
CRITICAL QUESTIONS WORKBOOK

Section V

Process and Results Rating Forms



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Critical Questions Workbook

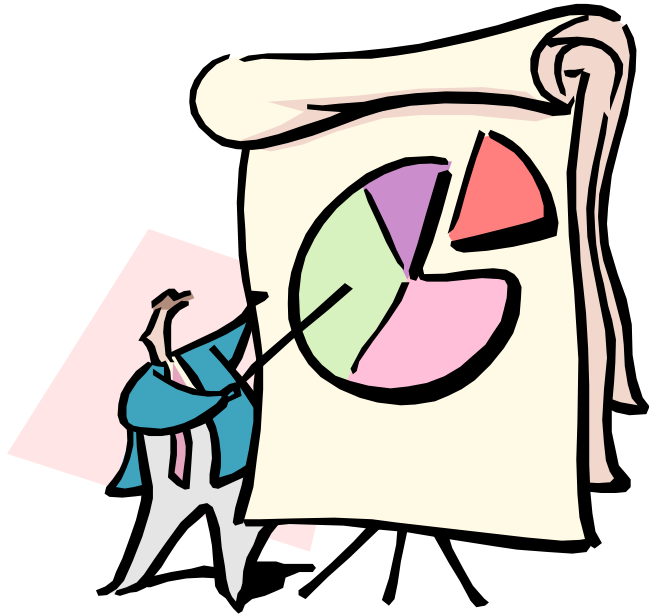
Section V

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Introduction

This section of the *Critical Questions Workbook* includes one version of forms designed to be used by Quality Committee members to assist them in reviewing local systems and results related to each Critical Question's Desired Outcomes.



The forms list the Quality Assurance Components that SPD expects CDDPs will maintain related to assuring performance on each Desired Outcome. Through this means, it gives committee members a framework for each Desired Outcome, and helps them to understand what kinds of information they should expect to see. CDDPs are not required to present information from each Quality Assurance Component to the committee. However, CDDPs should seek to present the information that will be locally meaningful for answering the Critical Question. This will help you to meet the Quality Assurance Committee activity required by the Oregon Administrative Rule “Provide review and comment on the results of information gathered by the CDDP and the effectiveness of corrective actions.” {411-320-0040(9)(e)(B)(iii)}

Quality Assurance Committee: Sample Forms

Version: "Process and Results Rating Forms"

Instructions to Quality Assurance Coordinators

The forms in this section are an alternative design for sharing with Quality Assurance Committee members. The "Process and Results Rating Forms" are designed to give QA Coordinators a format for presenting a brief summary of information related to each of the quality components that CDDPs are required to implement either on an ongoing basis or periodically by Rule, Contract or at Department request for each Desired Outcome and Goal. Thus, each Desired Outcome within each goal includes a list of the Quality Components. The Quality Components reflect the range of types of information that the QA Committee members may expect to receive from CDDPs when reviewing each Desired Outcome. Each Quality Component is followed by a space labeled "Results." QA Coordinators may use this space for directly entering summarized information about the implementation of the Quality Component and the results discovered, or refer to a separate set of information. For example:

Desired Outcome 1:**Individuals live in safe physical environments.**

Quality Component: Licensing, Certification Reviews

Results: See summary graph of issues related to safe physical environments found during reviews in the past 12 months. The most common issue related to safe physical environments was failure to post emergency information.

Quality Component: SERT records

Results: See summary table

Quality Component: Service Coordinator Monitoring

Results: We visited 87% of sites during the past 12 months. None of the sites had issues related to safe physical environments.



If using these sheets, analyses or actual performance information may be included related to each Quality Component or a reference to separate data.

Advantages of This Format	Disadvantages of This Format
<ul style="list-style-type: none"> • QA Coordinator may summarize a large amount of information in a simplified sentence or two, rather than presenting complex charts, graphs or great detail. • QA Coordinator may choose to delete Quality Components for which they do not have summarized data prepared for review. • QA Coordinator may refer to and attach or present more detailed data in a separate format (e.g., a PowerPoint presentation). • There is space for QA Committee members to write notes about their observations after each Desired Outcome 	<ul style="list-style-type: none"> • Format requires that QA Coordinators enter actual information related to components, or refer to information located elsewhere • No rating forms are included for compiling individual member ratings, so QA Coordinators need to devise and use a local process for supporting the QA Committee to make decisions related to the information presented.



You may modify the forms to add more space for data, to delete Quality Components on which you will not be reporting, to add ratings (see the version of forms labeled “Quality Component List and Rating Forms” for an example), or any other change that will make these more useful to you. If you feel you need to modify these forms, be sure to check the other versions of sample forms for QA Committee members that also are included with these materials. Another sample version may better fit your needs.

The Process and Results Rating forms are organized with one Desired Outcome on each page. A sample completed “Process and Results Rating Form” follows for Goal #1. For this sample, the introductory information at the top of each form and the space for Notes has been removed to save space. It is recommended if you are planning on presenting more than one Desired Outcome at a meeting, that you, too, delete the “top of form” information to save space and remove redundancy.

Sample Completed "Process and Results Form" Handout for QA Committee

**ABCD County Quality Assurance Committee
October 20, 2006
Goal # 1: Participant Health and Welfare**

CRITICAL QUESTION: Are individuals in home and community-based waiver services safe and secure in their homes and communities, taking into account their informed and expressed choices?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **RESULTS** on this desired outcome?*

Desired Outcome 1:

Individuals live in safe physical environments.

Quality Component: Licensing, Certification Reviews

Results: See summary graph of issues related to safe physical environments found during reviews in the past 12 months. The most common issue related to safe physical environments was failure to post emergency information.

Quality Component: SERT records

Results: See summary table

Quality Component: Service Coordinator Monitoring

Results: We visited 87% of sites during the past 12 months. None of the sites had issues related to safe physical environments.

Desired Outcome 2:

Individuals are protected from abuse.

Quality Component: OIT Data and Local Investigator Information about Protective Services Investigations

Results: We receive many allegations that require a response from the county. Only some of these rise to the level of a formal investigation. See summary report.

Quality Component: SERT Records

Results: Protective Service sub-committee meets monthly to review and track follow-up on abuse allegations. See summary graph.

Quality Component: PSI Investigator Training, Technical Assistance, Mentoring

Results: Our PSI Investigator has received all required training and other additional training offered by SPD. The Investigator has been commended by OIT for report thoroughness.

Quality Component: Death Reports

Results: There were no deaths as a result of substantiated abuse during the past 12 months.

Desired Outcome 3:

Grievances and complaints are resolved in a timely fashion

Quality Component: Records of Individual Complaints, including Contested Case

Results: No complaints or grievances were received in the past 12 months.

Desired Outcome 4:

Individual risk and safety considerations are identified and appropriate interventions designed taking in to account individual informed and expressed choices.

Quality Component: Service Coordinator Monitoring

Results: These data have not been compiled. However, Service Coordinators participate in ISP development and monitor ISP implementation. During monitoring, they check for completed Risk Tracking Records, along with mandatory interventions and protocols on identified risks including behavioral interventions.

Quality Component:: Licensing and Certification Reviews

Results: Data not summarized at this time.

Desired Outcome 5:

There are systematic safeguards in place to protect participants from critical incidents and other life-endangering situations.

Quality Component: SERT Records

Results: We have an internal committee that meets monthly to review all serious events. These stay “open”—and are reviewed in succeeding months—until the committee is satisfied with the follow-up. See graph of SERTs reviewed and closed over the last 6 months.

Quality Component: Service Coordinator Monitoring

Results: Service Coordinators regularly follow-up on potential issues observed in any site during a monitoring visit.

Desired Outcome 6:

There are safeguards in place to protect and support participants in the event of natural disasters and other public emergencies.

Quality Component: Licensing, Certification Reviews

Results: Data not summarized at this time.

____ County Quality Assurance Committee

Date: _____

Goal # 1: Participant Health and Welfare

CRITICAL QUESTION: Are individuals in home and community-based waiver services safe and secure in their homes and communities, taking into account their informed and expressed choices?

For each type of evidence presented to the Quality Committee, please consider:

- Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?
- What did we find out about **RESULTS** on this desired outcome?

Desired Outcome 1:

Date Reviewed:

Individuals live in safe physical environments.

Quality Component: Licensing, Certification Reviews

Results:

Quality Component: SERT records

Results:

Quality Component: Service Coordinator Monitoring

Results:

Notes:

____ County Quality Assurance Committee

Date: _____

Goal # 1: Participant Health and Welfare

CRITICAL QUESTION: Are individuals in home and community-based waiver services safe and secure in their homes and communities, taking into account their informed and expressed choices?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **RESULTS** on this desired outcome?*

Desired Outcome 2:

Date Reviewed:

Individuals are protected from abuse.

Quality Component: OIT data and Local Investigator Information about Protective Service Investigations
Results:

Quality Component: SERT Records

Results:

Quality Component: PSI Investigator Training, Technical Assistance, Mentoring

Results:

Quality Component: Death Reports

Results:

Quality Component: Special Training Project Records

Results:

Notes:

____ County Quality Assurance Committee

Date: _____

Goal # 1: Participant Health and Welfare

CRITICAL QUESTION: Are individuals in home and community-based waiver services safe and secure in their homes and communities, taking into account their informed and expressed choices?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **RESULTS** on this desired outcome?*

Desired Outcome 3:

Date Reviewed:

Grievances and complaints are resolved in a timely fashion

Quality Component: Records of Individual Complaints, including Contested Case

Results:

Notes:

____ County Quality Assurance Committee

Date: _____

Goal # 1: Participant Health and Welfare

CRITICAL QUESTION: Are individuals in home and community-based waiver services safe and secure in their homes and communities, taking into account their informed and expressed choices?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **RESULTS** on this desired outcome?*

Desired Outcome 4:

Date Reviewed:

Individual risk and safety considerations are identified and appropriate interventions designed taking in to account individual informed and expressed choices.

Quality Component: Service Coordinator Monitoring

Results:

Quality Component: Licensing and Certification Reviews

Results:

Quality Component: Special Training Projects Records

Results:

Notes:

____ County Quality Assurance Committee

Date: _____

Goal # 1: Participant Health and Welfare

CRITICAL QUESTION: Are individuals in home and community-based waiver services safe and secure in their homes and communities, taking into account their informed and expressed choices?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **RESULTS** on this desired outcome?*

Desired Outcome 5:

Date Reviewed:

There are systematic safeguards in place to protect participants from critical incidents and other life-endangering situations.

Quality Component: SERT Records

Results:

Notes:

____ County Quality Assurance Committee

Date: _____

Goal # 1: Participant Health and Welfare

CRITICAL QUESTION: Are individuals in home and community-based waiver services safe and secure in their homes and communities, taking into account their informed and expressed choices?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **RESULTS** on this desired outcome?*

Desired Outcome 6:

Date Reviewed:

There are safeguards in place to protect and support participants in the event of natural disasters and other public emergencies.

Quality Component: Licensing, Certification Reviews

Results:

Notes:

____ County Quality Assurance Committee

Date: _____

Goal # 2: Developing, Monitoring and Reviewing Plans of Care

CRITICAL QUESTION: Are home and community-based waiver services and supports planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life in the community?

For each type of evidence presented to the Quality Committee, please consider:

- Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?
- What did we find out about **RESULTS** on this desired outcome?

Desired Outcome 1:

Date Reviewed:

Comprehensive information concerning each participant's preferences and personal goals, needs and abilities, health status and other available supports is gathered and used in developing a personalized plan.

Quality Component: Individual File Reviews

Results:

Notes:

____ County Quality Assurance Committee

Date: _____

Goal # 2: Developing, Monitoring and Reviewing Plans of Care

CRITICAL QUESTION: Are home and community-based waiver services and supports planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life in the community?

For each type of evidence presented to the Quality Committee, please consider:

- Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?
- What did we find out about **RESULTS** on this desired outcome?

Desired Outcome 2:

Date Reviewed:

Individuals freely choose between waiver services and institutional care, and among waiver services and providers.

Quality Component: Annual Sample File Review using HCB Waiver Service Review Checklist

Results:

Quality Component: Individual File Reviews

Results:

Notes:

____ County Quality Assurance Committee

Date: _____

Goal # 2: Developing, Monitoring and Reviewing Plans of Care

CRITICAL QUESTION: Are home and community-based waiver services and supports planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life in the community?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **RESULTS** on this desired outcome?*

Desired Outcome 3:

Date Reviewed:

Individuals receive services required to meet needs.

Quality Component: CDDP Records

Results:

Quality Component: Service Coordinator Monitoring Results

Results:

Quality Component: Licensing, Certification Reviews

Results:

Quality Component: Employment Outcomes Report

Results:

Notes:

____ County Quality Assurance Committee

Date: _____

Goal # 2: Developing, Monitoring and Reviewing Plans of Care

CRITICAL QUESTION: Are home and community-based waiver services and supports planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life in the community?

For each type of evidence presented to the Quality Committee, please consider:

- Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?
- What did we find out about **RESULTS** on this desired outcome?

Desired Outcome 4:

Date Reviewed:

Individuals are satisfied with plans and outcomes.

Quality Component: Individual/Family Satisfaction Surveys

Results:

Notes:

____ County Quality Assurance Committee

Date: _____

Goal # 3: Services Provided by Qualified Providers

CRITICAL QUESTION: Do all agency and individual providers of home and community-based waiver services possess the requisite skills, competencies and qualifications to support participants effectively?

For each type of evidence presented to the Quality Committee, please consider:

- Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?
- What did we find out about **RESULTS** on this desired outcome?

Desired Outcome 1:

Date Reviewed:

Individual and agency providers are qualified to provide waiver service.

Quality Component: Licensing, Certification Reviews

Results:

Quality Component: CDDP Records

Results:

Quality Component: Service Coordinator Monitoring Results

Results:

Quality Component: SERT Records

Results:

Quality Component: Records of Provider Sanctions and Contested Case Hearings

Results:

Quality Component: Direct Care Staff Turnover Records

Results:

Notes:

____ County Quality Assurance Committee

Date: _____

Goal # 3: Services Provided by Qualified Providers

CRITICAL QUESTION: Do all agency and individual providers of home and community-based waiver services possess the requisite skills, competencies and qualifications to support participants effectively?

For each type of evidence presented to the Quality Committee, please consider:

- Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?
- What did we find out about **RESULTS** on this desired outcome?

Desired Outcome 2:

Date Reviewed:

Staff of agency providers receive training to provide waiver services.

Quality Component: Licensing, Certification Reviews

Results:

Quality Component: Special Training Project Records

Results:

Quality Component: Records of Foster Provider Training and Testing

Results:

Notes:

____ County Quality Assurance Committee

Date: _____

Goal # 3: Services Provided by Qualified Providers

CRITICAL QUESTION: Do all agency and individual providers of home and community-based waiver services possess the requisite skills, competencies and qualifications to support participants effectively?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **RESULTS** on this desired outcome?*

Desired Outcome 3:

Date Reviewed:

Service Coordinators possess skills, competencies, and qualifications to provide waiver services.

Quality Component: CDDP Records

Results:

Quality Component: Service Coordinator and Provider Training Surveys

Results:

Notes:

____ County Quality Assurance Committee

Date: _____

Goal # 4: Determining Level of Care Need

CRITICAL QUESTION: Is each individual's need and eligibility for home and community-based waiver services assessed and determined promptly and accurately?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **RESULTS** on this desired outcome?*

Desired Outcome 1:

Date Reviewed:

Level of care assessments are completed accurately and on time.

Quality Component: CDDP Records

Results:

Quality Component: Annual Sample File Review using HCB Waiver Service Review Checklist

Results:

Notes:

____ County Quality Assurance Committee

Date: _____

Goal # 4: Determining Level of Care Need

CRITICAL QUESTION: Is each individual's need and eligibility for home and community-based waiver services assessed and determined promptly and accurately?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **RESULTS** on this desired outcome?*

Desired Outcome 2:

Date Reviewed:

Level of care assessments are completed by qualified persons.

Quality Component: CDDP Records

Results:

Notes:

____ County Quality Assurance Committee

Date: _____

Goal # 5: State Administrative Authority over the Waiver

CRITICAL QUESTION: Does the Department carry out its duties and responsibilities as Oregon's single state Medicaid Agency with regard to home and community-based waiver services?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **RESULTS** on this desired outcome?*

Desired Outcome 1:

Date Reviewed:

Providers of home and community-based waiver services receive information regarding Medicaid-specific requirements.

Quality Component: CDDP Records

Results:

Quality Component: SERT Records

Results:

Quality Component: Annual Sample File Review using HCB Waiver Service Review Checklist

Results:

Notes:

____ County Quality Assurance Committee

Date: _____

Goal # 5: State Administrative Authority over the Waiver

CRITICAL QUESTION: Does the Department carry out its duties and responsibilities as Oregon's single state Medicaid Agency with regard to home and community-based waiver services?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **RESULTS** on this desired outcome?*

Desired Outcome 2:

Date Reviewed:

Individuals are informed of, and exercise, the right to due process associated with waiver services.

Quality Component: Records of individual complaints, including contested case as well as other types

Results:

Notes:

____ County Quality Assurance Committee

Date: _____

Goal # 6: State Financial Accountability

CRITICAL QUESTION: Does the Department maintain, and participate in, systems and procedures that promote financial accountability at all home and community-based waiver service levels?

For each type of evidence presented to the Quality Committee, please consider:

- *Does our County have a **PROCESS** (Quality Component) to measure quality that meets requirements?*
- *What did we find out about **RESULTS** on this desired outcome?*

Desired Outcome 1:

Date Reviewed:

Expenditures for waiver services are accurately and appropriately assigned and reported.

Quality Component: Audits, financial reports, special inquiries/investigations re: state or local operations

Results:

Notes: