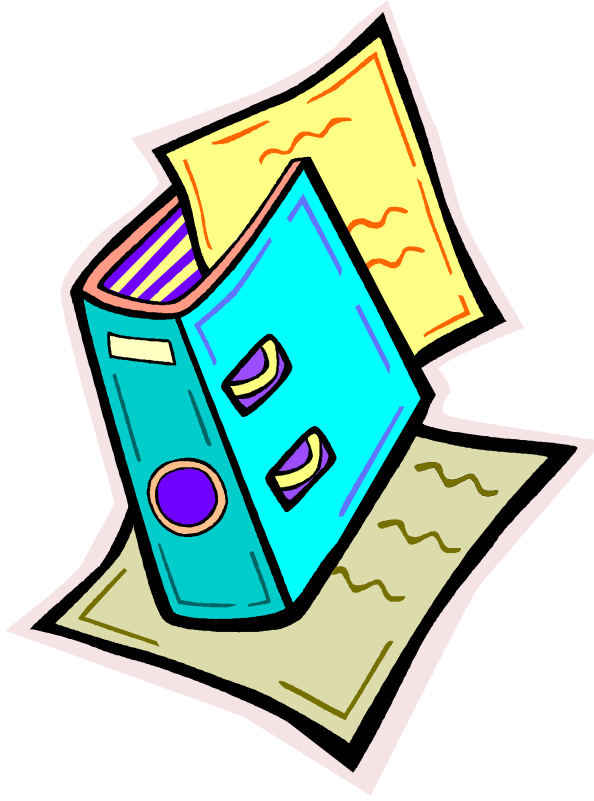

CRITICAL QUESTIONS WORKBOOK



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June 2005

CRITICAL QUESTIONS WORKBOOK

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Preface

The *Critical Questions Workbook* is intended for use by Quality Assurance (QA) Coordinators to assist them in working in Local Quality Assurance Committees.

According to the Oregon Administrative Rule (OAR) on Community Developmental Disability Programs (CDDPs) {OAR 411-320-0040(9)(e)(B)}, Local Quality Assurance Committees include three primary activities:

- Providing review and comment on CDDP plans for local QA plan activities
- Providing review and comment on data gathering instruments and methods
- Providing review and comment on the results of information gathered by the CDDP and the effectiveness of corrective actions.

It is this third activity that this workbook is designed to support: to assist QA Coordinators with identifying relevant “results of information gathered” for presenting to the Committee. Use of the workbook is **not** required.

The *Critical Questions Workbook* is organized according to the six goals included in the state’s QA plan and is 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 publication of this Workbook. All CDDPs must remember that their role is to implement a Quality Assurance program that supports the state’s current Quality Assurance Plan.





The Workbook 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 workbook presents some of the quality assurance requirements, as well as items that are not specifically required but offered as suggestions or examples. As such it does not necessarily reflect the policies and procedures of the office of Seniors and People with Disabilities.

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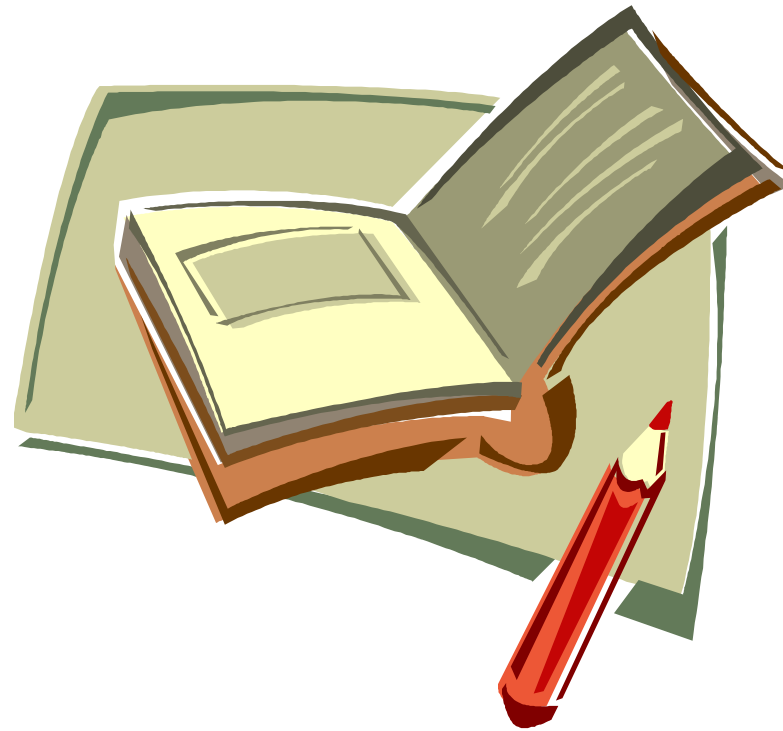
Vicki Storie of Seniors and People with Disabilities
and the Quality Assurance Coordinators from across the State of Oregon
who have given feedback on previous versions, and shared their challenges
related to working with data for quality improvement.

The website for obtaining this document, the *Critical Questions Workbook*, and the *Local Quality Assurance Resource Manual* is: <http://www.Oregon.gov/DHS/SPD/QA/home.shtm>

CRITICAL QUESTIONS WORKBOOK

Section I

Introduction to the Critical Questions Workbook



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June 2005

Critical Questions Workbook

Section I

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Introduction

The *Critical Questions Workbook* is designed as a tool to support the work of Local Quality Assurance Coordinators and Quality Assurance Committees. The responsibilities of these groups are defined in the State Quality Plan and its revisions, submitted to Centers for Medicaid and Medicare Services (CMS), and in the Oregon Administrative Rules (OARs) on Community Developmental Disability Programs (CDDPs) 411-320-40 (9) (08/03/04).

Oregon’s Seniors and People with Disabilities (SPD) submitted the State’s Quality Plan as part of its application to CMS for renewal of a waiver. The plan includes information on how state and local developmental disabilities programs will assure six features of service—referred to as the “six assurances.” SPD, therefore, has established six “Goals” for the service system for persons with developmental disabilities, related to achieving these six assurances. Each Goal includes a set of “Desired Outcomes.” Because these six Goals—and their Desired Outcomes—are the cornerstone of how CMS reviews state systems for quality, this workbook is designed around them.

- | <u>The Six Goals</u> |
|---|
| Goal #1: Participant Health and Safety |
| Goal #2: Plans of Care |
| Goal #3: Qualified Providers |
| Goal #4: Determining Level of Care Need |
| Goal #5: State Administrative Authority over the Waiver |
| Goal #6: State Financial Accountability |

The workbook includes one “Critical Question” related to each Goal and worksheets related to each Desired Outcome. Additional chapters of the Workbook include an orientation for Quality Assurance Committee Members, sample worksheets for use with QA Committee members, and other sample pages for use in working with the Committee.

The *Critical Questions Workbook* provides guidance to Quality Assurance Coordinators and CDDPs to organize information for the Quality Assurance Committee to “review and comment on the results of information gathered

by the CDDP and the effectiveness of corrective actions” {OAR 411-320-0040(9)(e)(B)(iii) }. Each Critical Question asks the Committee to determine how well the local area is meeting that goal, in two ways:

1. The extent to which the expected local CDDP Quality Assurance **processes** related to this Critical Question are in place and functioning to standards.
2. The quality of **results** discovered through those Quality Assurance process, i.e., how well the county as a whole is performing related to the Critical Question and its Desired Outcomes.

To allow the Committee to review and comment on results, the QA Coordinator will need to establish data systems that summarize the relevant data for Committee review.

Through contract, Administrative Rule, or at Department request, CDDPs are required to maintain a set of local processes or participate in statewide activities for gathering, reviewing and responding to data. These quality assurance processes are referred to by SPD as “Quality Components.” For example, file reviews, licensing and certification, and the SERT system are examples of Quality Components. SPD’s document “**CDDP Quality Assurance Plan Content Requirement Summary**” (April 2005) is presented at the end of this introduction and summarizes quality components that are expected of CDDPs.

Each chapter identifies required local and statewide Quality Components (quality assurance systems) and some suggested ways to measure (quality indicators) tied to each Desired Outcome.

Quality Coordinators may choose to use this workbook in several different ways:

1. Use the *Critical Questions Workbook* Section I as a guide for the QA Coordinator for developing quality indicators (measures) for working with Committee members.
2. Use the Committee Workbook Sections II-VI as presented, directly with committee members. The worksheets included in these sections have been simplified for Committee members. A few options

are presented, and QA Coordinators may select the formats that work best for their Committee. The Committee worksheets help to organize information given to the Committee, and place it into context.

3. Use the Committee Workbook Sections II-VI as samples, but develop local formats for materials and information for working with Committee members.

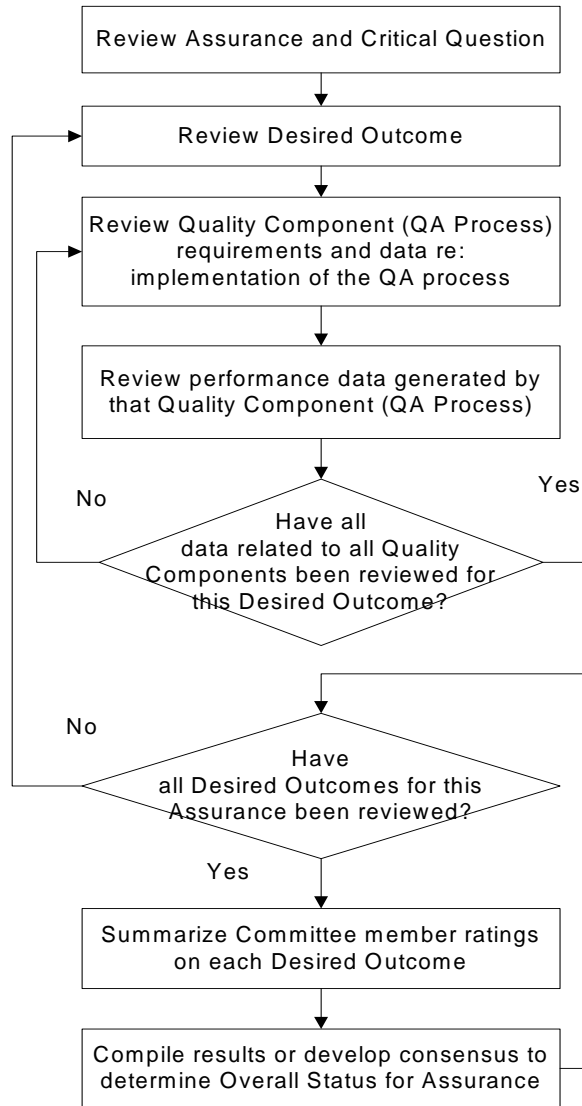
CDDPs are NOT required to use any sections of the *Critical Questions Workbook* for QA Coordinators and the associated Committee materials. They are provided solely as a resource.

ORGANIZATION AND CONTENTS OF THE WORKBOOK

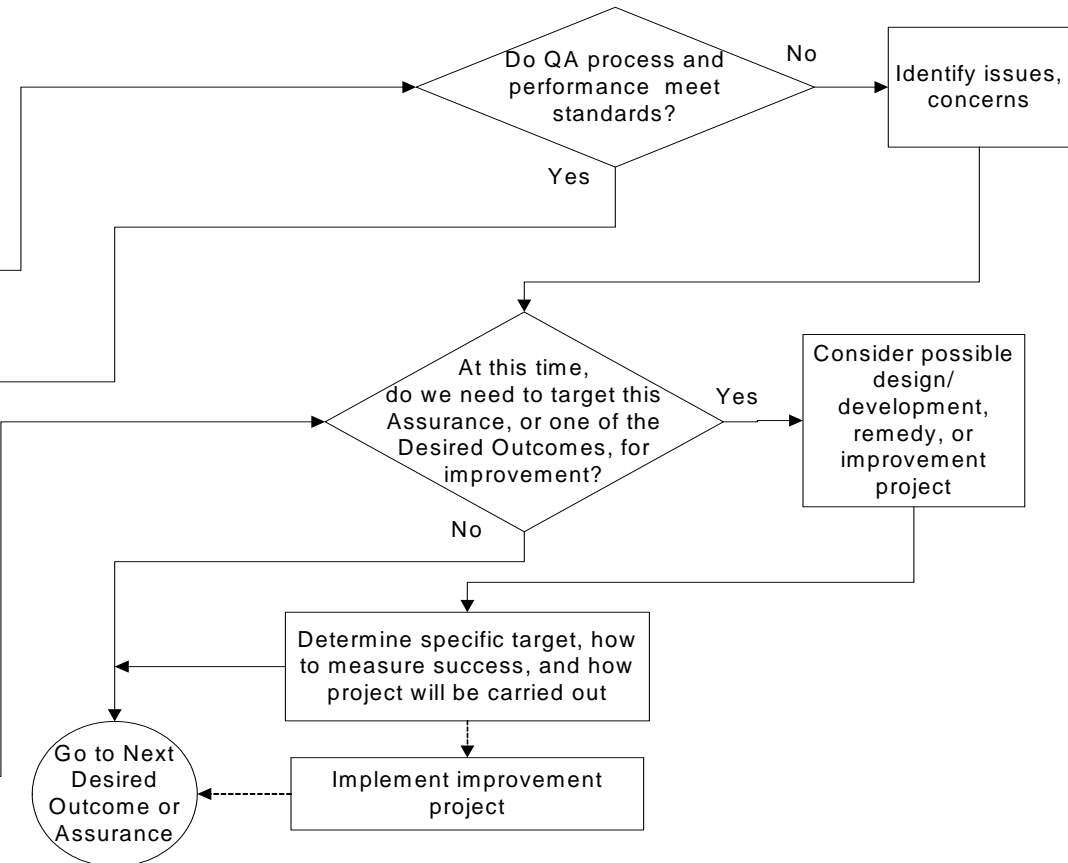
- Section II: Worksheets to assist QA Coordinators with selecting appropriate measures for reporting quality assurance results related to each Quality Component, Desired Outcome, and Goal.
- Section III: An orientation for use with Quality Assurance Committee members that explains their role related to reviewing the results of quality assurance activities.
- Section IV: Quality Component Lists and Rating Forms worksheets --for use with the QA Committee, and instructions for how to use them.
- Section V: An alternate version of worksheets for use with QA Committees--“Process and Results Rating Forms”—and instructions for how to use them.
- Section VI: Sample Helpful Pages. This section includes additional forms that may be used by QA Coordinators with QA Committees. Forms included are “Summary of Desired Outcomes,” “Do We Need to Target this Goal?,” “Defining a Project,” “State Plan Formats,” and “Quality Assurance/Quality Improvement Plan Detail.”

General Process for Working with Quality Assurance Committees Using the Critical Questions Workbook

CDDP Role: Review with Committee



Quality Assurance Committee Role



HINTS for Working with the Critical Questions Process and the Quality Committee

- Keep notes on how you developed the data related to Quality Components and Desired Outcomes. Often, there are many ways to select and compile data, so notes will help you to do it the same way next time, or to improve your data presentation. The QA/QI Plan Detail Form included in the Sample Forms section is useful for this purpose. For example, one of the Quality Components required for the Desired Outcome, “Individuals live in safe physical environments” is Licensing and Certification Reviews. However, which items from these reviews will be reported? Only Corrective Actions related to safe physical environments? All results on a specific set of questions that relate to “safe physical environments”? Both? There is space included after each Quality Component for listing the measures used. Use the space provided for including the more detailed notes as well. List the time period from which you summarized data, the type of service setting being reported, or other factors that will help provide a context to the data presented to the committee, and assist you the next time you need to prepare similar information.
- For each Quality Component presented, include information on the implementation of the Quality Component itself, e.g., present not only the results found through Facility Checklists (Service Coordinator reviews), but what percent of facilities were reviewed using the checklist.
- Whenever presenting results, list the time period from which the data were drawn.
- Your CDDP or Committee may choose to review areas that are not obviously covered by the Goals or the *Critical Questions Workbook*, but are locally important. Please do review those. Use the general format and process of the *Critical Questions Workbook* if they are helpful.
- Whatever process you choose to use, remember at each meeting to ask your Quality Committee if it is meeting their needs, and how you can improve the process or the format of the data you are presenting.

The Process for Working with the QA Committee

The figure already presented suggests a general process for working with the QA Committee: Present data related to Quality Components that report performance on a single Desired Outcome and Goal. Ask the committee to help decide if that Desired Outcome and Goal need to be targeted for improvement. If so, then define a Design/Development, Remedy or Improvement project and how it will be carried out.

Rating the Status of Each Desired Outcome and Answering the Critical Question. The *Critical Questions Workbook* suggests a 4 point scale for rating each Desired Outcome: Exceeds Standards, Meets Standards, Needs Improvement, and Priority Problem Area. You may choose to use any scale you want—or no scale at all. For example, you may ask members to score the Desired Outcome with a number between 1 and 10, or by using red, yellow, and green colored cards to designate Problem, Caution, and Good. The purpose of these ratings is to determine whether the Committee believes the CDDP should target the Goal or one of its Desired Outcomes for a Design/Development, Remedy, or Improvement Project. Instead of ratings, you may simply ask the Committee to discuss the results presented and determine through the discussion any concerns the Committee members have related to this area.

The *Critical Questions Workbook* Sample Forms include pages to help with summarizing ratings for each Goal. The chart, “Summary of Desired Outcomes,” lists all the Desired Outcomes for the Goal, along with the rating levels, in a matrix format. You may use this matrix directly, or draw a similar matrix onto newsprint for the whole Committee to be able to see. QA Coordinators and Committees, however, may choose to use dialog instead to determine if the CDDP and Committee need to target this Goal for improvement. Using ratings, however, is helpful to move the committee from discussion to action. Whichever approach the Committee uses, the Committee should determine if the Goal needs to be targeted now, targeted at a later time, or does not need to be targeted, based on current Quality Component processes and results.

Determining a Project. Another of the sample pages provided will be useful if the answer to the Critical Question indicates that the CDDP and Committee need to target this Goal for improvement at this time. This page again

lists all of the Desired Outcomes for the Goal, asking the Committee to select which Desired Outcome they will target. There also is space for writing the specific aspect of the Desired Outcome that they will target. For example, if data on the Outcome “Individuals live in safe physical environments” revealed that foster care homes don’t maintain functioning smoke alarms, then a specific project could be defined around improving the performance of foster homes regarding maintaining functioning smoke alarms.

The page presents three types of projects: Design/Development, Remedy, or Quality Improvement.

Design/Development Project--Develop a new system or process, e.g., a form, a method to report compiled data on PSIs, a way to compile important data from the home visits

Remedy Project—Address an aspect of participant safeguards that falls in the “Priority Problem Area” or “Needs Improvement” range

Quality Improvement Project—Address an aspect of participant safeguards that falls in the “Meets Standards” or “Exceeds Standards” range.

Our example of smoke alarms in Foster Care Homes would likely be considered a “Remedy Project” because the Committee felt the results were below standard.

The final two questions on this page ask “How will we know that the project is successful?” and “How will we carry out the project?” These are important planning questions, and the Committee should have input into answering them. “How will we know that the project is successful?” means “How will we measure success” or “What do we want to accomplish through this project” or “How will we know when we are finished with the project?” In “How will we carry out the project?” the Committee and QA Coordinator consider the format of the project and the resources that will be applied to it. Will it be completed by the Committee, or a subgroup of the Committee, or by CDDP staff? When does the Committee expect the project to be completed? When will the Committee expect a report on project results? Completing these discussions will help to assure a successful project.

With this overview, we hope that you are ready to start supporting your Quality Assurance Committees to review data in order to answer the Critical Questions regarding the status of services for people with developmental disabilities in your area.

Some Helpful Definitions

Exceeds Standards:	The performance of the Quality Assurance Component by the CDDP and the results that were reported both are above what is expected by standard, rule, or contract.
Meets Standards:	The performance of the Quality Assurance Component by the CDDP and the results that were reported both are approximately equal to what is expected by standard, rule, or contract.
Needs Improvement:	Either the performance of the Quality Assurance Component by the CDDP OR the results that were reported DOES NOT MEET what is expected by standard, rule, or contract.
Priority Problem Area:	Either the performance of the Quality Assurance Component by the CDDP OR the results that were reported or both are substantially below what is expected by standard, rule, or contract.
Process:	For the purposes of the <i>Critical Questions Workbook</i> , the word Process is used to refer to a Quality Assurance Component.
Quality Assurance Component:	A process that is defined by SPD through OAR or contract, or by the local CDDP, with the purpose of measuring performance in a defined area to assure Quality. Thus, it may be viewed as a “data source.” The Quality Assurance Components included in the <i>Critical Questions Workbook</i> are required by SPD to be maintained on an ongoing basis by CDDPs. There are additional Quality Assurance Components, not included here, that may be required occasionally, on request, by SPD, or that may be defined by the CDDP itself.
Results:	The data gathered through the implementation of a Quality Assurance Component. For example, having records of foster provider training and testing is a Quality Assurance Component; the results would include the percentage of foster providers who meet training and testing standards.

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.

-
-
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.
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

CRITICAL QUESTIONS WORKBOOK

Section II

Critical Questions Workbook Pages



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June 2005

Critical Questions Workbook


Section II

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Critical Questions Workbook Pages

The following pages provide suggestions for measures you could use to report to your QA Committee on the processes and results of Quality Assurance activities. Use this as a workbook—there is space under each Quality Component for writing the specific measure that you have chosen to use, and information about the measure. Sample measures provided are simply that—examples. None of them are required.

Measure(s)	The actual measure you plan to report to the QA Committee. Sample measures are listed for each Quality Component.
How Often?	How often (or when) will you collect the data related to this measure? How often will you report the compiled data? For example, you might enter “Collect monthly, Report annually.”
Person Resp.	Who is responsible for carrying out the data collection and/or reporting?
Acceptable Threshold of Performance	The level of performance that is acceptable for that QA process. If you identify an acceptable threshold, then whenever performance drops below it, the QA Committee or CDDP should identify an improvement strategy to bring performance into acceptable levels. You may begin with a lower defined acceptable threshold, and gradually increase it over time as performance improves.
Methods, Source, How Data are Gathered, e.g., Sampling Methods	<p>This is probably the most important part of the workbook. Enter information here about how data are collected for this Quality Component and report. The more accurate and precise this is, the more likely you will repeat the same method the next time you need to report on this measure. For example, “Summarize question ‘XXXXXXX’ from the Service Monitoring Checklist (06/04 version). Use all checklists completed during the 6 months prior to the report. Calculate ‘% in place’ by dividing the total number of ‘+’ by the total number of sites reviewed for this item.”</p> 

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?

Desired Outcome 1:

Individuals live in safe physical environments.

Date Developed or Updated: _____

Quality Component: LICENSING, CERTIFICATION REVIEWS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • #/% of sites reviewed by type of service 	<ul style="list-style-type: none"> • Local records
Results	<ul style="list-style-type: none"> • % site reviews each year with adequate physical environment and emergency planning 	<ul style="list-style-type: none"> • Local records, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

Goal #1: Participant Health and Welfare
Desired Outcome 1: Individuals live in safe physical environments (continued)

Quality Component: SERT RECORDS

Sample Measures:

Type	Measure	Source
Process	Description of categories related to safe physical environments	<ul style="list-style-type: none"> • SERT Manual
Results	#/% of SERT incidents related to unsafe physical environment	<ul style="list-style-type: none"> • Review individual incident descriptions in SERT database during a specific time period for relevant serious events (e.g., injury/pain, ambulance) to determine if related to unsafe physical environment OR • On homepage of on-line SERT database, “View Licensing Citations.” Review text of citations to determine if any are related to unsafe physical environment

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

*Goal #1: Participant Health and Welfare
Desired Outcome 1: Individuals live in safe physical environments (continued)*

Quality Component: SERVICE COORDINATOR MONITORING

Sample Measures:

Type	Measure	Source
Process	% sites (by type) monitored by Service Coordinators for adequate physical environment	<ul style="list-style-type: none"> Local records of Service Coordinator Monitoring
Results	% site monitoring reviews (by type) that indicate adequate physical environment	<ul style="list-style-type: none"> Local records of Service Coordinator Monitoring, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

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?

Desired Outcome 2:

Individuals are protected from abuse.

Date Developed or Updated: _____

Quality Component: OIT DATA AND LOCAL INVESTIGATOR INFORMATION ABOUT PROTECTIVE SERVICE INVESTIGATIONS

Sample Measures:

Type	Measure	Source
Process	Types of information gathered about PSIs; description of local PSI process	<ul style="list-style-type: none"> • OARs
Results	#/% of incidents referred to OIT for investigation	<ul style="list-style-type: none"> • There is no on-line or off-line SERT database report available at this time
	% of allegations to clients served # Substantiated allegations % Substantiated allegations to clients served	<ul style="list-style-type: none"> • OIT Annual Report of Abuse and neglect Allegations for Adults and Children who Receive Mental Health and Developmental Disabilities Services, Statewide Results
	Types of abuse; deaths due to substantiated abuse; re-abuse of an individuals within 12 months of first substantiated abuse	<ul style="list-style-type: none"> • Request from OIT

Goal #1: Participant Health and Welfare
Desired Outcome 2: Individuals are protected from abuse (continued)

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

*Goal #1: Participant Health and Welfare
Desired Outcome 2: Individuals are protected from abuse (continued)*

Quality Component: SERT RECORDS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • Description of SERT Committee process • % months with SERT Committee meetings that indicate review of data for trends and patterns; 	<ul style="list-style-type: none"> • Local written policy/procedure • SERT Committee minutes
	<ul style="list-style-type: none"> • # SERT investigations that are outstanding (i.e., that have not been completed), # days outstanding 	<ul style="list-style-type: none"> • Off-line SERT database report # 2.1 (summary table)
	<ul style="list-style-type: none"> • # completed SERT investigations with follow-ups that are outstanding (i.e., that have not been completed); # days outstanding 	<ul style="list-style-type: none"> • Off-line SERT database report # 2.7 (summary table)
	<ul style="list-style-type: none"> • #/average days to complete investigations; #/% of late investigations 	<ul style="list-style-type: none"> • Off-line SERT database report # 2.2 (summary table)
	<ul style="list-style-type: none"> • # completed SERT investigations with outstanding results (i.e., results not yet entered), # days outstanding 	<ul style="list-style-type: none"> • Off-line SERT database report # 2.5 (summary table)
Results	<ul style="list-style-type: none"> • Total serious events to date, by category, for specified year 	<ul style="list-style-type: none"> • Off-line SERT database report # 7.3 (bar graph with counts by category)
	<ul style="list-style-type: none"> • #/% of allegations/investigations, % of allegations investigated 	<ul style="list-style-type: none"> • No on-line or off-line SERT database summary report available at this time.
	<ul style="list-style-type: none"> • % reports of suspected criminal activity to local law enforcement 	<ul style="list-style-type: none"> • Off-line SERT database report # 7.3 (“Criminal Referral”)
	<ul style="list-style-type: none"> • #/% completed SERT investigations involving follow-up 	<ul style="list-style-type: none"> • Off-line SERT database report # 2.6 (summary table)

*Goal #1: Participant Health and Welfare
Desired Outcome 2: Individuals are protected from abuse (continued)*

Type	Measure	Source
	<ul style="list-style-type: none"> • #/% of SERT Investigations resulting in inconclusive, unsubstantiated, or substantiated 	<ul style="list-style-type: none"> • Off-line SERT database report # 2.3 “SERT Investigation Result Summary” (summary table) • Off-line SERT database report # 7.9 (bar graph for a specified year) • Off-line database report # 2.4 (summary table with incident details)

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

*Goal #1: Participant Health and Welfare
Desired Outcome 2: Individuals are protected from abuse (continued)*

Quality Component: PSI INVESTIGATOR TRAINING, TECHNICAL ASSISTANCE, MENTORING

Sample Measures:

Type	Measure	Source
Process	Status of the system used to track training, technical assistance, and/or mentoring	<ul style="list-style-type: none"> Local training and technical assistance records
Results	# days of training or technical assistance received	<ul style="list-style-type: none"> Local training and technical assistance records

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

*Goal #1: Participant Health and Welfare
Desired Outcome 2: Individuals are protected from abuse (continued)*

Quality Component: DEATH REPORTS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • Description of process when death occurs • % of deaths for which the process was completed 	<ul style="list-style-type: none"> • Local policy procedure, • Local records
Results	<ul style="list-style-type: none"> • % of deaths reviewed that were due to substantiated abuse 	<ul style="list-style-type: none"> • Review local records • No off-line SERT database summary report available at this time • Off-line database, Main menu, Activity #8: Use Forms to Filter, Sort, and Find Incident and Serious Event Data (enter Death, investigated, investigation completed, results=substantiated)

Local Measures

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

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?

Desired Outcome 3:

Date Developed or Updated: _____

Grievances and complaints are resolved in a timely fashion.

Quality Component: RECORDS OF INDIVIDUAL COMPLAINTS, INCLUDING CONTESTED CASE

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • Description of process • Status of records related to complaint resolution 	<ul style="list-style-type: none"> • Local policy/procedure related to individual complaints • Local records
Results	<ul style="list-style-type: none"> • # and types of complaints received • Timeliness of resolution 	<ul style="list-style-type: none"> • Local records of individual complaints

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

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?

Desired Outcome 4:

Date Developed or Updated: _____

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

Quality Component: SERVICE COORDINATOR MONITORING

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • % of individuals for whom ISPs were monitored by type of service 	<ul style="list-style-type: none"> • Local records of Service Coordinator monitoring
Results	<ul style="list-style-type: none"> • % of sample of ISPs with completed Risk Tracking Records, mandatory interventions and protocols on identified risks including behavioral interventions • % ISPs for adults receiving comprehensive In-Home Supports developed using Risk Tracking Record or similar tool 	<ul style="list-style-type: none"> • Local records of Service Coordinator monitoring, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

Goal #1: Participant Health and Welfare
Desired Outcome 4: Individual risk and safety considerations are identified and appropriate interventions designed taking into account individual informed and expressed choices (continued)

Quality Component: LICENSING, CERTIFICATION REVIEWS

Sample Measures:

Type	Measure	Source
Process	#/% of sites reviewed by type of service	<ul style="list-style-type: none"> Local records
Results	<ul style="list-style-type: none"> % with Balancing test when monitoring psychotropic medication % in compliance with the rule forbidding PRN use of psychotropic medications and with requirements for written protocols and interventions in conjunction with use of psychotropic medications 	<ul style="list-style-type: none"> Local records, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

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?

Desired Outcome 5:

Date Developed or Updated: _____

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

Quality Component: SERT RECORDS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> % of monthly meetings held to review SERT data, determine timely correction of the problems, and analyze information to detect trends and patterns. 	<ul style="list-style-type: none"> Local SERT meeting minutes
Results	<ul style="list-style-type: none"> Problems corrected; Trends and patterns detected; Actions taken in response to trends and patterns 	<ul style="list-style-type: none"> Local SERT meeting minutes
	<ul style="list-style-type: none"> Graph of total serious events to date for specified year 	<ul style="list-style-type: none">

Local Measures

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

*Goal #1: Participant Health and Welfare
Desired Outcome 5: There are systematic safeguards in place to protect participants from critical incidents and other life-endangering situations (continued)*

Quality Component: SERVICE COORDINATOR MONITORING

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • % of sites that were monitored 	<ul style="list-style-type: none"> • Local records of Service Coordinator monitoring
Results	<ul style="list-style-type: none"> • % of site monitoring visits that identified corrective actions related to participant health and welfare 	<ul style="list-style-type: none"> • Local records of Service Coordinator monitoring, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

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?

Desired Outcome 6:

Date Developed or Updated: _____

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

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • #/% of sites reviewed, including CDDP 	<ul style="list-style-type: none"> • Local records of licensing, certification reviews
Results	<ul style="list-style-type: none"> • % with satisfactory contingency planning evident at review 	<ul style="list-style-type: none"> • Local records of licensing, certification reviews, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

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?

Desired Outcome 1:

Date Developed or Updated: _____

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

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • #/% of files reviewed 	<ul style="list-style-type: none"> • Local records of individual file reviews
Results	<ul style="list-style-type: none"> • % of files reviewed in compliance with required components for service element 	<ul style="list-style-type: none"> • Local records of individual file reviews, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

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?

Desired Outcome 2: _____ **Date Developed or Updated:** _____
 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

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • #/% of files reviewed with HCB Waiver Service Review Checklist 	<ul style="list-style-type: none"> • Local records or State summary report of HCB Waiver Review Checklist implementation
Results	<ul style="list-style-type: none"> • % of files reviewed in compliance with required components 	<ul style="list-style-type: none"> • Local records or State summary report of HCB Waiver Review Checklist, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

*Goal # 2: Developing, Monitoring, and Reviewing Plans of Care
Desired Outcome 2: Individuals freely choose between waiver services
and institutional care, and among waiver services and providers (continued)*

Quality Component: INDIVIDUAL FILE REVIEWS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • #/% of files reviewed 	<ul style="list-style-type: none"> • Local records of individual file reviews
Results	<ul style="list-style-type: none"> • % of files reviewed in compliance with required components for service element 	<ul style="list-style-type: none"> • Local records of individual file reviews, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

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?

Desired Outcome 3:

Date Developed or Updated: _____

Individuals receive services required to meet needs.

Quality Component: CDDP RECORDS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • Date and contents of review of CDDP records by SPD 	<ul style="list-style-type: none"> • SPD review of CDDP
Results	<ul style="list-style-type: none"> • CDDP written procedures re: ISP monitoring and implementation 	<ul style="list-style-type: none"> • SPD review of CDDP
	<ul style="list-style-type: none"> • % of sample files found to have service coordinator review of ISP 	<ul style="list-style-type: none"> • SPD review of CDDP
	<ul style="list-style-type: none"> • % of files with documentation of implementation of each support and service noted in ISP 	<ul style="list-style-type: none"> • SPD review of CDDP
	<ul style="list-style-type: none"> • % of files of individuals in support services with required elements 	<ul style="list-style-type: none"> • SPD review of CDDP

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

*Goal # 2: Developing, Monitoring, and Reviewing Plans of Care
Desired Outcome 3: Individuals receive services required to meet needs (continued)*

Quality Component: SERVICE COORDINATOR MONITORING RESULTS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • % of ISPs, by service element, monitored for implementation at least annually 	<ul style="list-style-type: none"> • Local records of service monitoring
Results	<ul style="list-style-type: none"> • Results of ISP monitoring checklists, by service element 	<ul style="list-style-type: none"> • Local records of service monitoring, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

*Goal # 2: Developing, Monitoring, and Reviewing Plans of Care
Desired Outcome 3: Individuals receive services required to meet needs (continued)*

Quality Component: LICENSING, CERTIFICATION REVIEWS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • #/% of files reviewed during licensing, certification reviews 	<ul style="list-style-type: none"> • Local records of licensing, certification reviews
Results	<ul style="list-style-type: none"> • % of individual files with current ISPs, reviewed by CDDP 	<ul style="list-style-type: none"> • Local records of licensing, certification reviews, summary of results for specific items
	<ul style="list-style-type: none"> • % of individual files in 24-hour residential settings with all required components in place 	<ul style="list-style-type: none"> • Local records of licensing, certification reviews, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

*Goal # 2: Developing, Monitoring, and Reviewing Plans of Care
Desired Outcome 3: Individuals receive services required to meet needs (continued)*

Quality Component: EMPLOYMENT OUTCOMES REPORT

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • % of local employment providers reporting at last report 	<ul style="list-style-type: none"> • Semi-Annual Employment Outcomes System Evaluation Report, issued by SPD
Results	<ul style="list-style-type: none"> • % individuals in types of environment (e.g., sheltered employment, individual job, ATE) 	<ul style="list-style-type: none"> • Summary of results from individual provider reports, Semi-Annual Employment Outcomes System Evaluation Report, issued by SPD
	<ul style="list-style-type: none"> • Average # of hours paid work per week 	<ul style="list-style-type: none"> • Summary of results from individual provider reports, Semi-Annual Employment Outcomes System Evaluation Report, issued by SPD

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

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?

Desired Outcome 4:

Date Developed or Updated: _____

Individuals are satisfied with plans and outcomes.

Quality Component: INDIVIDUAL/FAMILY SATISFACTION SURVEYS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • % of individuals/families receiving the annual survey 	<ul style="list-style-type: none"> • Local survey records
Results	<ul style="list-style-type: none"> • % of surveys returned indicating “Good” or “Excellent” with respect to satisfaction with plans and outcomes 	<ul style="list-style-type: none"> • Local survey results

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

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?

Desired Outcome 1:

Date Developed or Updated: _____

Individual and agency providers are qualified to provide waiver service.

Quality Component: LICENSING, CERTIFICATION REVIEWS

Sample Measures:

Type	Measure	Source
Process	• % provider agency & foster care sites reviewed	• Local records of licensing, certification reviews
	• % of provider agency personnel files sampled	• Local records of licensing, certification reviews
Results	• % of provider agency personnel records sampled with required elements for staff qualifications	• Local records of licensing, certification reviews, summary of results for specific items
	• % of agency reviews that meet required elements (health care needs, behavior management, physical environment)	• Local records of licensing, certification reviews, summary of results for specific items
	• % of agencies developing appropriate plan of improvement in response to self-assessment	• Local records of licensing, certification reviews
	• % of agency reviews with a plan of improvement, including follow-up visits, that successfully complete the plan and obtain or renew license or certification	• Local records of licensing, certification reviews and follow-up
	• % foster care programs that obtain or renew license on time and without difficulty due to compliance issues	• Local records of licensing, certification reviews and follow-up

Goal # 3: Services Provided by Qualified Providers
Desired Outcome 1: Individual and agency providers are qualified to provide waiver service.
Licensing, Certification Reviews (continued)

Local Measures

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

Goal # 3: Services Provided by Qualified Providers
Desired Outcome 1: Individual and agency providers are qualified to provide waiver service (continued)

Quality Component: CDDP RECORDS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • Date and process of CDDP review by SPD 	<ul style="list-style-type: none"> • SPD review of CDDP
Results	<ul style="list-style-type: none"> • % of comprehensive in-home support, family support, personal care provider files sampled that include required components re: individual qualifications 	<ul style="list-style-type: none"> • SPD review of CDDP, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

Goal # 3: Services Provided by Qualified Providers
Desired Outcome 1: Individual and agency providers are qualified to provide waiver service (continued)

Quality Component: SERVICE COORDINATOR MONITORING RESULTS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • % of 24-hour residential and foster care settings visiting monthly by service coordinators 	<ul style="list-style-type: none"> • Local records of service monitoring visits
	<ul style="list-style-type: none"> • % of employment sites visiting during service coordinator monitoring of individual services 	<ul style="list-style-type: none"> • Local records of service monitoring visits
Results	<ul style="list-style-type: none"> • % of service coordinator reviews indicating physical environment is appropriate and safe 	<ul style="list-style-type: none"> • Local records of service monitoring, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

Goal # 3: Services Provided by Qualified Providers
Desired Outcome 1: Individual and agency providers are qualified to provide waiver service (continued)

Quality Component: SERT RECORDS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> Licensing citations entered into SERT database are accurate and up-to-date 	<ul style="list-style-type: none"> SERT Manual; On-line SERT database, Licensing Citations
Results	<ul style="list-style-type: none"> #/% of sites with open licensing citations 	<ul style="list-style-type: none"> On-line SERT database, Licensing Citations
	<ul style="list-style-type: none"> #/% of sites with closed licensing citations during specified time period 	<ul style="list-style-type: none"> On-line SERT database, Licensing Citations
	<ul style="list-style-type: none"> # providers licensed without citations 	<ul style="list-style-type: none"> Not available in on-line or off-line SERT database Local records
	<ul style="list-style-type: none"> # Programs with ongoing protective services issues identified by the Office of Investigation and Training 	<ul style="list-style-type: none"> Local records or request information from the Office of Investigation and Training

Local Measures

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

Goal # 3: Services Provided by Qualified Providers
Desired Outcome 1: Individual and agency providers are qualified to provide waiver service (continued)

Quality Component: RECORDS OF PROVIDER SANCTIONS AND CONTESTED CASE HEARINGS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • Explanation of process 	<ul style="list-style-type: none"> • Local policies and procedures
Results	<ul style="list-style-type: none"> • #/% of providers sanctioned in the past year 	<ul style="list-style-type: none"> • Local records
	<ul style="list-style-type: none"> • % of sanctions upheld in contested case hearing 	<ul style="list-style-type: none"> • Local records

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

Goal # 3: Services Provided by Qualified Providers
Desired Outcome 1: Individual and agency providers are qualified to provide waiver service (continued)

Quality Component: DIRECT CARE STAFF TURNOVER RECORDS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • % of local providers reporting on SPD statewide survey of turnover rate among provider agency direct care staff 	<ul style="list-style-type: none"> • Summary of results from SPD statewide survey of turnover rate among provider agency direct care staff
Results	<ul style="list-style-type: none"> • % local turnover rate compared to statewide turnover rate 	<ul style="list-style-type: none"> • Summary of results from SPD statewide survey of turnover rate among provider agency direct care staff

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

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?

Desired Outcome 2:

Date Developed or Updated: _____

Staff of agency providers receive training to provide waiver services.

Quality Component: LICENSING, CERTIFICATION REVIEWS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • % provider agency sites reviewed 	<ul style="list-style-type: none"> • Local records of licensing, certification reviews
	<ul style="list-style-type: none"> • % of provider agency personnel files sampled 	<ul style="list-style-type: none"> • Local records of licensing, certification reviews
Results	<ul style="list-style-type: none"> • % of provider agency personnel records sampled with required training to provide waiver services 	<ul style="list-style-type: none"> • Local records of licensing, certification reviews, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

Goal # 3: Services Provided by Qualified Providers
Desired Outcome 2: Staff of agency providers receive training to provide waiver services (continued)

Quality Component: SPECIAL TRAINING PROJECT RECORDS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> % of local area providers participating in specialized training projects sponsored by SPD 	<ul style="list-style-type: none"> State summary of specialized training projects sponsored by SPD
Results	<ul style="list-style-type: none"> TBD based on focus of specialized training project 	<ul style="list-style-type: none"> State summary of specialized training projects sponsored by SPD

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

Goal # 3: Services Provided by Qualified Providers
Desired Outcome 2: Staff of agency providers receive training to provide waiver services (continued)

Quality Component: RECORDS OF FOSTER PROVIDER TRAINING AND TESTING

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • % of foster provider records reviewed 	<ul style="list-style-type: none"> • Local records of foster provider file reviews
Results	<ul style="list-style-type: none"> • % of foster providers who completed training 	<ul style="list-style-type: none"> • Local records of foster provider file reviews, summary of specific items
	<ul style="list-style-type: none"> • % of foster providers with satisfactory performance on testing 	<ul style="list-style-type: none"> • Local records of foster provider file reviews, summary of specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

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?

Desired Outcome 3:

Date Developed or Updated: _____

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

Quality Component: CDDP RECORDS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • % of Service Coordinators whose qualifications were reviewed 	<ul style="list-style-type: none"> • Local records of reviews of service coordinator files
Results	<ul style="list-style-type: none"> • % of Service Coordinators files indicating they have received required training 	<ul style="list-style-type: none"> • Local records of reviews of Service Coordinator files, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

*Goal # 3: Services Provided by Qualified Providers
Desired Outcome 3: Service Coordinators possess skills, competencies, and qualifications to provide waiver services (continued)*

Quality Component: SERVICE COORDINATOR AND PROVIDER TRAINING SURVEYS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • % of local Service Coordinators and/or providers responding to state training survey 	<ul style="list-style-type: none"> • State summary of state service coordinator and provider training surveys
Results	<ul style="list-style-type: none"> • Results for local area from state training surveys 	<ul style="list-style-type: none"> • State summary of state service coordinator and provider training surveys

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

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?

Desired Outcome 1:

Date Developed or Updated: _____

Level of care assessments are completed accurately and on time.

Quality Component: CDDP RECORDS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • Date and contents of review of CDDP records by SPD 	<ul style="list-style-type: none"> • SPD review of CDDP
Results	<ul style="list-style-type: none"> • % of sample files demonstrate level of care need has been assessed (with completed form present) and individual has been found eligible prior to enrollment in waiver services 	<ul style="list-style-type: none"> • SPD review of CDDP

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

Goal # 4: Determining Level of Care Need
Desired Outcome 1: Level of care assessments are completed accurately and on time (continued)

Quality Component: ANNUAL SAMPLE FILE REVIEW USING HCB WAIVER SERVICE REVIEW CHECKLIST

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • #/% of files reviewed with HCB Waiver Service Review Checklist 	<ul style="list-style-type: none"> • Local records or State summary report of HCB Waiver Review Checklist implementation
Results	<ul style="list-style-type: none"> • % of files sampled demonstrate level of care assessments are complete, current, and in the file of an individual, and are reviewed annually 	<ul style="list-style-type: none"> • Local records or State summary report of HCB Waiver Review Checklist, summary of results for specific items
	<ul style="list-style-type: none"> • % of individual files sampled demonstrate appropriately documented offer of choice prior to entering waiver services; notification of Fair Hearing rights 	<ul style="list-style-type: none"> • Local records or State summary report of HCB Waiver Review Checklist, summary of results for specific items
	<ul style="list-style-type: none"> • % of individual files sampled contain the Title XIX Waiver Form for reference and annual reevaluation 	<ul style="list-style-type: none"> • Local records or State summary report of HCB Waiver Review Checklist, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

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?

Desired Outcome 2:

Date Developed or Updated: _____

Level of care assessments are completed by qualified persons.

Quality Component: CDDP RECORDS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> % of Service Coordinators whose personnel files are reviewed during CDDP review by SPD 	<ul style="list-style-type: none"> SPD review of CDDP
Results	<ul style="list-style-type: none"> % of Service Coordinator personnel files reviewed demonstrate minimum qualifications required in Oregon Administrative Rule 	<ul style="list-style-type: none"> SPD review of CDDP

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

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?

Desired Outcome 1:

Date Developed or Updated: _____

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

Quality Component: CDDP RECORDS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • Date and contents of review of CDDP records by SPD 	<ul style="list-style-type: none"> • SPD review of CDDP
Results	<ul style="list-style-type: none"> • CDDP found to demonstrate administrative oversight of waiver services based on result on specific items 	<ul style="list-style-type: none"> • SPD review of CDDP

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

*Goal # 5: State Administrative Authority over the Waiver
Desired Outcome 1: Providers of home and community-based
waiver services receive information regarding Medicaid-specific requirements (continued)*

Quality Component: SERT RECORDS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • Date and contents of local review related to meeting standards for SERT system 	<ul style="list-style-type: none"> • Local records
Results	<ul style="list-style-type: none"> • % of standards met for data entry of serious event reports and initial complaints 	<ul style="list-style-type: none"> • Local review records
	<ul style="list-style-type: none"> • % of months with meetings documenting a formal process to review, analyze and take action on SERT information 	<ul style="list-style-type: none"> • SERT meeting minutes
	<ul style="list-style-type: none"> • % of monthly meetings that document monitoring and reporting on plans of improvement for programs identified by state licensing teams as needing additional oversight 	<ul style="list-style-type: none"> • SERT meeting minutes

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

*Goal # 5: State Administrative Authority over the Waiver
Desired Outcome 1: Providers of home and community-based
waiver services receive information regarding Medicaid-specific requirements (continued)*

Quality Component: ANNUAL SAMPLE FILE REVIEW USING HCB WAIVER SERVICE REVIEW CHECKLIST

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • #/% of files reviewed with HCB Waiver Service Review Checklist 	<ul style="list-style-type: none"> • Local records or State summary report of HCB Waiver Review Checklist implementation
Results	<ul style="list-style-type: none"> • % of files sampled document service coordinator completion of site visits to residential programs and foster care homes according to OARs 	<ul style="list-style-type: none"> • Local records or State summary report of HCB Waiver Review Checklist, summary of results for specific items
	<ul style="list-style-type: none"> • % of files sampled documenting monitoring level of care reviews and completion of Medicaid Waiver eligibility forms 	<ul style="list-style-type: none"> • Local records or State summary report of HCB Waiver Review Checklist, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

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?

Desired Outcome 2:

Date Developed or Updated: _____

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

Sample Measures:

Type	Measure	Source
Process	• Description of process	• Local policy/procedure for individual complaints
	• Status of records related to complaint resolution	• Local records
Results	• # and types of complaints received • Timeliness of resolution	• Local records of individual complaints
	• # of due process and circumstances that do not rise to level of contested case	• Local records of individual complaints

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

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?

Desired Outcome 1:

Date Developed or Updated: _____

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

Quality Component: AUDITS, FINANCIAL REPORTS, SPECIAL INQUIRIES/INVESTIGATIONS RE: STATE OR LOCAL OPERATIONS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • # of audits, special inquiries/investigations 	<ul style="list-style-type: none"> • Local records of audits and inquiries
Results	<ul style="list-style-type: none"> • % of audits, inquiries that indicate timely and appropriate action, when applicable, to remedy DHS, CDDP, and provider deficiencies in documentation 	<ul style="list-style-type: none"> • Local records of audits and inquiries
	<ul style="list-style-type: none"> • Audits indicate maintenance of accurate payment and funding information 	<ul style="list-style-type: none"> • Audit reports

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

*Goal # 6: State Financial Accountability
Desired Outcome 1: Expenditures for waiver services are accurately and appropriately assigned and reported (continued)*

Quality Component: CDDP RECORDS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • Date and contents of review of CDDP records by SPD 	<ul style="list-style-type: none"> • SPD review of CDDP
Results	<ul style="list-style-type: none"> • CDDP review indicates timely completion of CPMS enrollments and terminations, regular monitoring of documentation of income and offset information on monthly Provider Financial Statements 	<ul style="list-style-type: none"> • SPD review of CDDP
	<ul style="list-style-type: none"> • CDDP review indicates timely submission, accuracy, reconciliation and maintenance of financial information, including records related to personal care services, provider contracts, TSARs, provider financial statements, CPMS, Title XIX Waiver Forms, year end financial statement 	<ul style="list-style-type: none"> • SPD review of CDDP
	<ul style="list-style-type: none"> • % applicable individual files indicate Personal Care Foster Home Data Form is completed and sent to SPD 	<ul style="list-style-type: none"> • SPD review of CDDP
	<ul style="list-style-type: none"> • Annual audit by independent CPA firm with report made available to state and federal governments upon request 	<ul style="list-style-type: none"> • SPD review of CDDP

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

*Goal # 6: State Financial Accountability
Desired Outcome 1: Expenditures for waiver services are accurately and appropriately assigned and reported (continued)*

Quality Component: LICENSING, CERTIFICATION REVIEWS

Sample Measures:

Type	Measure	Source
Process	<ul style="list-style-type: none"> • % providers reviewed 	<ul style="list-style-type: none"> • Local records of licensing, certification reviews
Results	<ul style="list-style-type: none"> • % of reviews demonstrate provider maintains adequate financial records regarding client personal funds, expenditures, business accounts, and other related issues , e.g., personnel and client attendance 	<ul style="list-style-type: none"> • Local records of licensing, certification reviews, summary of results for specific items

Local Measures:

Measure(s)	How Often?	Person Resp.	Acceptable Threshold of Performance	Methods, Source, How Data are Gathered, e.g., Sampling Methods

CRITICAL QUESTIONS WORKBOOK

Section III

Orientation for Quality Assurance Committee Members



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June 2005

Critical Questions Workbook

Section III

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Introduction

Instructions to Quality Assurance Coordinators:

Section III of the *Critical Questions Workbook* includes descriptions of the committee's responsibility related to the six assurances and of the process suggested by the workbook. You may choose to copy and distribute Section III to committee members as a part of orientation and training for their role, or adjust it as needed to better fit the process that you will use in your own community.



Local Quality Assurance Committee Critical Questions Worksheets

In applying for a waiver to allow the state to use federal Medicaid funds to support particular services, the state must make certain assurances. The state described their plan to meet these assurances in the state's "Quality Assurance Plan." The goals listed in the state's plan parallel the assurances and reflect the state's intention to meet the six assurances in all community services. Once the waiver is granted, the state must document to the federal government that action is being taken to attain these goals. The work accomplished by local Quality Assurance Coordinators and Quality Assurance Committees is one way that the state has to demonstrate performance on the goals.

Goals

These six goals are:

- 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.



-
- 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.



These worksheets are designed to help local Quality Assurance Committees to provide “review and comment on the results of information gathered by the CDDP and the effectiveness of corrective actions” {OAR 411-320-0040(9)(e)(B)(iii)}— one of the three QA committee activities defined in the rule governing CDDPs. Because of the importance of showing action on the six goals, the worksheets are organized around them. Each goal has been included as a “Critical Question” that the Committee should answer, with the help of the Quality Assurance Coordinator.

Critical Questions

The six “Critical Questions” are:

- CRITICAL QUESTION #1: 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?
- CRITICAL QUESTION #2: 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?
- CRITICAL QUESTION #3: Do all agency and individual providers of home and community-based waiver services possess the requisite skills, competencies and qualifications to support participants effectively?
- CRITICAL QUESTION #4: Are each individual’s need and eligibility for home and community-based waiver services assessed and determined promptly and accurately?

-
-
- CRITICAL QUESTION #5: Does the county fulfill its role in maintaining, and participating in, systems and procedures that promote financial accountability at all home and community-based waiver service levels?
 - CRITICAL QUESTION #6: Does the county fulfill its role in supporting the Department to carry out its duties and responsibilities as Oregon’s single state Medicaid Agency with regard to home and community-based waiver services?

The advantage of working with the Critical Questions is that they provide focus to the work of the Quality Assurance Committee.

Desired Outcomes

Each Critical Question is divided into a few “Desired Outcomes.” For example, for Critical Question #2 (“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”), there are four Desired Outcomes:

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



These Desired Outcomes give further definition to each of the Critical Questions, by identifying the major accomplishment areas identified by SPD.

HOW TO ANSWER THE CRITICAL QUESTIONS



Each Community Developmental Disability Program (CDDP) is expected to maintain a set of Quality Assurance processes (referred to as “Quality Assurance Components”) and documentation related to aspects of each of these Critical Questions and Desired Outcomes. Therefore, there are two basic sets of information that a Quality Assurance Committee can use to determine the answer to each Critical Question:

1. Information that describes the extent to which the expected local CDDP Quality Assurance **processes** related to this Critical Question are in place and functioning to standards.
2. Information about the **results** discovered through those Quality Assurance process, i.e., how well our county as a whole is performing related to the Critical Question and its Desired Outcomes.

Thus, the Quality Assurance Committee, the Quality Assurance Coordinator, and/or other CDDP staff will need to review information about both the status of CDDP processes and the picture of local performance that those processes yield.

In each local area, Quality Assurance Coordinators may decide to do this in a different way. They may make conclusions about the county's status related to the Critical Questions, and ask the Committee to review and approve those conclusions. Or, they may present graphs and charts of data and ask Committee members to come to their own conclusion about the local status related to each Critical Question. However your CDDP and Committee operate, you should feel free to ask the Quality Assurance Coordinator to give you data to support their conclusions, particularly if you have concerns about performance on a Desired Outcome or Critical Question. You might ask questions such as:



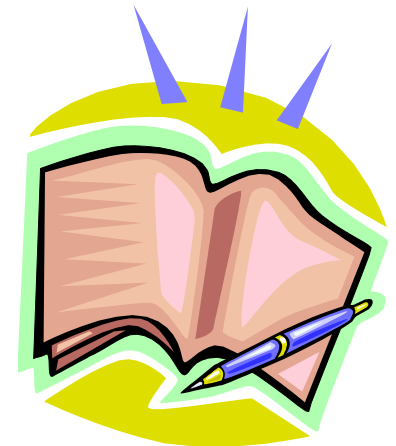
- What does the state expect of you related to a Quality Assurance process in this area?
- How well are you as a CDDP meeting those standards?
- What evidence do you have related to meeting those standards? How do you get that information?
- What were the most important findings related to actual performance?

WORKSHEETS

The worksheets provided are designed to support your decision-making process. There are worksheets for each of the Critical Questions and their Desired Outcomes. Each worksheet follows the same format. Each worksheet asks two questions:

- Does our CDDP have a **process** that works well to measure quality?
- What did we find out about performance (**results**) on this desired outcome?

The QA Coordinator will present information to help the Committee to answer these questions.



The QA Coordinator may ask you to rate the overall local status on a Desired Outcome, given the information received. Considering both the status of the process itself and the performance outcomes, rate the Desired Outcome, as defined in the following table:

<input type="checkbox"/> Don't Know	Choose "Don't Know" if the CDDP had no information to present on this Desired Outcome, or if you feel you need additional information to better determine how things are going.
<input type="checkbox"/> Exceeds Standards	When a community is doing better than required standards, with a particularly strong quality assurance process and great outcomes, you should select "Exceeds Expectations." In other words, the performance of the Quality Assurance Component by the CDDP <u>and</u> the results that were reported <u>both</u> are above what is expected by standard, rule, or contract.
<input type="checkbox"/> Meets Standards	Choose "Meets Standards" if you are comfortable that the Quality Component processes are in place and functioning, and if the performance falls in a range that is satisfactory related to the Critical Question. In other words, the performance of the Quality Assurance Component by the CDDP and the results that were reported are approximately equal to what is expected by standard, rule, or contract.
<input type="checkbox"/> Needs Improvement	"Needs Improvement" would indicate that there are no, immediately pressing priority problems, but that there are ways in which the community and CDDP need to improve either its processes or its performance on the Desired Outcome. In other words, Either the performance of the Quality Assurance Component by the CDDP or the results that were reported does NOT meet what is expected by standard, rule, or contract.
<input type="checkbox"/> Priority Problem Area	Select this if the information provided indicate there are major issues related to the Desired Outcome, or if the CDDP does not have adequate processes for assuring quality in this area. In other words, either the performance of the Quality Assurance Component by the CDDP or the results that were reported or both are substantially below what is expected by standard, rule, or contract.



For the responses “Don’t Know,” “Priority Problem Area,” or “Needs Improvement,” you should list your major concerns that led to this score. This information will be used later, when the Committee determines if there will be a follow-up project to improve the community’s performance on that Critical Question.

SUMMARY

This is important work. You have a role in making sure that Oregon continues to meet its promises in providing high quality services to its citizens with developmental disabilities, and therefore continues to receive federal support to do so. These worksheets are an effort to help you to fulfill this role.

CRITICAL QUESTIONS WORKBOOK

Section IV

Quality Component Lists and Rating Forms



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June 2005

Critical Questions Workbook

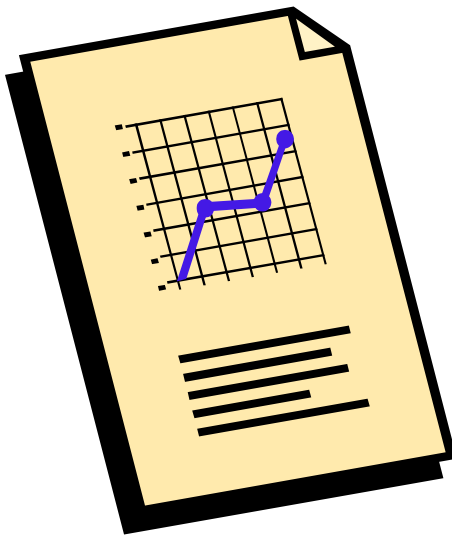
Section IV

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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: “Quality Component Lists and Rating Forms”

Instructions to Quality Assurance Coordinators

The forms in this section are designed to give QA Committee members a list of the types of quality components that CDDPs are required to implement either on an ongoing basis or periodically by Rule, Contract or at Department request related to each Desired Outcome and each 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.

If using these sheets, it is necessary to present actual data separately. This format only provides a list of Quality Components for Desired Outcomes and a space for rating their perception of performance on that Desired Outcome.

The forms give space for Committee members to:

1. Check off the types of evidence received
2. Record their overall evaluation of the local status on that Desired Outcome
3. Write notes on any major concerns they have about the information presented to them by the CDDP



That last section of the form—the evaluation—may be scored as a consensus of the full Committee or scored individually by Committee members, then compiled on the Summary of Desired Outcomes page.

Advantages of This Format	Disadvantages of This Format
<ul style="list-style-type: none"> • Empowers the QA Committee members to know which Quality Components apply to each Desired Outcome—so they can expect to see that data from the CDDP. • Gives QA Committee members a context for reviewing the data presented. • Includes a format for QA Committee members to rate performance on each Desired Outcome. 	<ul style="list-style-type: none"> • Format includes no space for entering actual data related to components. • Because ratings are included for each Desired Outcome, extra pages are required.

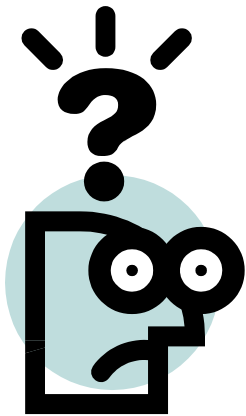
You may modify the forms to add space for data, to remove ratings, or any other change that will make these more useful to you. If you feel you need to modify these forms, be sure to check the other versions of sample forms for QA Committee members that also are included with these materials. Another sample version may better fit your needs.

Suggestions for How to Use the Quality Component Lists and Rating Forms:

1. Determine which Goal will be the focus of the QA Committee meeting. You may choose to do one or more goals during a single QA Committee meeting.
2. Determine the Desired Outcomes related to that goal that will be presented. You may choose to present some or all of the Desired Outcomes for any one Goal.
3. Determine what measures will be presented for each Desired Outcome selected. See the *Critical Questions Workbook* for suggested measures for each Desired Outcome.



-
-
4. Prepare the data for presentation. See Chapter 4 of the *Local Quality Assurance Resource Manual* for suggestions on how to compile, analyze and present data.
 5. For the QA Committee meeting, provide copies of the relevant **Quality Component Lists and Rating Forms** sheets to each committee member.
 6. Present the relevant compiled/analyzed data for one Desired Outcome.
 7. Hold a discussion about the data and performance related to that Desired Outcome.



8. You may choose to ask committee members to formally rate the process and results related to that Desired Outcome. There is space included under each Desired Outcome for Committee members to note comments about specific issues, concerns, if they rated the Desired Outcome as “Don’t Know” or “Needs Improvement.” They can use the table at the end of each goal for summarizing their ratings when there are multiple Desired Outcomes for a single goal.

9. After completing the above process for all Desired Outcomes for a single Goal, compile the results across Committee members, or otherwise come to a consensus around the status of each Desired Outcome.

10. Decide with the QA Committee if the CDDP needs to establish a Quality Improvement Project related to this Goal and one of the Desired Outcomes. If Committee members rated performance, you may use the compiled results to determine if a project is needed. (See Chapter 6 of the *Local Quality Assurance Resource Manual* for suggestions on how to carry out a Quality Improvement Project.

The following pages are organized to include one Desired Outcome per page.

_____ 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 **PERFORMANCE** on this desired outcome?

Desired Outcome 1:

Date Reviewed:

Individuals live in safe physical environments.

Quality Components:

- Licensing, Certification Reviews
- SERT Records
- Service Coordinator Monitoring Results
- Other:

Status of Desired Outcome 1 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major concerns:

_____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 **PERFORMANCE** on this desired outcome?*

Desired Outcome 2:

Date Reviewed:

Individuals are protected from abuse.

Quality Components:

- OIT data and Local Investigator Information about Protective Services Investigations
- SERT Records
- PSI Investigator Training, Technical Assistance, Mentoring
- Death Reports
- Special Project Training Records
- Other:

Status of Desired Outcome 2 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major concerns:

_____ 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 **PERFORMANCE** on this desired outcome?

Desired Outcome 3:

Date Reviewed:

Grievances and complaints are resolved in a timely fashion.

Quality Components:

- Records of Individual Complaints, including Contested Case
- Other:

Status of Desired Outcome 1 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major concerns:

_____ 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 **PERFORMANCE** on this desired outcome?

Desired Outcome 4:

Date Reviewed:

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

Quality Components:

- Service Coordinator Monitoring
- Licensing, Certification Reviews
- Special Training Project Records
- Other:

Status of Desired Outcome 4 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major concerns:

_____ 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 **PERFORMANCE** 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 Components:

- SERT Records
- Other:

Status of Desired Outcome 5 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major concerns:

_____ 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 **PERFORMANCE** 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 Components:

- Licensing, Certification Reviews
- Other:

Status of Desired Outcome 6 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major concerns:

_____ 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?

Summary

After reviewing the information presented, be prepared to report your ratings on the Status of each Desired Outcome.

Desired Outcome	Don't Know	Exceeds Expectations	Meets Expectations	Needs Improvement	Priority Problem Area
#1					
#2					
#3					
#4					
#5					
#6					

Notes:

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 **PERFORMANCE** 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 Components:

- Individual File Reviews
- Other:

Status of Desired Outcome 1 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major concerns:

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 **PERFORMANCE** 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 Components:

- Annual Sample File Review using HCB Waiver Service Review Checklist
- Individual File Reviews
- Other:

Status of Desired Outcome 2 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major concerns:

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 **PERFORMANCE** on this desired outcome?

Desired Outcome 3:

Date Reviewed:

Individuals receive services required to meet needs.

Quality Components:

- CDDP Records
- Service Coordinator Monitoring Results
- Licensing, Certification Reviews
- Employment Outcomes Report
- Other:

Status of Desired Outcome 3 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major concerns:

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 **PERFORMANCE** on this desired outcome?*

Desired Outcome 4:

Date Reviewed:

Individuals are satisfied with plans and outcomes.

Quality Components:

- Individual/family satisfaction surveys
- Other:

Status of Desired Outcome 4 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major concerns:

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?

Summary

After reviewing the information presented, be prepared to report your ratings on the Status of each Desired Outcome.

Desired Outcome	Don't Know	Exceeds Expectations	Meets Expectations	Needs Improvement	Priority Problem Area
#1					
#2					
#3					
#4					

Notes:

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 **PERFORMANCE** on this desired outcome?*

Desired Outcome 1:

Date Reviewed:

Individual and agency providers are qualified to provide waiver service.

Quality Components:

- Licensing, Certification Reviews
- CDDP Records
- Service Coordinator Monitoring Results
- SERT Records
- Records of provider sanctions and contested case hearings
- Direct Care staff turnover records
- Other:

Status of Desired Outcome 1 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major concerns:

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 **PERFORMANCE** on this desired outcome?*

Desired Outcome 2:

Date Reviewed:

Staff of agency providers receive training to provide waiver services.

Quality Components:

- Licensing, Certification Reviews
- Special Training Project Records
- Records of Foster Provider Training and Testing
- Other:

Status of Desired Outcome 2 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major **concerns:**

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 **PERFORMANCE** on this desired outcome?*

Desired Outcome 3:

Date Reviewed:

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

Quality Components:

- CDDP Records
- Service Coordinator and provider training surveys
- Other:

Status of Desired Outcome 3 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major concerns:

_____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?

Summary

After reviewing the information presented, be prepared to report your ratings on the Status of each Desired Outcome.

Desired Outcome	Don't Know	Exceeds Expectations	Meets Expectations	Needs Improvement	Priority Problem Area
#1					
#2					
#3					

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 **PERFORMANCE** on this desired outcome?*

Desired Outcome 1:

Date Reviewed:

Level of care assessments are completed accurately and on time.

Quality Components:

- CDDP Records
- Annual Sample File Review using HCB Waiver Service Review Checklist
- Other:

Status of Desired Outcome 1 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major concerns:

_____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 **PERFORMANCE** on this desired outcome?*

Desired Outcome2 :

Date Reviewed:

Level of care assessments are completed by qualified persons.

Quality Components:

- CDDP Records
- Other:

Status of Desired Outcome 2 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major concerns:

_____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?

Summary

After reviewing the information presented, be prepared to report your ratings on the Status of each Desired Outcome.

Desired Outcome	Don't Know	Exceeds Expectations	Meets Expectations	Needs Improvement	Priority Problem Area
#1					
#2					

Notes:

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 **PERFORMANCE** on this desired outcome?*

Desired Outcome 1:

Date Reviewed:

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

Quality Components:

- CDDP Records
- SERT Records

- Annual Sample File Review using HCB Waiver Service Review Checklist
- Other:

Status of Desired Outcome 1 (considering both the process and performance):

- Don’t Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If “Don’t Know,” “Priority Problem Area,” or “Needs Improvement,” list major concerns:

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 **PERFORMANCE** 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 Components:

- Records of individual complaints, including contested case as well as other types
- Other:

Status of Desired Outcome 2 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major concerns:

_____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?

Summary

After reviewing the information presented, be prepared to report your ratings on the Status of each Desired Outcome.

Desired Outcome	Don't Know	Exceeds Expectations	Meets Expectations	Needs Improvement	Priority Problem Area
#1					
#2					

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 **PERFORMANCE** on this desired outcome?*

Desired Outcome 1:

Date Reviewed:

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

Quality Components:

- Audits, financial reports, special inquiries/investigations re: state or local operations
- Other:

Status of Desired Outcome 1 (considering both the process and performance):

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

If "Don't Know," "Priority Problem Area," or "Needs Improvement," list major concerns:

_____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?

Summary

After reviewing the information presented, be prepared to report your ratings on the Status of each Desired Outcome.

Desired Outcome	Don't Know	Exceeds Expectations	Meets Expectations	Needs Improvement	Priority Problem Area
#1					

Notes:

CRITICAL QUESTIONS WORKBOOK

Section V Process and Results Rating Forms



**Joyce Dean
Research and Evaluation Unit
College of Education, University of Oregon
June 2005**

Critical Questions Workbook

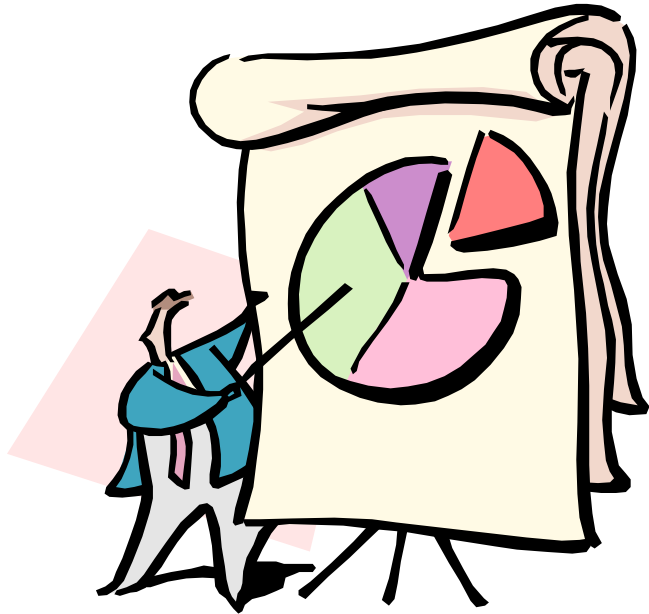
Section V

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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:

CRITICAL QUESTIONS WORKBOOK

Section VI Sample Helpful Forms



**Joyce Dean
Research and Evaluation Unit
College of Education, University of Oregon
June 2005**

Critical Questions Workbook

Section VI

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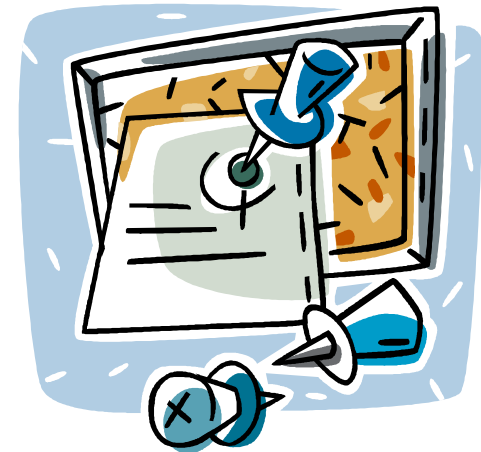
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Introduction

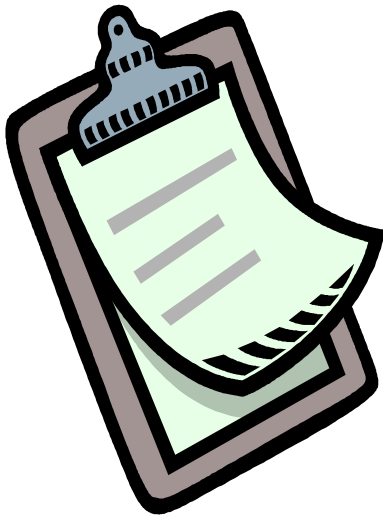
Instructions for Quality Assurance Coordinators:

The following pages include:

- Summary of Desired Outcomes. These pages are optional worksheets to assist the Quality Assurance Committee to summarize their work on reviewing performance related to Desired Outcomes. These forms may be useful to Quality Assurance Coordinators alone or for Committee members. Quality Coordinators may choose to give these pages to each committee member at the time that the committee is ready to perform these tasks, or put some of the information on a flipchart or whiteboard. For example, copying the Summary of Desired Outcomes onto a flipchart or whiteboard may work very well for the committee to see the overall pattern of scores. If Committee members rated each Desired Outcome individually, then the full group will need to reach consensus on the overall rating. This may be done by recording each individual's score on the Summary sheet, then discussing disagreements to arrive at a consensus rating.
- Do We Need to Target this Goal? This worksheet provides a way for the Committee to document its decision regarding whether it needs to target a particular Goal for improvement. The form may serve as a guide for a process to use after reviewing all of the Desired Outcomes for a Goal to help the Committee clarify their decision on the status of the Goal. You will need to enter the number and title of the Goal into the appropriate space on this form.



-
-
- Defining a Project. This worksheet should be used if the Committee has determined that they should target a Goal for improvement at this time. The worksheet asks which Desired Outcome (or other aspect) will be the focus of the project, the type of project, how the committee will know if the project is successful, and specific information on how the project will be carried out.
 - State Plan/Report Format #1 and #2. These formats have been used by SPD in reporting to Centers for Medicare and Medicaid Services (CMS). Neither is a required format for CDDPs. These are offered as other examples for formats to use to document recommendations of a Quality Committee. They also may be used as formats for Quality Assurance Plans or Work Plans.




- Quality Assurance/Quality Improvement Plan Detail. This form is useful for defining more specific detail about how a Quality Component will be carried out. For example, it could be used to define how files will be sampled or which CDDP records will be summarized related to a particular Desired Outcome and Quality Component.
- Quality Improvement Indicator Review. This format and samples were provided by Columbia County. They write these indicator reviews monthly, and use them as a format for reviewing QA results with their committee. Only a few of the indicator reviews that they do are included in these samples. If corrective actions are noted, they follow-up with a report on them the following month.

Summary of Desired Outcomes

Critical Question 1: Waiver Participant Health and Welfare


Indicate the dates on which Desired Outcomes were reviewed by the Committee, and mark an X in the appropriate column representing its condition. Critical Questions and outcomes with the lowest overall ratings should be considered as possible targets for improvement projects.

Dates Reviewed	Desired Outcomes	Don't Know	Exceeds Standards	Meets Standards	Needs Improvement	Priority Problem Area
	Desired Outcome 1: Individuals live in safe physical environments.					
	Desired Outcome 2: Individuals are protected from abuse.					
	Desired Outcome 3: Grievances and complaints are resolved in a timely fashion.					
	Desired Outcome 4: Individual risk and safety considerations are identified and appropriate interventions designed taking into account individual informed and expressed choices.					
	Desired Outcome 5: There are systematic safeguards in place to protect participants from critical incidents and other life-endangering situations.					
	Desired Outcome 6: There are safeguards in place to protect and support participants in the event of natural disasters and other public emergencies.					
	<i>Count the number of Xs in each column</i>					
	Overall Result (Put a star in the column representing the overall rating for this Critical Question)					

Summary of Desired Outcomes

Critical Question 2: Developing, Monitoring, and Reviewing Plans of Care


Indicate the dates on which Desired Outcomes were reviewed by the Committee, and mark an X in the appropriate column representing its condition. Critical Questions and outcomes with the lowest overall ratings should be considered as possible targets for improvement projects.

Dates Reviewed	Desired Outcomes	Don't Know	Exceeds Standards	Meets Standards	Needs Improvement	Priority Problem Area
	Desired Outcome 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.					
	Desired Outcome 2: Individuals freely choose between waiver services and institutional care, and among waiver services and providers.					
	Desired Outcome 3: Individuals receive services required to meet needs.					
	Desired Outcome 4: Individuals are satisfied with plans and outcomes.					
	<i>Count the number of Xs in each column</i>					
	 Overall Result (Put a star in the column representing the overall rating for this Critical Question)					

Summary of Desired Outcomes

Critical Question 3: Services Provided by Qualified Providers


Indicate the dates on which Desired Outcomes were reviewed by the Committee, and mark an X in the appropriate column representing its condition. Critical Questions and outcomes with the lowest overall ratings should be considered as possible targets for improvement projects.

Dates Reviewed	Desired Outcomes	Don't Know	Exceeds Standards	Meets Standards	Needs Improvement	Priority Problem Area
	Desired Outcome 1: Individual and agency providers are qualified to provide waiver services.					
	Desired Outcome 2: Staff of agency providers receive training to provide waiver services.					
	Desired Outcome 3: Service Coordinators possess skills, competencies, and qualifications to provide waiver services.					
	<i>Count the number of Xs in each column</i>					
	 Overall Result (Put a star in the column representing the overall rating for this Critical Question)					

Summary of Desired Outcomes

Critical Question 4: Determining Level of Care Need

Indicate the dates on which Desired Outcomes were reviewed by the Committee, and mark an X in the appropriate column representing its condition. Critical Questions and outcomes with the lowest overall ratings should be considered as possible targets for improvement projects.

Dates Reviewed	Desired Outcomes	Don't Know	Exceeds Standards	Meets Standards	Needs Improvement	Priority Problem Area
	Desired Outcome 1: Level of care assessments are completed accurately and on time.					
	Desired Outcome 2: Level of care assessments are completed by qualified persons.					
	<i>Count the number of Xs in each column</i>					
	 Overall Result (Put a star in the column representing the overall rating for this Critical Question)					

Summary of Desired Outcomes

Critical Question 5: State Administrative Authority over the Waiver


Indicate the dates on which Desired Outcomes were reviewed by the Committee, and mark an X in the appropriate column representing its condition. Critical Questions and outcomes with the lowest overall ratings should be considered as possible targets for improvement projects.

Dates Reviewed	Desired Outcomes	Don't Know	Exceeds Standards	Meets Standards	Needs Improvement	Priority Problem Area
	Desired Outcome 1: Providers of home and community-based waiver services receive information regarding Medicaid-specific requirements.					
	Desired Outcome 2: Individuals are informed of, and exercise, the right to due process associated with waiver services.					
	<i>Count the number of Xs in each column</i>					
★	Overall Result (Put a star in the column representing the overall rating for this Critical Question)					

Summary of Desired Outcomes

Critical Question 6: State Financial Accountability

Indicate the dates on which Desired Outcomes were reviewed by the Committee, and mark an X in the appropriate column representing its condition. Critical Questions and outcomes with the lowest overall ratings should be considered as possible targets for improvement projects.

Dates Reviewed	Desired Outcomes	Don't Know	Exceeds Standards	Meets Standards	Needs Improvement	Priority Problem Area
	Desired Outcome 1: Expenditures for waiver services are accurately and appropriately assigned and reported.					
	<i>Count the number of Xs in each column</i>					
	 Overall Result (Put a star in the column representing the overall rating for this Critical Question)					

Do We Need To Target this Goal?

Use this form to document the decision made by the Committee regarding whether they need to target a Goal for an improvement project. The form may serve as a guide for a process to use after reviewing all of the Desired Outcomes for a Goal to help the Committee clarify their decision on the status of the Goal. You will need to enter the number and title of the Goal into the appropriate space on this form.

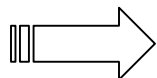
Goal #__:

Overall Current Status: Based on a review of data and the opinion of the local Quality Assurance Committee, we believe that in our county, on this Goal, overall, we are in the following condition:

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

Do We Need to Target this Goal—or one of the Desired Outcomes in this Goal--for Improvement? (Note: If any consensus Committee scores fell in the Priority Problem Area range, it is strongly recommended that the Committee target that area for improvement at this time.)

- Yes
- Yes, but at a later time
- No, not at this time.



If you responded "No," skip the next page ("Defining a Project") and move on to the next critical question.

Defining a Project: Goal #_____

If the Committee has determined that an improvement project is needed, then use this worksheet to guide the decisions that should be made to define that project more clearly.

If we need to target this goal, what aspect of this goal will we target?

- Desired Outcome #_____:
- Data system related to an above outcome
- Other:

Specifically, we will target (Project Objective): _____

What kind of project will it be?

- Design/Development Project--Develop a new system or process, e.g., a form for collecting, a method to report compiled data, a protocol for carrying out a Quality Component
- Remedy Project—Address an aspect of this Goal that falls in the “Priority Problem Area” or “Needs Improvement” range
- Quality Improvement Project—Address an aspect of this Goal that falls in the “Meets Standards” or “Exceeds Standards” range

How will we know that the project is successful? (How will we measure success? What do we want to accomplish?) _____

How will we carry out that project? (E.g., in committee meetings, a special work group, CDDP staff; What will we need to do? What resources will we need? Time frame?): _____

State Plan/Report Format #1

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.

SAMPLE
*This sample is drawn from SPD’s
 “Quality Management Plan
 Development and Implementation”
 for Support Services (03/04)*

Desired Outcomes:

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.
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.

Desired Outcome #	QA Component Reviewed	Review Frequency	Data presented for review, with observations, recommendations, outcomes
1	1.1 5% sample of individual plans---review quality of assessment and corresponding plan development.	Semi-annual	
2	2.1 5% sample of individual files—offer of waiver vs. institutional choice documentation information re: individual choice of services.	Semi-annual	
	2.2 5% sample of individual files---review of choice of services during plan development	Semi-annual	

State Plan/Report Format #1

Goal:

Desired Outcomes:

Desired Outcome #	QA Component Reviewed	Review Frequency	Data presented for review, with observations, recommendations, outcomes

State Plan/Report Format #2

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

SAMPLE
*This sample is drawn from
 SPD's QA Work Plan for
 Support Services (10/04)*

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.	Review summary of 2004 5% Field Review at 12/04 SIG meeting		
	Select indicators and performance thresholds by 2/1/05 (see detail sheet)		
2.2 5% sample of individual files---review of choice of services during plan development	Review summary of 2004 5% Field Review at 12/04 SIG meeting		
	Select indicators and performance thresholds by 2/1/05		

State Plan/Report Format #2

Section:

Goal:

Desired Outcome # :			
QA Component	Success Indicators	Status and Date of Review	Comments and Recommendations/Date

Quality Assurance Quality/Improvement Plan Detail

I. Area of Inquiry:

II. QA/QI Indicator:

1. QA/QI activity
2. Frequency of QA/QI activity:
3. Sampling methods:
4. How data will be collected:
5. Person responsible for QA/QI data collection:
6. Acceptable threshold of performance:

Date adopted by QA Committee: _____

QUALITY IMPROVEMENT INDICATOR REVIEW

Department: Developmental Disability Dept. **Date: February 2005**
Person(s) Responsible: _____, Program Manager; _____, Quality Assurance Coordinator;
_____ , Case Manager; _____, Case Manager; _____, Administrative Support.

SAMPLE

This sample is drawn from Columbia County’s “QI Report” (02/05)

ASPECT OF CARE/SEVICE: Administrative Charting			
INDICATOR: All Title XIX waivers and ISP’s will be reviewed annually. Reviews of both of these documents will take place within a period of 365 days. If deadline is not met, a progress note will be written explaining why the deadline was missed.			
RATIONALE FOR INDICATOR: Assure all information is current and we are in compliance with HCFA (Medicaid) standards/requirements.			
THRESHOLD: 100%			
FREQUENCY OF REPORTING: Monthly			
METHOD OF MONITORING INDICATOR	YES	NO	COMM ENTS
1) Review charts due for Title XIX review for the respective month. Title XIX Waiver current and reviewed?	X		6 out of 6 were reviewed = 100%
2) Progress Note entry for waiver review?	X		6 out of 6 were completed = 100%
3) Was review completed within annual month of review?	X		6 out of 6 were completed = 100%
4) If not, is a progress note in place explaining why?		X	N/A
5) Review charts due for ISP review for the respective month. Was the review completed?		X	6 out of 7 were completed = 90%
6) Progress note entry for ISP?		X	6 out of 7 were completed = 90%
7) Was review completed in 365 days or less?		X	6 out of 7 were completed = 90%
8) If not, is a progress note in place explaining why?		X	
CORRECTIVE ACTION TAKEN:			
Case manager was notified and reminded of importance of timeliness regarding completion of ISP reviews.			
COMMENTS:			
New QA Coordinator will assist in ensuring completion of reviews by alleviating many of the QA responsibilities previously taken on by program staff.			

QUALITY IMPROVEMENT INDICATOR REVIEW

Department: Developmental Disability Dept. **Date: February 2005**
Person(s) Responsible: _____, Program Manager; _____, Quality Assurance Coordinator;
_____ , Case Manager; _____, Case Manager; _____, Administrative Support.

SAMPLE

This sample is drawn from Columbia County's "QI Report" (02/05)

ASPECT OF CARE/SERVICE: Customer Satisfaction			
INDICATOR: Clients, family members of clients, providers, and community partners will be satisfied with D.D. funded services.			
RATIONALE FOR INDICATOR: Assure quality services.			
THRESHOLD: 75% Satisfaction of those surveyed			
FREQUENCY OF REPORTING: Annually.			
METHOD OF MONITORING INDICATOR	<u>YES</u>	NO	COMMENTS
1) 50 Satisfaction Surveys given or mailed to <ul style="list-style-type: none"> • Clients • Family members of clients • Providers • Community partners 	X	X	
CORRECTIVE ACTION TAKEN: 351 surveys were mailed out to clients, families, advocates, group home staff, professional colleagues and collaborators the first week of January, 2005.			
COMMENTS: QA Coordinator currently collating data and will present initial results in March.			

QUALITY IMPROVEMENT INDICATOR REVIEW

Department: Developmental Disability Dept. **Date: February 2005**
Person(s) Responsible: _____, Program Manager; _____, Quality Assurance Coordinator;
_____ , Case Manager; _____, Case Manager; _____, Administrative Support.

SAMPLE

This sample is drawn from Columbia County's "QI Report" (02/05)

ASPECT OF CARE/SERVICE: Incident Reporting			
INDICATOR: County will report all incidents that meet SERT standards to SPD per SERT policy and procedures in a timely manner.			
RATIONALE FOR INDICATOR: SPD requires that County report all Serious Events to State via SERT system that meet SERT standard for reporting.			
THRESHOLD: 100%			
FREQUENCY OF REPORTING: Monthly			
METHOD OF MONITORING INDICATOR	<u>YES</u>	<u>NO</u>	COMMENTS
1) Incident Reports reviewed?	X		130 total
2) Incidents reported to Serious Events Review Training (SERT) Data base?	X		3 reported
3) Incident Reports referred for Protective Services?		X	none
CORRECTIVE ACTION TAKEN: County will monitor timeframe contract providers submit incident reports and will recommend corrective action as needed if ongoing problem.			
COMMENTS: 130 incidents were reported this month. There were 3 incidents requiring SERT entry. None referred for PSI.			

QUALITY IMPROVEMENT INDICATOR REVIEW

Department: Developmental Disability Dept. **Date: February 2005**
Person(s) Responsible: _____, Program Manager; _____, Quality Assurance Coordinator;
_____ , Case Manager; _____, Case Manager; _____, Administrative Support.

ASPECT OF CARE/SERVICE:			
INDICATOR:			
RATIONALE FOR INDICATOR:			
THRESHOLD:			
FREQUENCY OF REPORTING:			
METHOD OF MONITORING INDICATOR	<u>YES</u>	<u>NO</u>	COMMENTS
CORRECTIVE ACTION TAKEN:			
COMMENTS:			