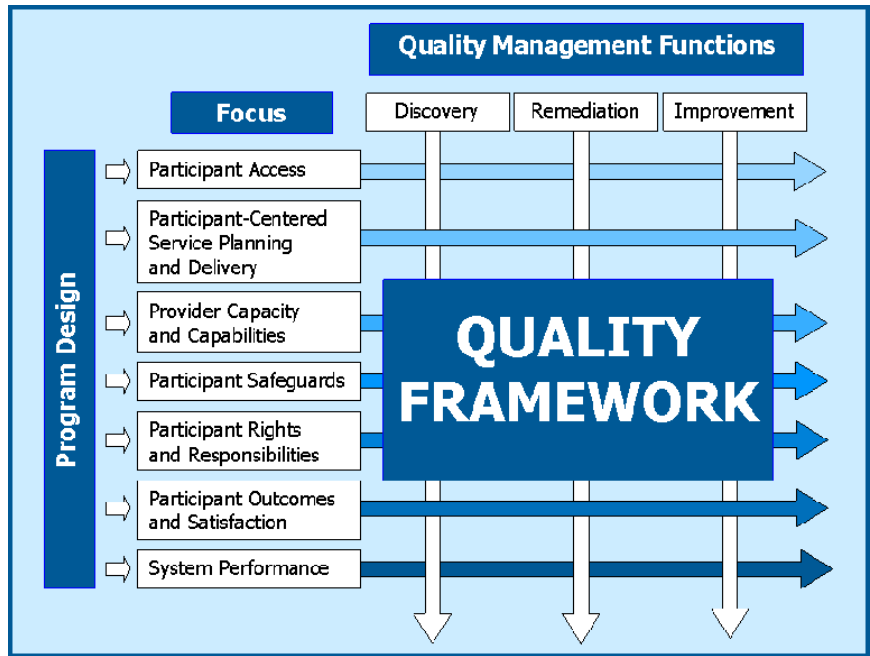


HCBS QUALITY FRAMEWORK

The Home and Community-Based Services (HCBS) Quality Framework provides a common frame of reference in support of productive dialogue among all parties who have a stake in the quality of community services and supports for older persons and individuals with disabilities. The Framework focuses attention on participant-centered **desired outcomes** along seven dimensions.

Program design sets the stage for achieving these desired outcomes. Program design addresses such topics as service standards, provider qualifications, assessment, service planning, monitoring participant health and welfare, and critical safeguards (e.g., incident reporting and management systems).



Quality management encompasses three functions:

- **Discovery:** Collecting data and direct participant experiences in order to assess the ongoing implementation of the program, identifying strengths and opportunities for improvement.
- **Remediation:** Taking action to remedy specific problems or concerns that arise.
- **Continuous Improvement:** Utilizing data and quality information to engage in actions that lead to continuous improvement in the HCBS program.

Focus	Desired Outcome
Participant Access	<i>Individuals have access to home and community-based services and supports in their communities.</i>
Participant-Centered Service Planning and Delivery	<i>Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life in the community</i>
Provider Capacity and Capabilities	<i>There are sufficient HCBS providers and they possess and demonstrate the capability to effectively serve participants.</i>
Participant Safeguards	<i>Participants are safe and secure in their homes and communities, taking into account their informed and expressed choices.</i>
Participant Rights and Responsibilities	<i>Participants receive support to exercise their rights and in accepting personal responsibilities.</i>
Participant Outcomes and Satisfaction	<i>Participants are satisfied with their services and achieve desired outcomes.</i>
System Performance	<i>The system supports participants efficiently and effectively and constantly strives to improve quality.</i>

Quality management gauges the effectiveness and functionality of program design and pinpoints where attention should be devoted to secure improved outcomes.

Program design features and quality management strategies will vary from program to program, depending on the nature of the program's target population, the program's size and the services that it offers, its relationship to other public programs, and additional factors.

The Framework was developed in partnership with the National Associations of State Directors of Developmental Disabilities Services, State Units on Aging, and State Medicaid Directors.

HCBS QUALITY FRAMEWORK

QUALITY FOCUS AREAS

Focus I: Participant Access

Desired Outcome: Individuals have access to home and community-based services and supports in their communities.

I.A Information/Referral

Desired Outcome: Individuals and families can readily obtain information concerning the availability of HCBS, how to apply and, if desired, offered a referral.

I.B. Intake and Eligibility

I.B.1 User-Friendly Processes

Desired Outcome: Intake and eligibility determination processes are understandable and user-friendly to individuals and families and there is assistance available in applying for HCBS.

I.B.2 Referral to Community Resources

Desired outcome: Individuals who need services but are not eligible for HCBS are linked to other community resources.

I.B.3 Individual Choice of HCBS

Desired Outcome: Each individual is given timely information about available services to exercise his or her choice in selecting between HCBS and institutional services.

I.B.4 Prompt Initiation

Desired Outcome: Services are initiated promptly when the individual is determined eligible and selects HCBS.

Focus II: Participant-Centered Service Planning and Delivery

Desired Outcome: Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life in the community

II.A Participant-Centered Service Planning

II.A.1 Assessment

Desired Outcome: 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 service plan.

II.A.2 Participant Decision Making

Desired Outcome: Information and support is available to help participants make informed selections among service options.

II.A.3 Free Choice of Providers

Desired Outcome: Information and support is available to assist participants to freely choose among qualified providers.

II.A.4 Service Plan

Desired Outcome: Each participant's plan comprehensively addresses his or her identified need for HCBS, health care and other services in accordance with his or her expressed personal preferences and goals.

II.A.5 Participant Direction

Desired Outcome: Participants have the authority and are supported to direct and manage their own services to the extent they wish.

II.B Service Delivery

II.B.1 Ongoing Service and Support Coordination

Desired Outcome: Participants have continuous access to assistance as needed to obtain and coordinate services and promptly address issues encountered in community living.

II.B.2 Service Provision

Desired Outcome: Services are furnished in accordance with the participant's plan.

II.B.3 Ongoing Monitoring

Desired Outcome: Regular, systematic and objective methods - including obtaining the participant's feedback - are used to monitor the individual's well being, health status, and the effectiveness of HCBS in enabling the individual to achieve his or her personal goals.

II.B.4 Responsiveness to Changing Needs

Desired Outcome: Significant changes in the participant's needs or circumstances promptly trigger consideration of modifications in his or her plan.

Focus III: Provider Capacity and Capabilities

Desired Outcome: There are sufficient HCBS providers and they possess and demonstrate the capability to effectively serve participants.

III.A Provider Networks and Availability

Desired Outcome: There are sufficient qualified agency and individual providers to meet the needs of participants in their communities.

III.B Provider Qualifications

Desired Outcome: All HCBS agency and individual providers possess the requisite skills, competencies and qualifications to support participants effectively.

III.C Provider Performance

Desired Outcome: All HCBS providers demonstrate the ability to provide services and supports in an effective and efficient manner consistent with the individual's plan.

Focus IV: Participant Safeguards

Desired Outcome: Participants are safe and secure in their homes and communities, taking into account their informed and expressed choices.

IV.A Risk and Safety Planning

Desired Outcome: Participant health risk and safety considerations are assessed and potential interventions identified that promote health, independence and safety with the informed involvement of the participant.

IV.B Critical Incident Management

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

IV.C Housing and Environment

Desired Outcome: The safety and security of the participant's living arrangement is assessed, risk factors are identified and modifications are offered to promote independence and safety in the home.

IV.D Restrictive Interventions

Desired Outcome: Restrictive interventions - including chemical and physical restraints - are only used as a last resort and subject to rigorous oversight.

IV.E Medication Management

Desired Outcome: Medications are managed effectively and appropriately.

IV.F Natural Disasters and Other Public Emergencies

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

Focus V: Participant Rights and Responsibilities

Desired Outcome: Participants receive support to exercise their rights and in accepting personal responsibilities.

V.A Civic and Human Rights

Desired Outcome: Participants are informed of and supported to freely exercise their fundamental constitutional and federal or state statutory rights.

V.B Participant Decision Making Authority

Desired Outcome: Participants receive training and support to exercise and maintain their own decision-making authority.

V.C Due Process

Desired Outcome: Participants are informed of and supported to freely exercise their Medicaid due process rights.

V.D Grievances

Desired Outcome: Participants are informed of how to register grievances and complaints and supported in seeking their resolution. Grievances and complaints are resolved in a timely fashion.

Focus VI: Participant Outcomes and Satisfaction

Desired Outcome: Participants are satisfied with their services and achieve desired outcomes.

VI.A Participant Satisfaction

Desired Outcome: Participants and family members, as appropriate, express satisfaction with their services and supports.

VI.B Participant Outcomes

Desired Outcome: Services and supports lead to positive outcomes for each participant.

Focus VII: System Performance

Desired Outcome: The system supports participants efficiently and effectively and constantly strives to improve quality.

VII.A System Performance Appraisal

Desired Outcome: The service system promotes the effective and efficient provision of services and supports by engaging in systematic data collection and analysis of program performance and impact.

VII.B Quality Improvement

Desired Outcome: There is a systemic approach to the continuous improvement of quality in the provision of HCBS.

VII.C Cultural Competency

Desired Outcome: The HCBS system effectively supports participants of diverse cultural and ethnic backgrounds.

VII.D Participant and Stakeholder Involvement

Desired Outcome: Participants and other stakeholders have an active role in program design, performance appraisal, and quality improvement activities.

VII. E Financial Integrity

Desired Outcome: Financial accountability is assured and payments are made promptly in accordance with program requirements.