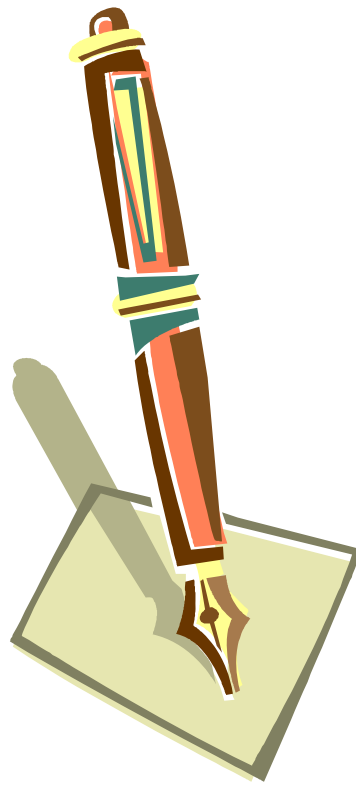

Local Quality Assurance Resource Manual

Chapter 2

Local Quality Plans



NOTE: This Resource Manual is a product of the Research and Evaluation contract between the University of Oregon's Educational and Community Supports unit within the College of Education and the Department of Human Services, Seniors and People with Disabilities, State of Oregon (Agreement # 108857, Amendment 1). This chapter presents some of the quality assurance program requirements, as well as items that are not specifically required but offered as suggestions or examples. All CDDPs must remember that their role is to implement a Quality Assurance program that supports the State's current Quality Assurance Plan. The Resource Manual includes requirements for Quality Assurance Programs that are current as of June 2005. Because Administrative Rules and Contract requirements change, CDDPs should always check for and apply more current rules and contracts developed after the publication of this workbook.

Local Quality Plans

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LOCAL QUALITY ASSURANCE PLAN

Objective: Define requirements for Local Quality Assurance Plans. Provide suggestions for how to format, develop, and maintain the plan, as well as how to organize work related to carrying out the plan.

Requirements: The Local Quality Assurance Plan is required by the Oregon Administrative Rule for CDDPs.

This excerpt from the CDDP rule is current as of May 2005. Be sure to check the DHS website for any changes and updates. That website is:

<http://www.dhs.state.or.us/policy/spd/alpha.htm>

411-320-40 Community Developmental Disability Program (08/03/04)

Community Developmental Disability Program Responsibilities

(Sections deleted)

(9) *Local quality assurance program.*

(Sections deleted)

(b) *Quality assurance activities. The CDDP will perform quality assurance activities that include, but are not limited to, the following:*

(A) *Develop and maintain a local QA plan that describes the major activities to be performed by the CDDP, including the timelines for each of those activities.*

(i) *These activities must include all activities that are to be carried out at the local level according to the most current edition of the Department's QA plan.*

(ii) *The local QA plan must be updated whenever changes are made, but at least annually.*

These OARs include all of the formal requirements for local quality assurance plans at this time. There is no requirement for any specific format for the plan. No specific process for developing the plan is required, other than the requirement for Quality Assurance Committee review and input. The following sections of this chapter present guidelines, suggestions, and examples that local areas may use for meeting these requirements.

Guidelines and Suggestions

Plan Content

SPD expects that the local plan:

1. Describes activities that:
 - Directly support the Department's goals and outcomes; and
 - Demonstrate management of service quality by evaluating performance information and adjusting practice as indicated by the data.
2. Reflects unique organizational structure, policies, and procedures of the CDDP.
3. Is updated at least annually.

The "Department's goals" for developmental disability services are the goals that were listed in Chapter 1:

- Individuals in home and community-based waiver services are safe and secure in their homes and communities, taking into account their informed and expressed choices.
- Home and community-based waiver services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life in the community.



- All agency and individual providers of home and community-based waiver services possess the requisite skills, competencies and qualifications to support participants effectively.
- Each individual's need and eligibility for home and community-based waiver services are assessed and determined promptly and accurately.

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- The Department carries out its duties and responsibilities as Oregon’s single state Medicaid Agency with regard to home and community-based waiver services.
 - The Department maintains, and participates in, systems and procedures that promote financial accountability at all home and community-based waiver service levels.

SPD has identified specific outcomes related to each of these goals. Therefore, SPD also expects that the local plan will describe **activities that will directly support these goals and outcomes**. The outcomes for the first goal, Participant Health and Welfare, are presented below. The complete list of Goals and Desired Outcomes is included as an appendix to this chapter.

**WHAT ARE THE DEPARTMENT’S QA PLAN
GOALS AND DESIRED OUTCOMES?**

SAMPLE

I. Participant Health and Welfare. Individuals in home and community-based waiver services are safe and secure in their homes and communities, taking into account their informed and expressed choices.

1. Individuals live in safe physical environments.
2. Individuals are protected from abuse.
3. Grievances and complaints are resolved in a timely fashion.
4. Individual risk and safety considerations are identified and appropriate interventions designed taking into account individual informed and expressed choices.
5. There are systematic safeguards in place to protect participants from critical incidents and other life-endangering situations.
6. There are safeguards in place to protect and support participants in the event of natural disasters or other public emergencies.

Because SPD expects that the local plan describes activities that directly support the Department’s goals and outcomes, it may be useful to organize the local plan around these six goals.

SPD also expects that the local plan describes activities that demonstrate management of service quality by **evaluating performance information** and **adjusting practice** as indicated by the data. Therefore, the plan also needs to include descriptions of how the CDDP will use performance information to evaluate quality, and how it will adjust practice based on the results discovered.

SOME TIPS ON PLAN CONTENT

Although not required, the following suggestions may prove helpful in determining the content for your local plan.

- Consider including a narrative introduction to the plan that provides an overview and context for the entire plan. This might reflect the contract and OARs that define the Quality Program, and the performance requirements.
- It may be most helpful if the plan to include all of the major quality assurance processes carried out by the CDDP, as well as indicators of performance related to each system, even if the systems are not yet in place. Use the Work Plan (see later in this chapter) to prioritize development.

<p><u>Sample Outline for an Introduction to the Quality Plan</u></p> <p>System Overview Scope Background/Analysis Service Descriptions and Definitions Quality System Performance Requirements CDDP Organization Organizational Chart Quality Assurance Resources Format of Quality Plan Chapters</p>
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- For the plan itself, consider including for each Quality System or Process:
 - Timelines
 - Person or group responsible
 - The product or document that is generated by the process or system (“Output”).
 - The person or group that will receive that product (“Customer”).

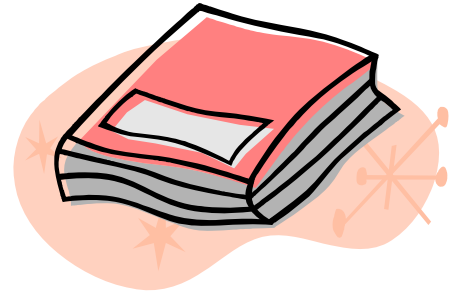
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-
- The source of requirements or actual requirements for the product (“Customer Requirements”).
 - The “Quality Indicator(s)” related to that system or process.
- Some Quality Assurance Committees may want to participate in initial discussions of plan content. For most committees, however, members will appreciate if the CDDP develops at least an initial draft as a basis for their discussion. Remember that the committee is charged with reviewing the plan, not with developing it.

PLAN FORMAT

There are no specific requirements for the format for the plan. Choose a format that includes all of the information that is needed, is easy for CDDP staff and the QA Committee to understand, and facilitates tracking the performance of the Quality System.

Because there are no specific requirements, here are some suggestions.

- Include the Department’s goals (assurances) as fundamental to the plan. Matching the language of the goals listed by the Department, where possible, and following the sequence of SPD’s goals will facilitate work between the CDDP and SPD.
- If you don’t follow the set of goals as the major chapters of your plan, then consider how to show the tie between your QA activities and achieving these goals.
- We recommend using a table rather than a paragraph format for your local plan. It is easier to follow and to find particular parts than a long narrative.
- Whatever format you use, make sure that the plan “works” for the QA Coordinator, as well as meet the defined requirements.



The following pages display two sample quality assurance plan formats used by CDDPs. In addition, we have included a few pages from SPD’s Support Services plan, to show the format that they are providing to Centers for Medicaid and Medicare Services (CMS). This plan also includes two sample “detail” pages for two sample QA/QI activities listed in that plan. The detail pages define more specifically, the frequency of QA/QI activity, sampling methods, how data will be collected, the person (role) responsible for QA/QI data collection, and the acceptable threshold of performance for that QA/QI activity.

**EXCERPT: Washington County Health and Human Services
Developmental Disabilities Program
Quality Assurance Plan**

<i>QA Item</i>	Washington County Process	Timeline	Documentation source, if applicable	Corresponding Attachment
Staffing	A. WCHHSDDP positions will be staffed in accordance with OAR requirements. These positions include a 1.0 FTE QA Coordinator.	A. Ongoing		A. WCHHSDDP organizational chart (Attachment A)
Local Planning Process	<p>A. The Washington County Developmental Disabilities (DD) Advisory Council has agreed to function as the Local Quality Assurance Committee as part of their ongoing advisory function. The Washington County DD Advisory Council meets monthly.</p> <p>B. WCHHSDDP will develop and maintain a local QA plan. The local QA plan will be reviewed and updated annually and as major changes occur.</p> <p>C. SERT summary data will be presented to the Council in aggregate form at least quarterly, in conjunction with the quarterly monitoring report which describes the licensing, mid-cycle and related follow-up visits attended and/or conducted by County program coordinators at foster homes and 24-hour residential programs.</p>	<p>A. Ongoing</p> <p>B. Annual plan review 11/2005</p> <p>C. 12/04, 3/05, 6/05, 9/05</p>	<p>A. DD Advisory Council meeting minutes</p> <p>B. Annual plan</p> <p>C. DD Advisory Council meeting minutes, quarterly monitoring and SERT reports</p>	<p>A. DD Advisory Council membership list (Attachment B)</p> <p>C. Sample DD Service Provider Monitoring Report (Attachment C)</p>
Local Planning Process, cont.	<p>D. The DD Advisory Council conducted a Quality Assurance Survey in 2003 with the goal of assessing consumer and family satisfaction with DD services. The survey went to 1266 consumers enrolled in case management services, as well as 514 significant others (i.e. guardians, family members) identified on the Washington County DD database as not living at the same address as the consumer. The survey was translated into Spanish for 50 of these consumers and significant others.</p> <p>In the 11/2004 – 11/2005 QA plan year, a revised consumer satisfaction survey will be developed and sent to a sample of 10% of the consumers served by WCHHSDDP. The draft survey will be provided to the DD Advisory Council Outreach Committee for review and comment prior to distribution. Survey results will be presented to the DD Advisory Council upon completion.</p>	D. Survey to be conducted by 11/2005	D. Survey	

Systems and processes included assure that only qualified providers serve waiver participants.

Desired Outcomes:

1. Individual and agency providers are qualified to provide waiver services (see below)
2. Staff of agency providers receive training to provide waiver services (Reviewed by SPD)
3. Service Coordinators possess skills, competencies, and qualifications to provide waiver services (Reviewed by SPD)

Quality Plan:

	<u>Quality System or Process</u>	<u>Timelines</u>	<u>Person or Group Responsible</u>	<u>Output</u>	<u>Customers</u>	<u>Customer Requirements</u>
1	Complete Licensing and Certification for Residential and Vocational Programs in Comprehensive Service System					
	1.1 Work with SPD to complete program (24-hour group homes and vocational) site licensing and certification	24-hour group homes: every 2 yrs; Voc: every 3 years	SPD licensing team; QA Coordinator is Liaison	License or certificate and/or plan of improvement	SPD LCDDS Fire Marshall	OARs County contract
	1.2 Conduct license and certification reviews for foster homes	Annual reviews	Foster Home Coordinators	Review documentation	SPD	OARs
	1.3 Maintain local database of licensing visits, follow-up visits, and plans of improvement	Ongoing	Foster Home Coords, Analyst, Quality Coord	Reports from database	QA Comm.	Committee standards
	1.4 Probe licensing files for results of licensing reviews and completion of plans of improvement	Quarterly	Quality Coordinator	Checklist summary	Program Dir., QA Comm.	OARs
	Quality Indicators: <ul style="list-style-type: none"> • % of sites that are in substantial compliance with requirements est'd by state reg'n after initial visit. • % of plans of improvement satisfactorily completed within required timeline 	Quarterly to Program Dir., Twice per year to QA Committee				<ul style="list-style-type: none"> • See Lane County Performance measures
2	Assure that Individual Providers are Qualified to Provide Services in Foster and Family Homes					
	2.1 Maintain documentation as required for foster	Ongoing	Foster Care	File	QA Coordinator	OARs

	<u>Quality System or Process</u>	<u>Timelines</u>	<u>Person or Group Responsible</u>	<u>Output</u>	<u>Customers</u>	<u>Customer Requirements</u>
	providers & substitute caregivers, including foster care exams, criminal history clearance, training records		Coordinators	documentation		

Excerpt from SPD's Support Services Plan:

Section 2. Developing, Monitoring, and Reviewing Plans of Care

Goal: Home and community-based waiver services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life in the community.

Desired Outcome 1: 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.

QA Component	Success Indicators	Status and Date of Review	Comments and Recommendations/Date
■ 1.1 5% sample of individual plans---review quality of assessment and corresponding plan development.	A. In 80% of files reviewed in 2005 sample: ISP consistent w/ TXIX Waiver LOC assessment, CGS, Basic Supplement Criteria Inventory; CGS identifies preferences, needs, abilities, health status, other available supports; employee job descriptions and provider service agreements reflect individual support needs and preferences.	1/28/05: SIG review of data. Added to work plan—see detail sheets for 2005-07 benchmarks.	
	B. Review summary of 2004 5% Field Review at 12/04 SIG meeting	Note: no 12/04 SIG---rescheduled to 1/28/05	

Desired Outcome 2: Individuals freely choose between waiver services and institutional care, and among waiver services and providers.

QA Component	Success Indicators	Status and Date of Review	Comments and Recommendations/Date
■ 2.1 5% sample of individual files---offer of waiver vs institutional choice	Select indicators and performance thresholds by 2/1/05		

■ 2.2 5% sample of individual files---review of choice of services during plan development.	A. In 90% of files reviewed in 2005 sample: evidence that individuals freely choose among support service options and service providers; evidence of discussion related to choices and options w/in stated preferences.	1/28/05: SIG review of data. Added to work plan—see detail sheets for 2005-07 benchmarks.	
	B. Review summary of 2004 5% Field Review at 12/04 SIG meeting	Note: no 12/04 SIG--- rescheduled to 1/28/05	

Desired Outcome 3: Individuals receive services required to meet needs.			
QA Component	Success Indicators	Status and Date of Review	Comments and Recommendations/Date
■ 3.1 5% sample of individual files—review of responsiveness to need.	A. In 80% of files reviewed in 2005 sample: individuals receive services required to meet needs; personal agents respond to requests and needs/	1/28/05: SIG review of data. Added to work plan—see detail sheets for 2005-07 benchmarks.	
	B. Review summary of 2004 5% Field Review at 12/04 SIG meeting	Note: no 12/04 SIG--- rescheduled to 1/28/05	
■ 3.2 Reports of individuals employed and individuals receiving Vocational Rehabilitation	Review annual summary in August 2005		

Desired Outcome 4: Individuals are satisfied with plans and outcomes.			
QA Component	Success Indicators	Status and Date of Review	Comments and Recommendations/Date
■ 4.1 Evaluation and analysis of consumer satisfaction survey response.	A. Select indicators and performance thresholds by 2/1/05		
	B. Collect and summarize 2004 results for 2/05 review	1/28/05: SIG review. No conclusions. Will participate in SPD-wide survey when implemented.	

The following items are examples of how SPD gives detail on how a Quality Assurance/Quality Improvement component listed in the Support Services plan will be carried out.

**HOME AND COMMUNITY BASED SERVICES
QUALITY ASSURANCE/QUALITY IMPROVEMENT PLAN DETAIL**

- I. **Area of Inquiry:** QA Plan Section 2. Developing, Monitoring, and Reviewing Plans of Care
- II. **QA/QI Indicator:** QA Plan Section 2, Desired Outcome 1. 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.
 1. **QA/QI activity:** Staley Team 5% Field Review Sample
 2. **Frequency of QA/QI activity:** Annual
 3. **Sampling methods:** SPD Central Office will pull at least 5% random sample of Support Service waiver service recipients enrolled in each Brokerage, with at least one individual from each county served by each Brokerage
 4. **How data will be collected:** SPD Central Office staff on the Staley Team will conduct on-site reviews including examination of individual files (Medicaid TXIX Waiver Form, Customer Goal Survey, ISP, Basic Supplement Criteria Inventory, progress notes, annual reviews, correspondence, incident reports, employee job descriptions, provider service agreements) and discussion with Brokerage staff. Data will be recorded on paper checklists and returned to SPD Central Office to be aggregated and summarized.
 5. **Person responsible for QA/QI data collection:** Manager, Medicaid In-Home Support Services
 6. **Acceptable threshold of performance for 2.1.1:** Individual Support Plan is consistent with Medicaid Title XIX Waiver Level of Care assessment, Customer Goal Survey, Basic Supplement Criteria Inventory. Customer Goal Survey identifies preferences, needs, abilities, health status and other available supports. Employee Job Descriptions and Provider Service Agreements reflect individual support needs and preferences. These statements must be true for at least: 80% of records reviewed 2005; 85% of records reviewed 2006; 90% of records reviewed 2007.

Date adopted by QA Committee: 2/28/05 (Note: re-evaluate annual benchmarks when 2005 results are available)

And another example....

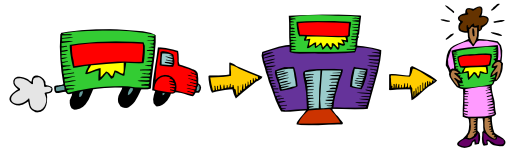
**HOME AND COMMUNITY BASED SERVICES
QUALITY ASSURANCE/QUALITY IMPROVEMENT PLAN DETAIL**

- I. **Area of Inquiry:** QA Plan Section 2. Developing, Monitoring, and Reviewing Plans of Care.
- II. **QA/QI Indicator:** QA Plan Section 2, Desired Outcome 2. Individuals freely choose between waiver services and institutional care, and among waiver services and providers.
 1. **QA/QI activity:** Staley Team 5% Field Review Sample
 2. **Frequency of QA/QI activity:** Annual
 3. **Sampling methods:** SPD Central Office will pull at least 5% random sample of Support Service waiver service recipients enrolled in each Brokerage, with at least one individual from each county served by each Brokerage.
 4. **How data will be collected:** SPD Central Office staff on the Staley Team will conduct on-site reviews including examination of individual files (Customer Goal Survey, Person Centered Plan, quarterly and annual reviews, ISP, progress notes, correspondence, incident reports) and discussion with Brokerage staff. Data will be recorded on paper checklists and returned to SPD Central Office to be aggregated and summarized.
 5. **Person responsible for QA/QI data collection:** Manager, Medicaid In-Home Support Services.
 6. **Acceptable threshold of performance for 2.2.2:** Individuals freely choose among Support Service options and providers. There is evidence of discussion related to choices and options within stated preferences. These statements must be true for at least 90% of records reviewed 2005 and at least 95% of records reviewed each year in 2006 and 2007.

Date adopted by QA Committee: 2/28/05 (Note: re-evaluate annual benchmarks when 2005 results are available)

PROCESS FOR DEVELOPING THE PLAN

There is only one specific requirement related to developing the Quality Plan: Local Quality Assurance Committees must review and provide input to the annual quality assurance plan. The particular process that a CDDP must employ to accomplish this is not defined by SPD. The QA Coordinator may develop drafts



for presentation to the Committee, or work with representatives of the Committee to draft sections of the plan. Information received from satisfaction surveys and focus groups or open forums (see Chapter 5 on Measuring Customer Satisfaction) as well as the results of other QA activities, may be helpful in developing the plan.

REVISING THE ANNUAL PLAN

The following are suggested strategies for reviewing the plan. It is not required that any CDDP use all of these strategies, but the plan must be reviewed at least annually.

1. Review the Format of the Plan. The Annual Quality Plan must “work” for the QA Coordinator, as well as meet the defined requirements. At the start of the review process, it is recommended that the QA Coordinator consider whether the current format for the plan has accomplished both of those objectives. The start of the annual review and revision of the plan is a good time to adjust the format, whether it be a major change (e.g., from paragraph to table style), or minor (e.g., adding or deleting a column from the table).
2. Include Reviews of Plan Sections in Several Meetings. It may be helpful to review a section of the plan at each of several meetings. For example, a meeting at which the committee will be asked to review data related to Qualified Providers, it may be useful also to review the section of the plan that defines CDDP activities related to service providers. Using this strategy, committee members are given a context in which to review the data and information presented. In addition, at the end of the year, when it is time to review the entire plan, committee members will be familiar with, and have already reviewed, each section. Maintain a record of recommendations for plan changes to facilitate the annual plan review and revision.



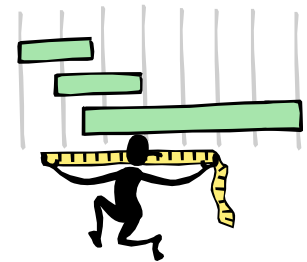


3. Review and Revise the Full Plan at Least Annually. Revise the plan at any point during the year when there is a need to change the plan, but each CDDP must review and revise the plan annually. Putting this final review into a calendar of topics for the QA Committee's consideration will assist the QA Coordinator to ensure the review and revision is accomplished.

(See Chapter 3 on Quality Assurance Committees for a sample of such a calendar.)

4. Review the Status of Processes and Measures in the Plan. In the next section of this chapter, on "Organizing Work for Carrying Out the Plan," it is recommended that the QA Coordinator complete an "inventory" related to pieces of the plan. Are all processes and measures listed in that plan that should be? Are all processes and measures listed in the plan fully in place? Are all CDDP policies and procedures needed to implement the local QA plan in place? Are there changes that need to be made in the plan as a result of any of these?

5. Evaluate Service Delivery and Outcomes. Review data that have been collected for the quality components to determine needs related to improving the quality of services. Look for ways to adjust the local plan to improve performance where needed.



6. Review Records of Conclusions and Recommendations. One of the OAR requirements is to maintain a record of conclusions and recommendations that have been drawn from analysis of the information gathered. This may be located in QA Committee minutes or other sources. The recommendations may be valuable for improving the Annual Plan.

7. Review the Most Current Edition of the State's QA Plan. It is useful to briefly review the State's QA Plan to ensure that the local plan addresses each of the needed areas. According to OAR, the plan must include all activities that are to be carried out at the local level according to the most current edition of the Department's QA plan.

ORGANIZING WORK FOR CARRYING OUT THE PLAN

Objective: Define requirements for organizing the work needed to carry out the local Quality Assurance plan, and provide suggestions for how to do that.

Requirements: Although the Local Quality Assurance Plan is required by Oregon Administrative Rule, there is little required specifically related to how organize work to carry out the plan.

This excerpt from the CDDP rule is current as of May 2005. Be sure to check the DHS website for any changes and updates. That website is:

<http://www.dhs.state.or.us/policy/spd/alpha.htm>

411-320-40 Community Developmental Disability Program (08/03/04)

DIVISION 320: COMMUNITY DEVELOPMENTAL DISABILITY PROGRAM
411-320-0040

Community Developmental Disability Program Responsibilities

(Sections deleted)

(9) *Local quality assurance program.*

(Sections deleted)

(b) *Quality assurance activities. The CDDP will perform quality assurance activities that include, but are not limited to, the following:*

(Sections deleted)

(C) *Implement the activities defined in the local QA plan, including the timely delivery of data and information to the Department as required in the Department's QA plan.*

(Sections deleted)

(e) *Local quality assurance committee. The CDDP will utilize a committee of stakeholders to assist in the development and review of local quality assurance plans and activities.*

(Sections deleted)

(B) *Activities of the committee will include:*

(i) *Providing review and comment on CDDP plans for local QA plan activities.*

(ii) *Providing review and comment on data gathering instruments and methods.*

(iii) *Providing review and comment on the results of information gathered by the CDDP and the effectiveness of corrective actions.*

The rules require CDDPs to have their local quality assurance committee to review and comment on specific things:

- 1) CDDP plans for local QA plan activities.
- 2) Data gathering instruments and methods.
- 3) **Results of information gathered by the CDDP and the effectiveness of corrective actions.**

So, at least some aspects of organizing work for carrying out the plan must include the opportunity for the Local Quality Assurance Committee to review and comment.

The rules also include requirements for the qualifications of individuals employed to carry out implementation activities, including the QA Coordinator.

411-320-40 Community Developmental Disability Program (08/03/04)

This excerpt from the CDDP rule is current as of May 2005. Be sure to check the DHS website for any changes and updates. That website is:

<http://www.dhs.state.or.us/policy/spd/alpha.htm>

DIVISION 320: COMMUNITY DEVELOPMENTAL DISABILITY PROGRAM

411-320-0040

Community Developmental Disability Program Responsibilities

(Sections deleted)

(9) *Local quality assurance program.*

(Sections deleted)

(f) *Quality Assurance resources. The CDDP must allocate resources to implement the local QA plan.*

(Sections deleted)

(B) *One position within the CDDP will be designated as the QA Coordinator...*

(Sections deleted)

(iii) *The purpose of the QA Coordinator is to facilitate the CDDP's quality assurance process through activities such as the following:*

(Sections deleted)



- (II) *Draft local quality assurance plans and procedures that both meet QA requirements established by the Department and consider the unique organizational structure, policies and procedures of the CDDP.*
- (III) *Keep CDDP administrative staff informed concerning new or changing requirements being considered by the Department.*
- (IV) *Coordinate activities within the CDDP such as preparation of materials and training of county staff as needed to implement the local QA plan.*
- (V) *Monitor the implementation of the local QA plan to determine the level of county compliance with Department requirements. Keep CDDP administrative staff informed about compliance issues and need for corrective actions.*
- (VI) *Coordinate delivery of information requested by the Department, such as the Serious Event Review Team (SERT).*
- (VII) *Assure record systems to store information and document activities are established and maintained.*
- (VIII) *Perform abuse investigations, if approved by the Department as part of the CDDP's QA plan.*

There is a long list of activities required to implement the local quality assurance program. Based on this section of the CDDP rule, then, the tasks of the QA Coordinator include coordinating and monitoring the work related to implementing the Local QA Plan. Again, however, there are no requirements for HOW to do that.

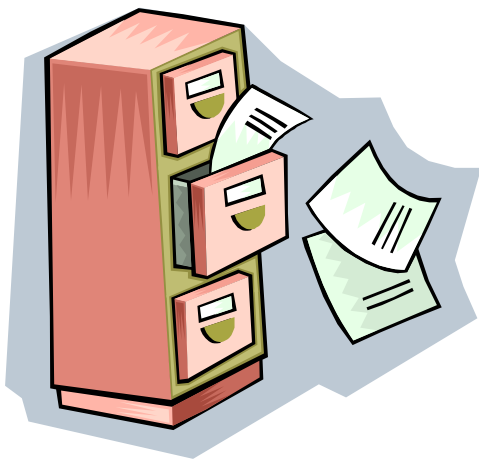


Guidelines and Suggestions

Given the breadth of activities that must be coordinated in implementing a local Quality Program, developing a Work Plan simply makes sense.

SUGGESTED WORK PLAN DEVELOPMENT PROCESS

1. Assess Where You Stand with the Plan. Conduct an "inventory" of policies, procedures, data collection tools, etc. that are needed to fully implement the Annual Quality Plan, for example:



- a. What policies, procedures/protocols need to be developed?
- b. What data collection forms need to be developed?
- c. Which data are not currently being collected?
- d. Which data are not currently being summarized and analyzed?
- e. Which data are not currently being used to make decisions/take actions?

Analyze existing quality assurance systems: Are they meeting standards? Are they implemented reliably? How is the information from those systems collected, summarized and analyzed? How could those be improved? This review will provide an overview of systems development and improvement needs, one source for developing an Annual Work Plan.

2. Evaluate Service Delivery and Outcomes. The Work Plan, however, also should reflect activities undertaken to improve the outcomes achieved. Therefore, also review how the CDDP, and its service providers, are performing in addressing health and safety, plans of care, provider qualifications, and fiscal accountability. This may be based on data reviews and recommendations of the Local Quality Assurance Committee, the local SERT Team, or CDDP staff.

Sample Inventory Format

Process from Plan	Policies & Proc?	Data Coll. Forms?	Data Collected?	Data summarized & analyzed?	Reports used?
Conduct probes of plan service outcomes	Yes	Yes	Yes	No	NA
Monitor implementation of plans of care	No	Yes	Yes	Yes	Yes
Probe CDDP case files re: Plan of Care reqts	No	No	No	NA	NA

3. Determine Development Priorities. These can be based on:
 - a. The items specifically listed in the CDDP OARs.
 - b. The items specifically listed in the State QA plan with regards to CDDP roles.
 - c. The section of the local QA Plan that addresses the CMS Assurance that is the biggest issue for the local area.
 - d. Input from the QA Committee.



LOCAL WORK PLAN

1. Include Prioritized Activities. QA Coordinators will find there are many more development and performance improvement tasks than are possible to carry out simultaneously, particularly in the first few years of the development of the Quality Program. It is common for a Quality Program to require a length of time for development. Use the work plan to reflect the prioritization of which systems or outcomes need attention. It may be helpful to ask the QA Committee to work with the CDDP to establish some criteria as a basis for prioritizing activities. These criteria and priorities will give focus to the work.

-
2. Develop the Work Plan. Once the tasks are identified and prioritized, it is possible to organize them into a Work Plan. Use a table format for ease of tracking. It is best to connect each task, in some way, to the item that it addresses on the Annual Quality Plan. Indicate timelines, such as when work on the task will start, and when it is due, as well as which individual or work unit is responsible for carrying out the task.



3. Reflect Reporting Timelines. The OARs and State QA Plan have high expectations regarding data collection, summary, and review. To accomplish these across the several systems (e.g., SERT, Licensing, and Monitoring Visits), include reports and their due dates in the Work Plan.
4. Calendar of Committee Topics. Chapter 3 on Local Quality Assurance Committees includes a recommendation for developing a calendar for topics to be covered at committee meetings. Use the Work Plan as a way to ensure that this calendar includes all the appropriate subjects, and that reports are scheduled to be included in time for scheduled meetings.



Sample Annual Work Plan Section

Timeline for Completion

Process #	System or Process	Goal	Q1	Q2	Q3	Q4	Status, Committee Actions and Recommendations
Assess and enroll individuals into Waivers							
1-2.1	Assess level of care needs	Establish tracking system	---	----	----		
1-1.4	Probe case files for compliance with eligibility criteria	Establish a system for compiling data	----				
1-1.4	Probe case files for compliance with eligibility criteria	Compile case file probe data and report quarterly	-- X	-- X	-- X	- X - 	
	Quality Indicator: % of eligibility determinations made within state mandated timelines	Monitor data (monthly)	---	----	----	----	
1-2.3	Probe case files for Title XIX waiver compliance	Establish a system for compiling data	----				
1-2.3	Probe case files for Title XIX waiver compliance	Compile case file probe data	---	----	----	----	
1-2.3	Probe case files for Title XIX waiver compliance	Report quarterly to staff & annually to Quality Committee	X	X	X	X	
	Quality Indicator: % of probed cased files in compliance with Title XIX Waiver	Monitor data (quarterly)	---	----	----	----	

criteria

Process #: Numbers in this column refer to the number of the chapter and processes listed in the Annual Quality Plan

System or Process: The system or process being addressed. The wording is taken directly from the Annual Quality Plan.

Goal: The aspect of this system or process that is to be addressed in this work plan.

Timeline for Completion (Q1, Q2, Q3, Q4): A “Gantt chart” reflecting start and end (|) of activities expected to require more than one quarter, ongoing activities within or across quarters (-----), and specific events (X). Q1, Q2, etc. reflect each of the four quarters of the year.

Status, Committee Actions and Recommendations: A column for entering records of notes on status, actions, or recommendations related to the accomplishment of each goal.

APPENDIX

CDDP Quality Assurance Plan Content Requirement Summary April 2005

I. What are the primary expectations of a CDDP Quality Assurance Plan?

The plan must describe activities that: a) directly support the Department's (Seniors and People with Disabilities—SPD) goals and outcomes for home and community-based developmental disability services and b) demonstrate management of service quality by evaluating performance information and adjusting practice as indicated by the data. The plan must reflect unique organizational structure, policies, and procedures of the CDDP and must be updated at least annually.

II. What are SPD's QA plan goals and desired outcomes?

SPDs 2003 quality assurance plan for developmental disability services featured processes for assuring services meet basic Centers for Medicare and Medicaid Services (CMS) requirements. SPD has since adopted an initial set of goals and outcomes for those processes from the Home and Community Based Services Quality Framework, a collaborative product of CMS and its national senior, physical disability, and developmental disability service partners. SPD is also working with its DD Quality Assurance Committee now to finalize goals, outcomes, and measurable indicators of success. The current set of goals and outcomes include:

- A. Participant Health and Welfare.** Individuals in home and community-based waiver services are safe and secure in their homes and communities, taking into account their informed and expressed choices.
1. Individuals live in safe physical environments.
 2. Individuals are protected from abuse.
 3. Grievances and complaints are resolved in a timely fashion.
 4. Individual risk and safety considerations are identified and appropriate interventions designed taking into account individual informed and expressed choices.

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5. There are systematic safeguards in place to protect participants from critical incidents and other life-endangering situations.
 6. There are safeguards in place to protect and support participants in the event of natural disasters or other public emergencies.

B. Developing, Monitoring, and Reviewing Plans of Care. Home and community-based waiver services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life in the community.

1. 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.
2. Individuals freely choose between waiver services and institutional care, and among waiver services and providers.
3. Individuals receive services required to meet needs.
4. Individuals are satisfied with plans and outcomes.

C. Services Provided by Qualified Providers. All agency and individual providers of home and community-based waiver services possess the requisite skills, competencies and qualifications to support participants effectively.

1. Individual and agency providers are qualified to provide waiver services.
2. Staff of agency providers receive training to provide waiver services.
3. Service Coordinators possess skills, competencies, and qualifications to provide waiver services.

D. Determining Level of Care Need. Each individual's need and eligibility for home and community-based waiver services are assessed and determined promptly and accurately.

1. Level of care assessments are completed accurately and on time.
2. Level of care assessments are completed by qualified persons.

E. State Administrative Authority Over the Waiver. The Department carries out its duties and responsibilities as Oregon's single state Medicaid Agency with regard to home and community-based waiver services.

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

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

F. State Financial Accountability. The Department maintains, and participates in, systems and procedures that promote financial accountability at all home and community-based waiver service levels.

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

III. What are local and state quality assurance activities that support the Department's current QA plan?

At minimum, these are the quality systems and processes featured in the Department's 2003 quality assurance plan and identified as either "County Processes" or as "Processes Operated by State Offices, with County Cooperation" in the May 2003 "grid" version of the Department's quality assurance plan:

A. Protection from Harm

1. Provide investigation and protective services for adults with developmental disabilities
2. Implement Serious Event Review Team (SERT) system
3. Provide mandatory abuse reporter training to providers (optional)
4. Participate in ISP processes related to protection from harm
5. Participate in licensing visit processes related to protection from harm
6. Provide protective services for children with developmental disabilities
7. Maintain licensing processes related to protection from harm
8. Provide support, training, and technical assistance related to protection from harm

B. Individual Support Plan

1. Implement Individual Support Plan (ISP) system processes
2. Monitor ISP implementation
3. Other processes, e.g.: annual summaries for CM-only; advise of rights, choice, fair hearing; TXIX waiver form

C. Qualified Providers

1. Complete licensing and certification
2. Monitor compliance
3. Provider processes, with cooperation of county: criminal records checks; self-assessments and plan of improvement; qualifications of in-home support staff; maintain necessary license or certification; hire qualified staff
4. Monitor providers
5. Provide training and technical assistance

D. Other Administrative Issues

1. Provide administrative oversight
2. Processes re Waiver
3. Processes re licensing and certification
4. Processes re state and county quality assurance
5. Measure consumer satisfaction
6. Processes operated by organizations in cooperation with county (e.g. policy addressing opportunities for individual to participate in decisions regarding operation of program; procedures for incorporating direction, guidance, advice of individuals and family members in the administration of the organization; emergency contingency plans)
7. Design system for administration, oversight, and quality Improvement
8. Manage SERT system
9. Provide oversight

E. Fiscal Accountability

1. Manage CPMS and Provider Financial Forms
2. Waiver processes
3. Act as State's fiscal agent in administering community based services
4. Maintain county financial system
5. Processes maintained by providers, with cooperation of county (e.g. provider financial records, client personal fund records)
6. Maintain state financial system
7. Maintain CPMS system
8. Conduct audits
9. Conduct reviews

IV. What sources of information, or “quality assurance components” provide data that can be used to measure how well the quality assurance systems or processes are working toward goals and desired outcomes for developmental disability services?

The table on following page summarizes the quality assurance components currently identified in SPDs quality assurance plan. CDDPs have varying degrees of participation in, or responsibility for, generation or maintenance of the information and that can be reflected in local plans. CDDPs may also have local sources of information that are regularly reviewed to assist evaluate progress toward desired outcomes; those local information sources can become part of the local QA plan.

Quality Assurance Components

	Maintain local process for gathering, reviewing,	Participate in statewide activity by Rule, Contract, or at Department request	Establish local success indicators related to Department goals and desired outcomes	Establish local benchmarks unless otherwise specified by Department	Establish local timelines unless otherwise specified by Department	Quality system or process from 2003 State QA Plan
Licensing, certification reviews	X	X	X	X	X	5, 7, 12, 13, 19
SERT	X	X	X	X	X	2, 4
Service coordinator monitoring, inc. annual plan reviews (24-hour res., foster home)	X	X	X	X	X	10, 13
OIT and local investigator information re protective services investigations	X	X	X	X	X	1
PSI investigator training, technical assistance, mentoring		X				1,8
Death reports	X	X	X	X	X	1,2,24
Records of individual complaints, inc. contested case as well as other types	X	X	X	X	X	20, 21
Service coordinator and provider training surveys		X				8, 16
Individual file reviews (re rights, plans, etc.)	X	X	X	X	X	11,20, 23
Annual sample file review using HCB Waiver Service Review checklist	X	X	X	X	X	11, 18
Service coordinator plan implementation reviews (Family Support, In-Home Comp)	X	X	X	X	X	9, 10
Employment Outcome reports		X				15
CDDP Records (e.g. service coordinator qualifications, training; actions re QA)	X	X	X	X	X	20, 23
Records of provider sanctions and contested case hearings	X	X	X	X	X	18, 20
Direct Care staff turnover records		X				15
Special training project records		X				8, 16
Records of foster provider training and testing	X	X	X	X	X	16
Individual/family satisfaction surveys	X	X	X	X	X	21
Audits, financial reports, special inquiries/investigations re state or local operations	X	X	X	X	X	26-34

