

# **Integrating Data into a Comprehensive Quality Framework**

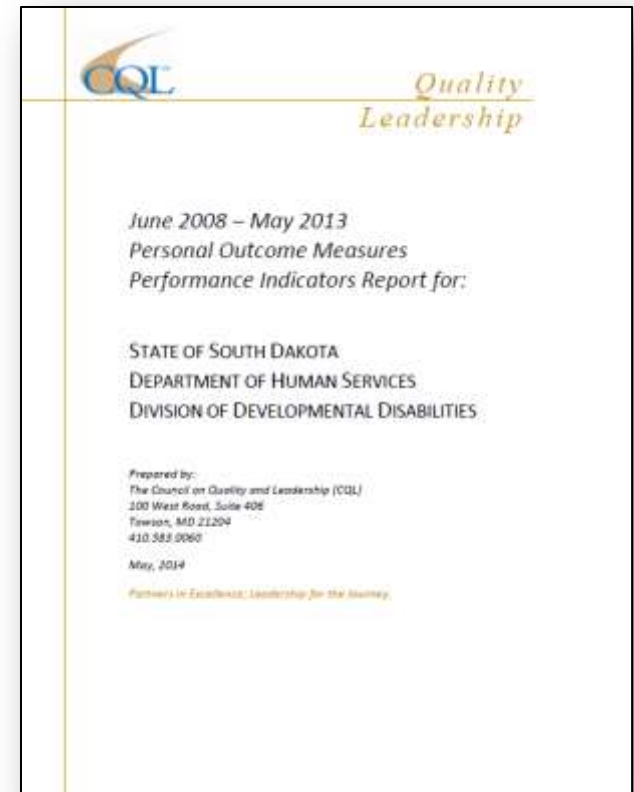
**CQL Conference 2015**

**Dan Lusk, DD Director  
South Dakota**

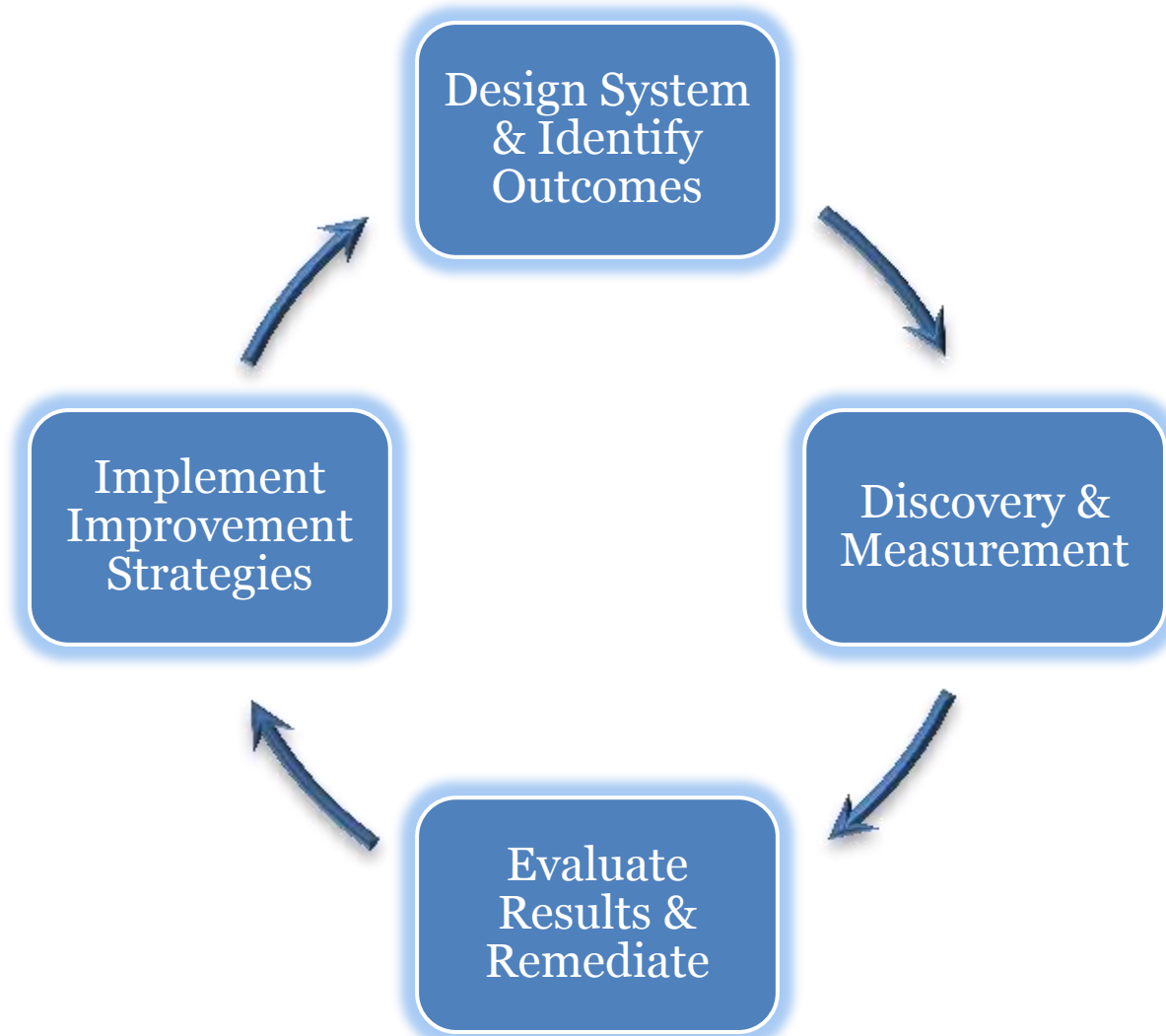


# System Approach to Quality

- All SD providers accredited by CQL
- DDD funds provider accreditation
- Value in systemic focus on:
  - Personal Outcome Measures®
  - Basic Assurances®
  - Person-Centered Excellence®
- Collaborative approach to accreditation



# Continuous Quality Improvement Cycle



# Enhancing Best Practices with POMs

- Certified POMs Interviewer Training
  - Core Training – 4-day assessment workshop
  - Additional day – focus on children/families
  - Reliability testing to 85%
- More than 40 additional certified interviewers
- Ensure data reliability and validity
- Adding 3<sup>rd</sup> CQL reviewer to accreditation team – focus on POMs
- Data incorporated into CQL's new online data tool and national database



# CQL Online Data Tool

**Basic  
Premium  
Enterprise**



- **DDD will fund premium access for all providers to increase organizational capacity for strategic quality improvement**
- **DDD will utilize Enterprise Level for state level data management**



# Syncing Quality with Data

- Data demonstrates people are achieving outcomes and where improvement is needed
- Encourages data-based decision making
- Improves organizational and system capacity for ongoing Continuous Quality Improvement
- Positions providers to achieve PCE Accreditation with Distinction



The graphic is titled "Accreditation Menu" and features the CQL logo (The Council on Quality and Leadership). It lists three accreditation options, each with a list of bullet points and a representative image. The first option is "Quality Assurances Accreditation" with a photo of a young boy. The second is "Person-Centered Excellence Accreditation" with a photo of two women. The third is "Person-Centered Excellence Accreditation With Distinction" with a photo of a man.

**CQL** The Council on Quality and Leadership

**Accreditation Menu**

CQL's expanded menu offers three core accreditation options, built on the firm foundation of systems and practices related to health, welfare and human security and implementation of CQL's Personal Outcome Measures\*. Each accreditation option also incorporates a path for on-going organizational enhancement.

**Quality Assurances Accreditation**

- 3 year term with 2 onsite visits
- Ideal for organizations new to CQL
- Focuses on Basic Assurances\*, Shared Values\*, Responsive Services, Community Life and Personal Outcome Measures\*

**Person-Centered Excellence Accreditation**

- 4 year term with 1 onsite visit and 2 offsite visits
- Ideal for organizations with a quality management system
- Builds on Basic Assurances\*, Shared Values\* & Personal Outcome Measures\*
- Focused on engaging stakeholders in establishing an organizational plan

**Person-Centered Excellence Accreditation With Distinction**

- 4 year term with 1 onsite visit and 2 offsite visits
- Ideal for organizations utilizing data via CQL certified trainers/ interviewers
- Builds on Basic Assurances\*, Shared Values\*, Personal Outcome Measures\* and a quality management system
- Focused on engaging stakeholders in development of a What Really Matters plan

# Incorporating Data into Quality Framework

- 2011 implementation of SMART –
  - Systemic Monitoring And Reporting Technology
- Systemic level quality data:
  - Waiver quality improvement strategy
  - Performance measures
  - Waiver evidence reporting
  - Waiver renewal
- Provider level quality data:
  - Quality management strategy



Look, Dan South Dakota SMART - CHOICES Tuesday, October 13, 2015

**Review Menu:**

Select One

☐ Level Of Care ☒ File Review ☐ Qualified Provider

Enter Case Reviews Find Case Review Find Re-Review Find Claim Review

Enter POE Find POE View Reports

**System Administration Menu:**

Users Logins Buildings Providers Causal Factors / PI Probes

Inspection Probes Elements Review Types Reports Maintenance

Dropdown Lists Review Staffing Participants

Message Center Help Log Off

# Incorporating Data into Quality Framework

CHOICES

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**CMS Waiver Assurance**

**From Review Date: 6/1/2014 To: 5/31/2015**

**Service Plan**

Sub-assurance a: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

JAI % of plans in which needs are addressed

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	208	0	208	24	11.54%	184	88.46%

JAI % of plans in which risk factors are assessed and addressed

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	208	0	208	44	21.15%	164	78.85%

JAI % of plans in which participant preferences & goals are id and addressed

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	208	0	208	14	6.73%	194	93.27%

Sub-assurance b: The State monitors service plan development in accordance with its policies and procedures.

JAI % of plans that used approved process

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	208	0	208	28	13.46%	180	86.54%

JAI % of plans that are monitored as required

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	208	0	208	72	34.62%	136	65.38%

Sub-assurance c: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.

JAI % of plans that are updated annually

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	198	0	198	4	2.02%	194	97.98%

JAI % of plans that are revised as needed

Provider	Total	Total NA	Total Not NA	Total Incorrect	% Incorrect	Total Correct	% Correct
Statewide	208	132	76	13	17.11%	63	82.89%

CHOICES

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Element Overview: SP

From Review Date: 06/01/2014 To: 05/31/2015

Selected Criteria

Provider: <All>

Review Type: Initial Program/Medical Program/Medical Targeted Initial Program/Medical Targeted Ongoing Program/Medical Initial Program Ongoing Program Initial Medical Ongoing Medical Ongoing

Review Class: CMS Sample Division Provider

Element	Total	Number NA	Number Incorrect	Percent Incorrect	Number Correct	Percent Correct
Adaptive Behavior / ILS Assessment	244	0	6	2.5%	238	97.5%
Alternative Services	246	152	7	7.4%	87	92.6%
Assistive Technology Assessment	244	123	4	3.3%	117	96.7%
Dev / Voc / Ed Assessment	244	69	8	4.6%	167	95.4%
ISP	258	0	25	9.7%	233	90.3%
ISP Annual Update	234	0	4	1.7%	230	98.3%
ISP Monitoring	276	2	87	31.8%	187	68.2%
ISP Monitoring - Medical	235	0	18	7.7%	217	92.3%
ISP Needed Revision	244	140	13	12.5%	91	87.5%
ISP Team	244	0	11	4.5%	233	95.5%
Medical / Dental Assessments	235	1	4	1.7%	230	98.3%
Medical History	235	1	3	1.3%	231	98.7%
Other Clinical Assessments	235	1	4	1.7%	230	98.3%
Personal Finances	239	112	5	3.9%	122	96.1%
Preferences and Goals	244	0	15	6.1%	229	93.9%
Preventative Health	235	0	27	11.5%	208	88.5%
Provider Choice Notice	236	0	2	0.8%	234	99.2%
Psychological Assessments	245	0	1	0.4%	244	99.6%
Safety	244	1	19	7.8%	224	92.2%
Service Choice Notice	236	1	2	0.9%	233	99.1%
Social / Developmental History	244	12	5	2.2%	227	97.8%
Total Elements Reviewed	4,482					
Total Elements Correct	4,212					
Overall Element Accuracy	93.98%					



# Enhancing Quality Data with CQL and NCI Data

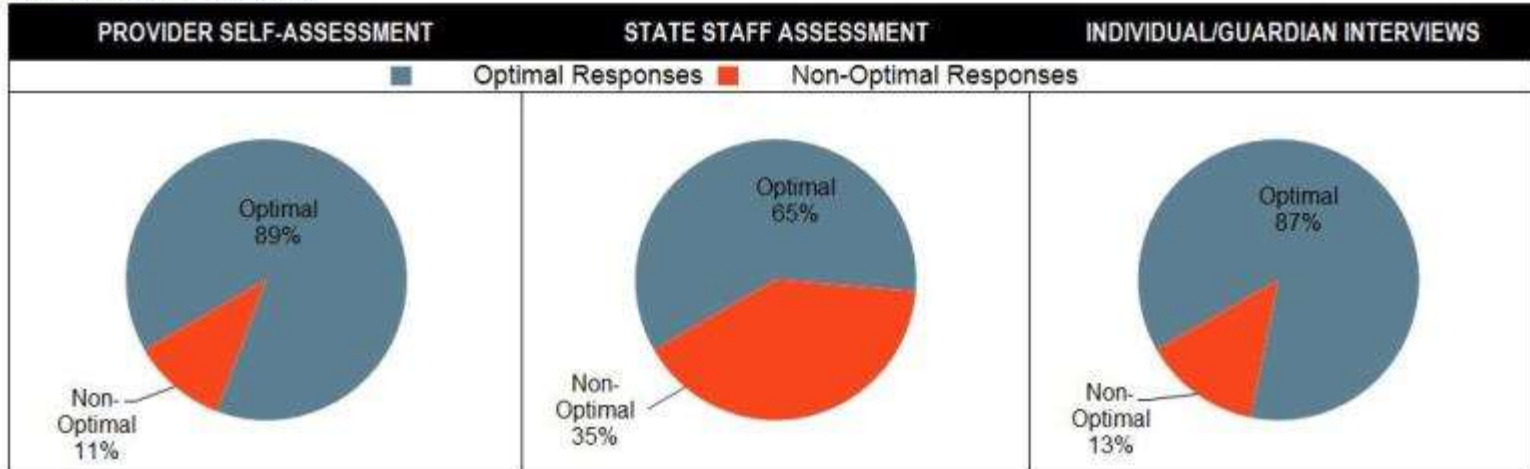
- POMs
  - Quality of Life
  - Outcomes
  - Choice
  - Control
- Basic Assurances
  - Health
  - Safety
  - Security
- NCI
  - Choice
  - Self-determination
  - Satisfaction



# Informing HCBS Transition Plan with Data

## LIVING ARRANGEMENTS

### ASSESSMENT RESULTS



### CONTINUOUS QUALITY MONITORING

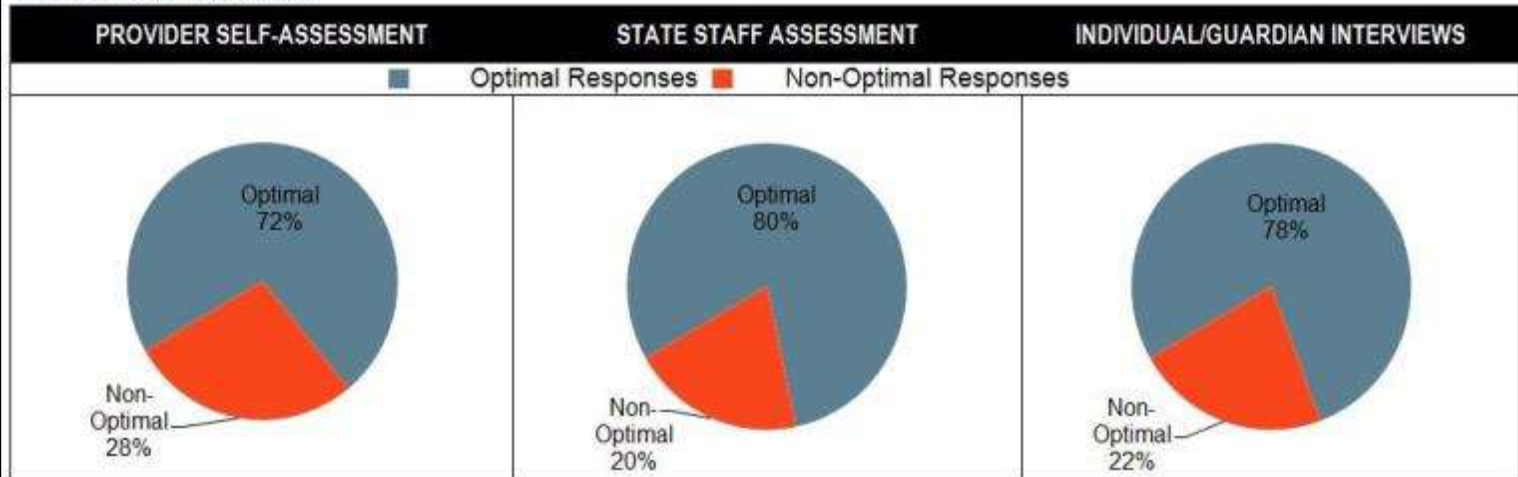
South Dakota will closely monitor Living Arrangements through DHS/DDD's [SMART](#) continuous quality assurance system, [National Core Indicators \(NCI\)](#), [Council on Quality and Leadership \(CQL\)](#) Personal Outcome Measures (POM) and Basic Assurances.



# Informing HCBS Transition Plan with Data

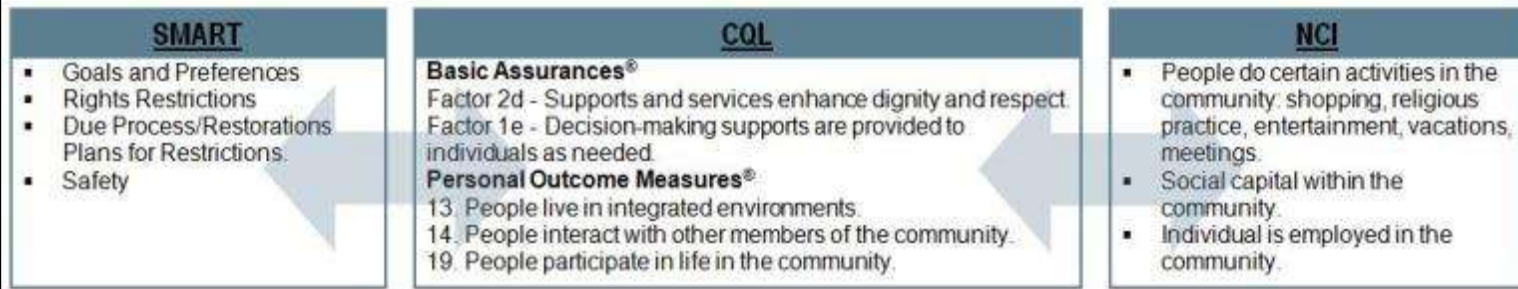
## COMMUNITY INTEGRATION

### ASSESSMENT RESULTS



### CONTINUOUS QUALITY MONITORING

South Dakota will closely monitor Community Integration through DHS/DDD's [SMART](#) continuous quality assurance system, [National Core Indicators \(NCI\)](#), [Council on Quality and Leadership \(CQL\)](#) [Personal Outcome Measures \(POM\)](#) and Basic Assurances.





# Important Indicators in Achieving a Good Life!

People achieve their dreams and goals.....



People have success in jobs and careers they choose....





# Important Indicators in Achieving a Good Life!

People have choice and control of where they live & with whom...

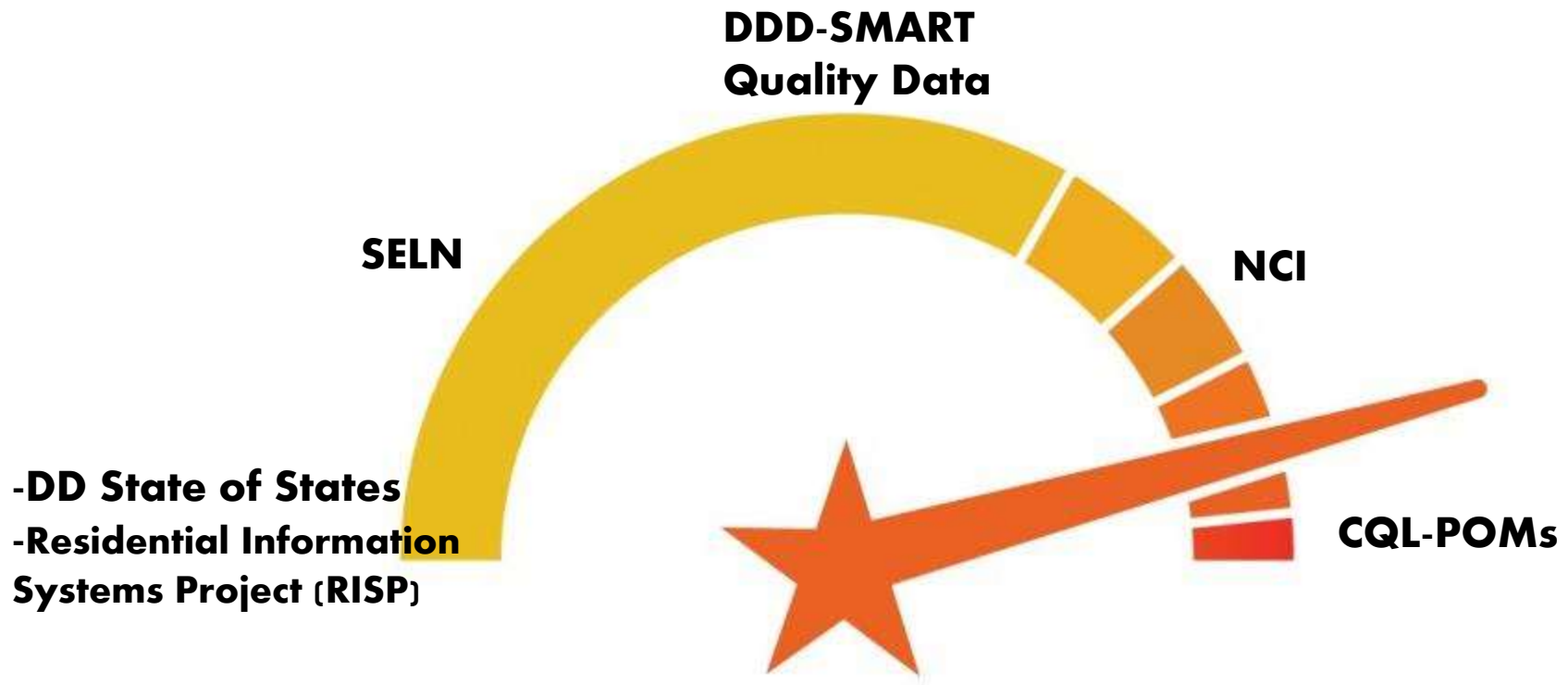


RELATIONSHIPS – with people who are most important to them...



# Achieving Personal Outcomes through Continuous Quality Improvement

## Moving the needle...



**...supported with data.**

**Jeff Williams | Director of  
Quality & Planning**

**Alabama Department of  
Mental Health, Division of  
Developmental Disabilities**



Department of  
**Intellectual &  
Developmental Disabilities**

**State Level Quality Assurance**

**Laura Vegas**

**Assistant Commissioner**

Person Centered Excellence Accreditation – CQL| The  
Council on Quality and Leadership



# TN Department of Intellectual and Developmental Disabilities

- People
  - CAC Waiver
  - SD Waiver
  - Statewide Waiver
- Waiting List
- Family Support
- 1115 Demonstration Waiver Expansion
  - Employment and Community First (ECF) CHOICES
  - July 1, 2016

# DIDD Mission

- *Our vision* is to support all Tennesseans with intellectual and developmental disabilities to live fulfilling and rewarding lives.
- *Our mission* is to become the nation's most person-centered and cost effective state support system for people with intellectual and developmental disabilities. -

# Fulfilling Mission and Vision

- CoP – Person Centered Organizations
  - Grant 2007
  - Goal – ID and Remove barriers
  - Identify and remove system barriers in becoming person centered
  - Grant Ended in 2012
  - Work continued with in-house experts
- Employment First initiative
  - Employment first option
- Downsizing and closing state institutions
  - Arlington Developmental Center closed
  - Clover Bottom scheduled to close November 5, 2015
  - Greene Valley Developmental Center Closing 2016

# Fulfilling Mission and Vision

- ISP Outcomes
  - Active Treatment Language
  - Focused on people's deficits
- Training
  - Require all ISC and CMs to be trained in 2 day Person Centered Thinking
- Policy Changes
  - DIDD Provider Manual
    - Person Centered Language
    - Use of PCT tools in planning process



# Person Centered Excellence

- How do we measure progress? How can we stay on the track of reaching for person centered excellence?
  - Individual Success Stories
  - Paper Compliance

# Person Centered Excellence

- Accreditation
  - Researched CARF, COA and CQL

## CQL | The Council on Quality and Leadership

Vision – A world of dignity, opportunity and community for all people.

Mission - CQL is dedicated to the definition, measurement and improvement of personal quality of life for people receiving human services and supports.

# Person Centered Excellence

- Personal Outcome Measures ®
  - Personal
  - Defined by each individual
  - Proven to be reliable and sound data
- Basic Assurances®
  - Looks at system and *practice*
  - Gave further definition for DIDD for Person Centered Excellence
  - Quantitative data for measurement
- Advocate Mentors
  - Training and Support

# Person Centered Excellence

## Measuring Quality –

- Conducted over 400 Personal Outcome Measures Interviews, 5% CQL
  - Representative random sample
- Completed Basic Assurances ® reviews for 27 providers.
  - Representative random sample
  - All provider types
  - Focus groups for people using services



# Person Centered Excellence Accreditation Plan

- POMs®
  - Selected 3 Priority Areas
  - Plan for embedding the POM tool in the DIDD system
- 1. People exercise their rights
- 2. People choose where and with whom they live
- 3. People choose personal goals

Embedding POMs in system

# People Exercise Rights

- Predictor of presence of other POMs®
- Individual Rights Assessment
- Videos done by advocates
- Training for people who use services regarding rights
- Revised DIDD provider manual to clarify expectation that people attend meetings for their due process
- QA Tool revised to measure for change

# People Choose Where and with Whom to Live

- Revised current policy for transitions to require use of
  - Staff and house mate matching tool
  - Relationship Map
  - Natural Supports
- ISCs
  - Continually access for satisfaction
  - Training developed
  - All ISCs and CMs required training
  - ISC monthly review process and template
- HCBS 1915 C Waiver amendment
  - Can live with person regardless of service or no service (residential)

# Basic Assurances

- Priority areas
  - Exercising Rights
  - Natural Supports
  - Meaningful Day
  - Positive Supports and Services
  - Staff Development and Supports
  - Factor 10

# Basic Assurances

- 1115 c - expanding current CHOICES waiver
  - More options for self-direction
  - Options to support natural supports
    - Family Caregiver Training
    - Benefits counseling
    - Stipend
    - Respite
    - Individual Education and Training
    - Peer-to-peer self-direction, employment and community support/navigation
  - Employment
    - Exploration
    - Discovery
    - Self-Employment Start-Up
    - Co-worker supports

# Basic Assurances

- Positive Services and Supports
  - Develop training for all Human Rights Committee members
  - Develop training for people to attend HRCs
  - Revise DIDD Provider manual to include new expectations



# Basic Assurances

- Factor 10
- Integrated quality management system
- Using current DIDD Quality Management System
  - Regional
  - Statewide

# Factor 10

- Quality Management System
  - Quarterly reviews of POM and BA data
  - Analysis of data
  - Recommendations/ action steps
  - Follow-up

2014 n = 408

2015 n=108

	Outcomes Present	2014	Outcomes Present	2015	Change	Supports Present	2014	Supports Present	2015	Change
People are connected to natural support networks	212	52%	55	51%	-1	270	66%	81	75%	+9
People have intimate relationships	187	46%	48	44%	-2	182	45%	48	44%	-1
People are safe	350	86%	101	94%	+8	340	83%	97	90%	+7
People have the best possible health	297	73%	76	70%	-3	288	71%	61	56%	-15
People exercise rights	130	32%	46	43%	+11	103	25%	43	40%	+15
People are treated fairly	203	50%	58	54%	+4	208	51%	50	46%	-5
People are free from abuse and neglect	280	69%	82	76%	+7	300	74%	79	73%	-1
People experience continuity and security	285	70%	72	67%	-3	282	69%	78	72%	+3
People decide when to share personal information	193	47%	52	48%	+1	171	42%	57	53%	+11
People choose where and with whom they live	104	25%	19	18%	-7	110	27%	23	21%	-6
People choose where they work	88	22%	27	25%	+3	124	30%	33	31%	+1
People use their environments	269	66%	88	81%	+15	272	67%	88	81%	+14
People live in integrated environments	214	52%	62	57%	+5	210	51%	58	54%	+3
People interact with other members of the community	245	60%	84	78%	+18	239	59%	78	72%	+13
People perform different social roles	122	30%	42	39%	+9	121	30%	31	29%	-1
People choose services	127	31%	20	19%	-12	157	38%	20	19%	-19
People choose personal goals	191	47%	43	40%	+7	183	45%	43	40%	+5
People realize personal goals	164	40%	50	46%	+6	160	39%	46	43%	+4
People participate in the life of the community	200	49%	67	62%	+13	215	53%	66	61%	+8
People have friends	159	39%	50	46%	+7	160	39%	46	43%	+4
People are respected	199	49%	57	53%	+4	189	46%	57	53%	+7

# Factor 10

- 108 POM interviews completed total
- Increased capacity for analysis
  - CQL database
  - Waiver Type
  - Services
  - Gender
  - Provider
  - ISC
  - Region
  - Conservatorship

# Factor 10

- +18 % People interact with other members of the community. (60% - baseline)
- +15 % People use their environments (66% - baseline)
- +13% People participate in the life of the community (49% - baseline)
- +11 % People exercise rights. (32 % - baseline)

# Factor 10

- People are connected to natural support networks.
  - SD Waiver – 85%
  - Statewide – 49%
  - CAC – 42%



# Factor 10

- People exercise rights.
  - SD Waiver – 62%
  - Statewide – 46%
  - CAC – 17%

# Factor 10

- People exercise rights.
  - Baseline 32%
  - 2015 – 43%
- People choose personal goals.
  - Baseline – 47%
  - 2015 – 40%

# Factor 10

- People choose where and with whom they live.
  - Baseline – 25%
  - 2015 – 18%

# CMS Rules

- This Toolkit for States provides states with detailed support, using CQL quality measurement tools and data elements, to comply with requisite reporting to CMS on new Home and Community-Based Setting and Plan Requirements (effective March 17, 2014), and Revised HCBS Quality Assurances (issued March 12, 2014).



Office for People With  
Developmental Disabilities

# **NYS OPWDD**

## **Systems Change using POMs**

### **Kate Bishop-Director of Health and Community Supports**

October 20, 2015

# OPWDD's System Transformation Agenda

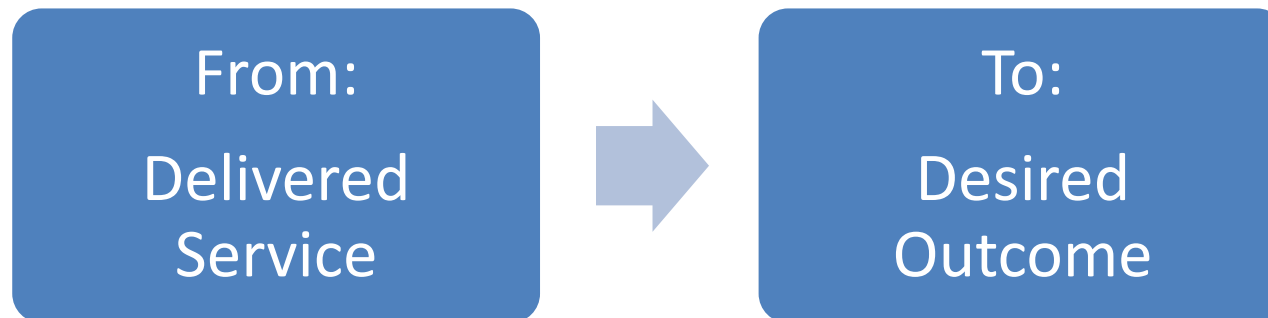
- Create an equitable system of supports
- Align supports and services with people's interests strengths and needs
- Changed quality measures
- Increased control and autonomy to services through education and access to:
  - Self Direction
  - Increased opportunities for employment
  - Reduced reliance on institutional and large congregated residential settings.





# Changed Quality Measures

- Shift required!



# Measuring the Effectiveness of a Person Centered Plan

- POMs is a way of measuring the RESULTS of the supports and services provided.
- The HCBS Settings Final Rule contains standards to ensure full access to benefits of community living and the opportunity to receive services in the most integrated settings.
- Use of the POMs as a measure to inform quality at both an individual level and at an agency level can improve quality and increase compliance with the HCBS rule.



# Building System Capacity

- OPWDD's Person Centered web site incorporates outcomes and POMs in the educational material.
- POMs is included in the Person Centered Planning Curriculums established by the state.
- POMs education to stakeholders.
- Required reporting on POMs in Managed Care.
- DQI survey process changes.



# Technical Assistance from CQL

- Training for the State workforce
- Review and feedback on new DQI Survey protocol
- Review and feedback on HCBS Assessment protocol
- Review and feedback on Quality Indicators
- Service Coordinator Training

# Strengthening Partnerships with Providers

- OPWDD has publicly embraced POMs.
- Grassroots momentum toward POMs
- Presently over 40 agencies in NYS have engaged with CQL to understand and implement POMS practices within their agencies.
- Under the BIP grant 21 additional agencies and/or their collaboratives will also receive POMS training.



# Enhancing State Understanding

- 29 POMs training workshops for OPWDD Staff
- Interviews with individuals supported by OPWDD through State Operated Services.

These efforts will result in:

- State Operations Staff - quality improvement strategies
- RO staff - service authorization role.
- DQI staff - ability to implement the changed service focus.





# Ongoing OPWDD POMs Focus

- Imbedding POMs as a metric in the system that can be used to inform quality from a person centered perspective
- Create a process for data collection to track the impact of POMs on people served and make determinations about quality.
  - Defined reporting requirements for MC systems