (for professionals, friends, and family members), which are used as training tools to clearly describe the process for utilizing the monitoring tools of the QSR.

#### *Reports*

The Human Services Research Institute produced a grant-funded report—*Measuring Consumer Outcomes and Satisfaction in California: Identifying a Survey to Provide A Foundation for Quality Management*—that included a comparative review of consumer satisfaction survey instruments considered for use in California and an analysis of California’s information system with respect to the requirements of participation in the National Core Indicators. This report will continue to be used as a reference.



## Colorado

### Primary Purpose and Major Goals

The grant's primary purpose was to improve the efficiency and effectiveness of existing Quality Assurance/Quality Improvement (QA/QI) systems. The grant had three major goals: (1) to define and standardize a critical subset of QA measures and apply these statewide, (2) to acquire and adapt the information technology needed to improve critical incident reporting and general communication, and (3) to promote more active and effective involvement of service users and families in QA/QI processes through web-based information technology and direct assistance to strengthen self- and family advocacy.

The grant was awarded to the Department of Human Services, Division for Developmental Disabilities (hereafter, the Division).

### Role of Key Partners

- The Project Advisory Committee—comprising service users and their families, and representatives of provider organizations, state agencies, and advocacy organizations—developed and reviewed grant products and outreach materials, and provided input for the CMS Annual Reports.
- Grant staff formed a project team to develop web applications. The team included several experts on a range of subjects (e.g., critical incidents, program quality data), information technology professionals within the Department of Human Services, and consultants.

### Major Accomplishments and Outcomes

- The Grantee standardized critical elements of the participant/family survey conducted by the Division's Community Centered Boards (CCBs) that will be used on a statewide basis.<sup>6</sup> In addition, as part of an effort to improve the timeliness and efficiency of data reporting, the Division obtained technical equipment and software to enable regulatory survey forms and participant/family survey forms to be scanned and the information entered in a database.
- The Grantee defined a set of performance measures specific to different provider organizations (e.g., those providing case management, supported employment, or residential care services) and developed a system to track and report on such measures.

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<sup>6</sup> The Division for Developmental Disabilities contracts with Community Centered Boards (CCBs) to offer community-based services to persons with developmental disabilities. CCBs are private nonprofit organizations designated in state statute as the single entry point into the long-term services and supports system for persons with developmental disabilities. As the case management agency, CCBs are responsible for intake, eligibility determination, service plan development, arrangement and delivery of services, monitoring, and many other functions. CCBs deliver services directly and/or contract with other service organizations. Provider agencies also contract directly with the State.

- Grant staff standardized required critical incident elements and implemented a web-based system for reporting them. Division staff trained CCBs' targeted case management staff to use the system, and the Division generated summary data reports for analysis and follow-up.
- The grant supported a total of 13 projects in urban and rural communities to help strengthen self- and family advocacy through technical assistance, cash grants, and in-kind support. Of the projects funded, 8 addressed training in advocacy and self-advocacy for participants and family members, 4 addressed development of new local self-advocacy organizations, and 1 focused on development of new training/support materials on self-advocacy. The total number of persons who participated in the projects was as follows: individuals with developmental disabilities and family members—1,379; advocates and case managers—57; provider agency staff—507; other persons—286. Also, Colorado Arc published a newsletter with grant funds, which was disseminated to 1,571 service users and their families.

### **Enduring Systems Change**

- The consistent collection and reporting of participant/family satisfaction measures and organization-specific performance measures has significantly advanced Colorado's ability to improve the performance of the developmental disabilities system, to support informed choice for participants/families, and to support transparency in the provision of information to the general public. The standardization of the satisfaction and performance measures ensures that basic variables are included in the data to be collected, analyzed, and reported. Such standardization allows the Division to provide consistency across reporting years, programs, and providers to facilitate quality improvement and systems improvement.

Additionally, although the Division had previously collected and reported data from core indicator surveys on a periodic basis, the acquisition of data capture technology and the data warehouse will enable the Division to collect, track, and report core indicator data at the provider level on an ongoing basis. The use of business intelligence software to support analysis and reporting of data is also a significant improvement in this area.

- The new web-based critical incident reporting system has increased the timeliness and quality of reporting and has provided a system for data analysis. Critical incident data are stored in a data warehouse, and business intelligence software is used to support data-based decision making and remediation and quality improvement processes. In addition, the system is integrated with the community contract management system, providing more data elements to analyze, which can facilitate analysis of areas that would benefit from targeted quality improvement activities. For example, the combined system enables the State to link information about critical incidents to participants' disability diagnoses, use of specific waiver services, and specific service providers.
- Grant staff and consultants designed and launched a new website targeted to service users, families, and service providers, which includes information that indicates and can have an impact on quality; for example, provider offerings, safety alerts, results of

quality reviews, information on self-advocacy, and eligibility criteria. The information can be accessed at <http://www.cdhs.state.co.us/ddd/InformationforConsumersFamilies.htm>.

The website also includes a compendium of training and technical assistance information intended specifically for service providers and advocates, and includes all directives concerning requirements for the provision of Medicaid services issued by the Division to service providers and targeted case management agencies. The information is downloadable and printable and can be accessed at <http://www.cdhs.state.co.us/ddd/UserGuidesManualsReferenceMaterial.htm>.

All currently available educational materials have been posted to web pages, and the Division has conducted training for qualified providers about accessing and using them. The Division will continue to revise the website and its content to make it more user friendly for waiver participants and to make information to support informed choice more readily available.

- The Division convened a Self-Advocates Advisory Council to provide direct input and feedback to the Division’s director on policy issues in the developmental disabilities (DD) system in Colorado. For example, Council members provided feedback on issues and concerns related to the development and submission of a Section (§) 1915(c) waiver amendment application for Colorado’s DD waiver. The Council meets every month and includes representatives from different geographic areas of the State.

### **Key Challenges**

- State budget crises during the first several months of the grant delayed the initiation of grant activities.
- The amount of funds budgeted for web applications was insufficient to accommodate the significant increases in the cost of hardware and software from the time the grant proposal was written to when a request for proposals was released. As a result, no proposals were submitted. To address the cost issues, the Division determined what could be done with available funds and decided to combine the quality data system with the contract management system to ensure long-term financial and technological support. Combining the two systems also reduced operating costs.
- The State and its approved contractors had limited expertise with the most current version of the software chosen to develop the web reporting tool. This challenge significantly delayed the development of summary data reports on critical incidents and performance measures.
- Differing views about the State’s web design requirements and specifications delayed the deployment of all web applications funded under the grant.
- Disparate viewpoints and opinions among advocacy and service provider organizations regarding provider performance measures and participant/family satisfaction measures

slowed the implementation of some grant activities but were eventually resolved through compromise.

- Lack of project management experience and expertise undermined several local grassroots efforts to improve or expand advocacy and self-advocacy. The very limited funding (i.e., less than \$5,000 per project) did not allow for the hiring of individuals with management expertise. Although several projects produced good work, the benefits were not sustained or did not allow for knowledge transfer to other entities or communities.

### **Continuing Challenges**

It is difficult to ensure participation in the Self-Advocate Advisory Committee by those who live in geographically isolated parts of the State, some as far as 8 hours' travel time from the state capital.

### **Lessons Learned and Recommendations**

- Grantees should carefully analyze the amount of grant and state resources available before committing to developing state-of-the-art applications using the most advanced software platforms. Grantees must closely scrutinize their state's long-term commitment to supporting these types of applications. Where possible, they should combine any data systems development projects in the quality area with other data systems and projects related to financial systems or other mandated reporting systems. Doing so will help to ensure ongoing financial and technical support for the quality data system.
- The national technical assistance (TA) vendors for the grants were an invaluable resource that could have been better tapped had grant staff understood all of their capabilities. Because of staff turnover, grant staff were not always aware of the full range of TA available. TA providers should spend more time with individual Grantees so that they understand what is available.
- Grantees should be prepared to immediately change goals—and methods to achieve them—based on emerging opportunities and insurmountable barriers identified through formative evaluation.
- Because investments in information technology are essential to improving QA/QI systems, CMS should provide a 90 percent federal match for states to develop data systems that enable them to meet the §1915(c) waiver assurances, even if they are not directly part of the Medicaid Management Information System.
- CMS should continue to provide grant funding to facilitate systems changes. The grant was invaluable, providing resources to improve the State's QA/QI system that would not otherwise have been available. Access to grant funding will continue to be critical to helping states fully implement the systems and technological innovations necessary to meet CMS requirements for evidence-based reporting.

## Key Products

### *Outreach Materials*

The Arc of Colorado developed and published a newsletter entitled *Connecting with the Arc* as part of its sub-Grantee project. The newsletter is available to all recipients of DD services and their families and provides information on advocacy, self-advocacy, and self-direction.

### *Educational Materials*

- The self-advocacy development project completed by the Colorado State University Center for Community Partnerships developed a workbook entitled *From Here to There—The Self-Advocacy Handbook*.
- Grant staff developed and distributed the *Quick Guide—Critical Incident Reporting Criteria* for use by case management and service provider agencies.

### *Technical Materials*

- To develop the critical incident reporting system and the performance indicator tracking and reporting system, consultants developed the following documents:
  - *Choice Grant Technologies Project Revised Requirements* provides a listing of high-level requirements that were used to fully describe all of the requirements of the web-based applications.
  - *DDD Web Applications Development (Choices Grant): System Design Document Version 1.3* describes the configuration and functionality of the web-based applications funded under the grant. This document is intended for use by the designers of the system and those who may be required to maintain it.
  - *DDD Web Applications Development Project Phase-I (Choices Grant): Software Requirements Specifications Version 2.4* describes the software requirements that were captured through a detailed study of the business work flow and functions for the web-based applications funded by the grant. This document is intended for use by the designers of the system and those who may be required to maintain it.
- Information technology contractors developed a set of 10 predesigned critical incident data summary reports for use by case management agencies, the Division of Developmental Disabilities, and the single state Medicaid agency. They also developed a set of three predesigned performance indicator data summary reports for use by the Division and the Medicaid agency.



## Connecticut

### Primary Purpose and Major Goals

The grant's primary purpose was to strengthen Connecticut's new quality service review (QSR) system by developing web-based data applications that will enable the State to identify trends in service quality and provide a foundation for quality improvement (QI) initiatives. The QSR web-based application is a major component of the State's overall quality management system. The grant had four major goals: (1) to develop the capacity to input, store, analyze, and report quality data; (2) to ensure and improve service quality for individuals living in their own or family homes; (3) to involve program participants and their families in defining, implementing, and improving service quality; and (4) to develop and provide a wide range of training activities for users of the new QSR system.

The grant was awarded to the Department of Developmental Services (hereafter, the Department), formerly the Department of Mental Retardation.

### Role of Key Partners

- The grant's Steering Committee—comprising participants, family members, providers, and state agencies—provided direction and feedback on all aspects of grant implementation and evaluation.
- The State's Department of Information Technology supported grant staff and consultants to create and implement a software application to compile and report data related to service quality.
- The Department established a work group of participants, family members, and public and private provider staff—with the support of medical and psychological services professionals—to design quality indicators and QI methodologies in the areas of home safety, emergency preparedness, and participant safeguards.

### Major Accomplishments and Outcomes

- The Department conducted focus groups to obtain consumer input on participant safeguards and quality review processes and tools, and presented recommendations to the grant's Steering Committee and to various Department leadership groups. The Department also formed a committee to update interpretive guidelines for the quality service review customized for family, supported living, and participants' own home settings. In addition to the guidelines, the Committee developed 10 recommendations for enhancing quality service reviews in these settings, including the creation of standard materials to use when conducting reviews.
- Grant staff developed QSR orientation and training curricula for participants and families, provider agencies, state-level quality management staff, regional quality monitors, and case management staff. The Department also developed emergency and safety-related resource and training materials for participants and families who hire and

manage their own staff. The Department's fiscal intermediaries provide these materials to participants so they can share them with their employees.

- Grant staff worked with a nonprofit corporation, Rewarding Work, to pilot a state-specific link for Connecticut on the Rewarding Work human services recruitment website.<sup>7</sup> The link provides the only comprehensive and current list of individuals in Connecticut who are seeking employment as in-home direct care workers for elderly persons and individuals with disabilities. The site enables people of all ages with disabilities to recruit staff they wish to hire directly. The site also provides private agencies a resource for recruiting direct support professionals and other staff.

Training on how to use the site was provided to participants, families, and Department staff, and grant funds were used to purchase subscriptions for them—about \$90 a year each—so that the initial cost would not be a deterrent. The subscriptions were not as widely used as anticipated initially, but have increased in the past year. Future training and additional promotion will continue to highlight the website as an effective resource. In response to feedback from Connecticut's users, Rewarding Work made changes to the website to refine the search capability, making it more responsive to user needs.

### **Enduring Systems Change**

- The Department developed a web-based software application, which was launched July 17, 2008, to compile and report data related to the quality of services provided by both state staff and private, contracted providers. These data are captured via the State's existing QSR tool, and the application is accessed via a secure website. Case managers and regional and state staff can conduct quality reviews using the QSR tool on laptops while onsite. The application enables the provision of more timely, comprehensive, and integrated data for quality assurance (QA) reports that will lead to improvements in service quality and also fulfill evidentiary requirements for the CMS waiver assurances. Because the new application allows data to be sorted by participant, provider, service type, or administrative region, it will facilitate the analysis of quality indicators and will enable the State to track performance measures over time as well as corrective actions to address identified problems.
- The Department used the grant to develop quality indicators and review methodologies for all services and settings, including those not previously monitored as part of the formal QA system (e.g., employment, day service, and in-home settings). The Department also modified its QSR tools for all service settings, and grant staff piloted the tools for home settings.
- The Department used the grant to develop several new approaches for collecting data on quality outcomes. Previously, only state-level reviewers collected data and assessed

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<sup>7</sup> The website is a collaborative effort of the Massachusetts Department of Mental Retardation; the University of Massachusetts Medical School, Center for Health Policy and Research; the New Jersey Division of Disability Services; the Connecticut Department of Mental Retardation; and the Rhode Island Department of Human Services.

quality as part of the State's QSR system. Now the Department also uses case managers and regional quality monitors to collect data through participant interviews, direct care worker interviews, document or record reviews, safety checklists of the environment, and observation of participants during service provision.

In addition to collecting data, case managers help individuals and their families to review the quality of their supports and services; and regional quality monitors look at service patterns and trends and evaluate vendor performance at the regional level through quality review visits with individuals in their home or day services setting.

- The Department established a standardized process for reporting, documenting, and following up reportable incidents involving individuals who receive waiver services in their own or a family home. Information obtained through this reporting system is used to identify, manage, and reduce overall risk and to assist the Department in quality oversight and improvement efforts.
- The Department established a structured and formal process of "root cause analysis," which is a systematic method to review selected sentinel events in order to analyze potential factors that increase risk, and to facilitate the design and execution of effective risk prevention strategies. The Department also developed processes that include methods to risk adjust incident data so that providers who support people with the most challenging needs can be compared fairly with other providers.
- The Department established Quality Review and Improvement Councils led by regional QI directors in all three regions of the State, and appointed a central office QI director to work with the regional QI directors and provide statewide oversight of QI initiatives. The regional QI directors produce data on provider performance and develop QI plans for follow-up when necessary. Service users and family members were recruited as volunteer Council members to participate in the review of quality information and monitoring of QI plans.
- The Department hired nine permanent part-time consumer/self-advocate coordinators to fulfill leadership and mentor roles, provide training, and influence policy development as committee and work group members. During the grant period, half of their work was related to QA/QI grant activities, with the remainder focused on regional initiatives. The self-advocate coordinators helped participants and their families understand the requirements of being an employer; produced training materials on self-direction and waiver services; and were involved in new employee training for state staff, particularly on human rights and self-determination, self-advocacy, and self-direction initiatives.
- During the grant period, the State expanded self-directed services options. Because the Department's quality management system has to cover all service models, a strong commitment to self-direction has been systemically embedded through all the structures and educational components that have been put into place as a result of the grant. Participants have increased access to self-direction as a result of newly available self-direction materials and resources and enhanced information on the Department website. In addition, the employment of the nine self-advocate coordinators has resulted in an

ever-improving culture of increased respect for service users and their inclusion in all aspects of the service system.

### **Key Challenges**

- Several features of the new software application were quite complex, which led to significant implementation delays. Problems were addressed through frequent and ongoing status and problem-solving meetings among all parties involved.
- The vendor working on the incident management application was also working on another department priority that took longer than anticipated to complete, so the web-based incident management application work had to be discontinued as it could not be completed within the time constraints of the grant.

### **Continuing Challenges**

Some of the grant's technology-related initiatives depend on support from the state technology agency, support that is not always available or timely. This situation delayed implementation of the QSR software application, which eventually was launched on July 17, 2008.

### **Lessons Learned and Recommendations**

- Although it was beneficial to have the same or similar vendors support various activities in this and the concurrent Independence Plus grant, vendor schedules and commitments sometimes prevented them from accomplishing all activities in a timely fashion.
- Using existing Department senior staff as primary grant staff ensures integration of grant goals into existing systems and structures, resulting in more enduring systems changes.
- It is best to assume that any Information Technology project will take more time, money, and human resources than anticipated.
- Because consumers help drive systems change in ways that staff cannot, it is essential to include activities to develop self-advocates' skills and self-advocacy into systems change initiatives.

### **Key Products**

#### *Educational Materials*

- Grant staff developed and published *Understanding the Connecticut DMR Home and Community-Based Services Waivers: A Guidebook for Consumers and Their Families* to help participants and their families make informed decisions about their supports. Grant staff also developed and published two guides on self-direction: *An Introduction to Your Hiring Choices* and *Making Good Choices About Your DMR Supports and Services*. English and Spanish versions are available for all the guides on the Department's website (<http://www.ct.gov/dds/cwp/view.asp?a=2042&q=335512>).

- The Department developed a series of fact sheets—*Health Identifiers and Symptoms of Illness Series*—to increase participants', families', and workers' knowledge and skill in recognizing the signs and symptoms of illness. The fact sheets provide guidance on whom to contact if signs and symptoms are observed. The Department also developed training materials and fact sheets on Abuse and Neglect, Fire and Other Emergencies, Human Rights, Person-Centered Planning, Approved and Prohibited Physical Management Techniques, and Incident Reporting Requirements.
- The Department produced the *Quality Service Review Data Application Reference Manual* to provide guidance for people using the web-based data application.

#### *Technical Materials*

- The Department developed an overview of the QSR tool that includes a master set of all the quality indicators to be used in various service settings, and identifies who collects the data (e.g., case manager, case manager supervisor, regional quality monitor, or state quality monitor).
- Grant staff produced policy and procedures documents and various reporting forms for the new systems for Root Cause Analysis and Incident Reporting.



## Delaware

### Primary Purpose and Major Goals

The grant's primary purpose was to institute a new Quality Management System for individuals with developmental disabilities receiving residential and day services. The new system will also cover services to be provided under a new waiver (once approved) for individuals living with their families. The grant had six major goals: (1) to assess current quality management functions for waiver and non-waiver services with reference to the CMS home and community-based services (HCBS) Quality Framework and waiver assurances; (2) to revise or establish processes for measuring the quality of community services and supports, correcting problems, and making system-wide improvements; (3) to test the new processes and develop a strategic plan to fully implement the Quality Management System; (4) to establish a Quality Council as an external review body; (5) to develop a Quality Management System for a proposed Family Support waiver; and (6) to assess current developmental disabilities (DD) data systems to determine future information technology development needs and make recommendations to meet them.

The grant was awarded to Delaware Health and Social Services, Division of Developmental Disabilities (hereafter, the Division), which contracted with the Human Services Research Institute (HSRI) to assist with grant implementation.

### Role of Key Partners

A Consumer Task Force—comprising individuals with disabilities, advocacy organizations, and staff from several state agencies and councils, including Medicaid—was formed at the grant's inception to oversee and direct the project. Task Force members participated in the selection of HSRI as the grant contractor, and were instrumental in helping the Division prioritize the quality performance indicators to be used in the new Quality Management System.

### Major Accomplishments and Outcomes

- The Division conducted a comprehensive assessment of its policies, practices, and data in relation to the six CMS HCBS Quality Framework domains and the waiver assurances, and presented the findings to and solicited input from all stakeholders (people and families served by the Division, advocacy groups, contracted day and residential service providers, and Division staff and administrators). A total of 161 consumer outcomes and performance indicators were subsequently identified and classified under their associated waiver assurance, and the Division prioritized 37 indicators for initial development. These formed the foundation of the Division's new Quality Management System.
- In addition to covering residential and day programs, grant staff decided to have the new Quality Management System cover a new Family Support waiver as well. The Family Support waiver will provide an increased array of services and the option for participants who live with their families to direct their services. However, because the Family Support

waiver has unique characteristics, the grant contractor—in consultation with Division staff—developed a quality management system specifically for the proposed waiver and prepared the document *Division of Developmental Disabilities Services (DDDS) Appendix H: Quality Management*, which will be included in the waiver application once state funding for the new waiver has been approved.

- The Grantee hired a consultant to assess the Division’s information technology (IT) data collection methods and needs. The consultant examined the experiences of several states, conducted surveys with the Division’s IT section, and surveyed a number of contracted providers regarding their experience using the State’s various IT systems. The consultant prepared a report of findings and recommendations, which provided the Division with a cost-effective plan to meet its data collection and analysis needs.

### **Enduring Systems Change**

- The new Quality Management System has been developed and put into operation, and a Performance Analysis Committee has been formed to collect and analyze data on specified indicators and to deliver data analysis reports to various quality-related Division committees and administrators. At the time of the grant’s final report, the Performance Analysis Committee had used the new system to generate more than 20 data analysis reports for the system’s Continuous Quality Improvement cycle. A number of these reports are being used to prepare the Division’s evidentiary report for CMS regarding the State’s waiver for individuals with mental retardation or other developmental disabilities (MR/DD), which is due to expire in June 2009.

The Committee also produced a number of data analysis reports on selected performance indicators, which have been shared with the Division’s senior management, various committees (internal and external) charged with quality improvement, and with contracted agencies providing services, as well as with other divisions in the Delaware Health and Social Services Department.

The reports, which cover a variety of subjects and are cross-referenced with the CMS waiver assurances, are intended to serve as a basis for helping these entities judge the quality of DD services and to provide the foundation for developing improvement strategies. The entities receiving these reports are encouraged to identify strategies to improve identified systems weaknesses noted in the reports.

Services and supports currently incorporated into the Quality Management System include contracted agency-managed residential and day services, and state-operated day programs and shared living (e.g., foster care) services—most of which are funded under the State’s MR/DD waiver. State-funded respite care services are also included in the system, and the State’s intermediate care facility for mental retardation (ICF/MR) has been partially integrated (i.e., included when there are existing survey tools/processes that address both community services and the ICF).

- To align its discovery processes with the new quality indicators, the Division modified its Community Living Arrangement review to focus more on person-centered quality

outcomes. The Division also developed a complaint process for participants, families, and providers to help identify and/or resolve concerns. As part of this process, the Division implemented a toll-free number for the Division's central and regional offices to enable participants and their families throughout the State to make complaints or suggestions about the DD service system. The number can also be used to provide positive feedback about services.

- The Division instituted a Quality Council as part of the Continuous Quality Improvement process for performance reports, and HSRI provided 2 days of orientation and training to Council members. The Council consists of a volunteer group of 18 stakeholders (waiver participants, family members, providers, and direct support staff) who meet to review quality reports and to recommend systems improvements. Individuals who do not generally serve on committees, councils, or boards were chosen through an application process in order to obtain a more diverse viewpoint than is available when the same people serve on several bodies. Some of the Division's executive staff attend each Council meeting as do various regional management staff.
- The Division now uses a web-based incident reporting system (adopted originally in January 2007 by its contracted service providers) for its own service delivery programs: primarily state-operated day centers and foster homes. The system has proven very useful in the analysis of data and the production of reports by the Performance Analysis Committee, and the Division transitioned from its paper-based incident reporting system to the web-based system in January 2008.

The initiation of this and other data collection systems (internally and by contractors) will enable faster and more comprehensive data analysis using a variety of performance indicators. Contractors, as well as all levels of Division staff, will be able to carry out their own data analyses quickly and easily.

- The Performance Analysis Committee received approval to issue provider-level reports to agencies fully disclosing each firm's performance. In addition, the Division has begun publishing the Neighborhood Home licensing results on the Internet so that families can review them easily when choosing residential options ([http://dhss.delaware.gov/dhss/ddds/survey\\_main.html](http://dhss.delaware.gov/dhss/ddds/survey_main.html)).

## Key Challenges

Educating members of the various review committees in reading data reports was challenging. Division staff and members of the Performance Analysis Committee used a variety of data presentation methods—charts, tables, simple narrative—to facilitate communication of findings. Also, reliability of data entry was an issue, particularly in counties that have high staff turnover among data entry personnel.

## Continuing Challenges

The State legislature did not fund the Family Support waiver, so the application could not be submitted in state fiscal year (FY) 2008. A coalition of advocacy groups has been formed to

lobby both the legislature and the governor to provide the state match so that the Division can submit the application to CMS in FY 2009.

## Lessons Learned and Recommendations

- Basing the analysis of system performance on what program participants feel is most relevant to them proved quite helpful in developing the Quality Management System. Using focus groups to identify what was important for participants gave a lot of weight to the performance measures that were chosen and their validity was not questioned. Additional insight was gained from cross-matching quality indices to the CMS assurances and then prioritizing them for reporting purposes.
- Using a separate data analysis committee (the Performance Analysis Committee) to deliver performance reports to the various review committees, rather than having each committee conduct its own data analysis, was beneficial for several reasons: (1) the Committee included members with considerable expertise in data analysis and reporting, (2) it facilitated use of a common format for all reports, and (3) it reduced the workload for all of the other committees.
- The goal of developing a single relational database that would pull together the various spreadsheets and information collection tools used by the Division to analyze information was found to be too ambitious and premature without first performing an analysis of the Division's IT needs and capabilities.
- CMS should consider funding continuing costs for IT systems as well as the initial costs for IT development.

## Key Products

### *Technical Materials*

- *Phase I Assessment Report of Quality Assurance and Improvement for the State of Delaware, Division of Developmental Disabilities Services (DDDS)* is a summary of major systems strengths as of 2005 and includes recommendations for improvements. In completing the assessment, HSRI gathered information from multiple sources, including Division staff and providers; documents describing the current quality assurance and quality improvement processes and tools; management reports; and policies and procedures; as well as focus groups with individuals and families.
- *Delaware Health and Social Services, Division of Developmental Disabilities Services (DDDS), Quality Management System* describes how the Division's Quality Management System uses outcomes and indicators to measure quality; the processes of discovery, remediation, and improvement; sources of information used to measure performance; and key roles and responsibilities for managing quality.
- *Information Systems Development in Support of the Delaware Division of Developmental Disabilities Services: Moving Forward* was developed to inform decision making as the

Division continues its planning and development efforts to improve the accessibility and use of information technology.

- *Performance Analysis Committee Policy* outlines the role and function of the Division's data analysis committee. This group plays a central role in the collection, analysis, and reporting of performance indicators data. The policy offers definitions, standards, procedures, and a flow chart to illustrate the continuous quality improvement cycle and is available at <http://www.hcbs.org/moreInfo.php/doc/1894>.

#### *Reports*

- In June 2007, HSRI produced a final grant report (*Delaware Division of Developmental Disabilities Services System Change Grant: Accomplishments and Next Steps Recommendations*) that describes the grant project's accomplishments and recommends additional steps to further improve the Quality Management System.
- The Division produced a formative evaluation—*A Quick Glance*—to help the state Medicaid agency's Quality Improvement Initiatives Task Force to review the progress of the Performance Analysis Committee in its reporting of the piloted performance indicators, as well as the use of the information by the recipient committees/administrators for systems improvement.



## Georgia

### Primary Purpose and Major Goals

The grant's primary purpose was to improve services for persons with developmental disabilities. The grant had three major goals: (1) to promote greater statewide understanding and implementation of person-centered practices, (2) to design participant outcome measures that are objective and person centered, and (3) to ensure that persons who are involved in and affected by the developmental disabilities (DD) service system have a meaningful impact on decisions regarding the system.

The grant was awarded to the Department of Human Resources, the operating agency for the State's two DD waiver programs. The project was implemented by the Division of Mental Health, Developmental Disabilities, and Addictive Diseases (hereafter, the Division).

### Role of Key Partners

- A Consumer Task Force with 55 members provided input on grant activities.
- The participation of 10 public and private partners in local person-centered planning (PCP) groups provided resources and contacts that helped the individuals who were the focus of the groups' efforts to achieve personal goals, which was critical to the groups' success.

### Major Accomplishments and Outcomes

- Grant staff and consultant facilitators developed and piloted five PCP projects for individuals with developmental disabilities and their community supports to teach them how to develop and implement person-centered plans, with a focus on identifying and encouraging natural supports in their communities (i.e., unpaid support). Each PCP group focused on about five individuals with developmental disabilities, including some in middle school or transitioning from high school. One group targeted individuals living with aging parents.

Community members who participated in this training included members from schools and places of worship; potential employers supporting the PCP process; and in one area the mayor, sheriff, fire chief, and a day care director attended the training. Guest speakers were invited to the PCP group workshops to provide information on special topics, such as vocational rehabilitation, special trust funds, and communication devices. Grant staff had monthly contacts with the PCP training participants to provide technical assistance and to ensure that the person-centered plans were being implemented. The five PCP groups have continued to meet since the grant ended, and they are extending their activities to other DD service users in their areas and increasing the use of natural supports in their communities.

- The Division has formed a coalition with a supported employment agency and two advocacy agencies (Parent to Parent of Georgia and Atlanta Alliance on Developmental

Disabilities) to promote person-centered planning and the use of the PATH process to provider agencies, support coordinator agencies, advocacy organizations, self-advocates, and families. PATH—one of many methods used in person-centered planning—is a planning tool that helps individuals set goals and determine feasible steps for achieving them.

- Grant staff worked with a contractor, who evaluated current performance measures for the DD system, and worked with stakeholders to create performance indicators based on the CMS Quality Framework. After cross-walking the resulting set of outcome measures with the National Core Indicators (NCI)<sup>8</sup> and evaluating the Division's data system for compatibility with the NCI, the State decided to join the NCI, thereby achieving the goal of designing objective, person-centered participant outcome measures. Grant funds were used for NCI start-up costs and to train interviewers to implement the survey.
- The grant coordinator and grant assistant collaborated with the Division Evaluation Unit to implement the NCI survey and to collect and report NCI data. More than 400 waiver participants were interviewed about their home, friends and family, satisfaction with services/providers, and self-determination. Also, two Family Surveys were mailed; data were collected on 400 families in which the individual receiving services lives at home and 400 families in which the individual receiving service lives in a residential care setting. In addition, approximately 90 providers serving 10 or more individuals were asked to complete an online survey, which requested data in particular about participant and family representation on their governing boards and staff turnover.

### **Enduring Systems Change**

- PCP concepts and values have been written into program policies at the state level. Support coordinators who were involved with the PCP pilot groups have reinforced the changes by using person-centered planning to develop Individualized Service Plans. The entire DD system is now more focused on person-centered planning, and the Division will continue to train direct care workers, waiver participants, families, and community members in PCP principles and practice. In addition, the activities of the PCP pilot groups have led to increased use of self-directed services options, improved access to the community, and increased employment opportunities.
- The State has developed a facilitators' forum and a train-the-trainer program to train, support, and provide collaborative opportunities for family members and state staff on how to use person-centered planning and how to start and facilitate a PCP group. The State offers the 3-day training quarterly and arranges quarterly meetings of the forum. The State provides transportation assistance for some members to attend the meeting.

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<sup>8</sup> The National Core Indicators is a collaboration among participating member [National Association of State Directors of Developmental Disabilities Services](#) state agencies and the Human Services Research Institute, with the goal of developing a systematic approach to performance and outcome measurement.

- NCI survey data are being reviewed for systems improvement, and the Division will continue to conduct the NCI survey annually and use the data to improve the quality of services and programs. The results of the survey have had a major impact on systems improvement in Georgia. Although the survey revealed significant strengths in certain areas, it identified deficits in others that require systems improvement. The State is taking steps to address these deficits.

For example, the State has submitted applications to CMS to amend two waiver programs in order to add self-direction options, which will enable people to direct their own service budgets, with support as needed. This will address the lack of personal choice deficits that were identified in the areas of exercise, daily schedule, and personal spending money, and will also allow for preventive dental services. The State also implemented the “Good to Great” program, the aim of which is to institute Essential Lifestyle Planning into systems processes and provider programs. Essential Lifestyle Planning is a guided process that helps individuals to identify their daily living and lifetime goals and to develop a plan to reach them.

### **Key Challenges**

- A PCP group that had been developed in one region was cancelled because of lack of family response/interest.
- Throughout the grant the Division experienced frequent staff turnover, which resulted in the grant’s coordinating position being held by three people. The staff changes interrupted documentation of grant activities and resulted in missed opportunities. For example, the second grant coordinator disbanded the Consumer Task Force at the end of the second year of the grant so it was unavailable to provide input on the NCI survey results. The staff turnover, however, also brought new perspectives, which allowed for new opportunities; for example, the addition of another PCP group.
- Finding local transportation presented a challenge for participants. Transportation was offered but not used. Although information about transportation support was provided to support coordinators and participants’ families, grant staff heard anecdotal reports that some people did not know about the transportation options.
- The main challenge for the NCI Participant Survey project was to determine the best way to implement it. Support coordinators were trained and they administered the survey during the third year of the grant. Georgia is developing an RFP process to obtain an outside agency to conduct the NCI survey in the future.

### **Continuing Challenges**

Although person-centered planning is being implemented in the State’s programs and policies, communities and schools have been slow to grasp the PCP process. Additional activities are needed to ensure that the PCP philosophy and process are understood and adopted statewide at the community level (e.g., by inviting potential employers and education contacts to attend PCP group meetings).

## **Lessons Learned and Recommendations**

- PCP groups coordinated by family members were more successful in identifying and developing natural supports than were groups coordinated by professional staff. Family coordination promoted a sense of ownership that helped them to increase acceptance of person-centred planning outside the formal DD system. States that want to support PCP groups should encourage family members to develop and coordinate such groups and should facilitate their efforts.
  
- States that want to implement PCP groups should address technical assistance needs through a formal process at each group meeting to ensure that problems, such as lack of transportation, do not impede participation. A possible option to address the lack of transportation for members is to have groups in multiple local areas rather than have multiple groups from different areas meet in one place.
  
- CMS should continue to fund Systems Change grants. Georgia's grant was invaluable in helping the State to make major improvements in its quality assurance/quality improvement system. The flexibility afforded by the grant enabled the State to think "outside the box" and to adapt to changes resulting from frequent staff turnover.

## **Key Products**

### *Outreach Materials*

Flyers and invitations were developed for the PCP projects' meetings.

### *Educational Materials*

Grant staff and consultants developed PowerPoint presentations, information on resources, and planning tools to train direct care staff, families, individuals receiving services, and community members about person-centered planning and how to create PCP groups.

# Indiana

## Primary Purpose and Major Goals

The grant's primary purpose was to develop a Quality Assurance/Quality Improvement (QA/QI) system for home and community-based services (HCBS) programs that facilitates communication among all stakeholders and institutes uniform policies and procedures across the various state agencies and contractors that provide services. The grant had four major goals: (1) to develop methods for obtaining data about providers and individuals receiving services; (2) to design a QA/QI system that enables staff to evaluate incident and complaint data and determine appropriate action in an expeditious manner; (3) to develop systems that enable staff to analyze data, identify patterns and trends, and continuously evaluate the QA/QI system; and (4) to implement an automated reporting system by which data can be collected, synthesized, and stored for retrieval by QA/QI personnel.

The grant was awarded to the Indiana Family and Social Services Administration, Division of Disability and Rehabilitative Services. Responsibility for grant operations was transferred from the Bureau of Quality Improvement Services (hereafter, the Bureau), to the Division of Aging early in 2007.

## Role of Key Partners

- The grant's Consumer Advisory Council—comprising HCBS waiver participants and family members, advocacy groups, providers, and other community representatives (e.g., a doctor and a social worker)—included three subcommittees: Mortality Review, Provider Standards, and Risk Management. These groups met monthly and were involved in project implementation, monitoring, and evaluation.
- As providers of case management services for the majority of waiver participants, the State's Area Agencies on Aging (AAAs) provided the operational structure for the development of incident, complaint, and mortality review processes.
- Electronic Data Services, the Medicaid fiscal agent, developed guidelines and a survey instrument based on the State's new waiver provider standards, and conducted the field audits of nonlicensed service providers.

## Major Accomplishments and Outcomes

- Grant staff held community focus groups with participants and/or their families, waiver case managers, and other service providers. The focus groups were conducted statewide in both urban and rural areas. The input from these focus groups consistently highlighted the same needs: affordable and accessible housing, transportation, nutrition services, and service accessibility. Staff analyzed data from the focus groups and shared it with the Division of Aging, the entity responsible for developing plans to improve services and participant safety.

- A contractor trained the Bureau's quality monitors to conduct the Participant Experience Survey (PES) annually with a minimum of 20 percent of waiver participants. The Bureau's management staff provided training for the Bureau's monitors. Between October 2005 and September 2006, 436 participant surveys were completed, and the data were analyzed and used to set service priorities.

Because of restructuring and staff reduction, the Bureau stopped conducting the surveys in 2006; the Division of Aging has since relied on the AAAs' surveys of a minimum of 10 percent of their participants in all programs, including waivers. The Division of Aging entered a contract effective April 24, 2008, with Liberty Corporation of Indiana to complete PES surveys with Aged and Disabled (A&D) and Traumatic Brain Injury (TBI) waiver participants.

- Grant staff conducted training statewide with waiver participants, service providers, and advocates on new provider standards and reporting requirements, as well as the provider survey process. A total of 273 service providers for the A&D and the TBI waivers were trained on the processes for reporting complaints, incidents, and deaths. Since the grant ended, the Division of Aging's Quality Assurance and RN staff have continued training for case managers on a quarterly basis.

### **Enduring Systems Change**

- Grant staff developed a more comprehensive quality management (QM) strategy than what had existed prior to the grant across a broader base of service delivery. The QM strategy includes both intra-agency (Indiana State Department of Health, the entity responsible for surveying and licensing home health providers) and intradivision (Office of Medicaid Policy and Planning, Division of Disability and Rehabilitative Services) collaborations, and is now part of all aspects of service planning, implementation, review, and reporting. Some quality review efforts have been expanded to include participants in the State's CHOICE (Community Home Options for Indiana's Challenged and Elderly) program.
- The Division of Aging's new QA/QI unit became fully operational with the hiring of the director and the formal integration of Adult Protective Services and the Long-Term Care Ombudsman program. The unit meets weekly to coordinate responses to incidents and to review trends in the incident reporting process. The unit also has been involved in waiver renewal applications and in new program planning, such as the Money Follows the Person program, to ensure the inclusion of QM processes.
- The grant facilitated the crafting, promulgation, and implementation of the State's new Aging Rule (460 IAC 1.2, Home and Community Based Services), which applies to the certification and monitoring of providers of unlicensed services, such as Adult Foster

Care, Adult Day Services, and attendant care services, including agency staff or participant-directed workers.<sup>9</sup>

The rule defines provider standards and includes provisions for (1) monitoring and corrective actions, (2) revocations of provider approvals, (3) provider appeals processes, and (4) processes to ensure protection of individuals receiving services (e.g., incident reporting and coordination efforts with adult and child protective services entities); it also requires all providers to have a QA/QI process. The rule applies to providers in Medicaid waiver programs as well as programs administered through the Division of Aging, such as CHOICE and programs under the Social Services Block Grant and the Older Americans Act.

- A grant contractor developed a provider survey tool to monitor compliance with the new Aging Rule standards and surveyed 131 unlicensed providers. Wherever deficiencies were found, a plan of correction was required, and 10 providers chose to discontinue being listed as service providers rather than develop and comply with a correction plan. Aggregate data from the complaint tracking system are now included on the provider survey tool so that surveyors are aware of types and number of complaints received for individual providers.
- The grant enabled the development of a statewide web-based incident reporting system to immediately capture information about factors that might adversely affect the health and welfare of program participants. Complaints may also continue to be filed by phone, fax, and e-mail. The system alerts case managers, the Division of Aging, and the Office of Medicaid Policy and Planning to critical (i.e., sentinel) incidents requiring immediate response, and then monitors that response and remediation. System processes include the daily review of sentinel incidents and a weekly review of nonsentinel incidents.

Data are reviewed by the Division of Aging's QA/QI unit to identify trends; patterns of critical incidents; and the need for revisions in policy, procedures, and/or training. The unit has a QA/QI committee that includes staff from the Medicaid agency, Adult Protective Services, and other relevant agencies, which provides another level of review. The committee identifies at-risk populations based on their review and develops preventive strategies to mitigate risks.

Complaint data are integrated with the incident reporting/reviewing process when the complaint affects, or has the potential to affect, an individual's health and welfare. Contrary to expectations, the complaint process identified only one provider with problems affecting health and welfare.

- Inadequate home modifications generated the greatest number of noncritical complaints about providers. To address this issue, grant staff developed a new policy and procedure regarding home and environmental modifications, which were implemented in 2008. The

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<sup>9</sup> Since January 2008, personal service agencies providing attendant care to more than seven individuals must be licensed by the Indiana State Department of Health.

new policy and procedure enhances provider standards and requirements, adds a qualified independent evaluator to the process, and offers better oversight and monitoring from initial need for a modification through the final approval and payment for the work. The policy applies to all Division of Aging and Division of Disability and Rehabilitative Services programs, including all waivers.

- The Division of Aging streamlined mortality review procedures for reporting participants' deaths when they occur within a licensed facility, as a result of concerns expressed by HCBS providers. They maintained that having to report all deaths and nursing home placements was overly burdensome because the population they serve is typically elderly and frail and placement in a nursing home or a death is not necessarily unusual or unexpected. The Division also developed an agreement with the Indiana State Department of Health to collect death certificates at the state level rather than at the local level to reduce case managers' time and travel.
- Focus group input and the efforts of grant staff contributed to two major changes in policy to improve access to services: (1) reimbursement rates were increased to encourage expanded service delivery, especially in rural areas, which helped to reduce the number of people on waiting lists due to limited service capacity; and (2) the State changed the financial eligibility criteria for the A&D waiver, increasing the income limit to 300 percent of the SSI level to increase access to the waiver.

### **Key Challenges**

- In April 2005, advocates and providers convinced the legislature to void the Aging Rule (460 IAC 1.1) that established standards for unlicensed but approved service providers for the HCBS waivers, which had been developed by the Grantee, signed by the governor, and promulgated in the early years of the grant project. The primary objection to the rule was that it was based on an existing rule that focused exclusively on the needs of persons with developmental disabilities and did not adequately address the needs of other populations, including older persons.

As a result, a new Aging Rule was developed (460 IAC 1.2, see *Enduring Changes*) within parameters set by the legislature. Survey tools and interpretive guidelines based on the previous rule had to be revised, leading to delays in the implementation of policies and procedures as well as in staff and provider training.

- The reorganization of divisions within the Family and Social Services Administration and the transfer of the grant operations from the Bureau to the Division of Aging in the last 9 months of the grant resulted in several challenges.
  - Grant staff needed to revise work plan timelines many times and had problems recruiting staff for new QA/QI roles in the Division of Aging.
  - Many of the operational processes and procedures for the complaints, incident reporting, and mortality review systems that were based on the models that best

served the population with developmental disabilities (the Bureau's major focus) needed to be reviewed and tailored to the population served by the Division of Aging.

- Delays in executing contracts for the incident reporting system caused delays in compiling and reporting aggregate data.

For all these reasons, a fully integrated data management system incorporating both the participant information and eligibility system and the web-based incident reporting system has not been accomplished.

- Grant staff were unable to use the PES database to generate reports for specific periods. After much effort, the State's Information Technology department set up a separate database for the PES results, so that 1 year's data could be compared with another's. The State is developing a new comprehensive participant satisfaction tool to replace the PES, which does not include measures for minor children.
- Although it was an asset to have a diverse group of individuals serving in the grant's provider work groups, the difficulty in reaching a consensus because of members' strong opposing opinions sometimes hindered progress on grant initiatives.
- Finding service users and providers to participate in the grant's focus groups was challenging because of a lack of interest/response.

### **Continuing Challenges**

- The restructure and privatization of the Bureau of Quality Improvement Services led to fragmentation in the Division of Aging's quality review processes and interfered with ongoing operations. The Bureau's Risk Management Committee, Sanctions Committee, and Quality Improvement Executive Committee (QIEC) did not meet during the last 2 quarters of 2007.
- The need to implement technology and databases that are compatible with the Division of Aging's two existing data collection systems has led to poor data aggregation and an inability to identify trends and conduct patterns analysis. A great deal of analysis and trending continues to be conducted manually, as do the documenting of required follow-ups on incidents and complaints as well as management of mortality review processes.

### **Lessons Learned and Recommendations**

- Before designing new data management systems, it is essential to carefully consider how the data will be used and who the target audience is for particular data (e.g., CMS or the State legislature). Doing so will help to ensure that the new system provides the appropriate data. Systems must be designed to provide sound information when it is needed and to have the capability to quickly and easily identify trends, key issues, and patterns, to enable rapid resolution of consumers' problems.
- The State should revise the certification processes for unlicensed service providers to help ensure the provision of high-quality services.

- CMS should establish uniform requirements for unlicensed Medicaid providers.

## **Key Products**

### *Educational Materials*

- Grant staff developed a brochure for Division of Aging programs to educate individuals and families about the complaint process. The brochure is distributed to HCBS participants through their AAA case managers.
- The Division of Aging developed and widely distributed bulletins addressing health and safety issues, including smoking, influenza, and pneumonia vaccinations; and preventing complications for individuals with swallowing problems. Materials were distributed to community centers, health fairs, key constituent groups, case managers, meal sites, and advocacy groups. The Division has continued to disseminate this information since the grant ended.
- The Division of Aging developed provider training materials on the new provider standards and on incident reporting through the web-based data collection system.

### *Technical Materials*

The Division of Aging developed a provider survey tool and interpretive guidelines for the HCBS provider standards based on the second Aging Rule.

### *Reports*

The Division of Aging developed reports based on complaints analysis, incident reporting, the results of the PES, and the mortality review process, which enable quality assurance staff to identify consumer satisfaction, trends, problem areas for systemic remediation, and other issues.

## Maine

### Primary Purpose and Major Goals

The grant's primary purpose was to design a cohesive and coordinated quality management and improvement system across several waiver programs for older adults and adults with various disabilities. The grant had five major goals: (1) to create and formalize participant-centered interdepartmental infrastructures and develop a coordinated interdepartmental approach for quality management and improvement; (2) to engage participants in an active role in the planning, design, and evaluation of home and community-based services (HCBS); (3) to develop a coordinated incident management system for waiver programs; (4) to assess system performance on a regular and real-time basis; and (5) to develop a plan for sustainable interagency collaboration, participant involvement, and a coordinated quality improvement system.

The grant was awarded to the Department of Human Services, which was later merged with the Department of Behavioral and Developmental Services into the new Department of Health and Human Services (hereafter, the Department). An Office of Integrated Services and Quality Improvement (QI Office) was established as part of the merger.

The Department contracted with the Muskie School of Public Service to provide assistance throughout the grant on a wide range of activities, including managing the project; conducting participant surveys; writing reports; and assisting with the development of the common event form and instructions, the quality management plan, and the peer interviewing pilot.

### Role of Key Partners

- An interagency work group was formed to coordinate grant activities across the three departments responsible for waiver programs (Human Services, Behavioral and Developmental Services, and Labor) and with the Medicaid agency. The purpose of the group was to share best practices and identify areas for collaborative quality improvement activities. As the grant activities progressed, subgroups were formed to work more intensely on specific topics (e.g., a common event reporting system, a peer interviewing project, and program-specific issues).
- The Quality Technical Assistance Group—comprising participants (older adults and individuals with physical or developmental disabilities), advocacy organizations, providers, and staff from the waiver programs and the Medicaid office—provided general oversight, advice, and input on grant activities.
- The Office of Integrated Services and Quality Improvement and the Office of Adults with Cognitive and Physical Disability Services (OACPDS) developed a peer-interviewing model for individuals with developmental disabilities. The QI Office created the standardized interview tool and protocols, and OACPDS provided expertise on community inclusion and linkages with providers and recipients of developmental services.

## Major Accomplishments and Outcomes

- Grant staff modified the Participant Experience Survey (PES) to tailor it to Maine's long-term services and supports system. Items related to the assessment and care planning process, worker availability, backup plans, and interest in self-direction were added. The survey was modified for use by participants in two waiver programs: the waiver for older adults and adults aged 18 to 64 with physical disabilities, and the waiver for adults aged 18 to 64 with physical disabilities who self-direct services. Both surveys included a number of common questions that allowed the State to compare participants' experience in the two waiver programs.
- Grant staff also tested a variety of approaches to obtaining participant input, such as a web-based version of the modified PES for people who self-direct services.
- Grant staff prepared annual assessment and performance reports on the use and cost of services and the experience and satisfaction of participants across three waiver programs using quality indicators that were aligned with the CMS HCBS Quality Framework. The indicators were developed from a number of data sources, including participant surveys, mortality review data, and Medicaid/Medicare claims data. Many of the people served by HCBS waiver programs are dually eligible for Medicaid and Medicare. For this reason, it is necessary to link Medicaid and Medicare claims data at the individual level in order to obtain a complete picture of service utilization.

The linked Medicare and Medicaid data were available for the fiscal years 2000 and 2003. Based on the annual reports' analyses and recommendations, the Department identified areas for enhanced quality assurance and quality improvement activities, such as additional training materials for participants who self-direct services. The Department developed a template to facilitate preparation of future reports.

- Grant partners developed a process by which people with disabilities partner with community members to interview individuals receiving developmental services about their quality of life. Three teams were recruited and trained, and the Co-Interviewing Model was piloted in August and September 2006 with three recipients of developmental services. All pilot participants were asked to provide feedback on the process; specifically, what worked and what could be improved.

## Enduring Systems Change

- The Department of Health and Human Services created an integrated management team that promotes cross program communication, information sharing, issue identification, and opportunities for collaborative quality improvement. The integrated management team includes the office directors responsible for managing the HCBS waiver programs.
- Grant staff and partners conducted a comprehensive inventory and assessment of policies, procedures, operations, data sources, and information systems for the (1) Older Adults and Adults with Disabilities waiver program and (2) the Adults with Physical Disabilities Consumer Directed waiver program. They developed a common approach for

mapping discovery methods with the CMS assurances and a database that enables a consistent approach for assessing strengths and gaps in discovery methods across waiver programs. The database can be used by other waiver programs (e.g., Adults with Mental Retardation/Developmental Disabilities) to create a similar inventory.

- Grant staff and partners developed cross-waiver health and welfare indicators, which can be measured using linked Medicaid and Medicare claims data. The indicators include avoidable hospitalizations, use of preventive health services, use of emergency rooms, use of medications, and use of multiple practitioners and pharmacists.
- Grant staff developed an event reporting system with the Office of Elder Services that includes a common reportable event form, and definitions and data elements ranging from death and serious injury to exploitation and medication errors. Event definitions and time frames are consistent across waiver programs, enabling improved reporting and monitoring.
- Based on the participant survey reports, the Department modified contracts with case management agencies. The modified contracts include more specific provisions related to health and welfare monitoring, development of backup plans, and linking participants with other community resources that support independence.
- Department staff involved with the grant developed an increased appreciation of the importance of including provisions that help to ensure quality during the design of programs and policies. This understanding was reflected in policies and programs developed during the grant period. For example, when developing the Family Provider Service Option, a self-direction option offered through one of the waiver programs, the State included program requirements related to training and background checks that help to ensure quality.

### **Key Challenges**

The grant activities were undertaken during a time of major transition and competing priorities within the State. The merger of two major departments into the Department of Health and Human Services required the time and attention of many senior managers, and the quality management activities often had to compete with other leadership priorities. At the same time, the Department was implementing a major new management information system, which also consumed many hours of staff time. As a result, grant project meetings had to be planned carefully with well-constructed agendas.

### **Continuing Challenges**

More resources and funding are needed to support quality management activities for HCBS waivers.

## Lessons Learned and Recommendations

Quality management is resource intensive. To the extent possible, states should assign staff to this task as part of a dedicated and focused activity, and determine what quality activities already exist that might be duplicative or could inform current efforts.

### Key Products

#### *Educational Materials*

Grant partners produced *Maine's Co-Interviewing Pilot Project Training Manual* for peer interviewing of people with developmental disabilities.

#### *Technical Materials*

Grant staff and partners developed (1) a database for conducting an inventory of discovery methods cross-walked with the CMS waiver assurances, (2) a template for producing ongoing participant reports of quality indicators, and (3) a common event reporting form and definitions for use by all waiver programs.

#### *Reports*

The Muskie School of Public Service produced several reports, including the following:

- Individual and combined participant survey reports for each waiver program (Older Adults and Adults with Disabilities, Adults with Physical Disabilities who self-direct, and Adults with Mental Retardation/Autism).
- *Maine's Co-Interviewing Model and Pilot* report, which outlines the key components of the model and presents feedback from the project pilot.
- *Our Stories Booklet of Florence and Jackie*, a qualitative approach to obtaining participant input that tells the stories of two HCBS participants.
- *Lessons Learned and Plan for Sustainability* describes the infrastructure for ongoing participant involvement in and quality management of home and community-based services.
- *Quality Management Plan for Waiver Services for Elders and Adults with Disabilities*, which is a summary of major quality management functions carried out at the departmental, program, and operating-agency levels.

## Minnesota

### Primary Purpose and Major Goals

The grant's primary purpose was to improve the design of participant safeguards and the related functions of discovery and remediation, and to assess provider performance and measure participant outcomes in waiver programs. The grant had two major goals: (1) to enhance capacity for ensuring the health and safety of clients by improving the State's vulnerable adult report tracking system, and (2) to develop a comprehensive statewide quality assurance/quality improvement (QA/QI) data mart that will incorporate provider monitoring data as well as participant feedback on quality of care and quality of life.

The grant was awarded to the Department of Human Services (DHS). The DHS Continuing Care Administration, the agency that administers all of the State's waiver programs, was responsible for overseeing all aspects of project implementation and evaluation. Contractors were engaged to provide technical assistance to identify the business information system needs of end users and to develop the QA/QI data mart as well as the Vulnerable Adult Reporting Information System (VARIS, as it came to be known).

### Role of Key Partners

- The 15-member Quality Design Commission—comprising service users and family members, service providers, and representatives from advocacy and community organizations and state and county agencies—was established in 2001 through the State's Real Choice grant. As the QA/QI grant's advisory body, the Commission provided input and recommendations on project planning, implementation, and evaluation. It also informed the development of the QA/QI data mart, the consumer survey, the selection of outcomes to be measured, and decisions on how information will be used to improve the system.
- Grant staff established three design teams (Data Mart, Vulnerable Adult Report System, and Participant Survey), each of which included members of the Quality Design Commission as well as key stakeholders. The Teams reported directly to the grant project manager.
- The Minnesota Department of Health provided technical support to identify data already collected and maintained that might be useful for home and community-based services (HCBS) quality management purposes and that could be incorporated into the QA/QI data mart, and provided grant project staff access to data system documentation. Also, the Department partnered with the DHS to identify maltreatment investigation outcome data to support HCBS quality management and improvement activities, and the Department's Office of Health Facility Complaints partnered in the design and development of VARIS.
- Ten county Adult Protection units helped to develop the online maltreatment report intake form and the protocol for distribution to investigative agency county-to-state reporting. They also helped to document how Adult Protection activities interface with

county and state incident reporting, investigation, and resolution. Finally, they helped to finalize the end user requirements for VARIS, and participated in the pilot and statewide testing of the new system.

- The Ombudsman for Mental Health/Developmental Disabilities, which receives maltreatment reports and investigates serious injury and death, helped design the vulnerable adult report tracking system. In addition, this office participated in preliminary analysis sessions so all project members understood the Ombudsman data system, and also provided systems documentation, such as their software specifications and data dictionaries. This office also assisted in the identification of quality indicators and performance measures and in the development of strategies for using the QA/QI data mart to improve home and community-based services.
- The Minnesota Board on Aging provided ongoing funding for the HCBS consumer survey and funded subsequent completion of the second survey completed in 2007.
- The Ombudsman for Long-Term Care (formerly Older Minnesotans) recruited volunteers to conduct face-to-face survey interviews with HCBS participants statewide, and provided feedback and recommendations about the survey process and tool, and the role of the volunteer as interviewers.

### **Major Accomplishments and Outcomes**

- The Vulnerable Adult Design Team integrated county-level Adult Protection units into VARIS by developing or redesigning forms for vulnerable adult report and investigation data collections and submissions, and by outlining interagency processes. Statewide training was conducted for county staff on their roles and responsibilities, as well as on the new technology.
- The Consumer Survey Design Team adapted the CMS Participant Experience Survey to include measures related to maintaining and enhancing social roles and relationships, caregiver outcomes, and items applicable for participant-directed services. Ombudsman volunteers were recruited and trained to pilot the instrument in face-to-face interviews with 96 participants in the Elderly waiver. The survey tool and volunteer training curriculum were revised based on the pilot and the two statewide surveys of participants conducted during the grant period. One of the surveys was funded by the grant and the other by the Minnesota Board on Aging.

### **Enduring Systems Change**

- A Vulnerable Adult Report Tracking System that allows electronic submission of county data to the DHS Continuing Care Administration and investigative agencies has been established. The system will enable the DHS to use investigative outcome data for continuous quality improvement related to incident management and the prevention of maltreatment (e.g., providers needing technical assistance to improve quality of care and/or prevent maltreatment can be identified more readily). All county Adult Protection units are required to use this system for reporting alleged maltreatment and for all local

Adult Protection investigation activities. Importantly, the new system also allows DHS to “match” people who are receiving publicly funded services to reports of their alleged maltreatment, and the results of investigations.

- The Data Mart Design Team identified data sources developed by other agencies that are needed for systematic quality assessment in HCBS waivers and moved three targeted data sets into the DHS data warehouse (Ombudsman for Managed Care, DHS Licensing, and Appeals). In addition, as part of VARIS, county intake staff and county adult protection investigators now have a common system for the intake of maltreatment reports, for the distribution of reports to investigative agencies, and for the capture of investigative outcome data, as well as data from consumer surveys resulting from county-based investigations.

The Data Mart houses consumer survey data as well as maltreatment investigative data, and data extracted from other sources such as Appeals and Licensing. Both the Data Mart and the Vulnerable Adult Report Tracking System were piloted in December 2007 and have been available statewide since March 2008. The Minnesota Board on Aging will continue to fund the consumer survey every other year.

- The grant project has provided the State with improved tools to assess and measure quality of care and quality of life for HCBS clients, as well as to assess provider performance in more direct, evidence-based ways. The participant-level information will help the DHS target systems improvement in the Elderly waiver. In addition, to help participants make informed choices regarding providers, preliminary provider review data for developing provider profiles have been captured in the Medicaid Management Information System, and the DHS continues to create and expand data systems for evidence-based provider profile data.

## Key Challenges

Throughout the grant period, the major challenge was to integrate the work proposed within the scope of the grant with other major technology proposals or projects under way within the DHS. As the Department continued to make major technology investments to improve financial accountability, quality assessment, and evaluation capability across all Minnesota health care programs, the grant activities were at times delayed to ensure that integration, interface, management coordination, and communication among other divisions and administrations occurred. Integrating the grant’s quality management model with the broader DHS quality strategies was also necessary periodically.

## Continuing Challenges

- Given the various restrictions in state and federal law regarding data sharing among and/or between government agencies, it will continue to be challenging to find ways to allow quality assessment across services and programs while ensuring data privacy.
- Ongoing funding for quality assessment and management as a specific activity is often jeopardized.

## Lessons Learned and Recommendations

- Quality management for home and community-based services needs ongoing state and federal financial support. States should recognize quality management as an important business area within HCBS programs.
- States that want to implement new quality management systems need to have a systematic way to analyze the current system, to determine what is needed, and to plan for future investments. Minnesota used the QA/QI grant to do this, which helped to develop a blueprint of Minnesota's increasingly complicated HCBS system that extends beyond the publicly funded waiver programs. The blueprint provides information to (1) guide future investments; (2) coordinate investments across programs, populations, and funders; and (3) avoid duplication of effort in these investments.

Developing a blueprint for both the existing system and the desired system has helped focus work across several divisions. Although this process was completed during the grant period, it could be very helpful to go through the process in preparation for grant applications in the future, because it can highlight areas that need the most attention and investment.

- Internal communication among state decision makers is crucial to obtain buy-in by management and to ongoing success.
- Technology development often costs more than anticipated, especially when integrating new systems with existing ones. This is particularly true when information about the existing system is unavailable and must be researched during the project. Thus, states should determine where additional funding might be needed to finish work begun under the grant, and/or to supplement grant funds.
- When using an information technology contractor and/or consultant, states should use a different vendor for the analysis of the organization's needs than for selecting a technology solution and/or to develop the system that the state selects. Doing so will help to ensure that all available technology solutions and options are explored and that they are evaluated in regard to how they will meet the state's needs and selection criteria, rather than being based on the vendor's preference.

## Key Products

### *Educational Materials*

- The State Adult Protection Division produced training materials for county Adult Protection staff on the new policy mandate for reporting maltreatment of vulnerable adults, and the roll-out of the new business information system that will support discovery and remediation activities.
- A contracted volunteer field coordinator and the grant project manager produced training materials for volunteers to conduct face-to-face interviews for the consumer

survey. The training discussed the purpose of the survey, the survey process, and use of the survey instrument.

- Grant staff developed several PowerPoint presentations related to quality management and presented them to lead agencies responsible for quality assurance and at national conferences.

#### *Technical Materials*

- The grant contractor produced functional requirements and high-level architecture documents for VARIS and the QA/QI Data Mart.
- The DHS Continuing Care Administration and the Consumer Survey Design Team produced a final Consumer Experience Survey tool.
- Grant staff developed an “Alternatives Analysis” for technology investments, along with test criteria and a testing plan. They also developed a business analysis, data documentation, test criteria and test results, and programming specification documents for DHS Licensing, Appeals, and the Ombudsman for Managed Care databases integrated into the Data Mart.

#### *Reports*

- A contracted volunteer coordinator produced a report on the role of Ombudsman volunteers as surveyors that included recommendations for changes in future survey implementation.
- Grant staff developed three reports:
  1. The *Vulnerable Adult Reporting Information System and Quality Management Data Mart Project: Baseline Analysis Report*, which presents an overview of the operational and technological environment of HCBS waivers.
  2. *Home and Community Based Services, Quality Assurance and Data Mart: Best Practices Summary*, which explored how other states collect information about adult maltreatment and how—or whether—those data are used for program evaluation.
  3. A report of the Elderly waiver consumer survey pilot phase and a summary report of the first and second statewide Elderly waiver survey results.



## Missouri

### Primary Purpose and Major Goals

The grant's primary purpose was to develop a consistent method for gathering quality assurance (QA) data for all home and community-based services (HCBS) programs to discover and remediate problem areas. The grant had four major goals: (1) to identify the information systems currently in use or in development by various state agencies and evaluate their commonalities and differences; (2) to assess the processes for building a statewide automated system for storing data, and design a universal data system that can be used to report complaint information to the Division of Medical Services; (3) to develop accurate and consistent methods for tracking complaints and resolving recurring issues; and (4) to implement a pilot program within a rural and an urban area of the State to test the new data collection system.

The grant was awarded to the Department of Health and Senior Services (DHSS).

### Role of Key Partners

- The grant established a Work Group—comprising staff from the Departments of Social Services, Mental Health, and other relevant agencies—to assist with project design, implementation, and evaluation. Each department representative was responsible for meeting with various consumer and advocacy groups and provider agencies to obtain input on the design of the QA system.
- The Health and Behavioral Risk Research Center at the University of Missouri's Columbia School of Medicine was contracted to conduct consumer surveys.

### Major Accomplishments and Outcomes

- Grant staff and the Work Group evaluated existing state database systems, researched and reviewed client satisfaction survey tools, operationally defined "quality" and how it applies to DHSS clients, and worked with data systems personnel to determine the most efficient and effective way of collecting and entering information into a data system. It was determined that the unique characteristics of each database system made it impossible to have a single, statewide universal system, and that none of the existing systems could be used for the data collection and reporting of complaints.
- The Health and Behavioral Risk Research Center conducted a pilot survey with 30 DHSS program participants across the State, using the CMS Participant Experience Survey for the Elderly and Disabled, which led to some minor changes to the survey protocol before the full grant-funded survey was implemented. The surveys included participants in both Medicaid and state-funded programs, and, by the end of the grant, 9,000 surveys of DHSS clients receiving in-home services had been completed in two separate phases.

Given the large sample size, the survey was conducted by telephone, which generated a greater response rate than that obtained in other states (one in two, as opposed to one

in three, of those contacted). Survey interviewers identified several issues that had to be brought to the attention of the State's Elder Abuse Hotline as well as the need for referrals for services.

The survey data were used to compute performance indicators, and reports were generated for review by DHSS program managers.

### **Enduring Systems Change**

As a result of research and analyses that grant staff conducted, DHSS determined that it was not feasible to have a single universal system incorporating all state agencies' systems for collecting and reporting complaint data for HCBS programs.

DHSS is in the process of developing an information technology (IT) system that incorporates an Adult Protective Services and provider complaint system that interfaces with the State's Medicaid agency, the Department of Social Services, and the Missouri HealthNet Division (MHD). MHD purchases and monitors health care services for Medicaid beneficiaries and ensures quality health care through development of service delivery systems, standards setting and enforcement, and education of providers and participants.

The new system will provide MHD with real time information for its monitoring activities. It will also incorporate a client satisfaction survey that will be conducted through the mail or as part of the QA on-site monitoring process. The survey data will be available to MHD for reporting to CMS.

### **Key Challenges**

- The DHSS went through multiple reorganizations during the grant period, and a staff layoff necessitated workload reassignment and changes in staffing for grant activities (e.g., field staff were unable to collect survey information).
- The Governor, through executive order, transferred the Personal Care Attendant program from another department to the DHSS, which created additional work for already overburdened staff, such as the need for policy revisions and changes in the Code of State Regulations.
- Working with the Information Technology Department, the Institutional Review Board, and legal departments required much more time than anticipated.

### **Continuing Challenges**

State government is in constant flux, and priorities often change, creating challenges in developing and implementing quality management systems.

### **Lessons Learned and Recommendations**

- When attempting systems change, it is important to be both realistic and flexible in determining what needs to be accomplished and what *can* be accomplished. Change is

often incremental, and it may be necessary to focus initially on one or two small changes.

- Several lessons were learned during the first phase of the consumer survey process.
  - One of the drawbacks of administering the survey by telephone was the inability to observe the client and anyone else in the home, making it difficult to know whether a client was being “coached” by a family member or caregiver.
  - The broad range of questions in the survey tool proved unwieldy for individuals who receive only a single service, like the Program of All-inclusive Care for the Elderly or home-delivered meals. Ideally, a shorter survey would be used for programs that provide only a few services.
  - The staff at some Residential Care Facilities were reluctant to let surveyors speak to the residents for various reasons, including concerns about the effect of survey results on the facility and concerns about client confidentiality.
  - Locating the clients’ guardians was time consuming, and obtaining permission for their participation in the survey was often difficult.

Before beginning the second round of surveys, it was decided to exclude individuals who were receiving only a single service, those in residential facilities, and those who have guardians, which resulted in a better response rate and a shorter time period to complete the survey.

## Key Products

### *Reports*

A report was produced for each of the two consumer survey periods: *Comprehensive Results of the 2006 Participant Experience Survey-Elderly & Disabled (PES E/D)*, March 2007 and *September 2007*. Each report presents participant responses for 33 performance indicator areas, which are grouped by one of four priority areas: Access to Care, Choices and Control, Respect/Dignity, and Community Integrations and Inclusion.



## **New York**

### **Primary Purpose and Major Goals**

The grant's primary purpose was to provide opportunities for participants to give feedback regarding their experience and/or concerns with the Traumatic Brain Injury (TBI) and the Long Term Home Health Care Program (LTHHCP) waivers to inform the State's quality assurance and quality improvement (QA/QI) activities. The grant had four major goals: (1) to develop improved methods of enlisting waiver participants and other involved community members in the QA/QI process for New York's home and community-based services (HCBS) waivers; (2) to obtain independent information from waiver participants and their families about the quality of services received and to use that information to increase service quality, respond to issues, eliminate problems, and identify areas of best practice; (3) to develop a comprehensive and systemic approach to monitoring the quality of services and the achievement of participants' valued outcomes; and (4) to maintain a service delivery system designed to meet participants' needs in a timely and cost-effective manner.

The grant was awarded to the Department of Health (hereafter, the Department), the single state Medicaid agency. Grant activities were managed by the Department's Bureau of Medicaid HCBS, which has responsibility for the two waivers mentioned above as well as for the new Nursing Home Transition and Diversion (NHTD) waiver.

### **Role of Key Partners**

- The Brain Injury Association of New York State (BIANYS) was contracted to conduct regional forums with TBI waiver stakeholders and to establish a complaint hotline for TBI waiver participants.
- The Center for Excellence in Aging Services at the School of Social Welfare of the State University of New York at Albany was contracted to develop a QA strategy and to test the Participant Experience Survey (PES) for the LTHHCP waiver.
- The Center for Development of Human Services Research Foundation of the State University of New York at Buffalo State College was contracted to design a standardized training program for waiver service providers.

### **Major Accomplishments and Outcomes**

- The Brain Injury Association of New York State convened 10 regional TBI forums to increase communication among the waiver's many stakeholders, including participants and caregivers, service providers, advocates, and administrative staff, and to identify systemic program challenges. More than two-thirds of the 334 attendees were waiver participants and family members. The Department's regional service coordinators worked with BIANYS to develop materials and strategies for outreach, which succeeded in reaching virtually every waiver participant in the State.

BIANYS summarized the forum findings in a final report, which was analyzed by waiver management staff who prioritized issues based on the urgency of the identified problem and the feasibility of solutions. Waiver program staff identified short-term critical goals such as addressing provider shortages and provider training, and long-term goals such as enhancing waiver services and developing a participant manual. In addition, BIANYS and waiver program staff prepared a joint letter outlining the recommendations submitted to the Department, which was sent to forum participants.

- The Center for Excellence in Aging Services administered the Participant Experience Survey to a representative population of LTHHCP waiver participants. A total of 606 interviews were completed, evaluated, and analyzed. Best practices were identified in a final report and have been evaluated for potential inclusion in an ongoing Quality Management process that will incorporate future in-home satisfaction surveys. One immediate benefit of the survey was the enhanced consumer awareness of available services.

### **Enduring Systems Change**

- In response to stakeholder input from the regional forums, the Department initiated the following:
  - The TBI waiver program implemented a statewide across-the-board rate increase for providers and a NYC Metropolitan Area rate differential for select services.
  - Grant funds were used to develop four service-specific training programs and related materials for selected services provided by the TBI and NHTD waivers. The training, which will ensure consistency in provider knowledge of services with an emphasis on person-centered care, is to be used statewide to meet provider staff training requirements. The Department has begun to use the new curricula in the NHTD program.
  - Waiver program staff are developing user-friendly materials for participants that will explain waiver services, address waiver participants' rights and responsibilities, offer guidance on how to effectively work with service providers, and furnish tools and resources to help participants successfully navigate the HCBS system.
- The Brain Injury Association of New York State was contracted to establish a TBI waiver complaint hotline for the sole purpose of giving participants the opportunity to officially register grievances with a neutral party. The Department's waiver management staff worked closely with BIANYS to develop program guidelines and an outreach strategy for the dissemination of information to participants. The Department provided training for BIANYS complaint line staff to ensure a basic understanding of waiver operations and of protocols for responding to complaints, and also provided training for regional service coordination staff on the protocols.

The line was fully operational in 2005, and by the end of the contract period a total of 245 complaints and concerns had been received, several of which required immediate intervention and for which solutions were found. An unexpected benefit of the complaint

line was its usefulness as a mechanism to correct and/or prevent errors in Medicaid billing. Regional service coordinators were able to compare providers' billing statements with complaints regarding direct care staff no-shows and initiate prompt billing corrections where appropriate.

The TBI complaint line has become a part of the waiver's quality management program, adding an additional layer of protection for participants' safety by enhancing the ability of contract and Department staff to address and resolve issues in an appropriate and timely manner. It has also proven to be an extremely useful tool for uncovering deficiencies on the provider, regional, and state levels and for obtaining valuable information on individual and systemic issues.

### **Key Challenges**

- Unanticipated turnover of experienced staff and emerging new long-term services and supports in state priorities required workload reassignments and staff training that delayed grant activities. Additionally, the state procurement process took longer than originally anticipated and was further delayed by the turnover in grant management staff. Together the two situations delayed implementation of grant activities that required competitive contracts.
- Department staff initiated development of a database that would integrate case management and service utilization information. The original QA/QI database design was not sufficiently robust to fulfill the Department's expectations for easy access to system-generated reports. However, its development allowed the State to identify several issues that will inform efforts to institute a more comprehensive database or other QA tracking efforts in the future; specifically, the need to address (1) labor-intensive data entry requirements, (2) questions of responsibility for system updates to ensure accuracy, (3) complexities and expense of cross-system connectivity, and (4) compliance with system security measures to accommodate access control for data input by local and contracted providers and waiver administrators.
- The lack of a single database containing contact and demographic information for all participants created recruitment problems for the Participant Experience Survey. This barrier was overcome through a range of strategies, including working with the LTHHCP provider nurses and case managers involved with participants, revising marketing materials sent to participants, and using bilingual staff to schedule interviews.
- The grant contractor experienced difficulty using the PES software to download individual survey results into a database. However, PES technical staff were helpful in identifying and correcting problems with software use.
- Some waiver participants were unable to attend the TBI forums, especially in larger, more rural regions, because of lack of transportation.

## **Continuing Challenges**

Managing quality assurance activities across multiple waiver programs is a continuing challenge. The Department is actively working to address issues as they arise in a comprehensive manner as part of the ongoing effort to restructure the State's long-term services and supports system.

## **Lessons Learned and Recommendations**

### *Regional Stakeholder Forums*

- Conducting focus groups in different regions is a very effective way of obtaining information that is both specific and reflects regional needs and differences. Also, dividing the focus group into a participant group and a provider group allows both groups to speak freely and provide better insight into the different program issues.
- Conducting focus groups using an advocacy organization that is viewed as an unbiased, neutral, yet knowledgeable party enables participants and providers to freely express concerns and complaints. Also, since many waiver participants have difficulty expressing themselves because of their brain injury, the presence of facilitators who are skillful in conducting effective focus groups and communicating with people who have impaired speech or cognitive abilities is crucial.

### *Participant Experience Survey*

- The PES provides ample aggregate-level outcome data that identify programmatic challenges in many service areas. However, the tool does not provide insight into the micro-level dynamics of a program. Taking this into account, the contractor developed supplemental field notes to compensate for the tool's limitation. CMS should amend the PES to add an option for field notes, which would facilitate the survey process.
- Over-sampling for a participant survey in less populated areas might result in a more comprehensive examination of the issues faced by rural counties where the provision of community-based care, participant characteristics, and the availability of kinship care make them dramatically different from more populous areas.
- Some waiver participants had trust issues and were unwilling to participate in interviews. A pre-survey educational outreach to service coordinators and providers can facilitate the survey process by allaying fears and improving collaboration and participation.
- For data to be meaningful for a diverse population, it is important to recruit participants from different ethnic groups so as to yield a representative sample. To facilitate this, the grant contractor sent outreach letters in several different languages and used bilingual schedulers to arrange interviews. The incorporation of cultural diversity training into the interview training curriculum would also teach proper etiquette and enhance sensitivity to cultural variations, which could improve interview results.

## Key Products

### *Outreach Materials*

- The Brain Injury Association of New York State developed TBI complaint line promotional materials, including informational brochures and refrigerator magnets, which were distributed to waiver participants through the regional service coordinators. The refrigerator magnets are highly visible and easily located, which is especially helpful to TBI participants with cognitive impairments.
- In collaboration with regional service coordinators and Department staff, the BIANYS developed flyers, invitations, and other outreach material for each of the 10 TBI forums.

### *Educational Materials*

Grant funds were used to develop four training programs entitled Waiver Services, Home and Community Support Services, Independent Living Skills Training, and Service Coordination. Each program has a trainer and a participant component and provides the following: overview/agenda, trainer's notes, participant handouts, PowerPoint slides, and pre-course and post-course questionnaire.

### *Reports*

- The *New York State Traumatic Brain Injury Waiver Regional Forums* final report summarizes the grant activities and major findings of the initiative to gather participant and provider input through regional forums.
- The *New York State Traumatic Brain Injury Waiver Complaint Line* final report summarizes the grant activities and major findings of the initiative to establish a TBI toll-free complaint line as a consumer-driven quality assurance measure.
- The *Long Term Home Health Care Program Participant Experience Survey* final report presents a summary evaluation of the initiative to measure the current level of participant satisfaction with the LTHHCP. The greatest number of concerns were voiced in the areas of access to care, the quality and reliability of transportation services, and the availability and consistency of personal care staff.



## North Carolina

### Primary Purpose and Major Goals

In response to North Carolina Session Law 2001-437, the State published *State Plan 2001: Blueprint for Change* (the first in a series updated annually), to set the direction for the continuing efforts to transform North Carolina's public mental health, developmental disabilities, and substance abuse services (MH/DD/SAS) system. The target audience for the plan was the state legislature and all stakeholders in the MH/DD/SAS system. *State Plan 2002* outlined the key policy issues that set the direction for reform, and *State Plan 2003* refined policy issues and set a course for developing some of the products and processes necessary to sustain the momentum. *State Plan 2004* provided details on the key tasks and issues that needed to be addressed during state fiscal year 2004–2005.

The grant's primary purpose was to support the development of quality improvement (QI) processes to facilitate progress toward the State's reform goals. The grant had six major goals: (1) to design a quality management (QM) plan for the state MH/DD/SAS system based on a philosophy of continuous quality improvement; (2) to implement and evaluate a demonstration of the QM plan, focused on individuals transitioning from institutions to community settings; (3) to develop and/or enhance tools, protocols, and systems for data collection and management to identify problems and successes in structures, processes, and participant outcomes for transitioning populations; (4) to develop and implement processes to review individual data, rectify immediate problems, and prevent future problems; (5) to implement structures and processes for continuous quality improvement; and (6) to develop a plan to expand the demonstration project to other populations with long-term services and supports needs.

The grant was awarded to the state Department of Health and Human Services (DHHS), Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (hereafter, the Division).

### Role of Key Partners

- A project design committee—comprising Division staff, other state staff, service users, family members, and local stakeholders—developed the QM plan and provided guidance for all grant activities.
- The Center for Development and Learning (CDL) at the University of North Carolina (UNC) at Chapel Hill developed interview tools, hired and trained interviewers, and coordinated and implemented data collection for the grant's demonstration project.
- The Division's Advocacy and Client Customer Services Section collaborated with grant staff to develop the incident response and reporting protocol as part of the demonstration project.
- The Quality Management Team from the Division's Community Policy Management Section managed all aspects of the grant activities, including the demonstration project;

a statewide QM conference; and the development, dissemination, and review of quality reports.

### **Major Accomplishments and Outcomes**

- The UNC Center for Development and Learning was contracted to gather information to inform the development of discovery, remediation, and improvement processes and structures, and to evaluate and improve the transition process. To obtain this information, CDL interviewed individuals discharged from psychiatric institutions and intermediate care facilities for persons with mental retardation to community settings. The Quality Management Team, with assistance from CDL, reviewed existing institutional discharge planning procedures and tools, developed questions for the interviews, and tested and refined interview tools and processes as needed.

CDL staff recruited, hired, and trained a team of 31 interviewers—comprising 5 service users, 16 family members, and 10 persons with professional experience serving individuals with mental retardation or developmental disabilities (MR/DD)—to conduct face-to-face interviews with transitioning individuals. CDL planned to interview these individuals four times over the course of a year about the quality of community services and supports they were receiving, the transition process and any problems they had experienced, and progress toward their personal goals. By the end of the grant, 155 individuals had been interviewed post-discharge. Because of challenges in locating individuals who had moved, much smaller numbers participated in subsequent interviews: 96 at 3 months, 68 at 6 months, and 29 at 12 months.

- The Quality Management Team developed a database and protocols for data collection, review, and analysis; and adopted a process for identifying and responding to participant concerns. The Division's Incident Review Committee developed and oversaw the implementation of the remediation protocol into the participant incident response and reporting system.
- The grant implementation team and the CDL team produced three reports based on findings from individual questionnaires and concerns raised by interviewers for the transitioning population projects. Aggregate information was reviewed with the Incident Review Committee and with the Division staff responsible for the transitions so that they could improve their processes. Using the remediation protocol, issues identified in interviews were sent to the Division's Advocacy and Customer Services Section for investigation and responses to the problems identified in the reports.
- Grant staff held a statewide conference to train providers, local management entity (LME) representatives, and local consumer and family advisory committee (CFAC) members at the state and local levels about the philosophy, measures, and methods of continuous quality improvement. About 50 LME representatives, 50 providers, and 50 CFAC members and their advocates received training on the use of performance data for quality improvement.

## Enduring Systems Change

- The Division designed and implemented a comprehensive quality management plan for the MH/DD/SAS system based on the CMS Quality Framework for home and community-based services. The plan includes mechanisms and activities that promote adherence to basic standards as well as improvements over time. Essential quality assurance monitoring activities will continue to the extent that they directly serve the goal of ensuring the viability of the system, safeguarding participants, and improving the quality of services; and ongoing QI activities have been developed and coordinated across all levels of the State to guide policy and practice.

The QM plan is now Chapter 5 in the *State Plan 2005, Blueprint for Change*, the fifth annual update of the blueprint for change series. The update highlights accomplishments of the previous 4 years and elaborates on the fundamental areas of person-centered planning, quality management, cultural competence, and best practices. Furthermore, it focuses on tasks that are necessary for the upcoming fiscal year to continue the process of systems transformation. The plan has been implemented during the past several years and includes requirements for LME oversight and improvement of services, the involvement of state and local CFACs in QI activities, and quarterly reporting on the Division's website of state and local measures of systems performance.

- The Division developed and refined the incident response and reporting system. Under the new system, the LMEs are required to review all serious incident reports submitted to them by service providers in their areas, and to report quarterly on trends and efforts to reduce incidents and respond to complaints. Procedures are in place to involve state agencies for the most serious incidents to ensure adequate backup. Also, new reporting processes and forms (e.g., the *DHHS Incident and Death Report*) were revised and implemented. The forms will be made available online with the implementation of the web-based incident reporting system, which has been delayed until July 2009 because of restructuring at the sister agency responsible for technology projects.
- The Division implemented structures and processes for continuous quality improvement through the establishment and training of local, divisional, and statewide QI committees. LMEs are now required to submit annually at least three QI reports that describe how they have used QI processes to address service delivery issues in such areas as building service capacity, ensuring continuity of care, and ensuring the use of evidence-based practices. The CFACs participate in the collection of information on participant experiences and system performance, provide input into policy decisions, and identify unmet service needs, emerging problems, and other concerns.
- The new QM system enables the Division to provide the following reports: (1) regular statewide performance reports to the Legislative Oversight Committee, (2) local performance reports on measures related to the CMS Quality Framework domains, (3) quarterly incident and complaint trend reports, and (4) LME annual reports on the QI projects that they have undertaken for the year as part of their performance contract with the Division.

- The QM structures and protocols implemented during the grant period for oversight of the local service system, the comprehensive response to complaints and incidents, and the coordination of institutional to community transitions will be used as the basis for planning the QM system for the State's new Money Follows the Person grant and for the Community Alternatives Program MR/DD waiver. Also, the State will incorporate DD measures into its Treatment and Outcomes Program Performance System: the Division's web-based outcomes tracking system that collects data on individuals with mental health and substance abuse problems who receive publicly funded services.

### **Key Challenges**

- Because the State was developing multiple statewide systems reform projects, Division staff had to deal with competing priorities, which made it difficult to focus on specific grant goals. The QM system was in development at the same time, so the grant project expanded beyond the initial demonstration planned.
- LMEs were undergoing restructuring and services were being outsourced, which hampered the local staff's ability to focus on demonstration projects that were added to their changing responsibilities. In addition, a few LMEs stopped providing some services at the same time that private providers began direct billing for Medicaid services, which made it harder for LMEs to keep track of participants who had transitioned to community settings.
- The process for opening the project manager position and finding a qualified candidate took more time than anticipated.
- It was not possible to interview the number of individuals originally planned in the Transition to Community demonstration project for several reasons.
  - Obtaining consent from potential interviewees—in particular, those who had guardians—required a great deal of time.
  - Project participants, particularly those who moved into their own apartment, often moved again or had their phone disconnected. Staff asked case managers for contact details, but some were themselves unaware that an individual had moved and others did not return phone calls.
  - Scheduling interviews for demonstration participants who had moved to group homes or residential care facilities was very time consuming. In some instances, interviewers would arrive at the scheduled time and find that the interviewee was out for the day.

In addition, even with assistance from CDL staff, many demonstration participants could not be located after the initial interview.

- Incident reports were not always sent to the Division or the LMEs in a timely fashion, thus delaying the process of review and remediation. Continued training and regular on-site reviews of provider agencies by LMEs helped to improve incident reporting.

## Continuing Challenges

Finding natural and community supports for individuals transitioning from institutions into the community continues to be a challenge, especially for persons with developmental disabilities. The State and LMEs need to place more emphasis in their strategic plans on finding housing and employment so that individuals who transition from psychiatric institutions and developmental centers can be sustained in the community. The Division's State Strategic Plan for 2007–2010 has set goals to improve housing and employment outcomes for participants.

## Lessons Learned and Recommendations

- Moving people from institutional to community settings proved to be more challenging than expected, in part due to the structure of funding mechanisms (fee-for-service), which made start-up difficult for private provider agencies. Funding for state institutions was still required, whereas start-up funds were needed before transitions could take place.

Because individuals transitioning into the community require many different types of services, including housing, education, and employment, the State needs to adopt a coordinated, cross-agency approach to services to comprehensively address individuals' needs. State Plan goals for 2007–2010 address these issues. The State is moving to more flexible funding mechanisms, while trying to maintain service utilization data that can be used to ensure accountability, as well as to evaluate and improve services.

- Incorporating grant goals and objectives into the Division's long-term systems reform plan ensured that grant-related accomplishments would be sustained beyond the life of the grant. This was made possible largely because of the involvement of staff from the Division's Quality Management Team who had experience in both quality management and the Division's service delivery system. As the Quality Management Team Leader, the grant's principal investigator helped ensure that the comprehensive QM plan developed through the grant was included in the State's reform plan.

## Key Products

### *Outreach and Educational Materials*

The Division's Quality Management Team and other presenters produced numerous materials for a 2-day Quality Management Conference (*Sustainable Collaborations for Successful Outcomes*) to educate participants about ways of examining and assessing available multisource data and about ways in which innovative QM projects can be developed, implemented, and evaluated within specific systems of care.

### *Technical Materials*

The Center for Development and Learning produced a range of materials for the Transition to Community demonstration project, including (1) job responsibilities of interviewers and job application form, (2) interviewer training curriculum and training evaluation form, (3) interview instructions with script for oral consent, (4) script to obtain approval to release

information for individuals with guardians, (5) initial, 3-month, 6-month, and 12-month post-discharge interviews, and (6) initial guardian interview with authorization form.

*Reports*

- The Division's grant staff produced a report based on data from the Transition to Community demonstration project.
- The Center for Development and Learning produced a final report on the implementation of the data collection component of the Transition to Community demonstration project.

## Ohio

### Primary Purpose and Major Goals

The grant's primary purpose was to design and implement an information management system as a foundation for quality assurance and improvement in the delivery of services and supports to individuals with mental retardation and other developmental disabilities (MR/DD). The grant had two major goals: (1) to develop a statewide quality management framework as a foundation for quality assurance and improvement in the MR/DD service system; and (2) to develop and implement computerized tools to facilitate the collection, organization, analysis, and dissemination of quality data.

The grant was awarded to the Ohio Department of Mental Retardation and Developmental Disabilities (hereafter, the Department).

### Role of Key Partners

- The Department contracted with the Kansas University Center on Developmental Disabilities to develop the overall quality management framework and to evaluate grant progress and outcomes.
- The Quality Management Advisory Council—comprising representatives of state agencies, county MR/DD boards, advocacy organizations, and provider associations—was convened to assist the Department in its design and implementation of the new quality management system. The Council had four work groups: Individual and Family Survey, Regional Council Design, Quality Management Administrative Rule, and Quality Management System Description.
- A Consumer Advisory Committee (service users and their families and advocates, staff from multiple state agencies, and service providers) provided a forum for individuals to provide input and share information about grant activities.

### Major Accomplishments and Outcomes

- The Kansas University Center on Developmental Disabilities conducted 13 meetings/ focus groups in five counties with 171 consumers, state staff, and providers (107 unduplicated) to obtain input for the design of the quality management framework. A variety of tools were used to collect stakeholder ratings of priorities for indicators and performance measures as well as information about existing data sources (and others that could be developed) to provide data for the measures. Input was also solicited regarding wording for the description of the quality management system itself.

The resulting Ohio Quality Management Framework, which is based on the CMS Quality Framework for home and community-based services and cross-referenced with the CMS waiver assurances, includes modified domains with additional outcomes, indicators, and performance measures. The framework is intended to help integrate all quality measures and quality assurance processes (critical incident reporting, county board accreditations,

facility licensure, provider certification, consumer surveys, and compliance reviews) into one quality management system.

- Early in the grant period, the Department used grant funds to purchase and install computer hardware and software for the new information management system. Information technology (IT) staff built data marts and developed reports for client demographics, critical incidents, licensed facility review information, and waiver tracking and payment authorization. The Department piloted the system in five demonstration counties and incorporated user feedback to improve the system.
- The Individual and Family Survey Workgroup of the Quality Management Advisory Council engaged a consultant to review draft consumer survey questions, recommend changes as needed, establish the reliability and validity of its measures, ensure integration with the core indicators identified in the Quality Management Framework, and develop a final draft of the survey. The consultant trained volunteer and state staff interviewers, conducted 91 interviews across five counties using the test-retest method (participants completed the identical survey twice between 2 and 3 weeks apart), and produced a final report that included recommendations for revising the survey.
- The Department established a Quality Management 101 training curriculum and conducted training with 85 stakeholders, both internal and external to the Department, on the short- and long-term value of a quality systems approach for Ohio. All sessions were recorded for distribution on CD and for dissemination on the Department's website.

### **Enduring Systems Change**

- The Ohio Quality Management Framework developed through the grant project served as the foundation that aligned the State's MR/DD system with the CMS Quality Framework and the waiver assurances. In the future, the Quality Management Framework will be incorporated into the processes that will be used to determine actions needed to improve quality, such as additional training or regulatory and other policy changes. The Department will systematically assess these processes over the next several years, addressing and/or modifying them as needed.

The Department has identified the data sources needed to evaluate the Quality Management Framework's outcomes, and IT staff are in the process of retrieving and transferring data to the data warehouse for report development. The Department has also established an Office of Quality Management, Planning, and Analysis, which is working with several state-supported stakeholder groups to carry on the work of improving the quality management system.

- The Department implemented the new information management system and its associated training activities in five pilot counties. The system will facilitate quality assurance and improvement activities by reducing redundancy in reviews conducted by different agencies, facilitating reporting, and enabling comparison with other reviews and with data from other units and state agencies. All of the tools needed to expand the

new information management system were scheduled to be ready by the end of 2008, and statewide implementation was planned for 2009.

- The Quality Management Advisory Council completed its work and was disbanded at the end of the grant period. However, the Policy Leadership Roundtable, an Advisory Council developed by the Department as charged by the governor and the General Assembly, will pick up where the Council left off and will provide a forum for a wide range of stakeholders (state agencies, county MR/DD systems, advocacy organizations, provider associations) to provide ongoing review and input on quality management issues.

### **Key Challenges**

- The new Quality Management Framework is centered on outcomes measurement, not compliance, and requires a different set of data to be gathered and reported. As a result, obtaining buy-in for the framework from the 88 county MR/DD boards was difficult in view of concerns about inadequate resources to train—or hire new—staff in order to modify data collection methods.
- Changes in state government, including a new governor, department director, and many new personnel, led to changes in departmental priorities, which prevented the accomplishment of some grant objectives. For example, work to establish regional quality councils and a new administrative rule for quality management was discontinued.

### **Continuing Challenges**

Ohio's 88 counties face a wide range of technology challenges in regard to data transmission between county MR/DD boards and service providers and the Department. These challenges include lack of resources, staff, and technological capacity; that is, computer hardware and software.

### **Lessons Learned and Recommendations**

- Prior to committing resources to quality assurance and improvement initiatives, states need to conduct an assessment to determine which activities have priority and ensure that all activities are aligned with existing or planned quality management initiatives. Enlist the support of top administrators, and secure the commitment of relevant leadership to ensure that resources will be committed to the initiative's systems change and that information about the changes will be communicated to those whose work will be affected.
- When undertaking systems change initiatives, it is essential to ensure broad, strategic representation of stakeholders with adequate authority and responsibility for the changes to participate on a variety of levels, from advisory groups to work groups to focus groups. Clarify what is expected of stakeholders, and, if their input is solicited, be prepared to respond to it.
- A grant should be handled like a project. Be very clear about the scope of work, design a work plan, and get buy-in from all stakeholders and sponsorship by those with the

authority to ensure that it is implemented—and stick to it. Employ a good project manager to avoid scope creep or the need to fast track at the last minute. Be deliberate, so that the changes are not viewed as temporary, and be prepared for the iterative, continuous improvement process to take place over the long term (5 to 10 years at a minimum). Keep stakeholders informed at every stage of the work, and use subject matter experts as needed.

- All information regarding the quality management initiative, including written documents, multimedia materials, websites, and web-based services, should be fully accessible to individuals with disabilities.
- It is important to establish and maintain methods to acknowledge and celebrate accomplishments. Finding ways to identify high performers and to provide incentives for high performance will embed the new quality management system into professional practice in a way that simple compliance systems can never achieve. This goal will most likely require some creative work with providers, advocates, service users, and families to identify ways to recognize excellence.

## **Key Products**

### *Educational Materials*

Grant staff developed a Quality Management training curriculum targeted to a wide range of stakeholders, both internal and external to the Department, which is available on CD and the Department's website.

### *Technical Materials*

- The grant contractor developed data work sheets for each performance measure in the Ohio Quality Management Framework to provide IT staff with the information needed to find and deploy the data required to report findings across time. Each work sheet was completed through a process of several meetings with internal stakeholders who had knowledge of Ohio's MR/DD system and its data sources. The initial drafts were bound into a document of data sources for use in the creation and implementation of the overall reporting system.
- A grant consultant partnered with a Quality Management Advisory Council work group to develop a statistically valid and reliable Individual and Family Survey format for the Department, which will become an additional source of data in the information management system.

### *Reports*

- The Kansas University Center on Developmental Disabilities, in collaboration with the Department, completed two *Formative Evaluations* and one *Summative Evaluation* of the grant's strategies and processes, as well as progress on grant goals and objectives. The reports include summaries of focus group input and recommendations for prioritizing future work on quality assurance and improvement.

- The Kansas University Center also produced two final reports: *Developing a Performance Measurement Strategy for the Ohio Quality Assurance Systems Change Initiative* and *Developing a Quality Management Strategy for the Ohio Quality Assurance Systems Change Initiative*. Both reports include recommendations for future direction; for example, establishing feedback mechanisms with all key stakeholder groups, creating a regular evaluation process to maintain the responsiveness of quality data to the needs of stakeholders, and using quality data to identify service system and information system redesign issues.
- The Department engaged a consultant to advise and assist in the development of a marketing and communication plan for its quality initiative. The contractor prepared a report (*Marketing and Communication Planning Tool for the Quality Management Initiative*) that includes the identification of target audiences; proposed communication tools, products, and activities; the design for a continuous feedback loop; strategies for countering negative responses; and recommendations for branding/naming the quality management concept, including a logo.
- A grant consultant conducted a pilot survey and produced a final report (*Reliability and Validity of Ohio's Individual and Family Survey*) that included recommendations for revising the survey instrument.



## Oregon

### Primary Purpose and Major Goals

The grant's primary purpose was to improve the quality assurance systems for waiver participants self-directing their services, with a particular focus on health, safety, and service satisfaction. The grant had four major goals: (1) to develop and support a consumer/stakeholder group to provide grant oversight and to assist with grant implementation, (2) to develop tools and procedures to help ensure health and safety and manage risk for in-home services recipients, (3) to design system-wide data collection and reporting processes that permit trend analysis and systems evaluation, and (4) to develop a detailed plan for project sustainability.

The grant was awarded to the Department of Human Services, Seniors and People with Disabilities (SPD).

### Role of Key Partners

- The grant convened a Stakeholder Group comprising individuals receiving in-home waiver services and advocacy organizations representing a broad range of perspectives: local senior services agencies, the Support Service Brokerages, the Developmental Disabilities (DD) Council, the DD Coalition, Douglas County DD Services, the Home Care Commission, and Self-Advocates as Leaders. The Stakeholder Group contributed to the design, implementation, oversight, and evaluation of the project.
- Local administrative, case management, and service brokerage agencies contributed time and staff resources to complete field tests and assist with the evaluation of grant products.

### Major Accomplishments and Outcomes

- A grant contractor and the Stakeholder Group developed a set of 11 quality indicators applicable to self-directed, in-home services across three service populations: people with developmental disabilities, people with physical disabilities, and older adults. The indicators provide a common foundation for measuring and reporting service quality throughout SPD, despite separate service delivery, planning, and advocacy systems.

Critical health and safety data already available in the State's current information systems were identified, mapped, and assessed for applicability relative to the quality indicators. With information on each of these quality indicators gathered over time, SPD management will become knowledgeable about service system quality, and will be able to focus its improvement activities efficiently and effectively on specific problem areas.

- A grant contractor worked with SPD staff and members of the Stakeholder Group to develop a consumer satisfaction survey for individuals being served through three waiver programs: the In-home Comprehensive Services program and the Support Services Brokerages program (both serving people with developmental disabilities), and

the Client-Employed Provider program (serving older adults and people with physical disabilities).

The project team field-tested the survey to obtain feedback for improving both the instrument and the methodology before final recommendations were submitted to SPD. They also tested a user-friendly, web-based prototype of the survey, which clearly indicated the limitations and benefits of an online survey for each service population.

- A grant contractor completed an assessment of existing information systems and made recommendations for an add-on program that can be incorporated into larger information system projects currently under way at SPD.

### **Enduring Systems Change**

- The grant enabled SPD to improve its quality monitoring system by developing a consumer survey that (1) measures overall participant satisfaction with services and also provides participant perspective on how well supports meet health and safety needs and preferences, and (2) can be used across three waiver programs. SPD will administer a single consumer survey every 2 years to a statistically valid random sample of individuals who receive self-directed in-home supports (people with developmental disabilities, older adults, and people with physical disabilities). Because participation in the survey is not mandatory, the sample size has been tripled to account for a high no-response rate.
- The grant developed a personal safety and emergency management (PSEM) planning tool that participants can use to review critical issues, focus on the most likely risks, and plan measures to lessen those risks. The tool was designed for individuals who self-direct in-home services to decrease risks without compromising their authority and independence. The tool uses participant-friendly, noninstitutional language to help participants, their families, and others who help them plan and arrange supports to understand common risks and their implications. This understanding informs decision making about service planning and the need for specific steps to reduce risks.
- Contracted grant staff, in consultation with the Stakeholder Group, submitted a sustainability plan for including the grant's quality improvement activities as part of SPD's quality management strategy for waiver services. The plan identifies critical infrastructure components such as organizational design, technology and systems needs, and additional training and technical assistance needs for key program staff, as well as timelines for integrating the new processes and resources developed by the grant.

No new service contracts, administrative rules, or statutory changes are required to implement these quality improvement activities. Implementation of the PSEM tool is currently in process. The consumer satisfaction survey was conducted for people with developmental disabilities in 2007, and the survey was scheduled to be conducted for older adults and for people with physical disabilities in 2008.

## Key Challenges

- Lack of state financial resources and insufficient field staff presented major challenges to implementing the grant as planned. Consequently, grant staff changed priorities and adapted procedures to reduce the impact of these constraints on the field tests of the consumer survey and the PSEM planning tool.
- An original grant goal was to develop a single information system solution that would allow SPD to integrate and report information about participant health and safety from information systems that were created when the three service populations were served by two different agencies. Soon after the grant project began, the Department of Human Services had the opportunity to replace its antiquated Medicaid Management Information System (MMIS) system, and all other cross-system work was shifted to a lower priority—both for budget/resource reasons and because solutions developed for the existing system would be moot when the MMIS project is completed.

However, the grant project's mapping of the location of critical health, safety, and satisfaction data for three disability populations—and its identification of additional elements needed—will still serve as a valuable guide for designing features of either the new MMIS or supplementary systems compatible with the new MMIS.

- Identifying and working through perceived differences in the needs, preferences, and communication styles of each service population and service delivery system culture significantly slowed the development of the consumer satisfaction survey and the PSEM planning tool. Grant staff worked with the Stakeholder Group until agreement was achieved.
- Toward the end of the project, several major state initiatives competed for participants' and advocates' time, and it was difficult to maintain their participation in the grant's consumer/stakeholder group after the consumer satisfaction survey and the PSEM tool were developed.

## Continuing Challenges

- Oregon is currently developing and implementing a new Medicaid Management Information System, which will not be completed for several years, owing to unavoidable delays.
- Accumulating and analyzing data from various systems continues to be a challenge, as does distributing that information to various stakeholders.

## Lessons Learned and Recommendations

States seeking to implement a single Quality Management System for multiple service delivery systems serving different populations are well advised to spend the time needed to engage all stakeholders in establishing priorities for the project prior to submitting a request for funding. When representatives of different service populations could not agree about

design and implementation features, to get them back on track, grant staff found it helpful to remind them of their initial agreement about priorities.

## Key Products

### *Technical Materials*

The grant project produced two tools that are being incorporated into SPD processes: the *Consumer Satisfaction Survey* and *Handling Emergencies: A Guide to Personal Safety and Emergency Management* (both described above under Enduring Systems Change). The second tool is available at [http://www.hsri.org/docs/PSEM\\_Guide.PDF](http://www.hsri.org/docs/PSEM_Guide.PDF).

### *Reports*

- *In-Home Quality Assurance Project: System Review and Initial Approach* is an analysis of information system needs and a description of the prototype suggested to manage the integration of existing and new information. Because much of the information system that existed at the initiation of the grant subsequently became part of an MMIS improvement project, the report is not applicable in several areas but will be used to help shape revisions to the MMIS.
- *SPD Consumer Survey for Use with Recipients of In-Home Services: Survey Development and Field Test Report* describes the development and field test of the consumer survey, and provides recommendations regarding the survey questions and administration.
- *Helping Individuals Prepare for Emergencies: Development and Testing of a Consumer Guide to Personal Safety and Emergency Management* describes the development of the PSEM planning instrument, the field-test process, and provides recommendations regarding its use.
- *Quality Assurance and Quality Improvement in Home and Community-Based Services: Final Report* summarizes the tasks and activities of the grant project completed between May 2004 and September 2006, and describes project accomplishments according to tasks associated with each work component.

# Pennsylvania

## Primary Purpose and Major Goals

The grant's primary purpose was to create a uniform and integrated quality management system for all Medicaid waiver services. The grant had three major goals: (1) to develop and test new quality management systems for participant-centered service planning and provision; (2) to develop coordinated data systems that support continuous quality improvement and system error corrections, as well as planning and policy decisions; and (3) to develop methods to evaluate the new quality assurance/quality improvement (QA/QI) systems after full implementation.

The grant was awarded to the Governor's Office of Health Care Reform.

## Role of Key Partners

- The Center for Survey Research at Penn State Harrisburg developed standardized survey instruments and a uniform assessment process to measure participant satisfaction with home and community-based services (HCBS).
- The Paraprofessional Healthcare Institute developed and piloted training modules for providers on quality assurance and direct care worker recruitment and retention strategies.
- The grant's Advisory Committee was composed of service users and their advocates, service providers and their associations, Centers for Independent Living, Developmental Disabilities Councils, and state agency staff. The Committee provided input on and oversight of grant activities, and helped to develop the cross-waiver quality management strategy.
- The Brain Injury Association of Pennsylvania worked with grant staff to develop educational materials.

## Major Accomplishments and Outcomes

- To obtain information about the current long-term services and supports system, grant staff held focus groups, meetings, and face-to-face interviews with participants, support coordinators, and providers regarding all aspects of waiver services, including quality, satisfaction, adequacy, issues, and problems. They also asked for suggestions to address issues.
- The Paraprofessional Healthcare Institute developed and piloted training modules on quality assurance and recruitment and retention strategies for direct care workers. Approximately 500 service providers attended the trainings, which were conducted regionally across the State; providers will continue to use the curriculum and materials.

- The project manager and a team of stakeholders—including providers, service users, and family members—developed the outline for an educational DVD to promote a broader understanding of the support, treatment, and essential services and programs needed by people with brain injuries. The DVD’s intent is to help participants of the CommCare waiver and other brain injury programs to make informed decisions about services and to increase the number of service providers for individuals with brain injuries.
- The project manager developed a backup system for individuals experiencing service breakdowns, which is available statewide 24 hours a day. The system includes a help line for participants and a worker call-in system that provides computerized alerts to service coordinators if call-in does not occur. The State had originally considered piloting the system through a service assurance contract but instead began planning to implement a rate increase for health care agencies that use service assurance systems.
- During the grant period, the Bureau of Home and Community Based Services piloted an incident management system through a Referral Tracking System that is expected to standardize incident management across waiver programs and provide a vehicle for quality improvement. Grant staff worked with the Bureau to ensure that the Referral Tracking System—once it is implemented statewide—will be expanded to include the Aging waiver.
- Grant staff began exploring a new policy to use accreditation in lieu of some aspects of annual monitoring of HCBS service providers. The Community Health Accreditation Program, Inc. (CHAP), is an independent nonprofit accrediting body, whose goal is to improve the quality of community-based health care services nationally. Because CHAP accreditation standards are very high, accreditation of HCBS providers could reduce state monitoring costs. A Center for Independent Living, which is also an HCBS provider, is participating in a pilot to determine CHAP’s applicability and usefulness for quality assurance and improvement in Pennsylvania’s waiver programs.
- Representatives of the State’s different data collection systems, both for quality assurance and other purposes, worked together on solving the problem of how to feed data into one central location. As a result, the State’s data warehouse is now being updated to provide the information the State needs to create reports that will be used for quality improvement. Reports using quality indicators to identify service issues needing remediation have been developed, and data coordination will continue as additional data fields for quality management are added.
- Grant staff began developing a complaint system, which will be used for all disability and age groups.

### **Enduring Systems Change**

- Grant staff developed a three-tiered quality management system, which was included in two waiver renewal applications and approved by CMS. Funding has been secured through the Financial Years 07/08 Governor’s budget, which included \$1,115,550 to

implement the three-tiered system, provider report cards, information technology systems changes, a training institute, a public relations campaign, and the management of a quality council. The State anticipates that all new systems improvements will be reviewed and evaluated for further improvement.

- In consultation with state staff and various stakeholders, the Center for Survey Research at Penn State Harrisburg developed two standardized survey instruments—with add-on modules for each specific HCBS waiver, the Program of All-inclusive Care for the Elderly (PACE), and non-Medicaid programs—to assess participant satisfaction levels with services, processes, and providers’ responsiveness. The first survey instrument is an intake survey for newly enrolled participants and the second an annual satisfaction survey.

The Center also developed benchmarking and longitudinal tracking templates and data analysis procedures. The instruments and survey administration processes are intended for use statewide with all programs administered by the Office of Long Term Living, including eight waivers, and two state programs: LIFE (a PACE program) and the Attendant Care Act 150 program.

- The reorganization of the long-term services and supports sections of the Office of Medical Assistance Programs, the Office of Social Programs, and sections of the Department of Aging into the Office of Long Term Living (OLTL) is providing the basis for implementing the quality improvement activities that have been piloted through the grant. The creation of the Division of Quality Management, Metrics, and Analytics has focused energy, resources, and efforts on quality management for OLTL programs, and the establishment of the Division’s five regional offices will provide quality management and support across the State for all long-term services and supports programs.

## Key Challenges

Pennsylvania’s long-term services and supports delivery system was spread across two cabinet-level departments, with several layers of bureaucracy and no centralized authority; funding priorities did not support quality assurance activities across the systems. Therefore, the grant’s quality improvement activities were difficult to coordinate and frequently broke down mid-process. Even the terminology used by different programs was a barrier, particularly for standardizing the language used in consumer satisfaction surveys, program forms, and monitoring tools.

## Continuing Challenges

- New Medicaid regulations will require major changes in how the State pays for case management services. Surmounting the administrative obstacles and obtaining buy-in from case management providers will pose a major challenge.
- The State spends about 20 percent of its annual budget on long-term services and supports. Because Medicaid coverage of nursing facility services is an entitlement,

convincing the State's budget office each year to spend money on HCBS waivers and infrastructure also presents a major challenge.

- Reconfiguring and standardizing several data management systems to fit with the single organizational structure that now manages the eight waiver programs will be a significant challenge.

## Lessons Learned and Recommendations

The establishment of one office responsible for all long-term services and supports programs—including nursing facility services and waiver services—has been critical to developing and implementing an integrated approach to quality assurance and improvement.

## Key Products

### *Educational Materials*

- The project manager and a team of stakeholders developed an outline for an educational DVD, *Recovering from Brain Injury*, that will provide consumers with information about the state system of services in order to promote choice, identify other resources, and educate providers and workers about the impact of brain injury.
- The Paraprofessional Healthcare Institute produced PowerPoint presentations on Quality Assurance and Direct Care Worker Recruitment and Retention Strategies as well as two workbooks: *12 Steps for Creating a Culture of Retention: A Workbook for Home and Community Based Long Term Care Providers*, which features best practices for worker recruitment and workplace culture; and *Sustaining and Nourishing Peer Mentoring Programs*, which describes the components needed to ensure the success of a peer mentoring program for direct care workers.

### *Technical Materials*

- The Center for Survey Research at Penn State at Harrisburg developed two core surveys (intake and annual), and benchmarking and longitudinal tracking templates and data analysis procedures. Each survey instrument contains universal core questions as well as variable question modules tailored for specific programs.
- The Paraprofessional Healthcare Institute produced a *Caregiver Assessment Guide*, a set of tools to assist employers in assessing the suitability of candidates for direct caregiver positions in long-term services and supports facilities. Materials include (1) a job application form, (2) a guide for assessing applications and conducting interviews, (3) a basic skills assessment test, (4) organizing/prioritizing skills tests and job skills/problem-solving abilities tests for experienced and inexperienced candidates, and (5) a chart for assessing inexperienced candidates based on their performance on the tests.
- The State's Waiver Monitoring Unit developed a guide for waiver programs to help staff complete the new CMS waiver application (Version 3.4), but with the introduction of Version 3.5, it is no longer used.

- The project manager developed a draft *Quality Assurance/Quality Improvement Monitoring Guide* to monitor Area Agencies on Aging, county government, and administrative entities in regard to person-centered service planning.

#### *Reports*

The Center for Survey Research at Penn State Harrisburg produced a project report, *Home and Community Based Services Standardized Satisfaction Surveys*, that describes the processes and outcomes associated with the development of survey instruments and a uniform assessment process to measure participant satisfaction levels with home and community-based services.



## South Carolina

### Primary Purpose and Major Goals

The grant's primary purpose was to assess the validity and reliability of the State's quality assurance and quality improvement (QA/QI) programs that use an external Peer Review Organization (PRO), now called a Quality Improvement Organization (QIO). The grant had two major goals: (1) to review the State's current Quality Review Program to assess its effectiveness in addressing all aspects of the CMS Quality Framework for home and community-based services (HCBS) waivers, and to implement any needed enhancements for the program; and (2) to provide recommendations to CMS related to the use of a QIO to fulfill waiver oversight requirements in lieu of CMS regional office reviews.

The grant was awarded to the South Carolina Department of Disabilities and Special Needs (hereafter, the Department). The National Association of State Directors of Developmental Disability Services (NASDDDS), in partnership with the University of Minnesota Research and Training Center on Community Living Institute and the Center for Disability Resources at the University of South Carolina, was contracted to implement the grant along with staff from the Department.

### Role of Key Partners

The grant's Stakeholder Advisory Group—comprising service users; family members; Disabilities Board Executive Directors; an advocacy organization; and staff from local provider agencies, the Medicaid agency, and the Department—provided input and guidance on initial project direction and design, served as key informants on specific grant topics, and interpreted study findings.

### Major Accomplishments and Outcomes

- The Department's Quality Review Program was developed in collaboration with its contracted QIO, First Health Services of South Carolina (hereafter, First Health). Assessment domains include providers' licensing, quality assurance reviews, risk management, personal outcome measures, and consumer satisfaction. First Health is contracted to perform the scope of work using quality indicators that relate to clients' health, safety, dignity, personal choice, community participation, and goal attainment.

First Health conducts approximately 400 face-to-face interviews annually with clients of all ages diagnosed with mental retardation and/or related disabilities, using the National Core Indicators survey tool. The University of Minnesota drafted a report on the relationship between the Quality Review Program's quality assurance measures and the National Core Indicators survey, based on quantitative data from First Health, to help the State understand which process measures increased the likelihood of achieving a particular outcome.

- The grant's Quality Evaluation Team assessed the Quality Review Program's effectiveness in addressing two Quality Framework domains: participant safeguards and

participant-centered service planning and delivery. As part of the assessment, NASDDDS drafted a preliminary findings report on QA/QI data collected through both the internal licensing process and the external quality assurance reviews conducted by First Health. In addition, the Team conducted interviews with Department staff, statewide Disabilities Board Executive Directors, and other key stakeholders to identify the strengths and weaknesses of the Quality Review Program and to identify key issues and trends.

The program evaluation methodology was based on the CMS HCBS Quality Framework, assessing reliability and validity with respect to the functions of design, discovery, remediation, and continuous quality improvement. NASDDDS produced a second report that presented themes from the interviews and recommended ways to enhance the use of QA/QI data as well as changes that could be made in QA/QI processes to improve outcomes and communication among all stakeholders.

Based on the findings of the two NASDDDS reports, the Department revised current policies, procedures, standards, and the quality assurance review process to incorporate measures of compliance needed to achieve the intent of the seven domains in the CMS Quality Framework. NASDDDS evaluated the revised system and repeated the review, revision, and evaluation activities to assess the Quality Review Program's effectiveness in addressing the remaining five domains of the Quality Framework.

- The University of South Carolina arranged, conducted, and reported on eight focus groups that included state Medicaid staff, Disabilities Board Executive Directors, service coordinators, consumer groups, family member groups, and direct support staff. The purpose of the focus groups was to gather information on the Department's quality assurance review and licensing processes. Questions for the focus groups were designed based on the CMS Quality Framework, and the information gathered was a key component of the overall evaluation of the Quality Review Program.
- The Department and the University of South Carolina arranged for the Human Services Research Institute to train survey team members and policy staff about how to conduct consumer interviews, using a train-the-trainer process; and to assist the Department in developing a Quality Management process for ongoing continuous quality improvement, which the State implemented.
- The Department and the University of South Carolina used grant funds to plan and implement a Quality Conference to disseminate the results of the Quality Review Program's evaluation, and to provide information on issues relating to the State's quality assessment and improvement efforts. The Conference provided a forum for service providers, members of the Stakeholders' Advisory Group, and family members to discuss local, state, and national perspectives on quality.
- NASDDDS conducted an end-stage assessment to determine the use and applicability of the Quality Review Program's revised model in addressing the original goals set forth by the Quality Framework. It also developed recommendations for possible use in fulfilling CMS oversight reviews of HCBS waivers.

## Enduring Systems Change

The State revised policies, procedures, and standards in its Quality Review Program.

## Key Challenges

- As a result of lack of response, the original request for proposals for an external research entity was recalled in March 2004, revised, and released in September 2004. The contract was finally awarded in January 2005, delaying grant implementation by 15 months.
- The Department and the contractors were unable to complete grant activities because CMS would not extend the grant longer than 18 months. The State authorized and appropriated funds to continue paying the contractors until their work was completed.

## Continuing Challenges

Combining monitoring for regulatory compliance with outcome measurement is a continuing challenge.

## Lessons Learned and Recommendations

- Reporting quality data can create problems if the public does not know how to interpret the data. When data are misinterpreted and used against providers they could be reluctant to provide data in the future.
- CMS should shift its primary quality management focus from emphasizing regulatory compliance to measuring outcomes—or at least achieve a better balance between the two.
- To help states ensure that the data they collect are in accord with the CMS Quality Framework and the waiver assurances, CMS should clarify that the assurances differ from the domains in the Quality Framework, even though some appear to be the same (e.g., service planning).
- Contracting with Quality Improvement Organizations to conduct quality management activities assures the public that the reviews will be objective. Another advantage is that CMS provides a 75 percent federal match for approved QIOs.

## Key Products

### *Reports*

- NASDDDS developed two reports: *Preliminary Themes from Interviews on Quality Assurance Information Flow at SCDDSN* and *Themes from Interviews on Quality Assurance Information Flow at SCDDSN: Key Findings and Recommendations on Processing QA/QI Reports and Information*.

- The University of South Carolina completed the Report on *Interviews with SCDDSN Board Staff: Views on First Health and SCDDSN Licensing Review Processes*.
- The University of Minnesota completed *Quantitative Data from First Health Services (FHS) on the Relationship between South Carolina Quality Assurance Measures and the National Core Indicators Survey*.

## Tennessee

### Primary Purpose and Major Goals

The grant's primary purpose was to create the foundation of a quality assurance and quality improvement (QA/QI) system that results in timely remediation and system-wide quality improvement. The grant had five major goals: (1) to design a participant satisfaction instrument, and recruit and train interviewers to interview service users and their families; (2) to collect and analyze data from the participant satisfaction surveys and establish a single, functional database that generates useful and timely reports of findings; (3) to design and implement systems' improvements using the data reports; (4) to establish a mechanism to respond to urgent and nonurgent needs for remediation within the State's QA/QI system, with monitoring and follow-up to ensure remediation action; and (5) to develop and initiate the implementation of a sustainability plan that will continue the cycle of listening, recording, remediation, and systems improvement.

The grant was awarded to the Department of Finance and Administration, Division of Mental Retardation Services (DMRS), and contracted to the Arc of Tennessee for implementation.

### Role of Key Partners

- Consumers provided feedback on proposed policies and procedures, made introductory calls to agencies, assisted in creating the interview process, and conducted interviews.
- The Arc of Tennessee formed the Tennessee Quality Services Committee, comprising service users and their families, to help with the recommendations process for remediation and quality improvement and to create a sustainability plan for the inclusion of participant satisfaction surveys in the QA/QI system.
- The Arc of Williamson, Arc of Mid South, and Arc of Washington, and the Jackson Center for Independent Living provided office space for training and interviewing when needed.

### Major Accomplishments and Outcomes

- Grant staff recruited 20 individuals to work as interviewers across the State in the nine DMRS district areas. Teams in each district consisted of two members, one being an individual with a disability (often a developmental disability) and the other a family member of someone with a disability. The teams interviewed participants using the CMS-approved Participant Experience Survey (PES). Grant staff modified the survey instrument and related processes based on findings from the first year's activities.

Respondents were chosen randomly in each region through a computer-generated statistical selection method. Respondents included individuals receiving services from waivers and/or state-funded programs. The teams completed 2,144 surveys, with a decline rate of only 7.5 percent. The Grantee exceeded the project's specific goal of interviewing in at least 75 percent of Tennessee's 95 counties, by conducting interviews in 77 counties (81 percent).

As a result of the interview process, respondents increased their knowledge of the availability of services, job opportunities, and self-determination principles. In addition, interviewers found some possibly precarious situations and—with the respondent's permission—were able to enlist an Arc advocate to help solve various problems. A few cases of abuse were also found and addressed.

- The Arc of Tennessee staff developed and implemented an information management system accessible within all nine DMRS regions to receive, enter, maintain, protect, utilize, and report data collected through the participant surveys. All analysis was completed by the Arc of Tennessee for the 3 years of surveys, and findings were reported to DMRS and to TennCare, the state Medicaid Agency.

### **Enduring Systems Change**

- The State has committed funds to conduct annual participant satisfaction surveys using peer interviewers, and the new policies and procedures manual developed by the grant is being used as training material for the interviewers.
- The grant project solicited participant and family input through the participant survey initiative on ways to improve the long-term services and supports system in several areas, including identification of critical incidents and remediation efforts. In response to their recommendations, DMRS has made a number of changes as follows.
  - Prior to 2004, DMRS' definitions of abuse, neglect, and exploitation were extremely complex, making it difficult to understand what and when to report. The DMRS investigative Protection from Harm Unit held many meetings with all stakeholders to establish definitions of abuse, neglect, and exploitation that would be more easily understood. Although the new definitions are clear and concise, if in doubt, program participants can report questionable incidents to DMRS staff, who will determine whether the definitions have been met.
  - The Protection from Harm Unit made changes in operational procedures to ensure that participants' legal representative and/or designated family member are informed about allegations of abuse, neglect, or exploitation, and understand the investigative process.
  - Grant staff developed a new communication system for reporting incidents. Formerly, information was furnished only in aggregated form, which did not provide all of the information needed to enable Adult Protective Services and the Protection from Harm Unit to follow up; the new system requires that reports provide more detailed information about each incident.

### **Key Challenges**

- The goal to develop and support the Tennessee Quality Services Committee, which was run by families and self-advocates, could not be completed because of lack of funding. The Committee met several times before budget cuts halted activity. However, DMRS provides funding for a statewide Advisory Council composed of DMRS personnel, service

users, family members, guardians, and advocates. The group meets once a month in day-long sessions, working on a variety of topics such as systems change and policy development.

- A major obstacle to implementing the grant program was the high turnover of interviewing staff (the project is still experiencing about a 47 percent turnover rate). Reasons for the high turnover include (1) some individuals never having held a job and not understanding the responsibilities it entailed, (2) family caregiving responsibilities, and (3) illness. Also, some interviewers moved, some left without providing a reason, and two found better jobs as a result of their grant project experience.
- The PES was difficult to use, with many questions repetitive and unclear. It was expensive to correct data entry and other errors, and data were missing on several items, which complicated the analyses. Grant staff obtained technical assistance to help them address these issues.
- It was very challenging to find some respondents, given the lack of—or inaccurate—information. Many respondents had moved or passed away. Locating a respondent and setting up an interview required an average of eight phone calls.
- Initially, the provider agencies did not know about the PES, but as more interviews were completed, the provider agencies were more helpful in arranging interviews for the individuals they serve.

### **Continuing Challenges**

The grant successfully dealt with all challenges to achieving our grant's goals. Finding the resources to expand services and fund new initiatives is always a challenge.

### **Lessons Learned and Recommendations**

- The most important recommendation is to include service users and families in any effort to improve quality assurance programs. Much has been learned about the system by talking directly to those receiving services, and programs should hire people with disabilities to survey their peers. Individuals who are being interviewed feel more comfortable talking to someone with similar issues, which resulted in an extremely high response rate.
- States that are considering implementing a program that uses peers to conduct participant satisfaction surveys should consult with others that have experience with such programs. Many of the problems grant staff encountered would have been minimized if they had spoken first to those with experience.
- The Mental Retardation waiver should be expanded to cover individuals with developmental disabilities other than mental retardation.
- The State should fund the development of a new mental retardation/developmental disabilities supports waiver to provide limited services for individuals with developmental

disabilities other than mental retardation, which would reduce their time on the waiting list for waiver services.

- The State should adopt policies to reduce work disincentives for people with disabilities.
- The State needs to update its Information Technology system to make communication more efficient and timely and to reduce paperwork.
- The State should standardize training on the implementation of Individual Service Plans and fund more training for providers. The State should also fund more training for professional staff, direct care providers, and individuals with disabilities on reporting abuse, neglect, and exploitation.

### **Key Products**

#### *Outreach Materials*

Grant staff developed a brochure about the participant survey.

#### *Educational and Technical Materials*

Grant staff developed a policies and procedures manual, which is being used to train interviewers.

#### *Reports*

*Report Year Two: People Talking to People* is a report on the surveys conducted under the grant from October 2004 to September 2005. The report includes recommendations for program and systems change.

# Texas

## Primary Purpose and Major Goals

The grant's primary purpose was to develop and implement sustainable measures for improving the quality assurance and quality improvement (QA/QI) system in the Department of Aging and Disability Services waiver programs. The grant had four major goals: (1) to develop a methodology or tool that accurately reflects waiver participants' experiences, and measures whether they have achieved their goals; (2) to develop a uniform and automated critical incident reporting process; (3) to establish a centralized system for agency-wide data collection, analysis, and reporting; and (4) to conduct and analyze participant experience surveys with a statistically significant random sample of participants in all the Department's waiver programs and in the Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) program.

The grant was awarded to the Texas Department of Mental Health and Mental Retardation, which is now the Department of Aging and Disability Services (hereafter, the Department).

## Role of Key Participating Partners

- The Department convened a QA/QI Task Force to assist in implementing grant activities. In addition to self-advocates and family members, the Task Force included representatives from The Arc of Texas, Advocacy, Inc., Texas Council for Developmental Disabilities, Texas Council of Community Mental Health and Mental Retardation Centers, and the Private Providers Association of Texas.

Department staff and representatives of the Texas Health and Human Services Commission also contributed as subject-matter resources to the Task Force. Task Force members provided insight and guidance on grant activities; program participants' input, in particular, informed the State's selection of a consumer satisfaction survey tool.

- Nurse Aide Competency Evaluation Services (NACES Plus Foundation, Inc.) recruited interviewers and conducted annual face-to-face interviews and mail surveys for waiver participants and residents of ICFs/MR.
- The University of North Texas conducted telephone surveys of people receiving Primary Home Care services.

## Major Accomplishments and Outcomes

- As part of the grant's outreach strategy, the Department collaborated with Advocacy Inc., and the Texas Council for Developmental Disabilities to sponsor and organize a workshop for people with disabilities who were interested in learning about self-determination. More than 200 people attended the 1-day workshop, one third of whom were persons with disabilities and their family members. During one workshop session, attendees who volunteered participated in a pilot test of the consumer survey.

- Grant staff and Task Force members developed six questions related to self-determination to be added to the National Core Indicators (NCI) consumer survey. The NCI project developer gave permission and provided assistance to pilot the additional questions. The NCI is currently considering whether to include the additional questions in the next survey revision.
- Grant staff and contractors provided interviewer training to 44 registered nurses who had been hired to conduct face-to-face consumer surveys statewide. The training took place over 1 day and included disability etiquette instruction as well as training on the process for reporting suspected instances of abuse, neglect, and exploitation. Self-advocate Task Force members attended the training to provide insight on self-determination and to participate in practice interviews, which were videotaped for subsequent trainings.
- In 2005, 1,980 interviews were completed with persons aged 18 or older who receive waiver services or ICF/MR program services. Values for quality indicators were calculated based on survey responses, and a report of the findings was published.
- A mail survey was also conducted in 2005, using the NCI Children/Family Survey tool. A total of 2,060 surveys were mailed to all children under 18 years of age who live at home and receive services in four waiver programs, and to all families with children in the Medically Dependent Children Program (up to 21 years of age). The findings were published in a report.
- In 2006, the Department conducted 2,600 adult face-to-face interviews, 800 children/family mail surveys, and 450 telephone surveys for people receiving Primary Home Care services, an attendant care services program under the Medicaid State Plan.
- The QA/QI Task Force developed some new definitions for “critical incidents” and defined a set of minimum data elements to be collected by private and public providers when a critical incident occurs. The Task Force recommended that the Department adopt them. The Department has not yet revised the definitions but is reviewing other activities of the critical incident reporting system.
- The Task Force drafted a facility closure report with recommendations for processes and procedures to use during voluntary and involuntary facility closures, which informed the Department’s closure process. The purpose of the policies and procedures is to ensure timely and accurate communication with residents, family members, guardians, and other stakeholders about the closure process.

### **Enduring Systems Change**

- The Department implemented a Quality Assurance and Improvement (QAI) Data Mart to draw existing data from the Department’s disparate automated systems. The Data Mart will also provide data for quality measures based on the Home and Community-Based Services (HCBS) Quality Framework. The State has started using the Data Mart to generate reports to help identify the current state of program effectiveness, and help

management set goals for improvement by measuring the impact of new policy on program performance. The Data Mart will also enable the analysis of participant outcomes and fulfill evidentiary report requirements mandated by CMS for waiver renewal.

- Texas is conducting face-to-face and mailed surveys annually as one critical component of the comprehensive quality management plan that spans agency programs. This enables the Department to conduct analysis, to identify areas for improvement, and to develop improvement strategies.

The first consumer survey, which was funded by the grant, established a baseline of quality indicator data that is used as a mechanism to measure program quality. For example, quality indicators can be compared for people receiving services who use the self-direction option and those who do not, and additional quality measures can be implemented based on those results. Stakeholders will continue to be partners in identifying areas that need improvement and in assisting the Department in developing intervention strategies to improve services.

- The Quality Assurance and Improvement Unit is charged with continuing the activities of the grant, including conducting annual surveys and continued development of the QAI Data Mart as a tool for collecting and reporting operational data. Principles that were put into practice by the grant task force include implementing quality measures based on the HCBS Quality Framework and maintaining a commitment to providing quality services and supports.

### **Key Challenges**

- The most significant challenge faced during the grant period resulted from a legislatively mandated consolidation of 12 health and human services agencies into 4 new departments under an umbrella agency: the Texas Health and Human Services Commission. During this period, several key staff were redirected from the grant, causing a redistribution of efforts in order to balance consolidation activities with daily business. The merger with other agencies also increased the number of disparate computer systems using different software and hardware platforms that were used in developing the Data Mart.

The grant was originally awarded to the Texas Department of Mental Health and Mental Retardation for use in its mental retardation programs. The consolidation merged the MR programs with the Department of Human Services' long-term services and supports programs and all of the functions of the Department on Aging. This shift created some changes in personnel and administration of the grant. However, it also allowed the Department the opportunity to expand the scope of the programs to examine, thereby ensuring that a greater number of people would benefit from the grant's quality assurance initiatives.

- Another challenge was keeping self-advocates involved in grant activities through monthly meetings. Although they received a stipend for attending the meetings, lack of transportation often prevented their attendances.

### **Continuing Challenges**

- Competing information technology projects have limited the participation of state technical staff and the amount of work that can be completed within requested time frames.
- Finding resources to update outdated computer systems is an ongoing challenge.
- Continued funding for the QAI unit's activities, as with all programs, is based on agency appropriations, which can vary.

### **Lessons Learned and Recommendations**

- Reasonably limit the number of objectives to those that are attainable within resource and time constraints.
- Maintain constant communication with executive management on all aspects of the project, and make information about grant activities available to internal and external stakeholders.
- Establish mechanisms to inform key agency program staff about quality-related initiatives pertaining to their respective programs and to solicit their feedback.

### **Key Products**

#### *Outreach Materials*

- A video about self-determination and participant control was developed. Advocates and others use the video at workshops and conferences and provide it to anyone interested in learning more about self-determination.
- The QA/QI Task Force created a Values and Supports statement that describes the Task Force's vision and mission for promoting quality initiatives in HCBS programs for people with disabilities. The statement was published in brochure and poster formats, which were distributed and posted at various provider agencies.
- Grant staff created a website for the QA/QI grant that includes information about the Task Force's goals and activities.

#### *Educational Materials*

During the annual interviewer training, a video tape of the training sessions was produced for use in training additional interviewers.

### *Technical Materials*

As part of the design and development of the QAI Data Mart, several deliverables were created, including (1) a diagram depicting the Department's conceptual Data Mart architecture, (2) a Software Requirements Specification, (3) a System Design Description of the system architecture and design, and (4) a Conceptual Reports and Queries document outlining the various reports and information available from the QAI Data Mart.

### *Reports*

QAI staff published reports of two surveys' findings:

- *Measuring Quality Using Experience Surveys: Adult Face-to-Face Survey Results 2005*, which was distributed to internal and external stakeholders and can be found on the Department website in English and Spanish under Long Term Services and Supports Quality Review ([http://www.dads.state.tx.us/news\\_info/publications/legislative/index.html](http://www.dads.state.tx.us/news_info/publications/legislative/index.html)).
- *Measuring Quality Using Experience Surveys: Children/Family Mail Out Survey Results 2005*. Also available on the Department's website (use URL above).



## West Virginia

### Primary Purpose and Major Goals

The grant's primary purpose was to develop, implement, and support a quality assurance (QA) process and quality improvement (QI) infrastructure for the Developmental Disabilities (MR/DD) and Aged and Disabled (A/D) waiver programs. The grant had five major goals: (1) to define and expand core quality measurement sets for the waiver programs; (2) to develop and implement a data collection strategy of real-time and retrospective information for assessing waiver program performance; (3) to select, design, and implement QA/QI strategies; (4) to develop and implement a QA/QI system that involves program participants, their families, and advocates in active roles; and (5) to evaluate and upgrade the State's direct care service management and data collection system.

The grant was awarded to the Department of Health and Human Resources, Bureau for Medical Services, which is the state Medicaid agency. The Grantee contracted with the West Virginia University Center for Excellence in Disabilities to implement the grant.

### Role of Key Partners

Grant staff established a Quality Improvement Team, which comprised staff from the Bureau for Medical Services, the Bureau of Senior Services, and the Bureau for Behavioral Health and Health Facilities; and the chairperson from each waiver's Quality Assurance and Improvement Advisory Council. The Quality Improvement Team provided oversight of the grant project and was involved in key grant activities, including data mapping, incident management, contracts between Medicaid and the waiver programs, and implementing the Participant Experience Survey (PES) for the A/D waiver. The Team will continue to provide coordination and oversight for the quality initiatives of both waiver programs.

### Major Accomplishments and Outcomes

- In the first year of the grant, a Quality Assurance and Improvement Advisory Council was established for each waiver to provide advice on waiver operation, to monitor quality initiatives, and to promote networking and partnerships among stakeholders. Each Advisory Council is composed of 15 members, 5 of whom must be current or former service recipients, the other 10 being family members, advocates, and providers. The Advisory Councils meet quarterly and provide an opportunity for nonmembers to provide input on issues of concern.
- Annual retreats were held for the Advisory Councils and waiver staff to provide an opportunity for training and information sharing about common issues. (The State will continue to hold these retreats annually.) At the first retreat, grant staff provided basic information about the grant project, and staff from the Muskie School of Public Service presented information on the CMS Quality Framework for home and community-based services (HCBS) and methods to improve HCBS quality. Grant staff developed a Resource Manual containing these materials, which was distributed to members of the Quality Improvement Team and the Advisory Councils. Subsequent annual trainings

focused on principles of self-direction, data utilization, and quality indicators, and the Resource Manual was updated in 2007.

- During the annual retreats, grant staff helped waiver staff and Advisory Council members to develop Quality Management Work Plans that prioritized quality issues of concern and identified strategies to address them. Each Advisory Council established work groups, which included Council members, state staff, and ad hoc members to ensure appropriate stakeholder representation, to address the areas for improvement identified in the Work Plans.

Quality concerns and issues were also identified and compiled for each waiver through public forums, open comment periods at Advisory Council meetings, and ongoing provider monitoring. Many of these issues and concerns were incorporated into the Quality Management Work Plans and addressed during the grant period through policy and/or procedure changes. For example, the A/D waiver revised the initial certification process for providers and developed a recertification process that examines compliance with the basic standards on an annual basis.

In addition, each Advisory Council implemented an annual Quality Improvement Project to address a priority issue. For example, the A/D Quality Improvement Project addressed the issue of loss of Medicaid eligibility because level-of-care assessments were not conducted in a timely manner. With assistance from the Muskie School staff, the work group conducted a Root Cause Analysis of the issue and solicited additional data to further clarify the concern. At the end of the grant period, the work group developed recommendations to address the problem, and the State has since implemented them.

- Advisory Council work groups for each waiver completed a comprehensive data mapping initiative to assess whether existing data could be used to provide evidence for the CMS waiver assurances. The data mapping process identified numerous information "gaps" in both waiver programs. Grant staff and the Advisory Councils' work groups developed specific recommendations to address them.
- Grant staff helped waiver staff to develop quality indicators to support the evidentiary requirements for CMS's six waiver assurances. In addition, Muskie School staff produced a preliminary assessment of the capacity of major data sources within each waiver program to support measurement of the indicators, and an early draft of potential measures. This initial phase of work provides a foundation for the development of quality improvement indicators and measures that extend beyond the minimum requirements of the CMS waiver assurances.
- Grant staff proposed a number of changes regarding quality management roles and responsibilities that were incorporated into the contracts between the state Medicaid agency and the agencies that administer the waivers. These changes include commitments to stakeholder involvement through the Advisory Councils, the ongoing development of quality indicators that exceed CMS requirements, and the annual retreat process of training and Quality Management Work Plan development.

- The A/D waiver's standardized curriculum work group surveyed 150 service providers to assess the training materials currently being used, drafted recommended content areas to be addressed in required training areas, and drafted curriculum recommendations. A lending system was established to make the training materials available to providers and, as of December 2007, 120 agencies had requested the materials. The curriculum also includes the mandatory training for independent workers of individuals who choose to self-direct a portion of their services.
- The A/D waiver's incident management work group developed policies with broad input from a range of stakeholders. Tracking of abuse and neglect is now part of the incident reporting template, and training in abuse and neglect was added to the required provider training. Also, a brochure on abuse, neglect, and exploitation was developed to increase clients' awareness of the issues. Clients now receive the brochure when they have the initial assessment for waiver services and again at the annual reassessment.

As the incident management system was being developed for the A/D waiver, the MR/DD incident management work group was developing a web-based data system that tracks critical incidents and produces mandatory reports to Adult Protective Services. A/D waiver staff were involved in the development of this data system, which has the same structure for both waiver programs. Provider testing by region was conducted during the grant period, and the web-based system was fully implemented in 2008.

- An A/D work group surveyed 985 stakeholders (service providers, family members, participants, and advocates) to determine preferences for providing feedback and input. Strategies for accommodating stakeholder preferences were developed (e.g., the State has implemented a toll-free complaint line for A/D waiver participants).
- Staff of the MR/DD waiver drafted a template for quality management reports that incorporates data on services and budgets, quality indicators, and quality improvement projects. A/D waiver staff modified the MR/DD template to meet its needs, and each waiver is now using its report template to compile and organize data and to generate reports for waiver staff and Advisory Council members.
- The A/D waiver's Participant Experience Survey work group modified the survey tool to capture the experiences of participants who self-direct a portion of their services. A contractor assisted the work group throughout the development of the survey tool and provided onsite training to waiver staff surveyors. Grant staff developed an electronic version of the modified tool and developed the reporting capability of the database. The PES has been incorporated into the annual provider monitoring process.
- Grant staff worked with A/D waiver staff to revise the automated provider monitoring tools and process to ensure that necessary quality management data are collected. Quality reviews are now entered directly into electronic forms, which are merged into a centralized database. The information collected is more readily available and easier to use for quality monitoring.

- The MR/DD Advisory Council formed a work group to revise the waiver's *Policy Manual*. The Council gathered extensive statewide stakeholder feedback and comment on the initial drafts. Because of the volume of public comment received, the Advisory Council developed a template to record and respond to public comments, which will be used for all future public comments.

### **Enduring Systems Change**

The grant was successful in implementing a system-wide approach to quality management in both the MR/DD and A/D waiver programs. An infrastructure was built for the state Medicaid agency and the two agencies administering the waivers to identify and prioritize quality concerns and to implement and evaluate quality improvement projects. All parties have formalized agreements to continue working with the Quality Improvement Team and with the Quality Assurance and Improvement Advisory Councils for each waiver, and to continue using the quality report template and the automated incident reporting systems.

The State now has formalized monitoring procedures and a set of quality indicators for each waiver, an annual consumer survey for the A/D waiver, procedures for soliciting stakeholder input, a training curriculum for providers, and a web-based incident management system. The system-wide infrastructure established through the grant will enable the State to continue improving the quality of services. (The components of the infrastructure are described in the Major Accomplishments section, above.)

### **Key Challenges**

No major challenges were encountered during grant implementation. In general, the grant worked well because communication was good among the many stakeholders. Many challenges that could have arisen were avoided by constructing the initial quality management plan, which focused the grant activities on the infrastructure for a new quality management system. One challenge was that some policies needed to be changed as a result of the quality improvement projects, and changing Medicaid policy is a time-consuming process.

### **Continuing Challenges**

None related to the grant's goals. Staff turnover in the waiver administering agencies is a challenge.

### **Lessons Learned and Recommendations**

- The involvement of all stakeholder groups in the waiver Advisory Councils helped to promote systems change. However, to provide helpful input, stakeholders must be knowledgeable. Education and training was needed for everyone to understand quality management principles and CMS expectations.
- Having a work plan at the outset helped the stakeholders to focus on the grant's ultimate goals, and having the Medicaid agency and the two agencies that administer the waivers constantly at the same table was critical in reaching agreement.

## Key Products

### *Educational Materials*

- The brochure produced for A/D waiver participants (*How to Report Abuse and Neglect*) will continue to be distributed annually to each client. Also, a waiver service eligibility information packet has been made available in alternative formats.
- The A/D waiver training curriculum for service providers will continue to be utilized, as will the *Participant Experience Training Guide and Survey: West Virginia*, which is available at <http://www.hcbs.org/moreInfo.php/doc/1714>.
- The *Quality Management Resource Manual* produced by grant staff will continue to be updated and used by both the A/D and the MR/DD waiver staff and Advisory Councils.

### *Technical Materials*

- *Procedures Handbooks* for each waiver program will continue to be used by each of the Advisory Councils as well as an *Incident Management System User Manual* and *Provider Guidelines and Responsibilities for Management of Incidents*, and various incident reporting and tracking forms.
- The electronic forms and database developed for the A/D waiver's quality monitoring process will continue to be used as part of the waiver agency's primary discovery process. The *AD Waiver Monitoring Nurse Tools and Database—West Virginia* is available at <http://www.hcbs.org/moreInfo.php/doc/1210>.

### *Reports*

- Grant staff produced reports detailing the results of the data mapping process for each waiver, and detailing comments from the public forums for both waiver renewals.
- The Muskie School staff produced a report that assessed the State's data collection capacity in terms of expanded quality indicators: *Preliminary Quality Indicators, Measures and Data Sources for WV HCBS AD and MRDD Waiver Programs*.



# Wisconsin

## Primary Purpose and Major Goals

The grant's primary purpose was to design a coherent and comprehensive quality management (QM) system for home and community-based services (HCBS) programs, which incorporates the CMS Quality Framework and meets federal, state, and local requirements. The grant had three major goals: (1) to increase the focus on participant outcomes by identifying and adopting key experience, functional, and clinical outcomes and measuring them comparably across all waiver programs; (2) to develop and implement tools, training, and technical assistance that incorporate a participant focus and participant outcomes into care management; and (3) to review and revise the State's quality management systems for HCBS programs to enable, support, and empower more effective local quality management systems.

The grant was awarded to the Department of Health and Family Services (DHFS), Division of Disability and Elder Services (DDES). The State contracted with two firms, APS Healthcare (APS) and The Management Group (TMG), to help staff the grant project.

## Role of Key Partners

- The grant's Local Advisory Panel—comprising state staff with QM responsibilities, local staff responsible for quality management in each of the managed care organizations (MCOs) and in county HCBS waiver programs, and External Quality Review Organization representatives—provided input and responded to draft recommendations developed by grant staff. Members also participated in a series of work groups focusing on specific aspects of the QM system, such as quality indicators, and participant outcomes measurement.
- The grant's Stakeholder Committee, comprising long-term services and supports providers and self-advocate leaders of advocacy groups, provided input during meetings of the Wisconsin Council on Long-term Care Reform and its Executive Committee, and through individual interviews.
- The Center for Health Systems Research and Analysis, University of Wisconsin-Madison was contracted to conduct a comparative assessment of outcomes measurement systems and their use in quality indicators.

## Major Accomplishments and Outcomes

- Grant staff reviewed departmental requirements and protocols for local QM programs to identify areas for improvement and to increase their focus on participant outcomes. They also created a "Cross-unit Quality Management Team" of Department staff from QM sections within the DHFS to share information on QM practices and to develop QM policy recommendations.

- A grant contractor assessed several methods for measuring participant experience outcomes currently used in Wisconsin's various long-term services and supports programs. In addition, the contractor examined the outcome measures in (1) the Participant Experience Survey, which was tested for use in Wisconsin with grant funds; (2) the Recovery Oriented Systems Analysis used in Wisconsin's mental health waiver; (3) the Dementia Quality of Life Outcomes Care Planning Tool, developed for use in Wisconsin; and (4) the National Core Indicator survey.
- The Grantee established a clinical and functional indicator quality work group, which included grant staff, representatives from DHFS, local waiver program administrators, and Family Care and Partnership counties. The work group examined more than 850 program outcomes and indicators from about 20 sources, including the National Committee for Quality Assurance, Agency for Healthcare Research and Quality, the National Core Indicators, the Group Participant Experience Surveys, and Wisconsin's DHFS, among others. The original list was narrowed to include only those outcomes/indicators relevant to clinical and functional well-being. Work is currently under way with DHFS analysts to establish a work plan to collect and report data on the indicators twice a year, beginning with the managed care HCBS programs.

### **Enduring Systems Change**

- The grant activities and products have improved the QM systems used by both state and local HCBS programs, and have improved the extent to which state and local HCBS officials and staff perceive the value, understand the purpose and methods, and are committed to the practice of evidence-based quality management. Many of the activities begun during this project have informed activities under the Comprehensive Systems Reform grant and are being implemented in the managed long-term services and supports expansion effort currently under way in the State. Examples include the following:
  - Grant staff developed a preliminary design for an integrated QM system that has given HCBS professionals a shared vocabulary for discussing and thinking about QM processes. The final report has guided the development of contract requirements and certification standards for the expanding managed care system, which will help to ensure that local agencies fulfill QM requirements.
  - Grant staff created a comprehensive quality assurance plan for Wisconsin's Functional Screen system, which is used to determine eligibility for long-term services and supports programs, for rate setting, and other purposes. This plan includes activities to enable the DHFS to determine whether the screen is working as intended, to correct deficiencies, and to continually improve it. Responsibility for tasks has been assigned to existing staff, and additional funding has been committed for two new positions to carry out the Functional Screen QM system.
  - Grant staff developed a program of QM training and technical assistance for local care managers, agency managers, and QM staff. The training was delivered to 95 participants statewide in June 2007 through a webcast and has received more

viewings since then. The webcast includes most of the basic concepts and material developed during the grant project, and will continue to be used during the State's expansion of managed care for home and community-based long-term services and supports programs.

- The DHFS adopted a set of 12 participant experience outcomes to be used in all HCBS programs serving adults with physical or developmental disabilities or frail elderly persons. This enabled the completion of a standardized outcomes-based individual service plan (ISP) form for the State's fee-for-service waivers, and of a web-based program in basic training for creating outcomes-based plans, which is now active and available to all HCBS care managers in the State.

The new ISP contains elements designed to gather information that had not heretofore been collected, such as personal discretionary funds available to the participant, and a field to record the total waiver program start-up and/or one-time costs. Also new to the ISP is a companion document, the ISP-Individual Outcomes form, which provides a means to identify and document participants' desired individual outcomes that the service plan will address. The form will enable the care manager/supports and services coordinator to monitor and document the achievement of participant outcomes.

The set of 12 participant experience outcomes will form the basis for the development of a reliable and valid measurement tool for the State's HCBS managed-care programs. The tool will be used by both care managers (during assessments) and quality reviewers (during site visits and quality reviews), so that their assessment findings will be more useful to one another.

- The Quality Management Council (the sustainable version of the grant project's Local Advisory Panel) continues to provide a forum in which (1) local quality managers educate one another about successful QM practices and provide guidance to the State on how it can best support local QM programs, and (2) the State and the External Quality Review Organization can provide efficient training and guidance on QM requirements. The DHFS has charged the group with providing guidance to the Department, the counties, and MCOs on QM policy, practices, and benchmarks, and will financially support its ongoing meetings.
- The Cross-unit Quality Management Team of department staff from QM sections within DHFS is now a unit within the Department and continues to be a focal point for sharing information on QM practices and for developing QM policy recommendations.
- The Stakeholders Participation Committee formed during the grant is now a permanent subcommittee of the Statewide Long-term Care Reform Council, and is training and supporting consumers to serve on local boards and committees.

### **Key Challenges**

- Lack of a common understanding of what "quality management" is—among HCBS officials and staff at all levels statewide—presented a continuous challenge, which was

addressed through intensive communication and education. The most frequent misconception was that the grant project—or any project with “quality” in its title—should make recommendations regarding best practices for service delivery itself, rather than about how to objectively determine the quality of services and move the system ahead to remediation and improvement.

It was necessary to train people continually about quality management as a discrete and unique managerial function, and to defend it as legitimate (e.g., explain that although quality indicators *alone* will not directly improve quality, they are still worth creating and monitoring).

- More time and staff resources were needed to implement many of the new practices developed through the grant (e.g., some standardized statewide participant satisfaction questions).

### **Continuing Challenges**

- Many of the challenges discussed above have continued since the grant ended. The field of QA/QI is not as well developed in home and community-based services as it is in primary and acute health care, so the state and local HCBS agencies have to develop QA/QI methods and indicators specific to HCBS waivers. Professionals in the long-term services and supports system have traditionally addressed quality issues on a case-by-case basis. Incorporating a systems approach into their assumptions and expectations regarding quality assurance can be very difficult.
- Reaching consensus on the development and the use of quality indicators can be challenging because some stakeholders, including staff and managers, do not understand the appropriate use of indicators in quality management. Only a few understand that indicators by design seldom do more than *indicate*; they are not intended to serve as a direct justification for action but as a pointer to areas for more in-depth discovery.

### **Lessons Learned and Recommendations**

- Web-based communication among stakeholders is useful to facilitate sharing documents and ongoing discussion of key topics in between face-to-face meetings.
- Before changes in QM systems can be made, time and resources are needed to achieve buy-in from key stakeholders and to convince them to adopt new ideas and approaches.
- Consistent reinforcement of a systems approach to QM is needed for and from all professionals who shape the HCBS system: state management and staff and national and regional CMS staff. Continuing education is needed to ensure that all these professionals, including CMS regional staff who review and approve waiver applications and those who conduct periodic reviews of waiver programs, thoroughly understand the concepts and requirements of a systems approach to QA/QI. Doing so will help the system as a whole to implement effective systems approaches to quality management.

## Key Products

### *Educational Materials*

The webcast training in the basic components of quality management for HCBS programs will be expanded as the components are incorporated in the expansion of managed long-term services and supports. The webcast can be accessed at <http://dhfs.wisconsin.gov/managedltc/grantees/webcasts/060606.htm>.

### *Technical Materials*

- *Quality Close to Home: A Preliminary Design for an Integrated Quality Management System* is intended to serve as guidance, a basis for communication, and a reference for all the professionals, advocates, and participants who will help develop the specifications for and implement QM practices for the emerging statewide system of managed long-term services and supports. The report is available at <http://dhs.wisconsin.gov/lcicare/ResearchReports/qctreport.htm>.
- The Long Term Care Functional Screen (LTC FS) is a key element of Wisconsin's HCBS programs. It is a web-based application that collects information about an individual's functional status, health, and need for assistance for various programs. A QM system must recognize that the administration of the LTC FS relies on both local and state knowledge, effort, and resources and depends on the skills of hundreds of screeners across the State. *Design Elements for a Quality Management System for Long-Term Care Functional Screening* describes an approach to LTC FS quality management that builds on and enhances current efforts while incorporating new QM activities. Although this report primarily addresses the LTC FS, many of the recommendations would also be applicable to the Children's Functional Screen and the Mental Health Functional Screen. The report is available at <http://www.hcbs.org/moreInfo.php/doc/1354>.
- *Assuring Quality in Wisconsin's Functional Screen System* provides a comprehensive framework for quality assurance and is organized according to the CMS Quality Framework for HCBS. Activities related to Functional Screen design come first, followed by operation, discovery, remediation, and improvement strategies in six key areas: Functional Screen change procedures, training of screeners, ensuring clinical integrity, communications, local-level quality assurance plans, and eligibility decisions. The report is available at <http://www.hcbs.org/moreInfo.php/doc/1859>.

### *Reports*

- As part of an ongoing process to provide an overview of the existing QM system for HCBS programs and to develop recommendations for improving this system, a series of interviews was conducted with key local informants responsible for QM activities for the Community Integration Program, the Community Options Program, Wisconsin Pace/Partnership Program, and Wisconsin Family Care. The report *Quality Close to Home: Local Quality Management Practices* summarizes common themes, best practices, and suggestions for improved quality management at the local and state levels that emerged from the interviews.

- *Issues and Options in the Development of a Unified Approach to Outcomes Measurement in Wisconsin's Medicaid Waiver Programs* assesses different approaches to outcomes measurement as used by a variety of Medicaid waiver programs in Wisconsin and provides an extensive discussion of the current approaches, options for a uniform approach, the relationship between outcomes measurement and care management, and some possible uses of outcome measures to address CMS requirements.