STAR SERVICES

Summary Report:

Comparative Research on Provider Standards, Licensing and Credentialing Systems, and Provider-Monitoring Practices for Assessing Quality in Home and Community-Based Services

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Executive Summary

The Home and Community-Based Services (HCBS) system in Minnesota is respected nationally as a leader in providing quality services to people with disabilities. Minnesota's system values quality services, provides individuals with choice, and seeks innovative approaches for improving services to waiver participants. As Minnesota moves forward in the evolution of our service system, the Department of Human Services (DHS) has identified the need to reevaluate the standards set for services and how we ensure that those standards are producing the quality outcomes we value as Minnesotans.

Minnesota has a strong history of providing supports and services to people with disabilities. However, DHS recognized in its Request for Proposals for this project that current provider standards and enforcement strategies reflect an outmoded, overly prescriptive approach to quality assurance in those services. Under this current approach, quality is measured more as an assessment of documentation standards than on the quality outcomes they are designed to produce. While the details of the process are important, it does not comprise a full measure of quality services. DHS sees the need to look to the future, where expectations for higher quality and effectiveness will continue to grow, while resources become constrained. Beyond record review and documentation compliance, the system will have to focus more upon achieving quality outcomes, using provider-performance indicators based on the needs and goals of the individuals served. In September 2010, the Department's Disability Services Division engaged in a contract with STAR Services to conduct research on models of innovative provider standards, licensing and credentialing systems, and provider-monitoring practices that can help meet this need.

This report identifies and summarizes information gathered from identified states, agencies, and accreditation organizations to provide a window into standards and processes that could be emulated or modified to create new standards, licensing and credentialing systems, and provider-monitoring practices in Minnesota. To gain a wide perspective, the authors reviewed three nationally-recognized accreditation agencies: the Commission on the Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), and CQL | The Council on Quality and Leadership; the state licensing systems in Florida, Massachusetts, Missouri, South Dakota; and the Minnesota Region 10 Quality Assurance System. Looking at the successes and potential shortcomings of existing models can help stakeholders and DHS create a system that best reflects the values for providing services to people with disabilities in Minnesota.

It is clear that across the nation, states and agencies are looking for innovative ways to monitor the quality of services for people with disabilities. The research findings do not suggest that there is one perfect model for the state of Minnesota to emulate in its entirety; however, best practices were identified in each model and Minnesota can now design a system incorporating innovative new standards, licensing systems, and provider-monitoring practices. Creative monitoring practices used in other states that could be incorporated in Minnesota include: provider self-assessments, spending time in face-to-face reviews with individuals served, use of technology in quality-assurance databases, approach monitoring of services by the individual served instead of provider-by-provider monitoring, a consultative monitoring philosophy and relationship between regulator and provider, and monitoring and quality assurance that is completed or supplemented through accreditation.

The most compelling best practices found include:

- Simplicity: Reduce the complexity of standards by including clear and objective expectations of self-determination, which will increase compliance with standards, reduce costs associated with remediation, and emphasize the focus on person-centered outcomes.
- Person (Not Provider) Centered: Have quality outcome measures follow individuals by reviewing all of the services they receive congruently, to form a more accurate and person-centered assessment of quality, versus sampling a percentage of the individual served by a given provider.
- Participant Interviews & Surveys: Conduct interviews with the individuals and the people in their lives to ensure that the services provide opportunities to realize self-determination and quality outcomes. Require providers to implement satisfaction surveys with the individual and all stakeholders, and ensure they have processes in place to use the results in their quality improvement plans.
- Focus on Outcomes: Redirect the focus of oversight to concentrate on achieving quality outcomes versus documentation and paperwork compliance.
- Collaboration: Address deficiencies through consultative and proactive approaches to remediation that encourage best practices, rather than focusing on correcting isolated errors.
- Technology: Evaluate the use of a centralized data system to more efficiently and effectively identify trends, review compliance, and track remediation of issues.
- Accreditation: Allow for outside accreditation by proven and nationally-recognized accreditation agencies to replace or complement aspects of state certification and licensure.
- Self-Assessment: Use independently validated provider self-assessments in the review process to gather a wider sampling of data, streamlining the compliance review process.
- Report Cards: Create a measurable quality scale that objectively sets expectations and gives stakeholders a simple way to evaluate provider performance.

Simplicity

While many states have statutory language promoting person-centered and self-determined beliefs within HCBS, those states and organizations that find ways to incorporate these beliefs into practical and real-world application – blending person-centered principles with compliance within their monitoring practices – have better results. Creating a set of standards that is simple to understand and enforce, while defining essential health and safety principles and quality-of-life standards, should be a priority in the Minnesota model. Reducing the complexity of licensing standards can lead to an environment of compliance that also fosters improvement in the quality of services. Consideration should also be given to holistic standards that go beyond environmental and service requirements to include the providing agency's business practices, leadership, and financial solvency. This whole-picture approach can allow for better service delivery and continuity of services for the individuals since the health of the entire organization is considered.

Person (Not Provider) Centered

The unique monitoring practice used by Florida and the Region 10 QA System of reviewing providers by individual served, instead of the provider, offers a new viewpoint in assessing quality. By randomly selecting recipients of home and community-based waiver services and reviewing the services provided

by credentialed agencies to that individual, not only are the agencies' services assessed, but this perspective identifies deficits in the overall support of the individual that would otherwise be missed in typical provider-by-provider review. Through this type of review process, greater collaboration and coordination of services between providers could be encouraged.

Participant Interviews & Surveys
Where quality is defined individually, it appears the best assessment of service quality is through personal interviews and surveys with individuals served and those that support them. Although the implementation of this activity for each individual served in Minnesota would be cost prohibitive to the state, this assessment could be completed through accreditation, voluntary commissions, or included in provider self-assessment practices.

Collaboration
In review of the monitoring practices used across the nation, a common theme repeated through states such as Massachusetts, Missouri, and South Dakota and the accreditation agencies, regardless of the practice used for monitoring, was the importance of a consultative approach. Approaching provider monitoring with a philosophy of collaboration between reviewers and providers, rather than a predominantly punitive or "catch and punish" approach, produces continuous improvement in the quality of services and is in the best interest of all involved.

Technology
The use of technology in monitoring practices is growing among states and accreditation agencies. Leveraging technology to help create a quality-assurance system that quickly and easily gathers data has been cited in Massachusetts as a cost savings and is projected to help South Dakota do the same. While decreasing the amount of on-site review time, the system in Massachusetts has also allowed the state to identify trends in areas such as maltreatment reports. Though the initial costs of such systems may be high, it is likely to prove beneficial to both quality and costs of oversight in the future.

Accreditation
Best practices in other states' licensing systems reflect a simple approach, often allowing for accreditation and the public sharing of performance data for providers. Reducing the complexity in Minnesota by simplifying licensing standards and allowing for deemed status of accredited service providers should result in cost-saving measures for the state without sacrificing quality. Accepting accreditation in lieu of, or to supplement parts of, a Minnesota license or certification has the potential to reduce the personnel time and financial resources the state must provide. Accreditation standards reflect national, and sometimes international, standards that embrace a more holistic approach for the organization and the individuals served. The three entities reviewed, CARF, COA, and CQL, vary in cost to the provider. Arrangements with the states also vary; some states subsidize the cost of accreditation while others do not.

While unique in its approach to provider monitoring, Minnesota Region 10 Quality Assurance also has many attributes of an accreditation system and could consider transitioning into an accreditation organization to provide accreditation services within Region 10 and around the state. Because the costs for implementation among service providers will vary dependent on the size of the company and the

number of sites involved, it would be beneficial, if this option were to be made available, that multiple accreditation organizations be accepted. This will allow providers to find the best fit for them, given their size, programs, and geographic area.

Consideration of accreditation, either in part or in lieu, of existing regulation would have several positive effects. CARF, CQL, and Minnesota Region 10 QA employ a peer-review system that would be difficult to be coordinated and used by the state. As found with Minnesota Region 10 QA and other state's quality-assurance projects that are no longer operational, the financial cuts to the peer-review process make even a volunteer peer-review process difficult to maintain and support. Peer-review benefits those involved, the reviewer and those being reviewed, by fostering information-sharing and communicating best practices in service delivery. Encouraging accreditation of providers in the state of Minnesota would encourage peer reviews for those agencies.

Self-Assessment
Requiring a provider to conduct a self-assessment on compliance, as seen in Massachusetts and South Dakota, encourages more ownership and accountability in meeting standards and can produce positive results. Completing a self-assessment requires the provider to have a better understanding of the standards and would allow for more frequent and timely review of services, including a quicker response and correction in identified deficit areas. Having the state or accreditation agencies validate the results of the provider's self-assessment would ensure the accuracy of reporting and should result in a reduction in the time and costs of licensing visits for the state. If over time a provider had proven accurate self-reporting, the state or accreditation agencies could increase the length between validation periods to further realize time and cost savings.

Report Cards
A final consideration in the licensing of providers would be to allow for a publicly available and accessible "report card," or rating system, on the organizations providing services to individuals with disabilities. As selection of a service provider becomes more of a self-determined individual approach, instead of a placement approach, this would give individuals and their support circles access to information on providers allowing for better decision making and matching of individuals and service providers. Public data on performance also will ensure providers strive for improved quality of services in the competitive marketplace.

These recommendations represent components of innovative systems from around the country. The states and agencies reflect systems that are outcome-focused, not document-focused. They have found new ways to gather, evaluate, and integrate data useful in maintaining the health and safety of individuals, and have done so in a cost-effective manner. These states and agencies have found the value that comes from feedback from those around the individual, both as a measure of quality and as a voice for improvement. They have fostered a consultative relationship with the providers of service and worked together to create proactive and creative methods for helping individuals achieve their goals. As a transition to a new system of quality assurance and oversight begins, Minnesota must look to incorporate best practices that will uphold its commitment to excellence. By creating a system that promotes self-determination, focuses on outcome-based quality oversight, and increases the value of the resources it employs, Minnesota will continue to be a national leader in providing services to people with disabilities.

Introduction

The Home and Community-Based Service system in Minnesota is respected nationally as a leader in providing quality services to people with disabilities. Minnesota's system values quality services, provides individuals with choice, and seeks innovative approaches for improving services to waiver participants. As Minnesota moves forward in the evolution of our service system, the Department of Human Services has identified the need to reevaluate the standards set for services and how we ensure that those standards are producing the quality outcomes we value as Minnesotans.

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This report identifies and summarizes information gathered from identified states, agencies, and accreditation organizations to provide a window into the standards and processes that could be emulated or modified to create new standards, licensing and credentialing systems, and provider-monitoring practices in Minnesota. To gain a wide perspective, the authors reviewed three nationally recognized accreditation agencies: the Commission on the Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), and CQL | The Council on Quality and Leadership, as well as the state systems in Florida, Massachusetts, Missouri, South Dakota, and Minnesota Region 10 Quality Assurance System. Looking at the successes and potential shortcomings of existing models can help stakeholders and DHS create a system that best reflects the values for providing services to people with disabilities in Minnesota.

To make such assessments, it is critical to review and assess the pertinent regulatory standards and practices that are followed by each state and agency and the applicability of those standards to enhance development of a new quality-assurance system for the state of Minnesota's Home and Community-Based Services (HCBS) waiver programs. The state summaries are designed to provide a brief overview of the data, while additional research, information, and elaboration for each state or agency can be found in the Appendix.

Building on the information in the state summaries, we next turn to evaluating the best practices exemplified by the states and agencies under the topics of "Methods for Promoting and Assessing Self-Determination," "Creative Monitoring Practices," and "Strategies to Influence the Cost and Value of

Quality Assurance." These topics expand the examples of particular initiatives and models to showcase how they function and how those functions aid in achieving the desired goals and outcomes.

Although states grapple with designing quality-assurance models for HCBS in a manner that meets both federal guidelines and the expectations of the individuals served, there are several examples where states have been able to infuse compliance with HCBS requirements with person-centered approaches and self-determination. Compelling instances of innovative methods for promoting and assessing the principles of self-determination include basing reviews on all services the individual receives, using comprehensive interviews to assess outcomes, ensuring a robust feedback system is in place between providers and stakeholders, and clearly and objectively laying out the expectations for self-determination within the state statutes. Both Florida and Minnesota Region 10 Quality Assurance System conduct reviews based on the services an individual receives, versus a sampling of individuals served by a given provider. This gives a more wide-ranging view of the services provided to the individual and helps identify deficiencies that may exist. A component of a comprehensive self-determination system must include interviews with individuals served and those involved in their lives to evaluate whether services are congruent with their desires. Cultivating a system in which the individual and those close to them can provide feedback, and one in which the provider can communicate their mission to stakeholders, assists CARF and CQL to improve accountability and help measure the success of the services being provided. Finally, including expectations of self-determination in the written state statutes, as Massachusetts and Missouri have done, will help to reinforce and guide all stakeholders toward a system focused on quality outcomes for the individual.

Understanding that quality cannot only be assessed through documentation reviews, states and agencies have developed creative provider-monitoring practices based on licensing systems that reduce complexities and decrease duplication, while ensuring quality through personal assessment of outcomes. Examples of monitoring focused on the quality of services include an outcome-focused approach, incorporating outside accreditation, and using a more proactive approach to compliance. By using tools such as personal interviews and review processes that are more collaborative in nature, states and agencies have found ways to focus their review process on outcomes that drive quality versus documentation. Some states have used outside accreditation agencies to work with providers to develop good business and operational practices, allowing the state to focus more on outcomes. In addition, by taking a collaborative approach to remediating compliance issues, and through detailed and validated self-assessments, they have adopted a more proactive approach to ensuring compliance and quality outcomes.

Economic realities have compelled states to find more cost-effective means to providing oversight, and to obtain greater value from the resources that are being allocated. Systems must be assessed not only by their actual cost, but by the value the services delivered produce. A system could have a bottom line that the state desires, but focus its resources on activities and reviews that do not produce "quality" and merely validate documentation. Similarly, a state can invest significant financial resources and staff time, but have a duplicative and cumbersome system. This report seeks to highlight systems that increase the value the state receives while ensuring quality outcomes that directly benefit the individuals served. Examples to achieve this include incorporation of self-assessments. States are able to get a complete picture of documentation compliance more efficiently by having the provider conduct detailed self-assessments and having an oversight body validate the results. Massachusetts, South Dakota, and Florida have all used

data management systems to improve access to data for all stakeholders. By reducing the complexity of licensing standards, agencies have promoted increased compliance, which leads to both higher quality outcomes and a reduction in costly remediation.

Concluding the report are summaries of the findings and suggestions for possible implementation in Minnesota. Creating a system that promotes our values, effectively monitoring the outcomes reached, and increasing the value of resources spent, will enable Minnesota to continue to be a leader in providing Home and Community-Based Services. By examining the systems of other states and agencies, our state is now poised to choose from a variety of best practices to create and implement a unique system that reflects our commitment to quality and to people with disabilities in Minnesota.

Scope of Research and Methodology

As a result of feedback and recommendations from stakeholders and DHS personnel, STAR Services surveyed and conducted research on three nationally recognized accreditation agencies: the Commission on the Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), and CQL | The Council on Quality and Leadership, as well as the systems in the states of Florida, Massachusetts, Missouri, South Dakota, and Minnesota Region 10 Quality Assurance System.

To gather as wide a representative sample as possible, a variety of research methods were used in this process. Qualitative information was gathered by reviewing the state laws, regulations, policy documents, and any other supporting documentation from the identified states and agencies. Special attention was given to finding the applicable rules, regulations, and statutes that govern disability services, as well as informal policies, tools, practices, or areas of focus that may be used in the assessment and compliance of rules and regulations. Building on that information, interviews were conducted consisting of at least one representative from each identified group per state: provider agencies, state personnel in disability areas, accreditation organizations if applicable, and individuals served or those in advocacy roles, if possible. The authors developed a universal interview tool for use during the information-gathering process.

As a result of the interviews, more information was requested, researched, and analyzed to clarify and ensure information from each state or organization was as comparable as possible. Data was collected from September 2, 2010, through December 13, 2010. To confirm the accuracy of the research, states and accreditation agencies were sent a draft copy of information to verify.

It is important to recognize that due to the abbreviated timeline for conducting research, the views of those willing to participate in interviews could be heavily represented if counter or confirming parties were unavailable or unwilling to participate. While it is hoped that the views expressed by those in the course of this research represent the views of a majority of providers, state personnel, accreditation organizations, and individuals served, the small sample size must be noted.

Summary of Findings

Introduction to the Accreditation Agencies and State Summaries

Minnesota sought to research and compare existing service models that reflect modern concepts of quality for people with disabilities to assess the benefits and feasibility for implementation in Minnesota. Information on findings stated within these summaries includes provider standards, licensing and credentialing systems, monitoring practices, HCBS Quality Management requirements, and participant-centered desired outcomes for the seven dimensions of the HCBS Quality Framework. Accreditation agencies and states in this section are the Commission on Accreditation of Rehabilitation Facilities (CARF), CQL | The Council on Quality and Leadership, Council on Accreditation (COA), South Dakota, Florida, Massachusetts, Missouri, and Minnesota's Region 10 Quality Assurance System. Each state or accreditation agency had interesting elements that alone, or in collaboration with other changes, could be desirable for implementation in Minnesota. The summaries are designed to provide a brief overview of the data, while additional research, information, and elaboration for each state or agency can be found in the Appendix of this report.

<u>Commission on the Accreditation of Rehabilitation Facilities (CARF)</u>

<u>CARF International</u> is a private, nonprofit organization that promotes the quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of the individuals served.[1] CARF currently has 46,890 accredited programs and services internationally with 285 programs and services located in Minnesota.[2]

Many states across the country have recognized CARF accreditation as a basis for state certification for services, as meeting state standards, and some states even require national accreditation (such as CARF) to provide services.[3] CARF has expanded and adapted their services to meet differing state needs and has accommodated requests by governmental regulators to review additional information during visits and provide their findings to the state agencies. Governmental regulators have access to searches and lists of CARF-accredited service providers and current CARF standards manuals and monographs.[4]

Providers who are CARF accredited or are seeking CARF accreditation must use the CARF ASPIRE to Excellence quality standards model. The ASPIRE to Excellence framework contains six foundational areas for establishing the standards and expectations of providers. These six areas include the following:

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[1] CARF International. *2010 Employment and Community Services Standards Manual.* July 1, 2010–June 30, 2010. Tucson: Commission on Accreditation of Rehabilitation Facilities (2010): 1.
[2] ---. *Commission on the Accreditation of Rehabilitation Facilities—Home.* 29 September 2010 www.carf.org/home.
[3] ---. *CARF-CCAC Continuing Communication Newsletter, Volume 3 Issue 1.* Continuing Communication Index. 29 September 2010. www.carf.org/Resources/Newsletters/ContinuingCommunication/.
[4] ---. *Payer Information.* 29 September 2010 www.carf.org/payers.

Assess the Environment, Set Strategy, Persons Served and Other Stakeholders—Obtain Input, Implementation Plan, Review Results, and Effect Changes. Providers are expected to conform to all applicable standards. The standards evaluated during the survey depend on the service being reviewed, though some standards, such as Business Practices, apply to all providers. Operational practices are reviewed during the site survey to determine the overall organizational conformance level. This level of organizational conformance ultimately leads to the accreditation determination.[5]

In addition to following the ASPIRE to Excellence framework, providers must also comply with additional standards and policies in order to achieve or maintain CARF accreditation. These standards and policies vary, depending upon the services that the provider is seeking to accredit. Examples of policies and documents that may be used include Description of the Scope of Services, Behavioral Intervention Procedures, Personal Safety Plans, Medication Use Policy, Seclusion and Restraint Procedures, Critical Incident Documentation, and Quality Record Reviews.

Becoming accredited is a comprehensive process that can require a year or more of preparation before the initial site survey as well as ongoing quality improvement upon completion of the survey. To become CARF accredited, the provider and CARF must adhere to certain guidelines and requirements during the accreditation process. These guidelines and requirements are found in the *CARF 2010 Employment and Community Services Standards Manual.*[6]

Quality-assurance monitoring practices for CARF accredited providers may vary, depending on the accreditation received and the length of the accreditation period. On-site monitoring occurs toward the end of the preliminary accreditation process and the typical accreditation period. The survey process focuses on examining service delivery and interviewing individuals served. The standards developed by CARF help ensure that a provider has thoroughly developed business functions, systems, and strategic planning that will assist in leading to quality services. Surveyors take the time to discuss issues with individuals served, guardians, and other stakeholders. They also visit administrative offices and sites where services are being provided.

According to the 2010 Employment and Community Services Standards Manual, during the site survey, providers are reviewed by a group of professional peers who are employed with other CARF accredited providers.[7] These surveyors are peers with similar experience in the programs and services being accredited. Each surveyor goes through extensive training and is matched to providers based on program types. The purpose of the peer review is to provide impartial, external review of a provider's conformance to the standards and to offer ongoing consultation for quality improvement. A consultative approach is taken by the surveyors during the review to assist the providers in their accreditation.

Once the survey is completed, a report is developed highlighting strengths and areas for improvement. In addition, the provider must internally complete an Annual Conformance to Quality Report that is then submitted to CARF. This must contain a review of practices by leadership and a signed commitment to

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[5] CARF International. *2010 Standards Manual*: 33.
[6] ---. *2010 Standards Manual*: 9–12.
[7] ---. *2010 Standards Manual*.

CARF stating that CARF standards are being used. During the resurvey, the provider is expected to demonstrate conformance during the entire period since the last survey. Special attention is given to the implementation of changes made in response to the Quality Improvement Plan from the previous survey.[8]

CARF meets HCBS Quality Management requirements by incorporating discovery, remediation, and continuous improvement as cornerstones of the philosophy and conformance with CARF standards. When deficiencies or concerns are addressed during the review, the provider is required to complete a Quality Improvement Plan outlining the actions that have been or will be taken in response as a means of remediation. By using a Quality Improvement Plan, the provider is continually looking at methods to improve services provided to individuals. CARF may occasionally conduct unannounced or announced monitoring visits of accredited providers. This may occur if CARF receives information that a provider may no longer be conforming to the required standards. As a result of the monitoring visit, accreditation may be modified and the provider may be required to submit a new Quality Improvement Plan.

CARF is designed to assist providers with implementing systems at all levels of the organization. Once systems are in place, the provider must maintain these systems in order to maintain compliance. As an accreditation agency, CARF systematically reviews and revises the standards manual annually. All providers are given the opportunity to give CARF feedback on what they would like changed or added to the manual. Advisory committees consisting of providers, staff, families, and individuals served are in place to provide feedback to CARF standards.

The safeguarding of health, safety, and rights; providing opportunities for self-determination; and the promotion of goals and outcome achievement are strongly emphasized and highly regulated within CARF standards. Providers are required to have several policies and procedures in place to oversee and support the health and safety of individuals served. Nonconformance to the health, safety, and rights standards could cause the providers to lose accreditation.[9] CARF also has standards in place that providers must follow to show how they promote individual self-determination and person-centered planning. Providers must demonstrate the active engagement of individuals served as part of the planning and service processes, including outcome development. Providers develop Information Measurement and Management Systems and Performance Improvement Systems that are related to an individual's outcomes and goals. These systems are designed to continuously monitor and evaluate outcome achievement on both the individual and business level.

An innovative system, uSPEQ™, was developed by CARF to receive feedback from individuals served, guardians, and other stakeholders about a variety of issues. Individuals can report their perceptions of their experiences, access to services and processes, how their needs are being met, and any outcomes and results. The data collected is routed directly to CARF and not the provider. By using the uSPEQ™ system, more reliable and descriptive information is obtained regarding satisfaction with services in comparison to the surveys solely conducted by the providers.[10]

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[8] CARF International, *2010 Standards Manual*: 22.
[9] Noren, Lynn, Vice President, RISE. Telephone interview. 29 September 2010.
[10] CARF International. "uSPEQ™ Raises a Powerful Voice," 2005. *CARF Connections Index*. 29 September 2010. http://www.carf.org/Resources/Newsletters/CARFConnection/.

Through the use of Information Measurement and Management Systems and Performance Improvement Systems, providers are given tools to measure quality assurance and ongoing quality improvement through performance data. Providers must demonstrate that they receive input on an ongoing basis from individuals served, personnel, and other stakeholders using a variety of mechanisms. The leadership within the organization is then required to analyze this data and implement changes into applicable areas. In addition, CARF standards dictate that the provider have methods in place to routinely review stakeholder feedback, the outcomes of the individuals, and the success of the business goals. This encourages the provider to continually keep focused on metrics that help ensure quality services and system improvement.

CARF accreditation is a comprehensive system and has been proven effective in providing quality oversight for services to individuals. The consultative approach provides quality feedback to providers in a manner that is motivating and helpful. Service quality for individuals is increased through focusing on standards of quality improvement by addressing the business as a whole and on the implementation of systems.

Council on Accreditation (COA)

The Council on Accreditation "is an independent, not-for-profit organization that partners with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting appropriate best practice standards." "Over 1,800 organizations—voluntary, public, and proprietary; local and statewide; large and small—have either successfully achieved, or are in the process of, accreditation. These organizations represent excellence in the human services field."[11]

Providers that choose to become accredited by the Council on Accreditation (COA) must follow the COA's *Accreditation Policies and Procedures Manual 8th Edition Standards*. These standards are divided into three main components: *Administration and Management, Service Delivery Administration,* and *Service Standards*. Each component contains subsections that specifically list the required standards. The Administration and Management component focuses on business ethics, financial management, human resource management, governance, network administration, performance and quality improvement, and risk prevention and management. The Service Delivery Administration component focuses on the administrative and service environment, behavior support management, individual rights, and training and supervision. The Service Standards component focuses on specific standards for each of the approximate 50 service types that the COA accredits.

Providers seeking the COA's accreditation are required to have been providing services for a minimum of six months in order to qualify. If this standard has been met, providers may begin the seven-step accreditation process by submitting an application and financial agreement and completing a COA self-study. Upon completion of the self-study, COA reviews the document and conducts a site visit using the

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[11] Council on Accreditation, "An Update Top the Field." Recognition Report September 2010. 12 November 2010. www.coanet.org/files/rr/pdf.

Pre-Commission Review (PCR) that includes observation of the provider's standards. After the site visit and completion of the PCR, the Accreditation Commission, COA's decision-making body, determines whether or not it should accredit, request more information, or deny the accreditation. If it is determined that the provider meets the qualifications of the *Accreditation Policies and Procedures Manual 8th Edition Standards*, they typically receive COA accreditation for a four-year timeframe or "cycle." Accreditation is completed for the entire provider. COA does not accredit a provider until such time that all services and locations receive a site visit and demonstrate implementation of COA's standards.[12] This entire process takes approximately 12 to 14 months. COA feels that the 12- to 14-month timeframe is necessary to ensure that all parties are involved in the review of the provider, including individuals served, personnel, and stakeholders, "with sufficient time for the organization to undergo growth-promoting change."[13]

Upon conclusion of the four years, providers "reapply" for accreditation following the same process as initially completed. For reaccreditation, the COA reviews each service type within a provider. Providers with multiple service types and locations, receive a review of each accredited service type while a random selection of locations is chosen for site visits, including the administrative offices, if applicable.[14] Site visits are completed by a peer review team comprised of professionals trained in the COA's processes and standards and seek to verify and clarify the level of implementation for the applicable standards.[15] The focus of their involvement is on becoming familiar with the provider's self-study, carrying out on-site activities and visits, assessing compliance, and in completing the report provided to the COA.[16]

During the accreditation cycle, a provider's quality assurance and implementation of standards is predominately monitored through the annual submission of Maintenance of Accreditation Reports (MOA). These reports indicate that the provider continues to be committed to the implementation and delivery of services according to COA standards. Also reported through the MOA are significant occurrences such as changes in services, structure, personnel or funding, and confirms that the provider continues to implement standards using the accreditation to work toward quality improvement.[17]

Other means of monitoring quality assurance includes cooperation with Final Accreditation Report recommendations (provided by the COA to the provider), accreditation cycle monitoring processes, and site visits or third-party complaint reviews. Information regarding the monitoring of services can be found in the *Accreditation Policies and Procedures Manual, 8th Edition Standards—Private Organizations.*[18]

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[12] Council on Accreditation. *Accreditation Policies and Procedures Manual 8th Edition Standards—Private Organizations*, 2008. COA Standards. 12 November 2010.
http://www.coastandards.org/p_guidelines/P&PManualPriv.pdf.
[13] ---. *Steps in COA's Accreditation Process*, 2008. 12 November 2010.
www.coanet.org/front3/page.cfm?sect=19#steps.
[14] ---. "COA and CARF: A Comparison," n.d. COA Net. 12 November 2010.
http://www.coanet.org/files/COACARFcomp.pdf.
[15] Seonane, Joseph, Director of Client Relations, Council on Accreditation. Email correspondence. 3 December 2010.
[16] Council on Accreditation, "2010 Fee Information."
[17] Seonane. 3 December 2010.
[18] Council on Accreditation. *Accreditation Policies and Procedures Manual* 2008.

The COA assists providers in meeting the HCBS Quality Management requirements through maintaining standards throughout the accreditation period regarding discovery, remediation, and continuous improvement. Issues are identified through the completion of Maintenance of Accreditation Reports, site visits, and the initial and reaccreditation processes. When issues and deficiencies have been identified, corrective action is developed by the provider and approval obtained by the COA. Corrective action is then implemented by the provider within the required timeframe and the resulting evidence and action is reported to the COA. If the corrective action plan has been violated through lack of correction or action, accreditation may be suspended or revoked. COA has the discretion to conduct remedial site visits for a provider upon receipt of information that the provider is not implementing standards, adhering to policies and procedures, or if health and safety are a serious concern.[19] Though the collaboration between the provider and the COA holds the provider accountable to its own prescribed corrective action and timeline, "self-accountability" and determination serves to drive ongoing success in compliance with improvement recommendations or requirements.

Continuous improvement occurs as a result of the information derived from on-site visits and a provider's self-reporting and monitoring practices. Systemic change transpires through the discovery and remediation of the identified issues as well as through improvement recommendations made by the COA. The focus of these recommendations is to ensure that the provider maintains compliance to COA standards. As a result, providers implement long-term effective change to decrease future errors.

The safeguarding of health, safety, and rights; providing opportunities for self-determination; and the promotion of goals and outcome achievement are at the core of COA standards. These are stated in detail within the *Accreditation Policies and Procedures Manual 8th Edition Standards*. The Service Delivery Administration Standards focus on the safety requirements for the environment in which the services are provided, health care provision, rights of individuals, staff training and competency. In addition, interviews conducted during site visits allow the individuals to express if they have opportunities for choice, active participation, and if services are appropriate to meet their needs.

The combination of meeting the COA's accreditation standards, peer reviews, and self-monitoring practices, assists providers in offering and promoting the best quality of services possible for individuals with disabilities.

CQL | The Council on Quality and Leadership

CQL | The Council on Quality and Leadership is an international not-for-profit organization dedicated to being the leader for excellence in the definition, measurement and evaluation of personal quality of life for people with disabilities, people with mental illness, and older adults. For more than three decades, CQL has taken the leadership initiative in developing progressive measures of quality in services and supports, quality of life outcomes, and Community Life.[20]

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[19] Seonane. 3 December 2010.
[20] The Council on Quality and Leadership. "CQL Accreditation: An Integrated Approach to Quality." 2005. http://www.thecouncil.org/assets/0/83/e16632a8-31bc-4b82-a1b1-ccaf76ce2a4c.pdf, 5.

CQL contracts individually as an accrediting body with state agencies and providers in varying capacities. The council functions in 24 states, Australia, and Ireland, serving 291 providers worldwide.[21] CQL's system for quality assurance is dependent upon the agreement or contract between CQL and the provider or state under which they have engaged in a relationship. For example, understanding that CQL's accreditation does meet HCBS standards, a state licensing authority may choose to accept the accreditation from CQL in lieu of a provider demonstrating compliance with current licensing standards, thereby issuing a license to provide services based on continuing accreditation status. At this time, no states currently waive all state regulations if a provider is accredited through CQL. A state may also choose to engage in a contract with CQL to provide oversight and accreditation for only a portion of their requirements, retaining some oversight at the local or state level.[22]

Quality Measures 2005® was developed by CQL as a multiple-use document and is referred to as a "set of broad based quality *indicators*" that "supports organizational quality improvement efforts."[23] Within CQL's Quality Measures 2005®, there are five separate and unique tools or "*measures*" including Shared Values, Basic Assurances®, Responsive Services®, Personal Outcomes Measures,® and Community Life®.

To become accredited by CQL, a provider must complete the full accreditation process. CQL ensures as an initial step of accreditation that the provider has met the Shared Values and Basic Assurances® portions of Quality Measures 2005®. CQL's focus during this phase of accreditation becomes the assurance of core organizational values within the provider that are shared with CQL and that health, safety, and rights are adequately protected. Further accreditation steps may not proceed until these two portions are met. Approximately six months to one year into the process of accreditation, the first site visit is completed in order for CQL staff to review and validate results from self-assessments and work that has been completed through corrections and action during the first year of coordination.

Providers may become accredited in several ways. The provider may meet criteria at a 100 percent success rate under 46 separate and categorized *indicators* within CQL's Basic Assurances® and, according to CQL's Personal Outcome Measures®, have an average of 11 outcomes and 11 supports present out of a possible 21. At this point, the providers would receive a four-year term of accreditation. Alternatively, the provider may meet at least 34 of the 46 Basic Assurances® through CQL and have an average of 11 outcomes and 11 supports present in their Personal Outcome Measures® interview data. At this point, they are provided one year to improve and implement internal systems in order to fully meet the accreditation criteria and be awarded the remaining time in a four-year accreditation.

Maintenance occurs through continuing to meet the criteria set for the first year and additional compliance measures held within CQL's Responsive Services® and Community Life® standards. Providers are required to demonstrate their commitment to integrating the Community Life® standards into their systems and practices. Final accreditation occurs when the provider has met the standards for

[21] The Council on Quality and Leadership. "Accredited Organizations." 2010.
www.thecouncil.org/accreditedorganizations.aspx.
[22] Mathis, Beth, Network Development Manager, Council on Quality and Leadership. Telephone interview. 23 September 2010.
[23] The Council on Quality and Leadership. "CQL Accreditation": 7.

CQL within Quality Measures 2005®. Upon doing so, the provider engages in a partnership agreement with CQL, which is reviewed and renewed annually throughout the four-year commitment. Accreditation occurs for an entire provider and is not dependent or connected with individual service sites.

Monitoring for quality assurance and oversight of the accreditation is accomplished through a collaborative and coordinated effort between the provider and CQL. Self-assessments, site visits for validation purposes, interviews with the individual served, family, staff, and providers, and ongoing plans of improvement are integral parts of the monitoring practices. The accreditation reviews are dependent on a predetermined representative sample size based on the number of individuals served by the provider. The determination of individuals is developed using a numerical formula to ensure the sample is statistically valid.[24]

CQL's standard practice includes three visits during the first four years; however, the number and frequency of reviews is based on the specific partnership agreement. CQL's process estimated no more than 20 percent of the evaluation performed during site visits is paperwork based.[25] The primary focus of a CQL reviewer is personal interview information to determine the validity of the provider's data.[26] As the review process is completed, CQL develops data from the review results, including personal interviews and documentation reviews.

From the acquired data, CQL provides a report document, including a summary of the findings to the provider. Reporting of the findings to state or local agencies for licensing purposes is the responsibility of the provider. In some circumstances, CQL does engage in agreements with state agencies to provide reports detailing findings or specific information directly to them. Each state or provider has a unique affiliation with CQL. A document entitled "CQL—State Quality Management Partnership Memorandum of Understanding" details the alignment between CQL's accreditation process and state human service programs.[27] By using this document, providers and the state are aware of the responsibilities of each entity, thereby streamlining and simplifying processes.

CQL meets HCBS Quality Management requirements for discovery, remediation, and continuous improvement through the combination of personal interviews and documentation reviews. Providers also have opportunities to complete self-assessments with validation of the results by CQL personnel. This function, in addition to the reviews conducted by CQL, enables greater evaluation of deficiencies. When issues have been identified, CQL provides assistance to the provider (with the state, if applicable) in improving systems or processes to make required corrections in identified areas. CQL collaborates with providers and/or states in the remediation of issues focusing on the enhancement of systems in a non-prescriptive manner in order to create systemic changes for long-term success. Continuous improvement by the provider is enhanced by following the foundational standards incorporated into the Quality Measures 2005®. Consistent and coordinated efforts between the provider and CQL in all areas, along

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[24] Mathis. 10 November 2010.
[25] Mathis. 23 September 2010.
[26] The Council on Quality and Leadership. "CQL Accreditation":16.
[27] Rosemore, Nancy, Senior Director, Lutheran Social Services. Telephone interview. 29 September 2010.

with identified systemic changes, lead to ongoing improvement plans for the provider, and in some circumstances, the state.

The safeguarding of health, safety, and rights, providing opportunities for self-determination, and the promotion of goals and outcome achievement are the foundation of CQL's Quality Measures 2005® and the accreditation process. Specifically, CQL's Basic Assurances® includes *factors* for rights protection and promotion, protection from maltreatment, safe environments, and best possible health. Responsive Services®, Quality Measures 2005®, and Personal Outcome Measures® identify person focus, community focus, strategic focus, and accountability focus as *indicators* with the Personal Outcome Measures®, focusing on key aspects of an individual's perspective of "My Self, My World, and My Dreams." Promotion of goals and outcome achievement occurs within accredited providers through the ongoing process of interviewing individuals to measure provider success in supporting the individual to reach his or her desired outcome(s).[28]

Quality assurance and continuous improvement is a vital facet of CQL's processes. Through experience and data collection, CQL recognized that the Quality Measures 2005® process has systemwide duplications in areas of some *indicators*. By consolidating the applicable *indicators*, it was determined that the assessment of an individual's quality of life and quality of services was not affected. Due to this, and as a means of continuous improvement, CQL will be formally launching the initiative of *What Really Matters: A Guide to Person-centered Excellence®* and personal quality of life as measured by the Personal Outcome Measures®: CQL Person-centered Excellence Accreditation in January 2011. This will replace the current Accreditation with Quality Measures 2005®.[29]

> "... CQL embarked on the development of new definitions, metrics and improvement methods focused on person-centered services. CQL redefined quality in terms of person-centered supports and services. This revised definition resulted in the identification and development of a key set of 34 success indicators that characterize excellence in person-centered supports and promote personal quality of life outcomes. This Guide to Person-centered Excellence is intended to promote quality improvement in services and supports for people with disabilities. These best practices and the resulting quality improvement initiatives can be applied across the full range of supports and services for people with disabilities."[30]

CQL's integration of an interview-based system, which provides data to the reviewer based on satisfaction of services, individual perceptions of quality of life, individual choice and promotion of goals and outcomes through cross-referencing the information against data on-site, has proven to be an effective quality-assurance standard. The collaboration between CQL, providers, and/or states promotes a "team approach" to addressing deficiencies, developing corrective action plans, and ensuring excellence in service provision.

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[28] The Council on Quality and Leadership. "CQL Accreditation": 16.

[29] Mathis. 29 November 2010.

[30] Gardner, James F., Ph.D. *What Really Matters: A Guide to Person-Centered Excellence*. Towson: The Council on Quality and Leadership, 2010.

Florida

The Florida Home and Community-Based waiver services focus person-centered practices with incorporated oversight by the Florida Agency for Persons with Disabilities (APD) and the Agency for Health Care Administration (AHCA). Currently, Florida contracts with Delmarva Foundation as part of the Florida Statewide Quality Assurance Program (FSQAP).

Providers in Florida are required to follow certain regulatory standards that govern services to individuals with developmental disabilities. These standards are found in both legislative statutes and handbooks. The Legislative Statutes include Chapter 393—the Developmental Disabilities Standard; Chapter 65G-2— Licensure of Residential Facilities; Chapter 415—Adult Protection Standards; Chapter 65G-7— Medication Administration; and Chapter 65G-8—Reactive Strategies. Regulatory handbooks include the Consumer Directed Services Plus Consumer Notebook and the Developmental Disabilities Waiver Services Coverage and Limitations Handbook.

The APD provides initial and ongoing licensure for the 1,600 licensed providers serving approximately 29,971 individuals with disabilities. Agencies may provide services to individuals with developmental disabilities in three residential settings: residential habilitation centers, foster care homes, and group homes. The residential habilitation centers have been identified by Florida as restrictive for the large number of individuals residing in those centers and are currently being phased out.[31] No more than three individuals may reside in foster care facilities, though four to fifteen individuals may reside in group home facilities.[32] A provider must obtain initial licensure by following the "Facility Licensure" requirements as directed by Legislative Statute Chapter 65G-2. Upon completion of these requirements, providers are issued a one-year license with annual renewal thereafter.[33] In-Home Support Services (IHSS) and Adult Day Training (ADT) are not licensed by the state.[34]

Two quality-assurance monitoring practices are currently being used in Florida for residential providers: Delmarva Foundation compliance reviews and monthly APD site visits. The first monitoring practice is completed by the Delmarva Foundation, which has been contracted through the state of Florida to assist in quality assurance. A random selection of waiver recipients is chosen from the statewide individual database for this review. When an individual is selected, all providers that are currently supplying services to that individual are audited, including residential, vocational, and case management.[35] If a provider has not been reviewed in a given year, one of its individuals will be "flagged" for a review in the

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[31] State of Florida. The 2007 Florida Statutes: Chapter 393, 2010. 13 September 2010.
http://www.flsenate.gov/Statutes/index.cfm?App_mode=Display_Statute&URL=Ch0393/titl0393.htm&StatuteYear=2007&Title=-%3E2007-%3EChapter%20393.
[32] Florida Agency for Persons with Disabilities. Planning Resources 2010. 3 September 2010.
http://www.apd.myflorida.com/planning-resources/.
[33] State of Florida, Chapter 393.
[34] Rice, Tom, Operations Review Specialist, Florida Agency for Persons with Disabilities. Telephone interview. 28 October 2010. Email correspondence. 12 November 2010.
[35] Delmarva Foundation. Delmarva Foundation Florida Statewide Quality Assurance Program, 2010. 3 September 2010 http://www.dfmc-florida.org/.

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following year.[36] This review process contains two separate portions: a Person Centered Review (PCR) and a Provider Discovery Review (PDR). During a PCR, interviews are conducted with the individuals served and people who know them best (family members, advocates, etc.). These interviews are intended to establish provider compliance to regulatory standards and satisfaction with services from the individuals' perspective. The PDR evaluates and focuses on the provider's compliance with the regulatory standards and handbooks through documentation compliance, visual observation, and interviews with staff. The Delmarva Foundation completes a quality-assurance review with the CDC+ program (with additional monthly review by a trained APD consultant), IHSS, and ADT centers.

The second monitoring practice is monthly site visits by APD employees or contracted vendors to review the residential standards using a standard checklist. This checklist reviews the residential standards, including resident record, physical plant, incidents, resident funds, general resident care and safety, staff qualifications, etc.[37] An annual self-assessment is also completed by all service providers, which are then reviewed by the APD and Delmarva Foundation at least annually.

Florida meets HCBS Quality Management requirements through the collaboration between APD, Delmarva, and AHCA to ensure the discovery, remediation, and continuous improvement of identified issues. During reviews from the state and Delmarva, the surveyor uses a checklist to determine if all standards are being met. If standards are not being met, the provider must submit a corrective action plan outlining how it will correct the identified errors. APD completes a follow-up on all corrective action plans generated and determines how to proceed with a provider's relicensing. Florida addresses compliance concerns through the "Agency's Progressive Discipline Process." This system addresses minor compliance concerns starting with less severe responses up to license revocations.

As a means of continuous improvement, Florida has the Florida Statewide Quality Assurance Program (FSQAP). Information is gathered statewide from the PCR and PDR to evaluate program compliance and overall individual satisfaction. Once the information is gathered, it is compiled into a statewide database. Data is reviewed for patterns, inadequacies in the system, and areas of need.[38] In addition, Delmarva completes quarterly and annual reports summarizing the findings and actions taken by the state during the year.[39]

The safeguarding of health, safety, and rights; providing opportunities for self-determination; and the promotion of goals and outcome achievement are demonstrated through Florida's person-centered philosophy. In-depth interviews with the individual and their entire support team ensure that the individual's desires and needs are being met by providing comprehensive information from all areas of

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[36] Kyllonen, Pamela, Analyst, Florida Agency for Health Care Administration. Telephone interview. 18 September 2010.

[37] Florida Agency for Persons with Disabilities. *Survey Procedures and Guidelines for Residential Monitoring Checklist.* Tallahassee: State of Florida, 2010.

[38] Delmarva Foundation. *Florida Statewide Quality Assurance Program Project Description, 2010.* 3 September 2010. http://www.dfmc-florida.org/Public2/projectDescription.html.

[39] ---. *Florida Statewide Quality Assurance Program Annual & Quarterly Reports, 2010.* 7 September 2010. http://www.dfmc-florida.org/Public2/annualQuarterlyReports/index.html.

the individual's life.[40] All goals are based on current needs, and these goals are addressed in the Individual Support Plan. Progress is assessed monthly by APD staff and support coordinators through face-to-face interviews with individuals served. Individuals have an opportunity to be involved in a "government," which includes residents, staff advisors, and if desired, advocates from the community. This "government" represents the interests of the residents and allows any concerns or ideas to be brought forth.[41] At this time, the Individual Support Plan is the only formal document that outlines an individual's needs and risks. Florida attempts to account for this through a monthly visit by APD staff or contracted vendors and the completion of the associated checklist.[42] Providers are also required to report incidents, have policies and procedures, and report any known or suspected maltreatment.

By contracting with the Delmarva Foundation for quality assurance and the FSQAP, Florida enhances services to individuals by ensuring service providers are compliant to regulatory standards and focused on person-centered practices.

Massachusetts

Massachusetts provides licensure and certification for Home and Community-Based waiver services with oversight provided by the Department of Developmental Disability Services (DDS). Licensure is provided for a provider's specific service category (vocational or residential); certification is provided to each specific type of service model. Providers have the option to choose between a traditional state survey and certification or to be accredited through CQL, CARF, or other DDS approved accreditation services.

Providers in Massachusetts are required to follow a regulatory standard that governs services to individuals with disabilities. This regulatory standard, or Code of Massachusetts Regulations, is entitled 115CMR and contains three key areas regarding provider standards: sections 115CMR 5.00, 115CMR 6.00, and 115CMR 7.00. Section 115CMR 5.00 incorporates "Standards to Promote Dignity" through such items as individual rights, maltreatment, behavior modification, and medication administration. The focus of section 115CMR 6.00 is on the development process of the Individual Service Plan (ISP). Section 115CMR 7.00 addresses the implementation of the ISP in addition to other provider standards and physical site safety requirements.[43]

The MA DDS is responsible for the oversight of licensed providers serving approximately 32,000 individuals with disabilities. Massachusetts has four waiver programs: Intellectual Disabilities (ID),

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[40] Delmarva Foundation. Delmarva Foundation. Florida Statewide Quality Assurance Program.
[41] State of Florida, Chapter 393.
[42] Florida Agency for Persons with Disabilities. *Operations Procedure: Licensing and Oversight of Residential Facilities, APD Procedure Number: 10-008*. Tallahassee: State of Florida, 2010.
[43] Massachusetts Health and Human Services. 115 CMR 1.00-11.00 Department of Mental Retardation, 2010. 9 November 2010.
http://www.mass.gov/?pageID=eohhs2terminal&L=4&L0=Home&L1=Government&L2=Laws%2C+Regulations+a nd+Policies&L3=Department+of+Mental+Retardation+Statutes%2C+Regulations+and+Policies&sid=Eeohhs2&b= terminalcontent&f=dmr_g_regs&csid=Eeohhs2.

Traumatic Brain Injury (TBI), Autism, and Senior.[44] Licenses are issued to providers in two service categories: Residential/Home Supports and Day/Employment Supports. A provider receives licensure for a specific service category and not for individual sites; however, certification may be provided for each service type within a provider's license (i.e., category-vocational, type-supported employment). The licensure standard allows a provider the legal authorization to provide services and focuses on the health, safety, and rights of individuals. Certification is the process by which the quality of services is reviewed and focuses on individuals' quality of life through personal interviews, satisfaction with services, and the practices of the provider.

The MA DDS provides initial and ongoing licensure and certification for providers. Approval must be obtained for the application and related materials for initial licensure. A partial inspection of the provider occurs within 60 days of the start of services and a full review within six months. The frequency of licensing and certification beyond the initial inspections is based upon the findings of the six-month full review for MA DDS licensed providers.[45]

Quality assurance is monitored in Massachusetts by being accredited through CQL, CARF, or other approved accreditation agency or by undergoing the survey and certification process through the MA DDS. The survey and certification occurs for each provider on a biennial basis. This process employs teams of two to six surveyors over an estimated five-day period and involves the review of both administrative offices and service sites. Additionally, the surveyors conduct in-depth interviews with the individuals served and staff members. A provider must meet requirements at a rate of 80 percent within the defined licensing categories related to personal and environmental safety, communication, health, rights protection, workforce regulations, and ISP requirements. If compliance is met at 80 percent or higher by a provider, a license is issued for another two years. Findings from a provider's certification review do not impact its level of licensure.[46] The certification process indicators are equally as important as the licensure indicators, but are tied to the intended outcomes of the specific service model and represent a focus for continual quality improvement on the part of the provider.[47]

Massachusetts meets the HCBS Quality Management requirements to ensure the discovery, remediation, and continuous improvement of identified issues. The review process for licensure and certification emphasizes compliance to its critical indicators with provider regulatory standards as well as objective measures of quality of life, satisfaction, and best practices. If issues are identified, providers have up to 60 days to reach an effective resolution, unless there is an "immediate jeopardy" issue, in which case the provider has 24 to 48 hours to remedy the issue.[48] If a provider fails to meet compliance standards, varying levels of corrective practices may be taken by the MA DDS consisting of a two-year license with a mid-cycle review, a deferred license, or recommendations for a nonlicense. As a measure to

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[44] Grossman, Gail, Assistant Manager of Quality Assurance, Commonwealth of Massachusetts. Telephone interview. 8 October 2010.
[45] Grossman. 8 October 2010.
[46] Bigby, Judy Ann, M.D., and Elin M. Howe, *Licensure and Certification Procedures Manual 5th Edition* (July 2010). Massachusetts Health and Human Services. 29 September 2010.
http://www.mass.gov/Eeohhs2/docs/dmr/qm_manual_5ed.pdf, 7.
[47] Bigby and Howe. 2010, 6.
[48] Grossman. 8 October 2010.

continuously improve, the MA DDS engage in monthly risk-assessment and planning meetings to identify trends and develop strategies to reduce negative occurrences and improve systems.

The safeguarding of health, safety, and rights; providing opportunities for self-determination; and the promotion of goals and outcome achievement are demonstrated through the comprehensive emphasis of these items throughout the regulatory standard. MA DDS has developed a measurable and objective method to quantify a provider's success through the assessment of key areas of self-determination. Goals are identified within the Individual Service Plan, but outcome achievement and success is determined by the individual and their support teams and relayed to the surveyors during the licensure and certification reviews. Massachusetts accepts CARF and CQL accreditation in lieu of certification and uses the data collected as evidence of compliance, including performance-based goals and objectives where data is recorded.[49]

Massachusetts has implemented a computerized Quality Assurance Management System to better manage and assess quality of services and make improvements. This system collects performance data electronically submitted by providers and collected by surveyors. The purposes of this system are to streamline the process for data review, evaluate that data, and implement corrective actions. By using this Quality Assurance Management System, Massachusetts promotes ongoing quality improvement for the system, providers, and services.

As an additional means to continuously improve services, providers are required to solicit and use input from individuals and families on satisfaction with services. Providers are then required to have processes that measure and implement strategies to improve services such as facilitating advocate meetings or discussion groups.

The Massachusetts system of licensure and certification focuses on compliance to regulatory standards as well as quality of services. The opportunity to use other accreditation agencies for oversight provides a balanced method of monitoring services to meet HCBS Quality Management requirements while meeting the needs of individuals with disabilities.

Missouri

Missouri's lend of certification and Quality Assurance monitoring roles emphasize a focus on self-determination that have created a system that values quality. Providers that serve individuals with developmental disabilities in Missouri must be certified by the state. The state conducts the certification process or will grant certification status to providers that have completed, and are in good standing, with an approved accreditation organization. The state has taken a collaborative quality-assurance approach to work with providers on monitoring and correcting issues to achieve quality. Person-centered and self-determined beliefs are infused within state regulations and standards of practice to ensure that individuals served are best able to lead a fulfilling life.

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[49] Bigby and Howe. 2010, 19.

Providers in Missouri are required to follow regulatory standards that govern services to individuals with disabilities. These standards, or Code of State Regulations, include 9 CSR, Division 10, Chapter 5—General Program Procedures; 9 CSR, Division 40—Licensing Rules (where applicable); 9 CSR, Division 45—Division of Developmental Disabilities (for applicable services); and any subsequent revisions or additions to the above.[50]

The Division of Developmental Disabilities (MO DDD), a group within the Department of Mental Health (MO DMH), oversees Medicaid agencies providing residential habilitation, day habilitation, supported employment, and individualized supported-living services. To provide services, an agency must receive or be granted certification status by the state. To receive certification, Missouri's process requires the provider to submit an application, policies and procedures, attend a training session, and pass a site survey. If the provider is accredited by CARF or CQL, they are deemed to be certified and do not have to undergo a certification survey. At this time, there are approximately 400 providers who are certified for these designated services through the state system, 46 providers accredited through CARF, and 3 providers accredited through CQL.[51]

Providers receiving initial and ongoing certification through MO DMH must follow the required steps as directed by the state. Upon completion of these steps, an approved provider receives provisional certification for one year. Every two years following, certified providers are required to renew their certification through the MO DDD to continue providing services while following the Code of State Regulations involving monitoring practices.

The state conducts a biennial re-certification review. This review is conducted by a team of state surveyors who perform a variety of tasks, including but not limited to, completion of Missouri's Quality Outcomes, observations and interviews with individuals served, their families, and staff; review of records and elements of the physical plant; attendance at individual meetings; and informal discussions regarding observations, plans, and themes.

Quality-assurance monitoring practices apply to all providers regardless of certification or accreditation status. The framework for complying with HCBS discovery and remediation standards is the performance on identified Quality Functions. Quality Functions include licensing and certification reviews, person-centered planning, service monitoring, SAFE reviews, incident responses, and summaries from accreditation agencies, if applicable.[52]

Missouri has additional quality-assurance monitoring practices, including having service coordinators conduct monthly or quarterly visits with the individuals served and their teams. State service coordinators conduct on-site visits and review the Missouri Service Monitoring Guidelines for compliance with health,

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[50] Missouri Department of Public Health. "Contract for Services," 2010. Developmental Disabilities—Documents. 29 September 2010. http://dmh.mo.gov/docs/dd/contract.pdf, 2.

[51] Mangini, Margy, Director of Quality Enhancement, Division of Developmental Disabilities. Telephone interview. 12 November 2010.

[52] Missouri Division of Developmental Disabilities. "Division Directive 4.080—Integrating Quality Functions," 1 October 2009.Missouri Department of Mental Health. 9 November 2010. http://dmh.mo.gov/docs/dd/directives/4080.pdf.

environment and safety, individual rights, services and staff, and money. The guidelines provide a framework for ideal service delivery to enable the individual to achieve his or her personal goals.[53]

Missouri meets HCBS Quality Management requirements through the state review for discovery, remediation, and continuous improvement. When identified issues are discovered during state reviews, an improvement plan may be required. The provider works with its regional center to develop those plans and correct issues in a collaborative way. Timelines are set for corrective actions, with the regional centers retaining the right to extend those timelines so that objectives can be achieved. If appropriate progress is not made by the provider and pervasive issues remain, the division director can take further action toward the provider.[54] Continuous improvement is made by providers through the corrections of identified issues found during the biennial state recertification, service coordinator reviews, and other data collection methods.

The safeguarding of health, safety, and rights; providing opportunities for self-determination; and the promotion of goals and outcome achievement are demonstrated through the multi-layered approach to quality assurance. Each layer makes certain that providers meet and are ensuring that the values, priorities, and outcomes identified for individuals to have a fulfilling life are achieved and that health, safety, and rights are protected. Missouri's Codes of State Regulations strongly emphasize the importance of self-determination, outcomes, and person-centered philosophies.

As a further means to track issues and identify positive practices through provider relations or quality-enhanced functions, Missouri uses the Action Plan Tracking System (APTS). Categories including health, safety, rights, services, money, and Missouri Quality Outcomes are tracked in this database and the information is used by regional offices. The Customer Information Management, Outcomes and Reporting/Event Management Tracking (CIMOR/EMT) is the incident and injury database used to provide tracking and trends in reported incidents, injuries, medication errors, and death.

Provider-performance data is collected from a variety of sources. For state-certified providers, data can be found to support quality assurance and show quality improvement through several processes, including biennial recertification, Quality Outcomes survey and data collection, and service coordinators' ongoing reviews of the individual and the services provided. Provider performance is captured through these methods and is available for review and improvement, if necessary.

Missouri expressly states its commitment to working collaboratively with providers. A key goal of certification is to enhance the quality of care and services with a focus on the needs and outcomes of individual served. The primary function of certification is assessment of an organization's compliance with standards of care. A further function is to identify and encourage developmental steps toward improved program operations, client satisfaction, and positive outcomes. Through state recertification, service coordinator reviews, and the Quality Outcomes survey and options for alternative accreditation,

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[53] Missouri Division of Developmental Disabilities. "Division Directive 3.020—Service Monitoring Policy and Implementation Guidelines," 27 August 2010. Missouri Department of Mental Health. 9 November 2010. http://dmh.mo.gov/docs/dd/directives/3020.pdf, 4.

[54] ---. "Division Directive 4.080."

there are many avenues for providers to identify issues, take corrective action, and improve services. The regulatory standards within the state also promote person-centered philosophies, and the MO DDD ensures those important elements to service provision are upheld.

South Dakota

South Dakota certifies agencies providing Home and Community-Based waiver services incorporating oversight by the South Dakota Division of Developmental Disabilities (SD DDD), Department of Health (DOH), and CQL | The Council on Quality and Leadership. These providers, or Community Support Providers, are able to provide services to individuals in the residential, vocational, in-home, and supported employment areas.

Community Support Providers are required to follow certain regulatory standards that govern services to individuals with developmental disabilities. These standards, or Articles, include Article 46:10—Developmental Disabilities Services; Article 46:11—Adjustment Training Centers (current term is Community Support Provider-[CSP]), included in Article 46:11 is chapter 46:11:06, which defines the safety, sanitation, and physical facilities standards; and Article 46:13—Medication Administration.

South Dakota Division of Developmental Disabilities (SD DDD) provides initial and ongoing certification for all 19 Community Support Providers in the state, serving approximately 3,354 individuals with developmental disabilities.[55] In partnership with the Council on Quality and Leadership and funded by the state, all CSPs are also accredited. Initial certification of a CSP includes the submission of a written request and approval of the information by the SD DDD. A provisional certification is then issued and is valid for six months. After the six-month provisional time, the SD DDD completes a review of the CSP. If it is compliant with Articles 46:11 and 46:13 and CQL standards, a two-year certification is provided.[56] For deficiencies found during the review, enhancement plans are developed by the CSP and approved by the SD DDD. Certification is provided for an additional two years upon the SD DDD's resolution and approval of identified deficiencies.[57] CQL provides accreditation for a four-year timeframe in which the CSP has three on-site reviews based on CQL's Quality Measures 2005®.

Several quality-assurance monitoring practices are currently used in South Dakota. A biennial inspection of owned or leased residential homes is completed by the Department of Health to ensure compliance to Chapter 46:11:06, with continued oversight by the SD DDD.[58] Two reviews are completed by the SD DDD: an annual assessment using the Inventory for Client and Agency Planning (ICAP) for all individuals and a biennial review sampling 8 percent of individuals served by a provider. The ICAP is used to verify initial and continued eligibility and rate calculation for services, and the biennial review

[55] Hand, Julie, Program Specialist II, and Carol Ruen, Assistant Director, South Dakota Division of Developmental Disabilities. Telephone interview. 16 September 2010.
[56] South Dakota Legislature. Article 46:11, 2010. 13 September 2010.
http://www.legis.state.sd.us/rules/DisplayRule.aspx?Rule=46:11.
[57] ---. Article 46:11.
[58] Stahl, Bob, Licensure and Certification, South Dakota Department of Health. Telephone interview. 12 November 2010.

ensures compliance with Articles 46:11:03 to 46:11:06 and Article 46:13, policies and procedures and application of those policies. During this review, the SD DDD also completes a portion of CQL's Basic Assurances® to assess for safety, health, and rights of individuals served.[59] In addition, the CSP completes self-assessments that are reviewed for validity by CQL personnel prior to their scheduled on-site reviews for the purpose of accreditation.

If a CSP has severe deficiencies in several areas that seriously affect the health, safety, welfare, rights, or habilitation of the individuals served, or if patterns of noncompliance arise over time, they may receive probationary status. During the probationary period, the SD DDD conducts site visits every three months with the CSP providing monthly status or progress reports. If corrections are not made by the CSP, the SD DDD may revoke its certification.[60]

South Dakota meets HCBS Quality Management requirements through various means. Discovery, remediation, and continuous improvement are exemplified through the diverse set of reviews and the response approaches to deficiencies found. Upon completion of their reviews, the CQL and SD DDD share written information regarding identified deficiencies and a plan of enhancement is developed to implement solutions to address the concerns and the applicable timelines for completion. Identified issues are then corrected through a coordinated effort between the SD DDD, CQL, and the CSP. Through the aggregation of quantifiable data derived from the reviews conducted by CQL and SD DDD, weaknesses or "holes" can be found within the system and steps are taken to improve systems and services.[61] Improvements can then be made to the provider or statewide. Measurements collected by CQL from the interviews and focus groups are also directly applied into the improvement of the systems and services by South Dakota.

The foundation of CQL's Quality Measures 2005® and South Dakota's administrative rules include the safeguarding of health, safety, and rights; providing opportunities for self-determination; and the promotion of goals and outcome achievement. Through the CQL accreditation process, CSPs are given greater flexibility in how they ensure the health, safety, and rights of individuals served. Providers have the ability to develop and implement measures according to the needs of the individuals and what works for them, versus creating systems that comply with and focus on content standards. The importance and experience of individuals served in participating in their own services, using available opportunities for self-determination, and expressing their wants, needs, and goals is emphasized throughout the reviews. Having CQL involved in the oversight and review of services helps guarantee that the individuals' wants, needs, priorities, and preferences are expressed and implemented in all areas of the individual's life.

Quality assurance is stressed as an important component in South Dakota's service provision standards; however, it was found that services could not be measured as they should be to meet HCBS Quality Management requirements. It was identified that the state needed to implement more performance indicators and look at the data and how to evaluate and improve systems and procedures based upon that

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[59] The Council on Quality and Leadership, South Dakota Memorandum of Understanding, Pierre: The Council on Quality and Leadership, 2009, p 1.
[60] South Dakota Legislature. Article 46:11.
[61] Van Kleeck, Albert, director of accreditation, CQL. Telephone interview. 21 September 2010.

data.[62] To continue improvement, South Dakota is moving toward a more effective use of a central database entitled Quality Improvement Strategy System, created by the Rushmore Group.[63] Some strengths to this system are that the CSPs are assisted in adhering to CMS standards and providing waiver services, reports to CMS are generated easily and accurately specifically in the areas of performance measures and indicators, and trend reports are generated that enable the state to "narrow down" issues to correct them.[64]

Using the collaborative approach of the SD DDD, CQL, and CSP, there is a triangular effect to quality assurance and improvement to services to individuals with disabilities. This ensures person-centered and outcome-based services that also meet HCBS Quality Management requirements.

Minnesota Region 10 Quality Assurance System

Minnesota Region 10 Quality Assurance System and licensing, or "Region 10 QA," includes a small portion of services within five counties in southeastern Minnesota. The Region 10 Quality Assurance System has been granted authority through the State Legislature to act as the licensing authority and quality-assurance agency for the participating counties. Due to a reduction in the scope and funding for the project, currently, there are three counties participating with oversight of 24 providers and 51 program licenses (residential and vocational) providing waivered services to individuals with developmental disabilities.

Providers in Minnesota are required to follow regulatory standards (administrative rules) that govern services to individuals with disabilities. These regulatory standards, or statutes and rules, are Minnesota Statutes, chapter 245A—Human Services Licensing Act, Minnesota Statutes, chapter 245B—Services for Developmental Disabilities, Minnesota Statutes, chapter 245C—Department of Human Services Background Studies Act, Minnesota Statutes, section 626.557 through 626.5572·Vulnerable Adults Act (with definitions), Minnesota Statutes, section 626.556·Maltreatment of Minors Act, Minnesota Rules, parts 2960.3000 through 2960.3340·Foster Family and Residence Settings and Treatment Foster Care, Minnesota Rules, parts 9525.2700 through 9525.2810·Standards that Govern Aversive and Deprivation Procedures, and Minnesota Rules, parts 9555.5105 through 9555.6265·Adult Foster Care.

In coordination with the Minnesota Department of Human Services (MN DHS), Region 10 QA has established quality-assurance standards that are considered an alternative licensing system. Licensing of support providers is based on findings from individual "VOICE" (Value of Individual Choices and Experiences) reviews. Using the "VOICE" review, the Region 10 Quality Assurance Standards and the protective standards; participating counties have an agreement with the state to carry out licensing functions.[65]

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[62] Hand and Ruen.16 September 2010.
[63] The Rushmore Group. HCBS Quality Management Strategy System, 2010. 13 September 2010. http://www.rushmore-group.com/services/HCBSQualityManagementSystem/tabid/2917/default.aspx.
[64] Stengle, Karen, chief operations officer, the Rushmore Group. Telephone interview. 10 November 2010.
[65] Region 10 Quality Assurance. VOICE: Frequently Asked Questions.

Minnesota Region 10 QA completes one or two VOICE reviews per license during the licensing cycle and during that review randomly select 5 percent of individuals served.[66] Two trained interviewers, as a part of the Quality Assurance Team (QAT), speak with one individual served as part of completing a VOICE review. Under the current system, if the license provides services to one individual, that individual would engage in the VOICE review process, resulting in a 100 percent sample of services.[67] Licenses are then issued and renewed for a two-year period.

Though traditionally separated, Region 10 QA System combines three types of quality-review processes, including quality assurance to evaluate whether individuals are receiving appropriate supports and services; quality improvement to assist specific providers, groups of providers, and the system as a whole to help individuals achieve better life outcomes; and licensing of programs that use public funds to support individuals with developmental disabilities.[68]

Each VOICE review covers eight areas or Life and Service Domains. These eight areas include Basic Assistance, Special Assistance, Relationships, Choice, Inclusion, Economic Support, Safety and Dignity, and Coordination.[69] During the VOICE review, two interviewers ask questions to the individual's quality circle members (people who are an important part of an individual's life) to discuss each of the eight Life and Service Domains. When the provider has met the standards for each of the eight domains, they are considered to be compliant, as well as, providing services, which are consistent with what is most important to the individual and their needs.

Minnesota Region 10 QA meets the HCBS Quality Management requirements to ensure the discovery, remediation, and continuous improvement of identified issues by incorporating two processes for ensuring compliance with applicable standards, VOICE review and paperwork compliance reviews. After VOICE reviews are completed, Region 10 QA completes a paper compliance review for specific standards. Those specific standards are some of the same requirements that MN DHS surveys during a traditional licensing review.

After completion of the Minnesota Region 10 QA reviews, a rating scale, entitled "E.R.I.C," is used to indicate the level of a provider's compliance and service supports. "E" is for Exceptional, "R" is for Reasonable, "I" is for Improvement, and "C" is for Concern; based upon the score, necessary corrective action by the provider may be required.[70] This score, along with information derived from data collected, is provided to the county's Quality Assurance Review Council (QARC), which is comprised of Region 10 QA stakeholders. The council evaluates all of the information and makes recommendations to the MN DHS in regards to the length of a provider's license and if warranted, any necessary negative actions. Based on these recommendations, MN DHS issues a license accordingly. If concerns arise, the QARC may recommend visiting with the provider again or more often, as necessary to complete further review.

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[66] Zimmer, Dan, Quality Assurance Director, Minnesota Region 10. Telephone interview. 13 September 2010.
[67] Zimmer. 13 September 2010.
[68] Region 10 Quality Assurance. VOICE: Frequently Asked Questions.
[69] ---. Home, 2008. 13 September 2010. www.mn-voice.org/index.php.
[70] Region 10 Quality Assurance. Finding Explanations, 2008. 7 September 2010. www.mn-voice.org.qatdocs/findingexplanations.html.

Through the VOICE review process, feedback is given to providers and, as needed, action plans are developed to improve the services to the individual.[71]

The safeguarding of health, safety, and rights; providing opportunities for self-determination; and the promotion of goals and outcome achievement are demonstrated through the comprehensive reviews established in regulatory standards and the Region 10 QA VOICE reviews. The eight Life and Service Domains address separate, specific areas with concern to health, safety, and rights of individuals. Individuals have many opportunities for self-determination including participating in the VOICE review process. It uses their understanding and perception of what they want and need in their lives comparatively against demonstration by providers that they are actually receiving supports from in those areas. The promotion of goals and outcome achievement is upheld during individual VOICE reviews, allowing the individual to answer questions regarding what they want and value.[72]

Minnesota Region 10 Quality Assurance System states its purpose is to continuously improve the assistance and support to individuals with developmental disabilities. The system does this by assessing the value people experience through the support and services received at home, at work or school, and throughout the community. By combining results from an ongoing series of these assessments, Region 10 QA is able to develop an accurate sense of the patterns of support in the community. They are able to identify best practices, which they distribute throughout the system as they focus on situations where improvement is needed.[73]

Region 10 QA standards may lead to a greater understanding of expectations, compliance, and quality. This system allows the provider and teams to be creative in their approaches to helping the individual achieve his or her outcomes while remaining compliant to Minnesota's regulatory standards.

Conclusion of Accreditation Agencies and State Summaries

The summaries of states and agencies offer insight into the operations of existing quality-service models. There are several innovative approaches occurring in different states and accreditation agencies that align oversight and system design with person-centered approaches. In the following sections, those ideas are expanded under the topics Methods for Promoting and Assessing Self-Determination, Creative Monitoring Practices, and Strategies to Influence the Cost and Value of Quality Assurance.

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[71] Zimmer. 13 September 2010.
[72] Zimmer. 13 September 2010.
[73] Region 10 Quality Assurance. Home.

Methods for Promoting and Assessing Self-Determination

The approaches to ensure opportunities for self-determination and the incorporation of self-determination into programs vary among the agencies researched. Many of the agencies use the review process to ensure compliance, and a few have clearly outlined expectations for self-determination within the rules and regulations. As Minnesota looks to new quality-monitoring practices, elements such as reviews across services, comprehensive interviews, thorough provider feedback surveys, and measurable written standards should be considered.

One way in which agencies have adjusted their quality-monitoring practices to assess an individual's opportunities for self-determination is by conducting comprehensive reviews across all services for the individual. For example, in Florida, a sampling of individuals for reviews is not determined based upon each provider, but rather from the entire state's waiver recipient list. Using their data management system, they select an individual and complete a review of each HCBS provider involved in that individual's services.[74] The Minnesota Region 10 Quality Assurance System is also designed to view services as a whole, across multiple providers. When appropriate to the specific outcome, different providers in an individual's life can assist them in attaining the same goal. Evaluating quality across services gives a more comprehensive view of the individual's services and can foster cooperation and collaboration between providers. By obtaining feedback from the individuals served and those close to them, the individual is able to be a participant in the development of the service standards he or she is receiving. This empowers the individuals to create and mold services to fit the way in which they want to be served. In this manner, services are created for people, rather than putting people into previously created services. The interview process puts into practice the idea of person-centered supports at an agency level as opposed to viewing it only as a philosophy for providers to incorporate into their services.

An interview-based review is another process that agencies have used to help assess self-determination. While all of the agencies researched used some type of interview in their monitoring practices, some systems are designed to capture a more complete picture than others. Notably, the Minnesota Region 10 Quality Assurance System has created the "Value of Individual Choices and Experiences" or VOICE review process. Interviews are conducted with members of the individuals' "quality circle" that encompasses family, friends, county case manager, and providers that supply support to that individual. By incorporating the people and agencies that are viewed as key elements in the life of the individual, the VOICE review process provides results that are used to work toward continuous improvement of the services as a whole.[75] In turn, the process includes the distribution of information to identify best practices, which are disseminated throughout the system and focus on situations where improvement is necessary.

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[74] Delmarva Foundation. *Operational Policies and Procedures Manual—Florida Statewide Quality Assurance Program*, October 2010. Delmarva Foundations Florida Statewide Quality Assurance Program Resource Center. 13 October 2010. http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/documents/Operational%20Policies%20and%20Procedures-Oct-2010.pdf.
[75] Region 10 Quality Assurance. Home, 2008. 13 September 2010 www.mn-voice.org/index.php.

Sharing information between stakeholders and providers is a key component of the CARF and CQL accreditation processes. Both agencies require providers to have a method for receiving feedback from the individuals and the people in their lives. This gives the individuals, their families, and their teams an opportunity to not only express concerns, but also share information to improve the services for the individuals. Providers are required to incorporate the feedback into their internal quality-improvement strategies, when applicable. In the CQL process, the provider must communicate its "mission, priorities, and management plan" and promote communication between "staff, families, and people supported"[76] to show how they create and promote change as a result of the feedback they receive. Results of the feedback are then used as a part of the overall quality-assurance review.

In addition to developing tools for ensuring opportunities for self-determination and person-centered practices, some states have included language in their rules and regulations that focus on their commitment to this philosophy. In Massachusetts, statute dictates that the ISP be created through a person-centered process and that the individual directs his or her services "to the extent that they are able." General Principles in 115CMR 5.03 (2) states, "Services are to be provided in a manner that promotes: ... (c) Self-determination and freedom of choice to the individual's fullest capacity... (e) The opportunity to undergo typical developmental experiences, even though such experiences may entail an element of risk; provided, however, that the individual's safety and well-being shall not be unreasonably jeopardized."[77] By identifying key areas of opportunities for self-determination, the state has developed a measurable and objective way to quantify a provider's success in meeting the standards. This, in addition to a focus on individual satisfaction with their services, can identify whether the opportunity for self-determination has truly resulted in a higher quality of service to the individual.

Missouri regulatory standards identify extensive goals and expectations to ensure self-determination. These standards are evaluated during the compliance review to determine if they are being adhered to for the individual. The outcome for attaining self-determination states, "Outcome: Individuals have the opportunity to enhance self-esteem through self-expression."[78] Self-determination achievement is met through the following:

- Interactions with each individual demonstrate interest, concern, and consistency.
- Individuals routinely receive unconditional positive feedback.
- Expectations of each individual are positive.
- Individuals have social and interpersonal problem-solving skills.
- Individuals express their own personal style.
- Individuals are aware of and use personal competencies.
- Individuals express personal opinions and preferences.
- Individuals have options to express their cultural heritage.

[76] The Council on Quality and Leadership. "CQL Accreditation: An Integrated Approach to Quality," 2005. The Council on Quality and Leadership. 14 September 2010. http://www.thecouncil.org/assets/0/83/e16632a8-31bc-4b82-a1b1-ccaf76ce2a4c.pdf, 13.
[77] Massachusetts Health and Human Services. "115 CMR 5.00: Standards to Promote Dignity," 2010. CMR: Department of Developmental Services. 11 November 2010. http://www.mass.gov/Eeohhs2/docs/dmr/regs/reg_115cmr005.pdf, 115.
[78] Missouri Secretary of State. "Rules of Department of Mental Health—Division 45, Chapter 5." 28 February 2005, Administrative Rules. 19 November 2010. http://www.sos.mo.gov/adrules/csr/current/9csr/9c45-5.pdf, 4.

- Individuals have information about their families and friends.
- Individuals express their personal histories.
- Individuals understand what belongs to them and what belongs to others.

Through both statute and quality-assurance implementation methods, agencies have shown their commitment to the values of self-determination and person-centered services. Evaluating all of the services provided to an individual helps to ascertain whether or not all of his or her needs are being met. Coupled with interviews and feedback from the individual, the individual's support team, and those close to him or her, agencies can more easily identify whether progress toward the individual's goals is being made. By including objective measures of the philosophy into statute, state agencies are demonstrating their commitment to outcomes that matter to the individual. Finding ways to incorporate these strategies into new regulations in Minnesota will further the commitment Minnesota has already shown in this area.

Creative Monitoring Practices

The methods each agency developed to monitor compliance varied to fit its needs and were strongly incorporated into each agency's current practices; however, there are some common practices and individual ideas that Minnesota should consider in developing new standards. To this end, three main areas were identified for consideration: a more outcome-centered focus as opposed to a process-centered focus, incorporating accreditation as an alternative to state compliance reviews, and proactive versus reactive methods for ensuring compliance.

Minnesota's current monitoring practices focus largely on compliance with process and documentation requirements. During a review, the licensor examines the documents of a provider to ensure they, and the processes they describe or indicate, meet the current standards. Once the licensor completes the review, citations are issued based on the errors found, and the provider is required to correct the specified errors. To some extent, all the provider monitoring systems researched use this approach. The primary difference between these systems and Minnesota's current method lies in the extent to which the other systems focus much of their effort on reviewing providers' ability to support the achievement of positive outcomes for individuals. To achieve this, agencies have created tools and processes to ensure that quality standards are being met by analyzing the outcomes achieved.

All of the states and accreditation agencies researched included interviews with individuals served and staff in their monitoring practices. In some cases, if the individual served was unable to communicate their opinions, family, legal guardians, or others close to them would be interviewed. In this manner, the survey team obtains information to which they may not be privy during a document-centered review. By interviewing individuals, a more complete picture of the everyday implementation of services is gathered. The interviews allow the survey team to examine whether the provider is actually putting into practice the philosophies and methods to which they claim to implement. Weaknesses in this method lie in the amount of time required to interview multiple sources in addition to other regulatory tasks. CARF, CQL, and Massachusetts incorporate methods for continual feedback from stakeholders, through provider surveys, websites, etc., to more efficiently collect data. The information gathered from these interviews and stakeholder feedback is incorporated into the evaluations of the provider's performance. Another benefit to using interviews is to validate the results of the provider-obtained feedback by interviewing team members, staff, and family along with the individual. Some agencies also use multiple interviewers and standardized questionnaires to ensure the most accurate information possible. Inclusion of this information provides useful data in evaluating the provider's success in achieving outcomes.

The process of the reviews also promotes the focus on the outcomes of services. A consultative approach is heavily used by accreditation agencies to assist providers in achieving and maintaining certificates of accreditation. CARF facilitates peer-to-peer consultation, as well as provides tools, documents, and processes successfully used by other providers. These serve as examples of best practices for providers seeking accreditation. The intent is to create systems and processes that lead to successful outcomes, as

well as measurement tools to ensure the provider is achieving what was set out to be accomplished.[79] Similarly, the Region 10 Quality Assurance System in Minnesota involves community members, families, counties, providers, and other stakeholders in the review process. Their focus is on achieving the results the individual wants, and being flexible and creative in the methods for attaining the outcome.

Agencies have also incorporated an outcome-focused process in their remediation plans. If deficiencies are found during a CARF, CQL, South Dakota, Missouri, Minnesota Region 10 Quality Assurance System, or COA review, the plan to correct the deficiencies is viewed as collaboration between the governing agency and the organization. "Rather than taking the traditional approach of penalizing agencies that fail to meet minimum standards, the division shall direct its resources and support toward assisting agencies that demonstrate innovation and initiative in pursuing best practices and realizing outcomes contained in the principles set out in section (3)."[80] This design leads to the reviewer being seen as a partner in achieving the outcomes for the individual.

In addition to creating their own systems for reviewing and ensuring compliance, several states have given providers the option of seeking accreditation in lieu of state certification. South Dakota, Missouri, and Massachusetts have all, in various ways, used accreditation agencies to complement their own oversight. A key component of becoming accredited by the various agencies is demonstrating that systems are in place to facilitate quality outcomes. When a provider has successfully attained accreditation, it has demonstrated that its policies and processes are in place and congruent to compliance, thereby allowing the state agencies focus efforts on assessing the quality of outcomes and services. The accreditation organizations have a vested interest in the ability of providers to meet the standards they set forth, as well as the integrity of the standards themselves. This combination lends itself to a collaborative and synergistic relationship that will evolve over time to maintain quality outcomes in a changing environment.

South Dakota has formed a partnership with CQL to monitor services. A Memorandum of Understanding between South Dakota and CQL has been developed which outlines each agencies' role in the oversight. South Dakota maintains the responsibility of overseeing the specific physical plant requirements, compliance to regulatory standards, policies, and procedures, and application of those policies and procedures. All providers must complete CQL's accreditation process and maintain their accreditation status. During CQL reviews, representatives from the state are included in the survey process, with the CQL personnel taking the lead. If a deficiency is found, the provider has the option to work with the state to correct the identified issues or have CQL return to complete a further review. This additional review by the CQL would be at the provider's expense. As part of the Memorandum of Understanding, CQL uses information gained from its survey process to render a final report for the state. The cost for provider accreditation is paid for by the state; currently, there are only 19 providers in South Dakota accredited by

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[79] CARF International. *2010 Employment and Community Services Standards Manual*, July 1, 2010–June 30, 2010. Tucson: Commission on Accreditation of Rehabilitation Facilities, 2010.

[80] Missouri Secretary of State. "Rules of Department of Mental Health—Division 45, Chapter 5," 28 February 2005. Administrative Rules. 19 November 2010. http://www.sos.mo.gov/adrules/csr/current/9csr/9c45-5.pdf, 3.

CQL.[81] While this collaborative model appears to work well for South Dakota, it may be cost prohibitive for larger states.

Both Missouri and Massachusetts allow providers to choose the option of being certified through their state system or use CARF or CQL certification. The accreditation is only in lieu of the certification of the provider; the state maintains oversight over licensing requirements. At this time there are approximately 400 providers certified through the state system in Missouri. Forty-six providers are accredited through CARF, and three providers are accredited through CQL. Providers are responsible for the fees associated with the accreditation. Having an accreditation agency ensure that the policies, processes, and structure are in place to deliver quality outcomes allows the state review to focus on quality outcomes, not documentation requirements.

Along with a focus on outcomes as a measure of quality, agencies have designed remediation plans that broaden their focus beyond single documentation errors, to the system design that allowed the error to occur. To avoid being simply reactive to deficiencies, several agencies have facilitated proactive approaches, such as robust certification requirements and self-assessments.

CARF, CQL, and COA all put an emphasis on developing and routinely evaluating systems and feedback to reduce the need for remediation. CARF requires providers to have formal plans for evaluating not only trends among individuals served, but for areas such as staff turnover, stakeholder satisfaction, and the financial health of the provider. They also evaluate a provider's ability to use the information gathered in their short- and long-term planning.[82] In Florida, the use of a centralized data system to track the details of compliance reviews helps identify trends within an organization, or across providers, from which the state creates plans for systemic remediation.[83] Ensuring that systems to facilitate quality are in place, agencies can focus on the outcomes for individuals.

Identifying weaknesses in a system or in documentation can be time consuming. Rather than having on-site reviewers collect and analyze detailed information, several of the agencies have incorporated self-assessments into their processes. The accreditation organizations all employ a form of self-assessment into their initial certification process and as a way to monitor compliance throughout their relationship with the provider. Validation of the self-assessment results is an essential component of the tool, which Florida and South Dakota have integrated into the on-site compliance review. A validated self-assessment holds the provider accountable for maintaining the quality-assurance systems.

While most monitoring agencies expect their provider to reach certain standards, these measures are often not quantifiable or defined. One way in which agencies have held providers accountable for quality is through objective measurement scales and the use of public data. Massachusetts uses a percentage threshold in its compliance review that a provider must meet in order to successfully pass the review. The

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[81] Hand and Ruen. Telephone interview. 16 September 2010.

[82] CARF International. *2010 Employment and Community Services Standards Manual*, 2010.

[83] Delmarva Foundation. Florida Statewide Quality Assurance Program Project Description, 2010. 3 September 2010. http://www.dfmc-florida.org/Public2/projectDescription.html.

Minnesota Region 10 Quality Assurance System created the E.R.I.C. scale as a simple way to rate a provider's performance.

Massachusetts requires a provider to meet an 80 percent rating in order to be relicensed. If the provider falls below 80 percent, sanctions are imposed that may include mid-cycle reviews, deferred licensing, or recommendation of non-licensing.[84] Holding a provider responsible for its actions by making its survey information readily accessible to the public is another way in which Massachusetts is promoting excellence. The state currently uses a database that allows the public to easily access a provider's "report card."[85] Publicizing objective data, in a way that is easily understood by the public, increases accountability and informs stakeholders.

Another method researched was Minnesota Region 10 Quality Assurance System's E.R.I.C. scale. A provider is rated as Excellent, Reasonable, Improvement needed, or Concerns expressed. If a provider receives an "I" rating, it is required to submit a plan of correction within 60 days. Providers receiving a "C" rating must submit a corrective action plan in 30 days.[86] Having simple and objective measurement criteria will assist the provider in understanding expectations and allows the public to evaluate providers.

The method used to monitor compliance and quality varies to meet the needs of the individual agencies. The tools, processes, and policies agencies have implemented share common themes of outcome-focused reviews, the use of outside accreditation to help ensure best practices, and proactive approaches to compliance. Minnesota should evaluate how these various practices could be incorporated into a new design, to build upon the state's commitment to quality services.

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[84] Bigby and Howe.

[85] Massachusetts Health and Human Services. *Guide to Reading the Reports*, 2010. 13 September 2010. http://www.mass.gov/?pageID=eohhs2terminal&L=8&L0=Home&L1=Consumer&L2=Disability+Services&L3=Se rvices+by+Type+of+Disability&L4=Intellectual+Disability&L5=Spectrum+of+Services&L6=For+Adults&L7=Fin d+info+about+licensed+or+certified+providers&sid=Eeohhs2&b=t.

[86] Region 10 Quality Assurance. *Finding Explanations*, 2008. 7 September 2010. www.mn-voice.org.qatdocs/findingexplanations.html.

Strategies to Influence the Cost and Value of Quality Assurance

With the increased expectations of quality and more demands on resources, states and agencies have had to find methods to increase value and contain costs in their monitoring and oversight practices. While some methods are intended to directly reduce costs in time and resources, others are intended to increase the value of the time and resources spent. Either through the use of technology systems designed to assist in monitoring quality metrics, or through the design of the system itself, there are creative best practices that Minnesota should consider. The most compelling of these strategies were the use of self-assessments in the licensing review process, the use of data management systems, and the use of streamlined standards and requirements.

The use of a provider self-assessment will serve to improve provider performance as well as the review of quality outcome standards. This tool compels providers to be more proactive in identifying and remediating deficiencies, and it encourages them to understand and adhere to performance standards. It enhances the review of the performance by widening the scope of the review process in terms of numbers of individuals and services reviewed and decreasing the time and cost involved for external evaluations.

The accreditation organizations (CARF, CQL, and COA), all use a self-assessment as one of the first steps of becoming an accredited provider. The initial self-assessment is intended to assist the provider in preparing for its initial review. It guides the provider to identify areas of deficiency, create and document systems to meet standards, and recognize areas where assistance is needed. During this process, CARF encourages providers to use the expertise of CARF staff and peer-reviewers. They also provide guidance through templates and examples from other agencies. Under the CARF system, the self-assessment is purely an internal document, while CQL and COA use it as a part of their initial review. All three organizations use this tool as a method to educate providers on the standards for accreditation, and to develop systems to successfully meet those standards.

In addition to the benefits to the provider, the self-assessment also serves as a useful tool for the agencies monitoring compliance. Most compliance reviews are conducted using a small sampling of individuals and extrapolating the results to the larger group. The provider self-assessment can cover a much wider sampling, if not all, of the individuals served, while not increasing the cost to the agency monitoring compliance. Most agencies, including Florida, CQL, and South Dakota, cross-reference the provider self-assessment in their review procedures to ensure valid results. In Florida, a deficiency in the accuracy of the self-assessment is treated the same as any other violation found in licensing and goes through the remediation process.[87] In Massachusetts, providers that have demonstrated compliance may be allowed to complete self-assessments in lieu of on-site assessments, though they continue to do on-site reviews of health, safety, and rights of the individuals. Under the CARF system, a provider may only have an on-site review conducted every three years, but submits a self-assessment annually in the years between

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[87] Kyllonen, Pamela, Analyst, Florida Agency for Health Care Administration. Telephone interview. 18 September 2010.

visits.[88] Using a validated self-assessment as a component of the compliance monitoring, the agencies can focus more on measuring quality outcomes instead of paperwork compliance.

Another useful tool that agencies have employed to enhance their monitoring practices is centralized data management systems. Though the systems used vary in their design, they generally are used to capture information relating to maltreatment incidents, capture results of licensing reviews, track individual client outcomes, and measure quality. Use of these types of systems can support the provider in conducting self-assessments and in ensuring accountability to standards. Agencies that oversee compliance are provided information to identify trends, streamline data collection, and maintain compliance with HCBS standards.

Where centralized data systems are used to measure compliance with HCBS requirements, such as the system currently in development in South Dakota, providers will have another tool to help ensure their own compliance with expectations. This data will also be useful in completing self-assessments for the state or accreditation agency. In states where the system is used to track incidents and maltreatment reports, it will streamline the process for reporting, as opposed to a paper-based system. Missouri uses their system not only to track issues that require resolution, such as corrective licensing actions, but also to identify and share best practices with other providers. A comprehensive system can serve as a useful tool for providers, giving them greater access to their own data, and helping streamline the oversight process.

Centralized data systems create greater efficiencies for the agency providing oversight and monitoring. Through quicker access to data on incidents and maltreatment reports, agencies have the ability to efficiently collect and analyze data, increasing their ability to identify and rectify issues. In Missouri, an Action Plan Tracking System is used to monitor remediation plans for providers. They also use the system to track outcomes, which reviewers can use to gather comprehensive and consistent data at the time of licensing. Using the data system as a component of the licensing review has also saved time and resources in Massachusetts. The data system has been cited as one of the factors that led to a reduction in onsite review costs by Massachusetts. Results from compliance reviews are also entered into their system to cross-reference information and ensure consistency across reviews. South Dakota is implementing its system to ensure compliance with the HCBS Guidelines. The Quality Improvement Strategy System being developed in South Dakota is directly targeted at satisfying CMS requirements, including discovery, remediation, and system improvement.[89] Although computerized data systems can create a significant upfront cost in development and implementation, they can create long-term efficiencies and better access to valuable data.

In addition to finding efficiencies through use of technology, some agencies have worked to simplify the standards of compliance and the methods to measure them. This has led to a decrease in the amount of time it takes to complete a quality-assurance review and has increased compliance. Agencies have

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[88] CARF International. *2010 Employment and Community Services Standards Manual*, July 1, 2010–June 30, 2010. Tucson: Commission on Accreditation of Rehabilitation Facilities, 2010.
[89] Van Kleeck, Albert, Director of Accreditation, CQL. Telephone interview. 21 September 2010.

accomplished this by combining areas of review, creating objective quality measurements that are easily understood, and fostering a more consultative approach to oversight.

In some agencies, a more flexible system has been created that emphasizes attention to the outcomes for individuals rather than the details that led to the outcomes. In this manner, efforts are focused on quality assurance instead of paperwork compliance. For example, Massachusetts has created a set of questions designed to objectively measure opportunities for self-determination, such as, "Provider gives opportunities for relationship building," instead of "person has friends," which decreases issues with negative interviews of individuals served.[90] The Minnesota Region 10 Quality Assurance System project in Minnesota designed a similar method, by creating the "Life and Service Domains" to measure the quality of services.[91] The domains are brief and the expectations are easily understood. Both Massachusetts and the Minnesota Region 10 Quality Assurance System intend their standards to allow for flexibility in the methods and strategies used to meet them; thereby fostering creativity and person-centered approaches within the system.

An important component of flexible methods is a more consultative system. This not only allows for the sharing of best practices but gives providers the opportunity to try new and innovative strategies in collaboration with the agency overseeing the services. Both CARF and Minnesota Region 10 Quality Assurance System rely on peer support and evaluation, and emphasize the sharing of information between agencies. Additionally, CARF member organizations can serve on CARF's advisory committees, where they have the opportunity to influence changes in the standards set forth by the organization.[92] This ensures standards remain relevant to best practices developed in the field.

Through innovative strategies such as self-assessments, comprehensive data management systems, and simplified and targeted compliance standards, agencies have found ways to both reduce direct costs and increase the value of the dollars spent on monitoring and oversight. These approaches give providers a more comprehensive view of their own services, allow the agency a more full view of relevant data, and have created standards and practices that more closely measure the quality of services. A combination of decreased complexity of the standards, and a more effective monitoring practice should lead to greater understanding and compliance by providers. Aside from improving the quality of services, this would decrease the direct costs of remediation for the state. Minnesota would benefit by evaluating how these various approaches could enhance its own quality oversight.

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[90] Grossman, Gail, Assistant Manager of Quality Assurance, Commonwealth of Massachusetts. Telephone interview. 8 October 2010.
[91] Region 10 Quality Assurance. VOICE: Frequently Asked Questions, 2008. 7 September 2010. http://www.mn-voice.org/faq.php.
[92] CARF International. *2010 Employment and Community Services Standards Manual*, 2010.

Conclusion

The standards from the states and accreditation agencies reviewed demonstrated that simple standards with an explicit foundation of person-centered beliefs are in the best interest of all those involved, including individuals served, providers and regulators. Creating a set of standards that is simple to understand and enforce, while defining essential health and safety principles and quality-of-life standards, should be a priority in the Minnesota model. Reducing the complexity of licensing standards can lead to an environment of compliance that also fosters improvement in the quality of services. While many states are intentional in their addition of statutory language promoting person-centered and self-determined beliefs, those states and organizations that find ways to incorporate real-world application, blending principles with compliance within their monitoring practices, have better results. Consideration should also be given to holistic standards that go beyond environmental and service requirements to include the providing agency's business practices, leadership, and financial solvency. This whole-picture approach can allow for better service delivery and continuity of services for the individuals since the health of the entire organization is considered.

Best practices in other states' licensing and credentialing systems reflect a simple approach, often allowing for accreditation and the public sharing of performance data for providers. Reducing the complexity in Minnesota by simplifying licensing standards or allowing credentialing of service providers should result in cost-saving measures for the state without sacrificing quality. Accepting accreditation in lieu of, or to supplement parts of, a Minnesota license or certification has the potential to reduce the personnel time and financial resources the state must provide. Accreditation standards reflect national, and sometimes international, standards that embrace a more holistic approach for the organization and the individuals served. The three entities reviewed, CARF, COA, and CQL, vary in cost to the provider. Arrangements with the states also vary; some states subsidize the cost of accreditation while others do not.

While unique in its approach to provider monitoring, Minnesota Region 10 Quality Assurance also has many attributes of an accreditation system and could consider transitioning into an accreditation organization to provide accreditation services within Region 10 and around the state. Because the costs for implementation among the programs will vary dependent on the size of the company and the number of sites involved, it would be beneficial, if this option were to be made available, that multiple accreditation organizations be accepted. This will allow providers to find the best fit for them, given their size, programs, and geographic area. A final consideration in the licensing or credentialing of providers would be to allow for a publicly available and accessible "report card," or rating system, on the organizations providing services to individuals with disabilities. As selection of a service provider becomes more of a self-determined individual approach, instead of a placement approach, this would give individuals and their support circles access to information on providers allowing for better decision making and matching of individuals and service providers. Public data on performance also will ensure providers strive for improved quality of services in the competitive marketplace.

Creative monitoring practices used in other states that could be incorporated in Minnesota include provider self-assessments, spending time in face-to-face reviews with individuals served, use of

technology in quality-assurance databases, approach monitoring of services by the individual served instead of provider-by-provider monitoring, a consultative monitoring philosophy and relationship between regulator and provider, and monitoring and quality assurance that is completed or supplemented through accreditation.

The unique monitoring practice used by Florida of reviewing providers by individual served, instead of the provider, provides a new viewpoint in assessing quality. By randomly selecting recipients of home and community-based waiver services and reviewing the services provided by credentialed agencies to that individual, not only are the agencies' services assessed, but this perspective identifies deficits in the overall support of the individual that would otherwise be missed in typical provider-by-provider review. Through this type of review process, greater collaboration and coordination of services between providers could be encouraged.

Where quality is defined individually, it appears the best assessment of service quality is through personal interviews with individuals served and those that support them. Although the implementation of this activity for each individual served in Minnesota would be cost prohibitive to the state, this assessment could be completed through accreditation, voluntary commissions, or included in provider self-assessment practices.

The use of technology in monitoring practices is growing among states and accreditation agencies. Leveraging technology to help create a quality-assurance system that quickly and easily gathers data has been cited in Massachusetts as a cost savings and is projected to help South Dakota do the same. While decreasing the amount of on-site review time, the system in Massachusetts has also allowed the state to identify trends in areas such as maltreatment reports. Though the initial costs of such systems may be high, it is likely to prove beneficial to both quality and costs of oversight in the future.

In review of the monitoring practices used across the nation, a common theme repeated through states such as Massachusetts, Missouri, and South Dakota and the accreditation agencies, regardless of the practice used for monitoring, was the importance of a consultative approach. Approaching monitoring with a collaborative philosophy, rather than punitively, produces continuous improvement in the quality of services and is in the best interest of all involved.

Consideration of accreditation, either in part or in lieu, of existing regulation would have several positive effects. CARF, CQL, and Minnesota Region 10 QA employ a peer-review system that would be difficult to be coordinated and used by the state. As found with Minnesota Region 10 QA and other state's quality-assurance projects that are no longer operational, the financial cuts to the peer-review process make even a volunteer peer-review process difficult to maintain and support. Peer-review benefits those involved, the reviewer and those being reviewed, by fostering information-sharing and communicating best practices in service delivery. Encouraging accreditation of providers in the state of Minnesota would encourage peer reviews for those agencies.

Requiring a provider to conduct a self-assessment on compliance, as seen in Massachusetts and South Dakota, encourages more ownership and accountability in meeting standards and can produce positive results. Completing a self-assessment requires the provider to have a better understanding of the standards

and would allow for more frequent and timely review of services, including a quicker response and correction in identified deficit areas. Having the state or accreditation agencies validate the results of the provider's self-assessment would ensure the accuracy of reporting and should result in a reduction in the time and costs of licensing visits for the state. If over time a provider had proven accurate self-reporting, the state or accreditation agencies could increase the length between validation periods to further realize time and cost savings.

It is clear that across the nation, states and agencies are looking for innovative ways to deliver quality services to individuals with disabilities. The research findings do not suggest that there is one perfect model for the state of Minnesota to emulate in its entirety; however, best practices were identified in each model and Minnesota can now design a system incorporating innovative new standards, licensing and credentialing systems, and provider-monitoring practices. A summary of the most compelling best practices found include the following:

- Have quality outcome measures follow individuals by reviewing all of the services they receive congruently, to form a more accurate and person-centered assessment of quality, versus sampling a percentage of the individual served by a given provider.
- Conduct interviews with the individuals and the people in their lives to ensure that the services provide opportunities to realize self-determination and quality outcomes.
- Redirect the focus of oversight to concentrate on achieving quality outcomes versus documentation and paperwork compliance.
- Address deficiencies through consultative and proactive approaches to remediation that encourage best practices, rather than focusing on correcting isolated errors.
- Evaluate the use of a centralized data system to more efficiently and effectively identify trends, review compliance, and track remediation of issues.
- Require providers to implement satisfaction surveys with the individual and all stakeholders, and ensure they have processes in place to use the results in their quality improvement plans.
- Allow for outside accreditation to replace or complement aspects of state certification and licensure.
- Use independently validated provider self-assessments in the review process to gather a wider sampling of data, streamlining the compliance review process.
- Create a measurable quality scale that objectively sets expectations and gives stakeholders a simple way to evaluate provider performance.
- Reduce the complexity of standards by including clear and objective expectations of self-determination, which will increase compliance with standards, reduce costs associated with remediation, and emphasize the focus on person-centered outcomes.

As Minnesota moves from the research to the design and implementation phases, the suggestions of best practices from other states and agencies in the areas of new provider standards, licensing and credentialing systems, and provider-monitoring practices should serve as a model in the construction of Minnesota's system. It is clear that person-centered activities and self-determination can be infused with compliance and state oversight. Cost containment can be achieved by reducing complexities, fostering collaboration between providers, stakeholders and regulators, and using systems that produce accurate data to identify and correct areas of concern while promoting true quality in service delivery. Creating a system that promotes our values, effectively monitors the outcomes reached, and increases the value of

resources spent, will enable Minnesota to continue to be a leader in providing Home and Community-Based Services.

Appendix A: Comparison of States and Accreditation Agencies

Provider Name	Provider Standards
CARF (Commission on Accreditation of Rehabilitation Facilities)	ASPIRE to Excellence Quality Standards Model, outlined in manuals that the provider must purchase from CARF. CARF accredits the whole organization and reviews all services provided by the organization. Each type of service has its own manual.
CQL (The Council on Quality and Leadership)	Quality Outcome Measures 2005^{SM}
South Dakota	Article 46:10-Developmental Disabilities Services, Article 46:11-Adjustment Training Centers (now called Community Support Providers), Chapter 46:11:06-Safety, sanitation, and physical facilities standards, Article 46:13-Medication Administration.
Florida	Legislative Rule chapter 393-Developmental Disability Standards; Legislative Rule chapter 65G-2 Licenses and Requirements for Residential Facilities; Chapter 415 Adult Protective services; Consumer Directed Services Plus Consumer Notebook- CDC+ program; Legislative Rule chapter 65G-8- Reactive Strategies; Legislative Rule chapter 65G-7-Medication Administration; Developmental Disabilities Waivered Services Coverage and Limitations Handbook- Medicaid Waiver Provider responsibilities
Missouri	9CSR, Division 10, Chapter 5 (General Program Procedures); 9 CSR, Division 40, (Licensing Rules); 9 CSR, Division 45, (Division of Developmental Disabilities); and Any subsequent revisions or additions to the above
Massachusetts	115CMR
Minnesota Region 10 Quality Assurance	Minnesota Statutes, chapters 245A, 245B, 245C, sections 626.557; 626.5572; 626.556; Minnesota Rules, parts 2960.3000 through 2960.3340; parts 9525.2700 through 9525.2810; 9525.5105 through 9525.6265 Minnesota Region 10 Quality Assurance Standards
COA (Council on Accreditation)	Accreditation Policies and Procedures Manual 8th Edition standards

Appendix A: Comparison of States and Accreditation Agencies

Provider Name	Licensing, Credentialing, and/or Accreditation
CARF (Commission on Accreditation of Rehabilitation Facilities)	Initial accreditation process takes 1+ year to complete. There are 4 possible accreditation outcomes: 3 year, 1 year, Provisional, or Non-accreditation.
CQL (The Council on Quality and Leadership)	Accreditation is achieved when an agency meets all portions of the Quality Outcome Measures. The length of time depends on the agency and their ability to demonstrate compliance and is confirmed by CQL during three site visits. After compliance is demonstrated, typically a four year accreditation is issued (although a three year accreditation in certain circumstances can be issued) in conjunction with a partnership agreement defining the type of ongoing oversight.
South Dakota	CSPs receive a 6-month provisional certificate after a written request, SD DDD reviews the CSP to ensure compliance then provide a 2-year certificate. In addition, CSPs go through the CQL accreditation process, which includes 3 site visits over 4 years. CSPs need to be in compliance to CQL standards to become accredited.
Florida	In order to become a licensed provider an agency must complete the steps outlines in Chapter 393. They must complete a licensing application, background study, and take a class regarding rules and regulations. The initial license is valid for one year.
Missouri	Providers of developmental disability services must be certified by the state. The state will deem certified providers in good standing with approved accreditation agencies. All providers must comply with state QA monitoring practices.
Massachusetts	Providers are state certified and licensed with the review occurring simultaneously for certification and licensure. Providers are allowed to choose for CARF or CQL accreditation in lieu of state certification.
Minnesota Region 10 Quality Assurance	The agency applies to Minnesota Region 10 Quality Assurance if they want to obtain a license. If Region 10 Quality Assurance approves, they provide information on to MN DHS who will grant an initial license. The initial license is for one year. If the licenses continue in good standing, DHS grants any subsequent licenses.
COA (Council on Accreditation)	Accreditation occurs after the agency has met standards for each area in which they provide services; this applies to all service types. Accreditation lasts 4 years. The full process is completed again every 4 years for reaccreditation.

Appendix A: Comparison of States and Accreditation Agencies

Provider Name	Monitoring Practices
CARF (Commission on Accreditation of Rehabilitation Facilities)	Peer surveyors are utilized for the resurvey. Length of survey depends on size of the organization, typically 2 to 3 surveyors for 2 to 3 days. Frequency of monitoring depends on length of accreditation. If there are no issues, re-survey will not occur until the end of the accreditation time frame.
CQL (The Council on Quality and Leadership)	Self-evaluations and assessments are performed by the provider. CQL conducts site visits to confirm provider self-collected data based on the partnership agreement. Depending on the state and the particular agreement, CQL accreditation may be used in conjunction with more traditional licensure methods.
South Dakota	Biennially, the SD DDD conducts a review for compliance to administrative rules. The CQL completes their three site visits for providers to be accredited for four years. The Department of Health conducts inspections of the physical environment with a report then provided to SD DDD.
Florida	Each licensed facility is visited by the Agency for Persons with Disabilities (APD) monthly. Ongoing, a random selection of waiver recipients is made from the statewide database. When an individual is selected, the HCBS providers that are currently providing services to that individual are audited: day program, residential and support coordinator. The review is completed by the Delmarva Foundation. This review can take up to a week as it is composed of two separate reviews: a Person Centered Review (PCR) and a Provider Discovery Review (PDR). If a facility is not reviewed in a given year, one of their individuals is "flagged" for the next year to ensure each facility is audited at least every other year.
Missouri	DMH: Every two years all community- based service providers must seek re-certification under 9 CSR 45 unless nationally accredited. The process to monitor and affect services being provided, focusing upon health and welfare of consumers, meeting their needs and supporting them to achieve personal goals is summarized in Quality Functions and Outcomes. Site surveys and routine visits with individuals to monitor outcomes are done by Advocates and Families for Excellence and Service Coordinators.
Massachusetts	Typically, licensing and certification occurs every other year. The review process occurs over 5 business days involving 2 to 6 state reviewers depending on the size of the agency.
Minnesota Region 10 Quality Assurance	The licensing reviews are completed by volunteers who have been trained to complete interviews. It is possible the volunteers are staff persons already providing services, parents, guardians, and case managers. If a license is in good standing, the license is effective for two years.
COA (Council on Accreditation)	The initial site visit occurs during the application and initial accreditation process. Self-evaluation process and required self monitoring report are completed annually. Peer reviewers complete on-site observation as determined. On- site visits typically last 1.5 days. These on- site observations occurs randomly to validate self- assessment information, and/or resulting information from third party reports.

Appendix A: Comparison of States and Accreditation Agencies

Provider Name	Discovery
CARF (Commission on Accreditation of Rehabilitation Facilities)	Focus is on interviewing. Surveyors interview staff members, individuals served, guardians, and stakeholders. Paperwork is reviewed, but is not the focus of the review.
CQL (The Council on Quality and Leadership)	Self-assessments and provider collected data is evaluated by CQL staff during site visits. In addition, there are four encompassing measures and several indicators for each measure, which are quantifiably evaluated during CQL visits.
South Dakota	Five reviews are completed: The CSP completes a CQL self assessment prior to review, SD DDD completes the ICAP and the Biennial review in addition to parts of the CQL's Basic Assurances Standards, the CQL completes the Personal Outcome Measures 2005^{SM} as well as conducting interviews and focus groups. The DOH also annually completes a physical plant inspection.
Florida	The PCR uses interviews and checklists to ensure the individual's satisfaction with services. The PDR uses interviews, documentation audits and on-site observations. APD uses checklists, interviews and visual observation during monthly reviews.
Missouri	Missouri has multiple layers of review, the state or accreditation agencies safeguard health, safety and compliance. The state system employs services coordinators and uses volunteers through SAFE to conduct visits between biennial certification reviews to ensure documentation and provider standards are met. Measuring Quality Outcomes and tracking data also ensures compliance. Monitoring by the state and ensuring Quality Functions and Outcomes is conducted by Service Coordinators and Regional Office staff. Deficiencies are noted and improvement plans are ordered if necessary. Providers who make non-pervasive mistakes can correct them and move on, while deficient providers who do not make the necessary corrections can be decertified.
Massachusetts	Monitoring practices focus on personal satisfaction with services more than administrative review of paperwork. One day is for administrative review and 2 to 4 days is site-based interviewing of individuals served, and employees of the agency. Providers are evaluated on quantifiable indicators and are required to maintain 80% compliance with all standards.
Minnesota Region 10 Quality Assurance	Interviews are the primary focus of the review process and, on average, take approx. 20 hours for one individual served. Paperwork is reviewed, but is not the focus of the review.
COA (Council on Accreditation)	Self review and reporting process is relied upon initially to determine deficiencies. Validation and review of self- assessment activities occur based upon information submitted annually within the required self monitoring reports. Maintenance of Accreditation Report (MOA) are completed or when needed based upon third party reporting of non compliance. Site visits consist of documentation review and interviewing of individuals served, employees, and family members.

Appendix A: Comparison of States and Accreditation Agencies

Provider Name	Remediation
CARF (Commission on Accreditation of Rehabilitation Facilities)	Surveyors submit findings to CARF who provides feedback to provider. Based on this, the provider develops a Quality Improvement Plan they must follow.
CQL (The Council on Quality and Leadership)	A collaborative process is initiated when issues for correction are identified. Corrections are non prescriptive in nature and focus not only on the individual issue, but the systemic enhancement of the indicator itself.
South Dakota	Reports are compiled from all reviewers and shared between the SD DDD, CSP, and CQL. If deficiencies are found during the SD DDD or CQL reviews, plans of correction are developed and as a team (SD DDD, CSP, and CQL), efforts are made to correct the issues. CSPs receive 2-year recertification unless there are severe issues to health and safety of individuals served.
Florida	A Notice of Non-compliance is generated. Providers must complete a corrective action plan to remedy the errors. If a provider fails to follow through on their corrective action plan or if there are patterns to their annual citations, steps of negative action may be inflicted including fines, conditional license or license revocation.
Missouri	Survey teams conduct reviews. If core issues are identified, but are not pervasive they develop an improvement plan. If core issues are identified and are pervasive, they develop an enforcement plan or correction plan. Regional Offices assist providers to ensure corrections are made, if problems persist, they can be de-certified.
Massachusetts	Findings are shared through a Service Enhancement Meeting between state representatives and providers in which the results of the review are detailed and timelines for correction are established.
Minnesota Region 10 Quality Assurance	Written and verbal information and feedback is given to the individual and the license holder. There is a rating scale of "E.R.I.C." - E = excellence; R - reasonable; I - improvement needed; C= concern. The Quality Assurance Review Council reviews all information and recommendations to MN DHS the length of the license year. A license year could be for one or two years, or, rarely, an extension of three years before the next licensing review. If negative licensing action is needed, the Quality Assurance Review Council makes recommendations to MN DHS for a conditional, suspended, or revoked license. It is possible to also assess fines to the license holder for non-compliance.
COA (Council on Accreditation)	Upon discovery of deficiencies, the organization is informed and provided with the opportunity to make correction(s). Organizations engage in an agreement with COA documenting corrective action plans that are later validated by COA through a site visit if necessary.

Appendix A: Comparison of States and Accreditation Agencies

Provider Name	Continuous Improvement
CARF (Commission on Accreditation of Rehabilitation Facilities)	If CARF is informed of any change in an organization's conformance to standards they have the discretion to review again and modify the accreditation decision. Accreditations can be suspended or revoked. Without cause to re-review, surveys occur at the interval determined by accreditation status.
CQL (The Council on Quality and Leadership)	CQL works in partnership with providers to develop systems and continuously improve services. CQL mandates each provider develop a data management system in order to track and analyze provider performance, identify issues, and take corrective action.
South Dakota	Reviews continue per CQL accreditation schedule and biennially for SD DDD unless the CSP had severe issues related to the health and safety of individuals and a probationary license is in place. In this instance, monthly status progress reports are provided from the CSP to SD DDD and quarterly reviews are done to ensure corrections are implemented. Data collected from the reports is used to improve services at the CSP and state levels to meet CMS standards.
Florida	The correction plan submitted by the reviewer must include a date of completion. APD staff check during their monthly visits to ensure these items have been corrected and maintain compliance.
Missouri	Through monitoring, a provider is aware of any core issues identified and if a plan for correction is required. When issues are present for state certified providers, a tailored survey is conducted to determine if they have completed the corrections that have been identified on the enhancement or enforcement plan. Working with the Regional Office and/or accreditation organization, the provider is able to correct mistakes and learn from the examples and successes of other similar agencies.
Massachusetts	Agencies have up to 60 days to correct identified issues discussed at the Service Enhancement Meeting, and 24-48 hours to correct severe violations. Agencies that do not make identified corrections are subject to varying levels of negative action such as a mid-cycle review, deferred license, and non-licensing.
Minnesota Region 10 Quality Assurance	Interviews are completed throughout the year. If concerns arise, another visit can be completed. The E.R.I.C. rating scale provides assistance or incentives to encourage programs to reach to the next higher rating. If the license holder received a reasonable rating previously, the individual and their quality circle wants to reach to the excellent rating.
COA (Council on Accreditation)	Ongoing required self-assessment activities are completed through the submission of the Maintenance of Accreditation Report (MOA). Information resulting from on- site visits when they occur, and self reporting and monitoring practices provides for organizational recommendations for systemic changes. Organizational long term effective change resulting from recommendations serves to decrease the likelihood of future deficiencies.

Appendix A: Comparison of States and Accreditation Agencies

Provider Name	Safeguarding of Health, Safety, and Rights
CARF (Commission on Accreditation of Rehabilitation Facilities)	There are several standards designed to ensure health, safety and rights as well as corresponding staff training areas.
CQL (The Council on Quality and Leadership)	CQL's Basic Assurances includes factors which safeguard the health, safety, and rights of the individuals served which are compliant with CMS standards and require providers to show evidence of these factors as an initial part of the accreditation process.
South Dakota	This is a perceived strength for SD. By using the CQL's Basic Assurances and their Personal Outcome Measures to measure individual's health, safety, and rights, SD assesses this standard regularly. CSPs have some flexibility in how they ensure the health, safety, and rights while reporting to the SD DDD incidents that present a risk to the individuals.
Florida	The main driving document for Florida is the Individual Support Plan written by the Support Coordinator (case manager). It is the only required document that truly outlines the person's risks, abilities and preference. Although Florida has general consumer rights, required policies and procedures and incident reporting; client specific documentation is lacking.
Missouri	Focus on Quality Functions to monitor and ensure health and welfare of consumers is meeting their needs and supporting tem to achieve goals. Statutory language promoting self-determination, person-centered activities and community based services.
Massachusetts	The eight critical licensing standards focus on health, safety and rights and are evaluated at every licensing review. There is a strong focus on risk management and human rights, both in statue and staff training requirements.
Minnesota Region 10 Quality Assurance	Each VOICE review covers eights life and service domains that address health and safety rights.
COA (Council on Accreditation)	Within COA standards "Service Delivery Administration Standards" includes safety requirements for the environment in which the services are provided, health care provision, rights of individuals, as well as training and adequacy of staff.

Appendix A: Comparison of States and Accreditation Agencies

Provider Name	Opportunities for Self-Determination
CARF (Commission on Accreditation of Rehabilitation Facilities)	CARF is designed to promote person-centered services and self-determination at all levels of the organization.
CQL (The Council on Quality and Leadership)	CQL's interview focused evaluation of services confirms self-determination is integrated into services provided. Many indicators measure self-determination and satisfaction with services, which is directly correlated with the results of site visit.
South Dakota	Individuals are an active part of their planning meetings, CQL interview and focus groups Human Rights Committee, Human Resources teams, etc. SD provides many opportunities for individuals to direct their own services as well as employing a person-centered philosophy to their daily practices.
Florida	A consumer's self-determination is one of Florida's strongest assets. The CDC+ program allows the person to choose their own staff, write their own budget of services and choose the services they desire. Also, the annual review process is partly based on client satisfaction. The regulations also require a client "government" at each facility, if the clients desire it, where their concerns and ideas are shared with the facility.
Missouri	Self-determination principles are clearly identified in statute and providers understand the state's strong desire to have them realized. Individuals receiving services have a variety of outlets available to express and realize the ability to live their lives to the fullest.
Massachusetts	Statutory language mandates self-determination in several areas, however there are few procedural requirements to ensure self-determination with the exception of the ISP planning process.
Minnesota Region 10 Quality Assurance	Individual VOICE review process is designed for the person to answer questions, such as, "What do I want?" and "What do I value?" Because the person and the person's quality circle are involved in the VOICE reviews, there is a high level of information that is provided by the person and the person sets the standard for what he or she wants and needs for services.
COA (Council on Accreditation)	COA standards include indicators for agency philosophy incorporating COA philosophy connecting "client needs, activities, and desired outcomes. Indicators also include active participation, choice, and the services being considered by the clients as "consistently high quality."

Appendix A: Comparison of States and Accreditation Agencies

Provider Name	Promotion of Goals and Outcome Achievement
CARF (Commission on Accreditation of Rehabilitation Facilities)	CARF is designed to be outcome driven from the individual level through to the organization level. Organizations demonstrate proof of individual involvement in documentation.
CQL (The Council on Quality and Leadership)	Individuals served determine their personal goals and personal interviews evaluate the success of the outcome in quantifiable terms, which is directly correlated with the results of the site visit.
South Dakota	By partnering with the CQL and using their self assessment tools and Personal Outcome Measures, all individuals have the opportunity to have goals and outcomes in place that are based upon their wants, needs, and preferences. Individuals have frequent opportunities as well to express themselves and their perception of their quality of life.
Florida	The Individual Support Plan written by the Support Coordinator outlines the person's outcomes. The residential site is required to document a consumer's progress towards this goal monthly in the client's record. The Support Coordinator must complete a progress report on the outcome annually. However, there are no outcome standards regarding implementation and methodology or documentation of progress in a quantifiable way.
Missouri	The Code of State Regulations identifies key outcomes and goals for individuals receiving services and sets out extensive methods to ensure they are being addressed and taken seriously. Having the ability for self-determination and self-direction appear to valued and prominent in Missouri's services. In addition, the frequent visit by service coordinators are designed to ensure that the need of the individual are being examined and evaluated at a regular instance to aid in the achievement of individual participant goals and outcomes.
Massachusetts	The achievement of personal goals is evaluated through the perspective of the person served in a quantifiable manner. Agencies that choose accreditation in lieu of Licensing and Certification are also evaluated based on the person's satisfaction with services and the accomplishment of personal goals and outcomes.
Minnesota Region 10 Quality Assurance	Once the person's VOICE review process has been completed, there is a list of outcomes that will be important in the person's life for the direction that he or she will be going in the next year.
COA (Council on Accreditation)	Goals and Outcomes achievement are included within the standards of COA accreditation. Rating Indicators include documentation monitoring outcome achievement, high quality services that make a positive difference, ongoing monitoring of outcome achievement, and a user friendly system that "identifies, measures and reports on desired levels of service delivery outcomes.

Appendix A: Comparison of States and Accreditation Agencies

Provider Name	QA—Ongoing Quality Improvement, Performance Data
CARF (Commission on Accreditation of Rehabilitation Facilities)	QA and ongoing QI through the use of performance data is included in CARF. Providers implement performance improvement systems as well as Quality Improvement Plans to ensure that QA is focused on and monitored.
CQL (The Council on Quality and Leadership)	CQL requires a compliance level of 85% within each quality measure. The results of reviews are shared in a report and an exit interview in which strategies for improvement are identified for areas that did not meet the 85% compliance rate.
South Dakota	Through a collaborative effort between the SD DDD, CQL, and the CSP, data is collected and reviewed to identify issues, take corrective action to fix the issues, assess statewide systemic issues and provide methods for improvement. The correction of issues is not the sole responsibility of one individual, department, or agency; it is a team approach to ensuring quality of services.
Florida	Quality improvement is an area in which Florida has grown. They have contracted with Delmarva to create The Florida Statewide Quality Assurance Program (FSQAP). Information from provider reviews are complied into a database in order for the state of Florida to see where their providers are exceeding or struggling. These areas are reviewed and measures are taken by the state to increase the providers compliance (i.e. bring items of concern to provider meetings, develop new provider trainings, publish them in Delmarva's quarterly and annual reports, etc).
Missouri	The DMH, through surveys, identify regions and particular trends in how services are being delivered and could be improved. This information is shared with providers in effort to improve the quality of services provided in the state. Provider performance data is collected from a variety of sources. Data can be found to support quality assurance and show quality improvement through several processes including: Biennial re-certification, Quality Outcomes survey and data collection, and service coordinators on-going reviews of the individual and the services provided. Missouri also uses the Action Plan Tracking System (APTS) to track issues requiring resolution as well as positive practices that are identified through provider relations or quality enhanced functions.
Massachusetts	The Commonwealth of Massachusetts developed and maintains a comprehensive QA data base which allows the state to evaluate and respond to individual situations as well as identify and respond to trends.
Minnesota Region 10 Quality Assurance	Providers are encouraged to obtain the next highest level on the E.R.I.C. rating scale to ensure ongoing quality improvement.
COA (Council on Accreditation)	Coordination occurs through the submission of reports both from the organization to COA in the form of Maintenance of Accreditation (MOA) reports, and from COA to the organization in the form of Final Accreditation Reports (FAR). Ongoing improvement is functional due to agreements that are made between the COA and the organization for the purposes of defining corrective action and assigning a timeline for systemic change and remediation.

Appendix A: Comparison of States and Accreditation Agencies

Provider Name	Factors that Influence Cost
CARF (Commission on Accreditation of Rehabilitation Facilities)	Without subsidy by the state of Minnesota, utilizing CARF would decrease the cost to the state of Minnesota if accreditation was considered meeting licensing or certification standards. CARF operates independently of other regulatory bodies.
CQL (The Council on Quality and Leadership)	The cost of accreditation without subsidy to the provider would decrease or possibly would decrease the cost for the state if accreditation was accepted as meeting licensing or certification standards.
South Dakota	SD pays the contract for CQL for all of its providers over the 5-year contract. Due to the number of Minnesota providers, paying the contract fee for the CQL for all providers would be cost prohibitive.
Florida	It would increase the cost to the state because the cost to the state of Florida for Delmarva's contract is quite high and the addition of monthly site visits would increase the state of Minnesota's budget dramatically.
Missouri	Some cost savings to state may be realized with the accreditation option since the state may deem certified providers in good standing with approved accreditation agency; however there is not a large percentage of providers choosing accreditation. All providers must comply with QA monitoring practices.
Massachusetts	If provider agencies choose accreditation, the cost of the state to enforce is reduced. If the provider chooses state regulated licensing and certification, the cost to the state (if implemented in Minnesota) would increase because of the duration of the review. The development and implementation of a QA database would be increase state costs in the short term, but could lead to cost savings over time.
Minnesota Region 10 Quality Assurance	The present system of completing VOICE reviews is based upon using volunteers to interview the person and the person's quality circle. If the project would continue, volunteers across the state would need to be obtained. If people were to be paid per hour to complete the interviews, the cost would be prohibitive for the state.
COA (Council on Accreditation)	Cost to the state agency would depend of the level of subsidization of the provider costs, if any. The costs to the provider to fulfill the requirements of the certification would be commensurate with other accreditation organizations.

Appendix A: Comparison of States and Accreditation Agencies

Provider Name	Recommendations of Items to Consider
CARF (Commission on Accreditation of Rehabilitation Facilities)	1. The approach is consultative rather than inspective. This provides quality feedback in a motivating manner; focus is quality improvement and not punitive. 2. Survey process focuses on interviewing people instead of reviewing paperwork. 3. Standards are open-ended; providers must meet them but can determine how they meet them and what works best for them. 4. State to allow for CARF accreditation as an alternative to traditional licensure or certification.
CQL (The Council on Quality and Leadership)	1. Increase focus of licensing reviews toward personal interviews quantifying personal satisfaction and quality of services. 2. State to allow for CQL accreditation as an alternative to traditional licensure or certification.
South Dakota	1. Employ a team approach to identification of issues and the correction of those issues between the state and the provider. 2. Have agencies conduct self-assessments of service provision with validation from the state. 3. Utilize an agency or department to conduct reviews only based upon quality of services and not compliance to administrative rules (i.e. conducting interviews with individuals, staff, and community members).
Florida	It is recommended that the Person Centered Review Process be incorporated into Minnesota's review process.
Missouri	Working with providers in a more collaborative way could bring the quality of services higher since providers work together with state agencies or accreditation organizations to improve services. Clear and comprehensive beliefs and goals for Quality Outcomes, a focus on person-centered philosophies and lengthy statements regarding the principles for individuals receiving services directly in the state's code of state regulations may reinforce the state's commitment to providers and others working with individuals with disabilities. Some reductions in demand on the department may be realized by allowing for accreditation in the certification process. Having the ability to use multiple accreditation sources allows provider the flexibility to meet their needs and find a method that can work well with their service delivery philosophy and quality assurance systems.
Massachusetts	1. Development of a state QA database. 2. Increase focus of licensing reviews towards personal interviews. 3. Increased collaboration between licensing personnel and providers via post licensing review meeting i.e. "Service Enhancement Meeting". 4. Allow accreditation as an alternative to traditional licensure or certification.
Minnesota Region 10 Quality Assurance	1. The strength of the project is interviewing persons and the person's quality circle. 2. The project interviews regarding eight life and service domains. If the state were to accept these eight life and service domains, it would reduce the complexity and prescriptiveness of standards.
COA (Council on Accreditation)	Written agreements during the remediation process between the accrediting agency the provider organization hold the organization accountable to its own prescribed corrective action and timeline. Standards that support organizational success to ensure the stability in the services for individuals. Decrease in the volume of standards and requirements serve to save time and resources in the licensing process as well as administrative time on the level of providers and licensing personnel.

Appendix B: Comparison of Cost

Provider Name	Licenses, Certifications or Accreditation Agencies Governing HCBS Waiver Programs
CARF (Commission on Accreditation of Rehabilitation Facilities)	Entire organization is accredited with each service meeting standards. Each service has its own manual of standards.
CQL (The Council on Quality and Leadership)	The entire organization is accredited, not individual service sites.
South Dakota	Two: SD DDD certification and CQL accreditation.
Florida	Residential Services are licensed through the Agency for Persons with Disabilities. All HCBS providers are required to enroll with Medicaid; however, only residential services are "licensed."
Missouri	Providers can choose state certification or accreditation through CQL or CARF.
Massachusetts	Two: Residential (including in-home type supports) and day/vocational (including supported employment). All services are divided into these two categories. Services require both license and certification.
Minnesota Region 10 Quality Assurance	1. 245B licenses for "treatment and habilitation services" for residential, day training and habilitation, semi-independent living, supported employment, crisis respite services 2. Adult foster care license 3. Child foster care license Licenses are issued by MN DHS.
COA (Council on Accreditation)	Organization is accredited by service and location, not by program site. Entire organization is accredited after separate service and location review process is complete.
Minnesota	1. 245B licenses for "treatment and habilitation services" for residential, day training and habilitation, semi-independent living, supported employment, crisis respite services 2. Adult foster care license 3. Child foster care license

Appendix B: Comparison of Cost

Provider Name	Number of Provider Agencies
CARF (Commission on Accreditation of Rehabilitation Facilities)	6,000 providers 46,000 programs
CQL (The Council on Quality and Leadership)	291 agencies
South Dakota	19 Community Support Providers
Florida	Approximately 1,200
Missouri	1,048
Massachusetts	190
Minnesota Region 10 Quality Assurance	24 provider agencies. 51 licenses in three counties in SE Minnesota
COA (Council on Accreditation)	Over 1,800

Appendix B: Comparison of Cost

Provider Name	Number of people served
CARF (Commission on Accreditation of Rehabilitation Facilities)	8.3 million
CQL (The Council on Quality and Leadership)	Data not provided
South Dakota	3,354
Florida	29,971
Missouri	9,546
Massachusetts	32,000
Minnesota Region 10 Quality Assurance	1,100
COA (Council on Accreditation)	Over 7 million

Appendix B: Comparison of Cost

Provider Name	Number of Licensors/Surveyors
CARF (Commission on Accreditation of Rehabilitation Facilities)	1,500
CQL (The Council on Quality and Leadership)	15 full time 30 part time
South Dakota	18 full time
Florida	Unknown, APD enlists staff that has many duties outside of monthly reviews. Contractors also complete the reviews.
Missouri	Not available
Massachusetts	32.3 full time
Minnesota Region 10 Quality Assurance	Previous to 2009, there were approx. 120 volunteers to complete the VOICE reviews; currently, there are approx. 35 volunteers to complete VOICE reviews.
COA (Council on Accreditation)	Unknown full time employee numbers. Volunteer workforce of over 1000 trained "peer reviewers"
Minnesota	8 full time

Appendix B: Comparison of Cost

Provider Name	Licensing/Certification/Accreditation Fees
CARF (Commission on Accreditation of Rehabilitation Facilities)	$975 application fee $1,375 per surveyor per day of survey
CQL (The Council on Quality and Leadership)	Each contract is negotiated with provider. Example of fees: 1-3 persons served = $9,000 11-275= $22,750-$32,250 600+ = $68,000
South Dakota	No certification fees for CSPs; SD DDD pays the fee for CQL reviews and accreditation of the CSPs.
Florida	None
Missouri	None for state certification, CARF and CQL as described in their sections
Massachusetts	None
Minnesota Region 10 Quality Assurance	$550 for application fee to obtain license. For licenses that do not have a licensed capacity, an annual license fee includes a base rate of $250 plus $38 times the number of clients served on the first day of August of the current license year. For licenses that do have a licensed capacity, an annual license fee is based upon the licensed capacity.
COA (Council on Accreditation)	Each contract is negotiated with provider. Standard fees include: Application Fee: $750 (non-refundable) Accreditation Fee: $6,720 (minimum fee, based on gross revenues) Site Visit Fee: $2000 (per reviewer, $425 per day beyond two days) Annual Maintenance Fee: $400
Minnesota	$550 for application fee. For licenses that do not have a licensed capacity, an annual license fee includes a base rate of $250 plus $38 times the number of individuals served on the first day of August of the current license year. For licenses that do have a licensed capacity, an annual license fee is based upon the licensed capacity.

Appendix B: Comparison of Cost

Provider Name	Agency Responsible for Monitoring Quality (State Agency or Contracted Vendor)
CARF (Commission on Accreditation of Rehabilitation Facilities)	N/A
CQL (The Council on Quality and Leadership)	N/A
South Dakota	Contract with CQL-all CSPs are accredited through the CQL. Also South Dakota Developmental Disabilities Division.
Florida	Agency for Persons with Disabilities and the Delmarva Foundation.
Missouri	State for state certification and licensure. CARF/CQL for accreditation.
Massachusetts	CARF/CQL optional alternative to certification. State monitors compliance for licensure and certification.
Minnesota Region 10 Quality Assurance	Completed by staff and volunteers within the project
COA (Council on Accreditation)	N/A
Minnesota	Minnesota does its own monitoring

Appendix B: Comparison of Cost

Provider Name	Number of HCBS Waivers
CARF (Commission on Accreditation of Rehabilitation Facilities)	N/A
CQL (The Council on Quality and Leadership)	N/A
South Dakota	4
Florida	4
Missouri	4
Massachusetts	3
Minnesota Region 10 Quality Assurance	1 (DD only)
COA (Council on Accreditation)	N/A

Use of Accrediting Agencies Among States

Number of states that accept the accreditation in lieu of state licensing for HCBS waivered services	•COA 0 (All states maintain some level of monitoring) •CQL 0 (All states maintain some level of monitoring) •CARF 0 (All states maintain some level of monitoring)
Number of states that manate accreditation to be an HCBS provider in the state	•COA 2 (NJ, NC will accept COA to meet this requirement •CQL 6 (ND, SD, NC, GA, IN, NM accept CQL to meet this requirement) •CARF * [*Information was not provided]
Number of states that waive some licensing or certification requirements if a provier is acredited for HCBS waivers	•COA 7 (AL, AZ, AK, CO, IA, ME, NC) •CQL 2 (MA & MO) •CARF 2 (MA & MO)

Appendix D: Commission on the Accreditation of Rehabilitation Facilities (CARF)

Commission on the Accreditation of Rehabilitation Facilities (CARF)

CARF International is a private, nonprofit organization that receives funding from accreditation survey fees, workshops, conferences, publication sales, and public entity grants. CARF's mission is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of the individuals served.[93] CARF currently has 46,890 accredited programs and services internationally with 285 programs and services in Minnesota.[94]

Provider Standards

CARF uses the ASPIRE to Excellence quality standards model. According to the 2010 Employment and Community Services Standards Manual,

> "The CARF standards have evolved and been refined for over 40 years with active support and involvement of providers, consumers, and purchasers of services. The standards define the expected input, processes, and outcomes for the programs for individuals served. CARF's International Advisory Council, advisory committees, and regional, national, and international focus groups review and revise CARF's current standards and develop new standards for accreditation opportunities."[95]

Providers are expected to conform to all applicable standards and their operational practices are reviewed during the site survey so that the survey team can determine the overall organizational conformance level. This organizational conformance level ultimately leads to the accreditation determination. The standards evaluated during the survey will depend on the service being reviewed, though some standards, such as Business Practices, will apply to all providers.[96]

The following information outlines the standards and expectations of providers who are CARF accredited or are seeking CARF accreditation based on the ASPIRE to Excellence framework:[97]

Assess the Environment

    A. Leadership: CARF accredited providers must identify a leadership structure, roles and responsibilities of all levels of leadership, person-centered philosophy demonstrated by personnel, and ongoing communication with persons served and stakeholders. Examples of documents that may be used to meet this standard include a written code of conduct, procedures on addressing

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[93] CARF International. *2010 Employment and Community Services Standards Manual*, July 1, 2010–June 30, 2010. Tucson: Commission on Accreditation of Rehabilitation Facilities, 2010, 1.
[94] CARF International. Commission on the Accreditation of Rehabilitation Facilities—Home, 2010. 29 September 2010. www.carf.org/home.
[95] ---. *2010 Standards Manual*, 2.
[96] ---. *2010 Standards Manual*, 33.
[97] ---. *2010 Standards Manual*, 33.

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ethical code violations, policies on waste, fraud, and abuse, cultural competency and diversity plans, and policies on corporate compliance.[98]

B. Governance (optional): CARF accredited providers may chose to elect a governing board if they have a corporate governing board. Through this standard, the provider must demonstrate that the governing board provides effective and ethical governance and leadership on behalf of the owners and stakeholders to ensure that the organization focuses on outcomes for individuals served. The governance framework is designed to ensure that the organization's leadership is managed effectively and ethically. Examples of documents that may be used to meet this standard include ethical governance policies, board agendas and meeting minutes, leadership development policies, and compensation policies.[99]

Set Strategy

C. Strategic Integrated Planning: This standard is designed to demonstrate and ensure that organizations understand environmental and organizational competencies, identify opportunities and threats, and achieve and sustain identified goals and priorities. CARF agencies use strategic planning to take advantage of strengths and opportunities while addressing weaknesses and areas for improvement. Examples of documentation that may be used to meet this standard include strategic plans and leadership or management meeting minutes.[100]

Persons Served and Other Stakeholders-Obtain Input

D. Input from Persons Served and Other Stakeholders: Providers must demonstrate the active engagement of individuals served as part of the planning and service processes. Providers must continually focus on expectations of individuals served and other stakeholders through soliciting, collecting, analyzing, and using input to create services. Examples of documentation that may be used to meet this standard include individual service plans, consumer meeting minutes, consumer and community input, staff meeting minutes, satisfaction surveys, and short- and long-range planning documents.[101]

Implementation Plan

E. Legal Requirements: Providers must demonstrate and document the system that is used to assist them in complying with all applicable legal and regulatory requirements. Examples of documentation that may be used to meet this standard include procedures on responding to subpoenas and procedures on safeguarding program and administrative records.[102]

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[98] CARF International. *2010 Standards Manual*, 35.
[99] ---. *2010 Standards Manual*, 42.
[100] ---. *2010 Standards Manual*, 52.
[101] ---. *2010 Standards Manual*, 55.
[102] ---. *2010 Standards Manual*, 59.

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F. Financial Planning and Management: Providers must demonstrate and document their commitment to financial responsibility. This must be done in a way that supports their mission, values, and objectives. This plan must include day-to-day operations as well and long-term plans. Examples of documentation that may be used to meet this standard include annual budgets, fiscal policies and procedures, and annual review of financial statements.[103]

G. Risk Management: Providers must demonstrate and document a system that is designed to control threats to individuals, property, and income, which allows the opportunity to meet specified goals. Examples of documents that may be used to meet this standard include risk management plans and insurance policy documents.[104]

H. Health and Safety: Providers must ensure that environments are healthy, safe, and clean. These environments must support quality services and minimize risk of harm to individuals served, staff members, and stakeholders. Examples of documents that may be used to meet this standard include written safety procedures, health and safety training documentation, emergency procedures, incident procedures, analysis of incidents, vehicle emergency procedures, and crisis-intervention policies.[105]

I. Human Resources: Providers must demonstrate the value of human resources within their organization. Staff members should be involved in the organization's success and the success of individuals served. Examples of documentation that may be used to meet this standard include procedures on conducting background checks, job descriptions, performance evaluations, and personnel policies.[106]

J. Technology: Providers must demonstrate and plan for technology to support and advance business practices. Examples of documentation that may be used to meet this standard include a technology and systems plan.[107]

K. Rights of Persons Served: Providers must demonstrate and document how they protect and promote the rights of all individuals served. This system must guide service delivery. Examples of documentation that may be used to meet this standard include promoting rights policies, grievance procedures, and policies on releasing information.[108]

L. Accessibility: Providers must demonstrate and document how they promote accessibility and the removal of barriers for individuals served and stakeholders. Examples of documentation that may be used to meet this standard include accessibility plans, annual status reports, and documentation of requests for accommodations.[109]

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[103] CARF International. *2010 Standards Manual*, 60.
[104] ---. *2010 Standards Manual*, 67.
[105] ---. *2010 Standards Manual*, 69.
[106] ---. *2010 Standards Manual*, 89.
[107] ---. *2010 Standards Manual*, 96.
[108] ---. *2010 Standards Manual*, 98.
[109] ---. *2010 Standards Manual*, 101.

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<u>Review Results</u>

M. Information Measurement and Management: Providers must demonstrate and document how they monitor and improve organizations and service delivery on an ongoing basis. Examples of documentation that may be used to meet this standard include measurement indicators, performance-improvement systems, and indicator descriptors.[110]

<u>Effect Change</u>

N. Performance Improvement: Providers must demonstrate and document how they share information about their performance as a business and their ability to help others meet their outcomes with individuals served and other stakeholders. Examples of documentation that may be used to meet this standard include performance analysis and action plans and sharing of PI information.[111]

In addition to following the ASPIRE to Excellence framework, providers must also comply with additional standards and policies in order to achieve or maintain CARF accreditation. These standards and policies will vary depending upon the services that the provider is seeking to accredit. Examples of policies and documents that may be used include description of the scope of services, behavioral intervention procedures, team meeting documentation, staff supervision procedures, personal safety plans, progress notes, medication use policy, staff training documentation, seclusion and restraint procedures and plans, critical incident documentation, and quality record reviews.

Licensing and Credentialing Systems

Becoming accredited is a lengthy process and can require a year or more of preparation before the initial site survey as well as ongoing quality improvement following the survey. If an organization wishes to become CARF accredited, they must adhere to the guidelines below:[112]

1. Consult with a designated CARF resource specialist to provide guidance and technical assistance regarding the accreditation process. Each organization is assigned a CARF resource specialist who will provide guidance and technical assistance to the provider on the accreditation process. This person is also available for providers who are going through the re-accreditation process. The organization is given access to Customer Connect, which is a website that is used for transmitting documents and communicating with providers.

2. Conduct a self-evaluation. The organization must implement and use the CARF standards for at least six months before the survey. The organization should conduct a self-study of its conformance using the standards manual as a guide as well as other publications offered by

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[110] CARF International. *2010 Standards Manual*, 109.
[111] ---. *2010 Standards Manual*, 119.
[112] ---. *2010 Standards Manual*, 9-12.

Appendix D: Commission on the Accreditation of Rehabilitation Facilities (CARF)

CARF. This information is not submitted to CARF, but should be used as internal preparation for the survey process.

3. Submit the Intent to Survey and nonrefundable Intent fee. The Intent includes detailed information about leadership, programs, and services that the organization is seeking to accredit and the service delivery location(s). This document is submitted via Customer Connect. This information must be submitted at least three months prior to the two-month time frame that is being used to request a survey.

4. CARF sends an invoice for the survey fee. The CARF fee is based on the number of surveyors and days needed to complete the survey. The scheduling of the survey begins when the survey fee is invoiced.

5. CARF selects the survey team. Surveyors are selected by matching their program or administrative expertise and relevant field experience with the organization's unique requirements. Thirty days prior to the survey, CARF notifies the provider with the team member names and the dates of the survey.

6. The survey team conducts the survey. This determines the organization's conformance to all applicable standards on-site by observing services, interviewing individuals served and other stakeholders, and reviewing documentation. Surveyors also provide consultation to organization personnel. An exit conference is held before the team leaves the site and the findings are discussed with the organization. These results are then submitted to CARF. The team does not determine the accreditation decision.

7. CARF renders an accreditation outcome. CARF reviews the survey findings and renders one of the following accreditation decisions: three-year accreditation, one-year accreditation, provisional accreditation, or non-accreditation

Approximately six to eight weeks after the survey, CARF notifies the organization of the accreditation outcome and sends a written survey report and Quality Improvement Plan (QIP) to the organization.

According to the CARF International website, the accreditation terms are defined as follows:[113]

> *Three-Year Accreditation*: The organization satisfies each of the CARF Accreditation Conditions and demonstrates substantial conformance to the standards. It is designed and operated to benefit the individuals served. The organization demonstrates quality improvement from any previous periods of CARF accreditation.

> *One-Year Accreditation:* The organization satisfies each of the CARF Accreditation Conditions and demonstrates conformance to many of the standards. Although there are

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[113] CARF International. *Accreditation Terms*, 2010. 29 September 2010. www.carf.org/accreditation_decisions.

significant areas of deficiency in relation to the standards, there is evidence of the organization's capability to correct the deficiencies and commitment to progress toward their correction.

Provisional Accreditation: Following the expiration of a One-Year Accreditation, a Provisional Accreditation is awarded to an organization that is still functioning at the level of a One-Year Accreditation. A Provisional Accreditation is awarded for a period of one year. An organization with a Provisional Accreditation must be functioning at the level of a Three-Year Accreditation at its next survey or it will receive a survey outcome of non-accreditation.

Non-Accreditation: The organization has major deficiencies in several areas of the standards; there are serious questions as to the benefits of services; there are serious questions as to the health, welfare, or safety of those served; the organization has failed over time to bring itself into substantial conformance to the standards; or the organization has failed to satisfy one or more of the CARF Accreditation Conditions.

Preliminary Accreditation: This allows new organizations to establish demonstrated use and implementation of standards prior to the direct provision of services to individuals served. There is evidence of processes and systems for service and program delivery designed to provide a reasonable likelihood that the services and programs will benefit the individuals served. A full follow-up survey is conducted approximately six months following the initiation of services to individuals served.

Accreditation with Stipulations: If an organization's accreditation status is displayed as having stipulations, CARF may require ongoing reporting or other action from the provider regarding its progress in maintaining conformance to the accreditation standards.

8. Submit a Quality Improvement Plan. Within 90 days after notification of the accreditation outcome, the organization fulfills an accreditation condition by submitting to CARF a Quality Improvement Plan outlining the actions that have been or will be taken in response to the recommendations made in the survey report.

9. Submit the Annual Conformance to Quality Report. CARF sends this report approximately ten weeks before it is due. This needs to be completed, signed, and resubmitted to CARF within the designated time frame. For example, an organization with three-year accreditation would submit this in years one and two. This document reaffirms the organization's conformance with standards.

10. CARF maintains contact with the organization. CARF maintains contact during the accreditation period and organizations are encouraged to bring concerns and questions to CARF staff members. There are publications available on various topics relating to conformance as well as seminars and conferences that providers may attend.

Appendix D: Commission on the Accreditation of Rehabilitation Facilities (CARF)

Monitoring Practices

The monitoring practices for CARF accredited providers may vary depending on the accreditation received and the length of the accreditation period. Typically on-site monitoring is not completed until the accreditation period is coming to an end. The accreditation term is dependent on the level of conformance with requirements as defined above.

According to the 2010 Employment and Community Services Standards Manual, during the site survey, organizations are reviewed by a group of professional peers who are employed with other CARF accredited agencies. The purpose of the peer review is to provide impartial, external review of an organization's conformance to the standards. Survey team members offer ongoing consultation for quality improvement. Once the survey is completed, a report is developed highlighting strengths and areas for improvement based on conformance standards. In addition, the provider must complete an annual conformance to quality report that is completed internally and submitted to CARF. This contains a review of practices by leadership and must contain a signed commitment to CARF stating that CARF standards are being used.[114]

The survey approach is designed to be consultative rather than inspective. Surveyors are peers with similar experience in the programs and services being accredited. Each surveyor goes through extensive training and is matched to organizations based on program types. CARF staff members are also available for consultation with providers at any time. Staff members can help providers answer questions about implementing and interpreting standards. There is no additional cost for this service for those with CARF accreditation.

CARF publishes standards manuals for each of the fields of accreditation. These manuals are developed by individuals in the field and incorporate feedback from individuals served, professionals, service providers, and other interested parties. At a minimum, these manuals are updated annually. These manuals are not free to providers and must be purchased at the organization's expense.

CARF offers seminars and conferences on a variety of topics related to compliance and conformance with standards. CARF uses Customer Connect, an online resource for accredited organizations or those seeking accreditation. This was designed to increase efficiency and decrease time for organizations. This can be used to view accreditation and survey-related information and to keep informed of changes.

Many states across the country have recognized CARF accreditation as a basis for state certification for services and as meeting state standards. Some even require national accreditation (such as CARF) to provide services.[115] CARF has expanded and adapted their services to meet individual state's needs. CARF also has accommodated requests by state governmental regulators to review additional information

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[114] CARF International. *2010 Standards Manual*.
[115] ---. *CARF-CCAC Continuing Communication Newsletter*, Volume 3 Issue 1, 2010. Continuing Communication Index. 29 September 2010. www.carf.org/Resources/Newsletters/ContinuingCommunication/.

STAR Services ✗

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during visits and provide their findings to the state. Governmental regulators have access to searches and lists of CARF accredited service providers and current CARF standards manuals and monographs.[116]

Assessment

HCBS Quality Management Requirements

1. *Discovery*

   Discovery is a cornerstone of the CARF philosophy and conformance with CARF standards. The standards embrace quality improvement and the monitoring of outcomes and services on a regular and ongoing basis.

   Within 90 days after notification of the accreditation outcome, the organization fulfills an accreditation condition by submitting to CARF a Quality Improvement Plan outlining the actions that have been or will be taken in response to the recommendations made in the survey report.

   To maintain accreditation a resurvey must be completed by the expiration date. Approximately seven months before the expiration of the accreditation, CARF notifies an organization of the need for a resurvey. The resurvey process is the same as the initial survey; however, during the resurvey the organization is expected to demonstrate conformance during the entire period since the last survey. Special attention is given to the implementation of changes made in response to the Quality Improvement Plan from the previous survey.[117]

   Supplemental surveys are conducted when there are changes in the status of the organization that require changes in accreditation between survey periods. There are two circumstances where these may occur: (1) The leadership or ownership changes or the organization engages in a merger, consolidation, joint venture, or acquisition transaction, or (2) When an organization would like to add a new program, service, or location to an existing accreditation. If the new program, service, or location is found to be functioning at a lower level of accreditation than currently accredited programs, the result will be a reduction in the level and tenure of the entire accreditation decision.[118]

2. *Remediation*

   CARF may occasionally conduct unannounced or announced monitoring visits of accredited organizations. This is typically done if CARF receives information that an organization may no longer be conforming to the standards required. The accreditation may be modified as a result of

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[116] CARF International. Payer Information, 2010. 29 September 2010. www.carf.org/payers.
[117] ---. *2010 Standards Manual*, 22.
[118] ---. *2010 Standards Manual*, 22.

this monitoring visit. In addition, the organization may be required to submit a new Quality Improvement Plan to address these issues.

According to the 2010 Employment and Community Services Standards Manual, if CARF is informed of any source of a change in an organization's conformance to the CARF accreditation conditions, standards, policies, or procedures, CARF has sole discretion to review and modify the accreditation status of the organization. This may include revocation of accreditation. CARF may also suspend or place stipulations on continued accreditation. Suspended organizations are not considered CARF accredited during the suspension time period.[119]

Reviews conducted in this manner may require the organization to submit documents and information that may include information from external resources and individuals and may include monitoring visits. If a provider refuses to respond to CARF requests, or does so in an unsatisfactory manner, this may result in a change in the accreditation status. If an allegation is reported to CARF after a survey, but prior to the report being given, the release of this report may be held until the allegation is inspected.[120]

If an organization is given a one-year or provisional accreditation, it may submit a request for an on-site review of the survey teams' findings to determine if this decision was appropriate. If an organization received a non-accreditation status, it has the opportunity to challenge this decision with an on-site review and an appeal hearing. Within 30 days of receipt of the non-accreditation status the organization must submit a written request to CARF for an on-site review. If after this review the decision is still non-accreditation, the organization may appeal. This appeal will be based on whether the survey was conducted in a manner consistent with CARF survey policies and procedures. The appeal panel will not consider conformance with standards. The result of the appeal will either be non-accreditation or rejection of the non-accreditation status. If the non-accreditation status is rejected, the organization will receive a provisional, one-year, or three-year accreditation status.

3. *Continuous Improvement*

CARF is designed to assist providers with implementing systems at all levels of the organization. Once systems are in place, the provider must maintain these systems in order to maintain compliance. By utilizing a Quality Improvement Plan the provider is continually looking at methods to improve services provided to individuals served. In addition, if a concern has been reported, CARF staff members will investigate with additional monitoring practices regardless of if this occurs outside the normal survey time frame.[121]

During survey reviews, files are pulled at random that include both individual and staff files. The providers do not know which ones will be reviewed prior to the survey. Surveyors change and a

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[119] CARF International. *2010 Standards Manual*, 24.
[120] ---. *2010 Standards Manual*, 24.
[121] ---. *2010 Standards Manual*.

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service provider cannot have the same surveyor twice in a row. Surveyors have the opportunity to review previous survey reports for a provider before conducting their review. There is time during the survey to correct deficiencies, as well as an exit conference where the provider can invite whoever they choose to attend. The survey always ends by focusing on strengths and not deficiencies. Staff are interviewed regarding their jobs, how they are treated etc.; all feedback is anonymous.[122]

The team approach helps to eliminate individual bias and also allows surveyors to share ideas with one another and receive feedback on issues or concerns. The standards manual is reviewed and revised annually. All providers can give CARF feedback on what they would like changed or added to the manual. There are National Advisory Committees consisting of providers, staff, families, and individuals served who all provide feedback. CARF releases parts of standards manuals for field reviews every year.

An identified weakness of CARF accreditation can be the lengthy, time- and resource-intensive, initial preparation requirements for accreditation. This process is time consuming for providers, especially small providers who have fewer employees and financial resources. In addition, another weakness could be that the consultative peer approach is somewhat subjective as is the accreditation status given to the provider. It is not clear how many areas a provider can be "noncompliant" in for each of the accreditation levels.

Strengths to this system include the following:
- The comprehensive approach that is taken to meet the HCBS Quality Management requirements of discovery, remediation, and continuous improvement
- A focus, not only on paperwork compliance, but also on the quality of services
- A consultative approach, using a team to provide feedback and help providers through the process

Safeguarding of Health, Safety, and Rights

CARF has several procedures and regulations for overseeing and supporting the health and safety of individuals served. Employees must be trained in policies and procedures, as well as receive competency-based training in various areas of health and safety. The provider is responsible to ensure requirements for initial training for new hires as well as ongoing annual training. Providers must comply with standards for risk management, have written safety procedures, health and safety training, emergency procedures, incident protocol, annual health and safety inspections and reports, semi-annual self-inspection reports, emergency procedure tests (announced and unannounced), crisis intervention policies, emergency situation debriefings, procedures on hazardous material storage, background checks, policy on promoting individual rights, accessibility plans, annual status report, supervision policies, personal safety plans, medication policies and procedures, and seclusion-restraint policy and documentation.[123]

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[122] CARF International. *2010 Standards Manual*.
[123] ---. *2010 Standards Manual*, 69–88.

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CARF accreditation is not prescriptive in this area, but is highly regulated. According to Lynn Noren, a CARF surveyor and employee of a CARF accredited provider, "Nonconformance with health, safety, and rights could cause the providers to lose accreditation if the standards are not followed to protect the health and safety of individuals."[124] During surveys, site visits are done at each location (including administrative locations during the first period and then 50 percent of sites after that). Health and safety issues are examined in each location. Site and vehicle inspections related to health and safety are also completed. There are emergency procedure protocols, external and internal safety checks that need to be completed at designated intervals as well as unannounced checks.[125] CARF uses the Risk Management Plan developed by the Association of Residential Resources (ARRM) as an example of how to identify risk while promoting individual rights.[126]

The strength of CARF accreditation in this area includes the consultative and comprehensive approach to evaluating health, safety and rights issues for providers. Surveyors interview individuals served, staff members, and stakeholders as well as visit sites to assess health and safety issues. The focus is not simply on whether a form was completed correctly but on how the forms and policies support the service quality.

The weakness of CARF accreditation in this area appears to include the amount of paperwork required during the beginning process of applying for accreditation. Again, this could be extremely time consuming and difficult for providers with limited fiscal and human resources.

Opportunities for Self-Determination

CARF is designed to promote person-centered services and self-determination at all levels of the organization. Individuals are involved in determining their service focus, where they live, who their roommates are, what they have in their room, and what they want to work on. Staff members receive training on person-centered approaches during orientation and throughout their employment. Self-determination is part of the planning for each step and providers must show proof of individual involvement. It is open-ended as far as how providers choose to document or demonstrate that this has occurred. CARF has standards in place that organizations must follow in order to show how they promote individual self-determination and person-centered planning. Providers must demonstrate the active engagement of individuals served as part of the planning and service processes. The person-centered service planning, design, and delivery standards requires that providers continually focus on expectations of individuals served and other stakeholders through soliciting, collecting, analyzing, and using input to create services. Examples of documentation that may be used to meet this standard include individual service plans, consumer meeting minutes, consumer and community input, staff meeting minutes, satisfaction surveys, short- and long-range planning documents.[127]

Providers focus on individual and stakeholder satisfaction as well. An innovative system, uSPEQ™, was developed by CARF to receive feedback from individuals served, guardians, and other stakeholders about

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[124] Noren, Lynn, Vice President, RISE. Telephone interview. 29 September 2010.
[125] CARF International. *2010 Standards Manual*, 69–88.
[126] Noren. 29 September 2010.
[127] CARF International. *2010 Standards Manual*.

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a variety of issues. Individuals can report their perceptions of their experiences, access to services and the process, how their needs are met, and any outcomes and results. The data collected is routed directly to CARF and not the provider. By using the uSPEQ™ system, more reliable and descriptive information is obtained regarding satisfaction with services in comparison to the surveys solely conducted by the providers.[128] The uSPEQ™ uses a consumer experience survey as well as an employee survey. This information can also be benchmarked with other programs, typically on an annual basis.[129]

Another strength of the CARF accreditation process is the focus on self-determination and person-centered planning. In addition, individuals are given several opportunities to provide feedback to the provider, surveyors and CARF staff members. Providers are required to notify individuals and stakeholders when the CARF survey will occur and also provide them with the resources needed to give feedback. During site surveys, the surveyors interview interested individuals, family members, and other stakeholders. These interviews help the surveyors determine what the quality of the services is through the eyes of individuals involved.[130]

Promotion of Goals and Outcome Achievement

CARF is designed to be outcome driven from the individual level through the organization level. Individuals are involved in all aspects of determining their services, including outcome development. Organizations need to have evidence that individuals were involved in these aspects as well. All individual outcomes are tied to overall organization and business outcomes in some way. Organizations develop Information Measurement and Management Systems and Performance Improvement Systems that are related to individuals' outcomes and goals. These systems are designed to continuously monitor and evaluate outcome achievement on both the individual and business level.[131]

A strength of this system is the promotion of outcomes and goals on the individual and business levels for organizations. Providers must demonstrate how they have involved individuals in determining outcomes. During surveys individuals and stakeholders are interviewed by surveyors on their involvement in this process as well.

Quality Assurance and Ongoing Quality Improvement through Provider-Performance Data

Through the use of information measurement and management systems and performance improvement systems, providers are given tools to measure quality assurance and ongoing quality improvement through performance data. Organizations must demonstrate that they receive input on an ongoing basis from individuals served, personnel, and other stakeholders using a variety of mechanisms. This may include written surveys, advisory groups, meetings, chat rooms, suggestions boxes, complaints, and communication logs. The leadership within the organization is then required to analyze this data and

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[128] CARF International. "uSPEQ™ Raises a Powerful Voice," 2005. CARF Connections Index. 29 September 2010. http://www.carf.org/Resources/Newsletters/CARFConnection/.
[129] ---. 2010 Standards Manual.
[130] ---. 2010 Standards Manual.
[131] ---. 2010 Standards Manual, 109–123.

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implement changes into applicable areas. These areas may include program planning, performance improvement, strategic planning, and financial and resource planning.[132]

Through the survey process, the provider submits a Quality Improvement Plan that addresses the areas of concern and recommendations that were discovered by the survey team members. The provider must implement and show conformance to this plan. When resurveyed, the survey team will evaluate the conformance to the Quality Improvement Plan.[133]

Continuous quality assurance is a strength of the CARF accreditation process. The standards dictate that the provider have methods in place to routinely review stakeholder feedback, the outcomes of the individuals, and the success of the business goals as well. This encourages the provider to continually keep focused on metrics that help ensure quality services and system improvement.

Factors that Influence Cost

CARF surveyors are peer reviewers from other accredited programs. Each surveyor conducts a minimum of three surveys per year which vary in length. The time commitment is typically two to three days, per survey but can vary based on the provider size. There are 1,500 CARF surveyors throughout North America, South America, and Europe.[134]

According to the CARF International website, approximately 6,000 worldwide service providers are CARF accredited with more than 46,000 programs and services in 20,000 locations. This is estimated to be 8.3 million individuals served worldwide.[135]

Typically, for an average to small agency, there are two to three surveyors present for two to three days. According to Nancy Bradley, Resource Specialist at CARF:

> "The time really varies—we have organizations that we spend many hours with the organization and they may attend two-day CARF sponsored standards-related trainings. Then there are organizations that prepare very independently, they may or may not use a consultant. We are neutral on the need for consultants; most organizations do not use consultants. New organizations will be in touch with their assigned resource specialist in the beginning of their process for about an hour. This initial phone interview allows us to review the CARF process, review appropriate core programs, and we set up their company record and connect them with CARF Customer Connect, the web portal where they will submit their Intent to Survey Application and all of their accreditation materials will be housed there."[136]

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[132] CARF International. *2010 Standards Manual*, 109–123.
[133] ---. *2010 Standards Manual*, 5–26.
[134] Noren. 29 September 2010.
[135] CARF International. *Commission on the Accreditation of Rehabilitation Facilities: Home.*
[136] Bradley, Nancy, Resource Specialist, CARF International. Email correspondence. 1 October 2010.

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The cost of implementation to the state varies; some states have chosen to subsidize the cost of accreditation for the provider; others do not. The fee information is included below.[137]

Fee	CARF Survey	CARF-CCAC Survey
Intent fee	$950 USD	$700 USD for original survey $0 for resurvey
Survey fee*	Per surveyor per day: $1,375 USD	$6,500 USD Fee increased by $1,375 per surveyor day if programs added $4,000 annual maintenance fee

Recommendations of Items to Consider for the State of Minnesota

CARF accreditation is a comprehensive system that has been proven effective in providing quality services to individuals. The consultative approach, as opposed to a purely or predominantly inspective approach, provides quality feedback to providers in a manner that is motivating and helpful for them. The focus is on quality improvement and is not punitive. By addressing the business as a whole, and implementing systems, service quality is increased for individuals.

The survey process focuses on examining service delivery and interviewing individuals. The standards developed by CARF help ensure that an organization has thoroughly developed the business functions, systems, and strategic planning that help lead to quality services. Surveyors take the time to discuss issues with individuals served, guardians, and other stakeholders. They also visit administrative offices and sites where services are being provided.

The entire system is designed to be person-centered and is focused on obtaining input from stakeholders and other interested parties on an ongoing basis. The paperwork supports the services, but does not drive the services that are provided. Providers are given several ways to obtain feedback regarding services including the use of the uSPEQ™ tool.

There are multiple standards that providers have to follow; however, they are open-ended. Providers can design their own methods to meet the standards and find a system that works for them. For example, a small provider may run its systems very differently than a large provider. Other licensing or credentialing systems could be seen as more prescriptive and do not allow providers to determine the policies, forms, or systems that work best for their business and customers.

One of the main weaknesses of this system appears to be the time commitment needed for initial accreditation. This would be especially cumbersome to small providers who have limited resources. The cost of accreditation does not seem to account for variations in the size of the provider, making the initial fee and maintenance fees difficult to pay for smaller providers. If CARF were to be an approved accreditation process in lieu of state review and licensure, there would be less agencies requiring review

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[137] Bradley, Nancy. Telephone interview and email correspondence. 15 September 2010.
CARF International. "Survey Fees," internal document from Nancy Bradley. 15 September 2010.

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by licensors, inevitably reducing the amount of time committed to file reviews, data compilation, and the generation of reports based upon those findings.

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CARF Accreditation Process

Consult with a designated CARF resource specialist.

⬇

Conduct a self-evaluation.

⬇

Submit the Intent to Survey and nonrefundable Intent Fee.
- CARF invoices for the survey fee.
- CARF selects the survey team.

⬇

The survey team conducts the survey.

⬇

CARF renders an accreditation outcome with written survey report.

CARF reviews the survey findings and renders one of the following accreditation decisions:

CARF	**CARF–CCAC**
Three-year accreditation One-year accreditation Provisional accreditation Nonaccreditation	Five-year term of accreditation Nonaccreditation

⬇

Provider submits a Quality Improvement Plan.

⬇

Annually the provider submits an Annual Conformance to Quality Report to CARF.

⬇

CARF maintains contact with the organization.

Supplemental surveys will occur outside of the accreditation period if: (1) Leadership or ownership changes, there is a merger, consolidation, or joint venture (2) A new program, service, or location is added to the current accreditation.	Announced or unannounced visits may occur if information is received that an organization is not conforming to standards. The accreditation award may be modified based on the information from this visit.

Source: 2010 Employment and Community Services Standards Manual

Appendix E: Council on Accreditation (COA)

The Council on Accreditation (COA) "is an independent, not-for-profit organization that partners with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting appropriate best practice standards."[138]

"Over 1,800 organizations—voluntary, public, and proprietary; local and statewide; large and small— have either successfully achieved, or are in the process of, accreditation. These organizations represent excellence in the human services field."[139]

Provider Standards

The COA's *Accreditation Policies and Procedures Manual 8th Edition Standards* are divided into three main categories: Administration and Management, Service Delivery Administration, and Service Standards. Regardless of the services that an organization provides, every organization pursuing COA accreditation must demonstrate implementation of both the Administration and Management and the Service Delivery Administration standards because they encompass those aspects of operations that apply to all organizations.[140]

The Administration and Management component includes standards for Ethical Practices, Financial Management, Human Resource Management, Governance, Network Administration, Performance and Quality Improvement, and Risk Prevention and Management.

There are six sub-sections for the Ethical Practices standards. They include open and transparent operations by the provider, organizational provision of a "conflict of interest" policy, professional conduct, and requirements for fundraising activities. Additional sections include protection for reporters of suspected misconduct (maltreatment) and rights assurances for individuals when a provider engages in research.[141]

Financial Management includes eight areas of focus. They include provisions for the governing body's financial responsibilities, establishment of internal control systems, evaluation of the provider's capacity and resources, stability of revenue streams, financial-planning activities, payroll, and the overall financial-management systems within the provider. Financial management is included as a requirement to ensure

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[138] Council on Accreditation. Recognition report "An Update Top the Field," September 2010. 12 November 2010. www.coanet.org/files/rr/pdf.

[139] ---. "An Update Top the Field."

[140] Seonane, Joseph, Director of Client Relations, COA. Email correspondence. 3 December 2010.

[141] Council on Accreditation. *Ethical Practices*, 2008. 12 November 2010. http://coastandards.org/standards.php?navView=private&core_id=809.

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the stability of the provider, and ensure compliance with rules and regulations regarding workforce and governmental regulatory standards.[142]

Governance Standards ensure the provider is legally authorized to operate according to the applicable requirements for nonprofit or for-profit organizations. Governing bodies are required to be functional, structured, active, and capable of achieving the goals of the provider. This includes being representative of the community in which it serves. The governing body is required to fulfill its financial responsibilities and oversee financial investments. Duties of the executive director for the provider are outlined within this standard as well.[143]

Standards for Human Resources drive the provider's internal practices by addressing policies and procedures with regard to promotion of a healthy work environment, future needs planning and recruitment, satisfaction and retention practices, performance evaluations, and personnel records.[144]

Network Administration standards are defined, though only completed by providers that function as a Network Management Entity as defined by COA.[145] These standards define the characteristics, organization, planning, and access to the network. It also includes requirements for screening and intake into the provider's services.[146]

Performance and Quality Improvement standards include organizational use of data to identify areas of improvement followed by the implementation of plans to achieve goals, individual satisfaction, and individual outcomes.[147] Organizational culture that values service quality is an integral part of this standard. Providers are required to proactively seek the involvement of individuals, personnel, and other partnering organizations.[148]

The Administration and Management section includes "Risk Prevention and Management" standards for the provider and outlines the prevention, management, and reduction of risk to protect the provider. This section specifically addresses "Safe and uniform medication control and administration," which includes proper storage, documentation, packaging, disposal, record-keeping requirements, and informed consent. Administration and Management requires providers to be adequately insured, engage in standardized and

[142] Council on Accreditation. *Financial Management*, 2008. 12 November 2010.
http://coastandards.org/standards.php?navView=private&core_id=679.
[143] ---. *Governance*, 2008. 12 November 2010. http://coastandards.org.php?navView=private&core_id=801.
[144] ---. *Human Resource Management*, 2008. 12 November 2010.
http://coastandards.org/standards.php?navView=private&core_id=687.
[145] Seonane. 3 December 2010.
[146] Council on Accreditation. *Network Administration*, 2008. 12 November 2010.
http://coastandards.org/standards.php?navView=private&core_id=1212.
[147] Seonane. 3 December 2010.
[148] Council on Accreditation. *Performance and Quality Improvement*, 2008. 12 November 2010.
http://coastandards.org/standards.php?navView=private&core_id=1290. and Seonane, 3 December 2010

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safe contract practices, have adequate records, record retention practices, and protect the privacy of information and data against unauthorized use.[149]

The second component of the COA's *Accreditation Policies and Procedures Manual 8th Edition Standards* is the "Service Delivery Administration Standards." They include Administrative and Service Environment, Behavior Support and Management, Client Rights, and Training and Supervision.[150]

Administrative and Service Environment Standards include the promotion of health and safety for individuals within the service environment. Accessibility within the service environment must meet federal and local requirements, including the Americans with Disabilities Act. Requirements for fire drills, staff training, and emergency preparedness through planning and coordination are included.[151]

Behavior Support and Management standards promote protection of individuals within a "safe and therapeutic environment" while minimizing the use of behavior-management interventions that are restrictive in nature.[152] Policies must include prohibited practices, practices that may be used, and whether or not certain behavioral interventions are permitted during emergency situations. Training requirements incorporate behavioral management, recognition of behavioral indicators, and methods for deescalating behaviors. Behavior management interventions that are restrictive in nature require specific training and documentation, including "debriefing" when a behavioral incident has occurred. [153]

Client Rights standards call for the promotion of respect and dignity within the practices. This section centers includes informing individuals of their rights, providing equal treatment and informed choice while focusing on professional ethics of service delivery.[154] Confidentiality, privacy protection, and grievance procedures are also identified.[155]

Training and Supervision Standards include requirements for the development and training of personnel, specific training content, systemic provision and supervision of the training process both initially and ongoing, and focusing on the preparation of staff to fulfill their roles and responsibilities.[156]

The third component is the Service Standards component focuses on specific standards for each of the approximate 50 service types the COA accredits.

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[149] Council on Accreditation. *Risk Prevention and Management*, 2008. 12 November 2010.
http://coastandards.org/standards.php?navView=private&core_id=694.
[150] ---. *Introduction.*
[151] Seonane. 3 December 2010. and Council on Accreditation, *Administrative and Service Environment*, 2008. 12 November 2010. http://coastandards.org/standards.php?navView=private&core_id=530.
[152] Seonane. 3 December 2010.
[153] Council on Accreditation. *Behavior Support and Management*, 2008. 12 November 2010.
http://coastandards.org/standards.php?navView=private&core_id=1047.
[154] Seonane. 3 December 2010.
[155] Council on Accreditation. *Client Rights*, 2008. 12 November 2010.
http://coastandards.org/standards.php?navView=private&core_id=545.
[156] ---. *Training and Supervision*, 2008. 12 November 2010
http://coastandards.org/standards.php?navView=private&core_id=548.

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Licensing and Credentialing Systems

Accreditation and reaccreditation (renewal of accreditation) by the COA is a seven-step process. Providers are required to reapply and engage in the process each time their accreditation has expired. This process begins 18 months prior to the accreditation expiration date. The accreditation through COA is typically effective for four years though a three-year term may be required or preferred.[157] Providers must be engaged in services for a minimum of six months to qualify for accreditation through the COA. The accreditation process through the COA is completed for the entire organization or provider. "COA does not accredit the organization until such time that the organization demonstrates that all services and locations receive a site visit and demonstrate implementation of COA's standards." [158]

The COA review process includes each service type during reaccreditation. For providers with multiple service types and multiple locations, the COA would complete a review of each service type accredited and random site visits within each service type. The site visit process is referenced in COA's documentation, which writes, "Peer reviewers visit the organization's main administrative site as well as a random number of service sites." [159]

The first step in the process is the completion of the Application and Financial Agreement. It takes approximately five to seven business days for COA to complete its review of the application once it has been submitted. After COA reviews the application it sends out an Accreditation Agreement that details the provider's and COA's rights and responsibilities and covers applicable fees providing options of payment. The provider has the option to pay the fee in total or pay 50 percent of the fee and the remaining balance within 60 days. Within three to four weeks, a conference call occurs between the provider and the COA "intake coordinator." The assigned coordinator engages in functions of organization and coordination of the intake process for accreditation. During the process, providers have access to the standards and a self-study manual, available on the COA's website, to assist in the accreditation process.

The intake coordinator will help the provider during the beginning stages of (re)accreditation. COA uses information gathered during the intake call to gain an understanding of the make-up of each individual company and assign an "accreditation coordinator." A timeline for the accreditation is developed and necessary technical assistance and training opportunities are offered. Resulting action plans are then developed to meet the needs of the provider in order to progress through the accreditation.[160]

An electronic self-study occurs as the third major step in the accreditation process. This is completed by the provider and has three main sections based on the standards: Administration and Management,

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[157] Seonane. 3 December 2010.

[158] Council on Accreditation. *Accreditation Policies and Procedures Manual 8th Edition Standards—Private Organizations*, 2008. COA Standards, 12 November 2010.
http://www.coastandards.org/p_guidelines/P&PManualPriv.pdf, 18.

[159] ---. "COA and CARF: A Comparison," n.d., COA Net. 12 November 2010.
http://www.coanet.org/files/COACARFcomp.pdf, 6.

[160] ---. *Steps in COA's Accreditation Process*, 2008. 12 November 2010.
www.coanet.org/front3/page.cfm?sect=19#steps.

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Service Delivery Administration, and Service Standards. A COA staff member reviews the study to establish completeness and required evidence of implementation.[161]

During the fourth step, the site visit, a set of peer reviewers evaluates the provider's services. This occurs approximately ten weeks after the self-study has been completed and submitted to COA. The peer-review team is comprised of professionals who have been trained on COA's processes and standards.[162] The site visits are completed by the peer review team and seek to verify and clarify the level of implementation for the applicable standards. "Peer reviewers volunteer their time and expertise to participate in COA's accreditation process. They receive no monetary compensation and are reimbursed only for the expenses incurred related to the site visit. According to COA data, each peer on average contributes more than 50 hours per site visit in familiarizing himself or herself with the provider's self-study, in carrying out on-site activities, assessing compliance, and in completing the report."[163]

"Pre-Commission Review" as the fifth step in the process includes observation of the provider's standards and a Pre-Commission Review Report that summarizes the important findings from site visits. The PCR identifies items requiring improvement and recommendations are made in order for the provider to demonstrate and provide evidence for the implementation of standards.[164] The provider receives the PCR within 45 days of the site visit and is given 45 days to respond to the COA.[165]

As the sixth step in the accreditation process, the Accreditation Commission, COA's decision making body, makes a determination of whether or not to accredit the provider. During the determination, they review anonymously, the self-study information, the PCR, and the provider's response to the PCR. They then decide if the provider has shown the ability to follow and maintain COA's standards resulting in a decision to accredit the provider, request additional information, or deny the accreditation.[166]

The Final Accreditation report serves as the seventh, and final, step of the process for the provider. It rates the provider under all applicable standards. This shows the provider's areas of strength and areas that need improvement.[167]

The time it takes a provider to achieve accreditation varies based upon organizational readiness, size, capacity, and number of program sites. Typically, the entire process takes about 12 to 14 months, from the application to the final decision.[168] COA feels that the 12- to 14-month timeframe is necessary to ensure they are able to get all parties involved in the review of the provider. "It is COA's experience that a 12- to 14-month time frame provides sufficient opportunity for the active involvement of all parties—

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[161] Seonane. 3 December 2010. and Council on Accreditation. *Steps in COA's Accreditation Process.*
[162] Seonane,. 3 December 2010.
[163] Council on Accreditation. *Steps in COA's Accreditation Process.*
[164] Seonane. 3 December 2010.
[165] Council on Accreditation. *Steps in COA's Accreditation Process.*
[166] ---. *Steps in COA's Accreditation Process.*
[167] ---. *Steps in COA's Accreditation Process.*
[168] Seonane. 3 December 2010.

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consumers, personnel, and stakeholders—and sufficient time for the organization to undergo growth-promoting change." [169]

Monitoring Practices

Annually, accredited organizations must provide a Maintenance of Accreditation Report (MOA) to the COA. The report shows the provider's ongoing implementation and commitment to delivery of services according to COA standards. The MOA reports must be submitted within 20 business days of a request from the COA. If the report is not delivered in time or is incomplete the COA can make changes to the accreditation status of a provider. If the MOA raises concerns to the COA, the COA will give the provider an opportunity to respond. Identified concerns may result in another site visit or the provider may be asked to submit more specific information to determine if they remain in compliance with standards. [170]

Site visits consist of many activities such as facility tours, employee interviews of both management and nonmanagement personnel, and review of individual records, personnel files, and financial records. The team also observes regular everyday activities of the provider and conducts interviews with individuals. An exit interview is completed with the team and management of the provider to review peer reviewer findings and plan for any resulting corrective action. These visits last at least two days and are dependent on the size of the facility, number of programs, and location. The team may extend the time of the visits as they deem necessary to determine if the provider is following the standards. [171]

Ongoing monitoring of the implementation of standards is required annually through the submission of the MOA. The MOA is a self-reporting tool that notifies the COA of significant occurrences such as changes in services, structure, personnel, funding, and confirms that the provider continues to implement standards using the accreditation to work toward quality improvement. [172] Site visits may occur when issues have been identified through self-reports or third-party complaints. As a result of discovery of deficiencies, providers may be required to provide evidence of correction after receiving notice of and making a special agreement with COA to perform tasks consistent with ongoing correction of any issues. [173]

The COA requires providers to maintain continuous implementation of COA standards during the entire cycle. Responsibilities of the provider include the annual report (MOA), self-reporting of changes or events, and implementation of Final Accreditation Report recommendations, accreditation cycle monitoring processes, and site visits or reviews of third-party complaints. [174]

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[169] Council on Accreditation. *Steps in COA's Accreditation Process.*

[170] ---. *Accreditation Policies and Procedures Manual,* 2008, 44.

[171] ---. "What Happens During Our Site Visit?", 2008. 12 November 2010.
http://www.coaststandards.org/p_g_23_visit.php.

[172] Seonane. 3 December 2010.

[173] Council on Accreditation. *Accreditation Policies and Procedures Manual,* 2008, 45.

[174] ---. *Accreditation Policies and Procedures Manual,* 2008, 44–50.

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Additional information regarding the monitoring of services above can be found in the *Accreditation Policies and Procedures Manual, 8th Edition Standards—Private Organizations.*[175]

Assessment

HCBS Quality Management Requirements

1. *Discovery*

   Information is gathered during site visits and direct observation of documentation and services. It also is derived from the self-study and reporting process. Scheduled annual self-reporting as well as random necessary on-site observation serve as a check and balance for the compliance system during the four-year accreditation process. COA holds the provider accountable to standards throughout the accreditation period and requires reaccreditation every four years.

   COA identifies specific occurrences as "reportable" and assigns a time frame in which the provider is required to notify the COA.

   There are currently no scheduled on-site visits throughout the accreditation cycle for a provider. COA has the discretion to conduct remedial site visits for a provider upon receipt of information that a provider is not implementing standards, adhering to policies and procedures, or that health and safety are a serious concern.[176] Reliance on self-reporting without scheduled validation of the results and reliance on third-party information may result in a lack of on-site observation for an entire four-year accreditation cycle.

2. *Remediation*

   When issues and deficiencies have been identified, corrective action is agreed upon between the provider and the COA. The plan of correction is followed and resulting action taken is reported to the COA within the required timeline according to the agreement.

   Collaboration between the provider and the COA holds the provider accountable to its own prescribed corrective action and timeline. When the agreement has been violated through lack of correction or action, COA reserves the right to suspend or revoke a provider's accreditation status. Accountability to themselves serves to drive the provider's ongoing success in compliance with improvement recommendations or requirements.

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[175] ---. *Accreditation Policies and Procedures Manual*, 2008.
[176] Seonane. 3 December 2010.

Appendix E: Council on Accreditation (COA)

3. Continuous Improvement

Maintenance of Accreditation Reports (MOA) requires self-evaluation on the part of providers. In order to complete the report, the provider must comply with self-monitoring practices and submit information. Information resulting from on-site, self-reporting and monitoring practices provides organizational recommendations for systemic changes. COA makes recommendations for ongoing improvement to ensure the provider focuses on compliance with COA standards. Organizational long-term effective change resulting from recommendations decreases the likelihood of future deficiencies.

Safeguarding of Health, Safety, and Rights

Health, Safety, and Rights are addressed in COA's "Service Delivery Administration Standards" section of the *Accreditation Policies and Procedures Manual 8th Edition Standards*. The standards address safety requirements for the environment in which the services are provided, a health care provision, rights of individuals, and training and adequacy of staff. [177]

Opportunities for Self-Determination

Evaluations of an individual's opportunities for self-determination are included within the standards of COA accreditation. The components of the practices and standards that provide for self-determination for individuals served within COA's documentation are clearly defined within the "Rating Indicators for Assessing the Implementation of COA Service Standards" document. [178]

Examples of an "Outstanding Performance" rating include the following:
- Services are delivered consistent with a guiding philosophy that connects individual needs, activities and desired outcomes.
- Active individual participation is a hallmark of service delivery.
- Services are considered by individuals to be of consistently high quality.
- The service environment is accommodating, flexible, and appropriate to meet the needs of individuals served. [179]

Interviews are conducted with individuals served during on-site observation to ensure staff members are engaging in practices that include opportunities for choice, for active participation, and that are appropriate to meet the needs of the individual.

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[177] Seonane. 3 December 2010.

[178] Council on Accreditation. "Rating Indicators for Assessing the Implementation of COA Service Standards," 2008. COA Standards. 12 November 2010. http://www.coastandards.org/p_guidelines?Rating%20Indicators%20-%20Service%20Standards.pdf.

[179] Council on Accreditation. "Rating Indicators."

Appendix E: Council on Accreditation (COA)

The focus of the documentation and standards is compliance to the standards. Person-centered language and phrasing is not as apparent within COA's documentation as it was for other providers included in the research.

Promotion of Goals and Outcome Achievement

The components of the practices and standards that provide for outcome documentation and achievement for individuals served within COA's documentation are clearly defined within the "Rating Indicators for Assessing the Implementation of COA Service Standards."[180]

Examples of an "Outstanding Performance" rating include the following:
- Documentation is excellent and is used to monitor individual progress and goal achievement.
- Program managers, direct service providers, and support staff are highly capable, highly motivated, and work as a cohesive unit.
- The organizational culture values high-quality services that make a positive difference for service recipients.
- Programs that make a difference are known and positive results are celebrated.
- A well-established and supported, user-friendly system identifies, measures, and reports on desired levels of service delivery outcomes.
- There is a consistent record of using data for decision-making at the individual level and to make program improvements.
- Training program and supervisory content are appropriate and advance personnel knowledge and skills.
- Service-record reviews demonstrate timely, ongoing team and individual monitoring of progress and achievement of service goals. [181]

Quality Assurance and Ongoing Quality Improvement through Provider-Performance Data

Provider-performance data is collected through on-site observation as it occurs and through self-study activities. Coordination occurs through the submission of reports both from the provider to the COA in the form of Maintenance of Accreditation (MOA) reports and from COA to the provider in the form of Final Accreditation Reports (FAR). Ongoing improvement is functional due to agreements that are made between the COA and the provider for the purposes of defining corrective action and assigning a timeline for systemic change and remediation.

Reporting between providers in written form may serve to be a time- and resource-consuming practice. Although documentation of the corrective practices and improvements occurs because providers are required to report on their progress, the resulting validation of the correction may not occur until the next site visit.

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[180] Council on Accreditation. "Rating Indicators."
[181] ---. "Rating Indicators."

Appendix E: Council on Accreditation (COA)

Factors that Influence Cost

Accreditation through COA involves an application fee, accreditation fee, site visit fee, and an annual maintenance of accreditation fee. Much like other accrediting provider, actual costs for each provider are calculated based on the size and complexity of the provider, the length of the review, and the number of reviewers necessary. Published fee amounts are as follows:

- Application fee: $750 (nonrefundable)
- Accreditation fee: $6,720 (minimum fee, based on audited gross revenue calculations)
- Site visit fee: $2,000 (per reviewer, $425 per day beyond two days)
- Annual maintenance of accreditation fee: $400

The cost to the state agency would depend of the level of subsidization of the provider costs, if any. The costs to the provider to fulfill the requirements of the certification would be commensurate with other accreditation agencies.[182]

Recommendations of Items to Consider for the State of Minnesota

Written agreements during the remediation process between the accrediting agency and the provider hold the organization accountable to its own prescribed corrective action and timeline. When an agreement has been violated through lack of correction or action, COA reserves the right to sanction, suspend, or revoke the accreditation. Similar action could be beneficial during remediation process for licensing standards within the state of Minnesota.

Standards that support organizational success help to ensure the stability in the services for individuals. Long-term success of an organization providing services leads to longer service provision and consistency for the individual and provider.

A decrease in the volume of standards and requirements would be a benefit to Minnesota providers and governmental personnel. The COA is able to meet the needs of individuals with a reduced amount of regulatory standards when compared to Minnesota's current requirements. A reduction in the volume of standards would serve to save time and resources in the licensing process as well as administrative time on the level of providers and licensing personnel.

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[182] Council on Accreditation. "2010 Fee Information for Agencies Considering COA Accreditation," 2010. COA Net. 12 November 2010. www.coanet.org/front3/page.cfm?sect=14.

Council on Accreditation

Accreditation Process

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┌────────────────────┐      ┌────────────────────┐      ┌──────────────┐      ┌──────────────┐
│   Application &     │ ═══▷ │ Provider completes │ ═══▷ │  COA site    │ ◁══▷ │  with exit   │
│ Financial Agreement │      │ self studies:      │      │   visit      │      │  interview   │
│                     │      │                    │      │              │      │              │
│                     │      │ - 12-month timeline│      └──────────────┘      └──────────────┘
│                     │      │                    │             ║
│                     │      │ - 9-month timeline │             ▽
│                     │      │                    │
│                     │      │ - 6-month timeline │
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┌──────────────┐      ┌──────────────────┐
│   Provider   │ ◁═══ │  Pre-Commission  │
│ responds to  │      │  Review (PCR)    │
│  PCR Report  │      │ Report created by│
│              │      │      COA         │
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│     Accreditation Commission determines accreditation level:             │
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Accreditation or Reaccreditation	Pending	Deferral	Probation

Suspension	Revocation	Denial

CQL | The Council on Quality and Leadership

CQL | The Council on Quality and Leadership is an international not-for-profit organization dedicated to being the leader for excellence in the definition, measurement, and evaluation of personal quality of life for people with disabilities, people with mental illness, and older adults. "For over three decades, CQL has taken the leadership initiative in developing progressive measures of quality in services and supports, quality of life outcomes and Community Life.®"[183]

Provider Standards

CQL | The Council on Quality and Leadership contracts individually as an accrediting body with state agencies and providers in varying capacities. CQL functions in 24 states, Australia, and Ireland, serving 291 provider agencies.[184]

Quality Measures 2005® was developed by CQL as a multiple-use document and is referred to as a "set of broad based quality indicators" that "supports organizational quality improvement efforts."[185] Within CQL's Quality Measures 2005®, there are five separate and unique tools or "measures," including Shared Values, Basic Assurances®, Responsive Services®, and Personal Outcomes Measures® and Community Life®. [186]

Within each measure, there are individual categories or "factors." Each *factor* contains a set of criteria CQL calls "indicators." For example, within CQL's Basic Assurances® there are ten *factors*, the first of which includes five *indicators*.[187]

Basic Assurances® Factor One: Rights Protection and Promotion
- The organization implements policies and procedures that promote people's rights.
- The organization supports people to exercise their rights and responsibilities.
- Staff members recognize and honor people's rights.
- The organization upholds due-process requirements.
- Decision-making supports are provided to people as needed. [188]

CQL's Quality Measures 2005® is referenced within a written report entitled "Cross-Walk between the CMS HCBS Quality Framework and CQL's *Quality Measures® 2005*," in which the individually defined *factors* and *indicators* of the CQL Accreditation are cross-referenced against the Center for Medicaid

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[183] The Council on Quality and Leadership. "CQL Accreditation: An Integrated Approach to Quality," 2005. http://www.thecouncil.org/assets/0/83/e16632a8-31bc-4b82-a1b1-ccaf76ce2a4c.pdf, 5.

[184] ---. Accredited Organizations, 2010. www.thecouncil.org/accreditedorganizations.aspx.

[185] ---. "CQL Accreditation," 7.

[186] ---. "CQL Accreditation."

[187] ---. "CQL Accreditation."

[188] ---. "CQL Accreditation," 14.

Appendix F: CQL | The Council on Quality and Leadership

Services (CMS) and Home and Community-Based Services (HCBS) quality framework standards. CQL's Quality Measures 2005® meet the quality framework standards for Home and Community-Based waiver services in all areas, including participant access, person-centered service planning and delivery, provider capacity and capabilities, participant safeguards, participant rights and responsibilities, participant satisfaction, and system performance.[189]

In some circumstances, CQL's system for quality assurance depends upon an agreement or contract between CQL and the provider or state under which they have engaged in a relationship. For example, understanding that CQL's accreditation does meet HCBS standards, a state licensing authority may choose to accept the accreditation from CQL in lieu of a provider demonstrating compliance with current licensing standards within the state, thereby issuing a license to provide services based on continuing accreditation status. A state may also choose to engage in a contract with CQL to provide oversight and accreditation for only a portion of their requirements, retaining some oversight at the local or state level.[190]

Shared Values are held by CQL as an important part of the process. "These values guide and form a platform for all our work, including the accreditation process. Organizational Values drive organizational behavior. They influence management decisions, organizational priorities, and character of the workforce."[191] Accreditation through CQL does not occur unless the process of Shared Values is evaluated and validated through the provider. Shared Values includes ten *factors*:

Dignity and Worth
This *factor* includes *indicators* for individuals to be treated with dignity and respect, opportunities for growth and development, the inherent value of individuals, and the provision of the basic right to "life, liberty, and human security."

Legal and Human Rights
This *factor* embraces *indicators* for individual rights specific to the legality afforded to individuals. Individual rights cannot be limited without due process, nor can they be limited simply because the individual has a disability. It also holds that the basic human rights afforded by the U.S. Constitution and United Nations apply to all people.

Self-Determination and Choice
This *factor* includes *indicators* for individual choice in making decisions that impact their own lives, that individuals are able to develop their skills in the area of self-determination to their level of capability and that people contribute to their communities.

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[189] The Council on Quality and Leadership. *Cross-Walk Between the CMS HCBS Quality Framework and CQL's Quality Measure.* Towson: The Council on Quality and Leadership, 2005.
[190] Mathis, Beth, Network Development Manager, CQL. Telephone interview. 23 September 2010.
[191] The Council on Quality and Leadership. "CQL Accreditation," 8.

Appendix F: CQL | The Council on Quality and Leadership

Community Settings

This *factor* includes *indicators* for an individual's community life and inclusion in the community. It calls for an individual to not only live in the community, but rather achieve their outcomes and goals in the community and have responsibilities within that community.

Social Capital

This unique *factor* within the "Shared Values" measures the term "social capital" and is further explained by CQL as a description of "the ties and trust that we have with other people, including our families, friends, neighbors, social groups, colleagues, and service providers. Strong social capital enables all of us to live healthier and happier lives, increase our community affiliations, and exercise choice and self-determination."[192] The social capital *factor* includes *indicators* for community support of social capital for all people and networks to enhance community life for all people as well.

Community Partnerships

Indicators within this *factor* include the terms *responsibility*, *enable*, and *involve*, with regards to services. Providers are required to take responsibility in building social capital for people, enable people to engage in activities that increase community development, and involve community partners in affairs of the provider. This *factor* drives providers to become involved within the community by "assuming leadership positions in community activities" and to "recruit community representatives for leadership positions,"[193] thereby integrating themselves in the community.

Shared Leadership

Two *indicators* are present within this *factor* including demonstration of leadership and responsibility by all people and the contribution by participants to the "goals and priorities of the organization."[194]

Continuous Learning

There are two *indicators* present within the continuous learning *factor* that drive organizational members to develop necessary skills and knowledge, as well as "contribute to networks of trust and reciprocity."[195]

Open Communication

This *factor* focuses on the communication within the provider as well as what the provider does with the information gained. The provider is required to create systems and procedures to gain information and input from individuals served and their supports. The provider must communicate its "mission, priorities, and management plan" and promote communication between "staff, families, and people supported"[196] to show how the provider creates and promotes change as a result of feedback.

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[192] The Council on Quality and Leadership. "CQL Accreditation," 12.
[193] ---. "CQL Accreditation," 13.
[194] ---. "CQL Accreditation," 13.
[195] ---. "CQL Accreditation," 13.
[196] ---. "CQL Accreditation," 13.

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Continuous Improvement

Keeping with the theme of sharing values within the provider, this *factor* defines *indicators* for the provider and its internal practices. The first *indicator* requires the provider to determine if its supports are meaningful to the individuals served. Other *indicators* include the integration of what is learned throughout the process into the organizational practices in order to support outcomes, the actual application of quality improvement, and the overall collection and analysis of data.

Basic Assurances® includes compliance with licensing standards, as well as the safeguards for individuals from the perspective of the individuals served. Basic Assurances® includes the ten *factors* and is the largest section of Quality Measures 2005®:

Rights Protection and Promotion

This *factor* ensures policy and procedure presence for the promotion of individual rights as well as practices that support individuals to actually exercise those rights. CQL accreditation ensures the presence of provider practices that include staff recognition of individual rights, as well as affording due process to individuals and providing supports to individuals in the decision-making process.

Dignity and Respect

This *factor* includes *indicators* for privacy rights, enhancement of dignity and respect, treatment of individuals as "people first,"[197] meaningful choices with regard to work and activities, and response to concerns on the part of the provider.

Natural Support Networks

Through review of this *factor*, accredited providers may be able to meet requirements within different measures and multiple *factors* through individual systems and practices. *Indicators* within this *factor* do repeat some items within the "Shared Values" measure. This *indicator* includes policies and procedures for the facilitation of natural support systems. It also includes organizational recognition of "emerging support networks"[198] as supports are developed during work with individuals served. The repetitive information *indicators* include communication among individuals, their families, and staff, and the facilitation for each individual's desire with regard to natural support systems.

Protection from Abuse, Neglect, Mistreatment, and Exploitation

Policies that define and prohibit maltreatment are required as an *indicator* under this *factor*, including basic information regarding individuals being free from maltreatment. This *indicator* further defines maltreatment policies and practices to include the implementation of systems that review and analyze trends and risks associated with incidents or "sentinel events"[199] as defined by CQL. Providers are required to promptly, thoroughly, and objectively investigate allegations of maltreatment, as well as respond to substantiated maltreatment events. Training for staff on the prevention of, detection, and reporting of maltreatment is required.

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[197] The Council on Quality and Leadership. "CQL Accreditation," 14.
[198] ---. "CQL Accreditation," 14.
[199] ---. "CQL Accreditation," 14.

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Best Possible Health
Support of health care is distributed within six *indicators* within the Best Possible Health *factor*. Management of health care needs through independence as much as possible, access to quality health care, data and documentation that supports the health care needs of individuals, and both safe and effective medication administration practices are included. Along with these standards, the staff recognition of and response to medical emergencies and addressing of health care needs in a timely manner are included.

Safe Environments
Inclusion of individual supports, specifically safety supports, is the first *indicator* in safe environments. Safety within the physical environment is included in the second *indicator*, which states, "The physical environment promotes people's health, safety, and independence."[200] The third and fourth *indicators* include individualized emergency plans and routinely occurring inspections conducted by the provider to ensure a sanitary and hazard-free environment. Although they are not defined with specific timelines, or specific items required within the emergency plan, the *indicator* is consistent with CQL requirements in a nonprescriptive manner to meet the needs without giving specific guidelines for content. This practice also ensures that providers implement systems and practices that meet the individual's specific needs, versus overall requirements for all individuals.

Staff Resources and Supports
The five *indicators* within this *factor* drive the organizational structure and practices. Systems for recruiting staff, along with the inclusion of individuals served in the hiring, assignment, and training of staff are required. This *factor* also drives organizational practices to promote ongoing staff development, continuity of staff, consistency of staff, and the treatment of staff with dignity, fairness, and respect.

Positive Services and Supports
Evaluation of overall services and supports occurs under this *factor* and its five *indicators*. Providers are required to ensure that person-centered supports and services are present and that supports are consistent and ongoing. The provision of positive behavioral supports when necessary and psychotropic medications being provided under "national standards of care" fall under this *factor* as well. The final *indicator* ensures that intrusive or unnecessary interventions are not used.

Continuity and Personal Security
The ninth *factor* within the Basic Assurances® measure focuses on several internal organizational systems. The overall "mission, vision, and values" as well as the "business, administrative support functions" are required to promote the "attainment of personal outcomes."[201] The provider is required to implement sound fiscal practices to ensure longevity of care for individuals. Personal information is required to be kept in a cumulative fashion to ensure continuity of services for individuals.

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[200] The Council on Quality and Leadership. "CQL Accreditation," 15.
[201] ---. "CQL Accreditation," .15.

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"Basic Assurances" System
This final *factor* ensures that the provider monitors itself under these Basic Assurances®, which includes having a comprehensive plan in place with both methods and the specific procedures in place for the monitoring.

Responsive Services® is used in determining connectedness between the other areas of Quality Measures 2005®. For CQL reviewers, this section evaluates the responsiveness of the provider with relation to the needs of the individuals and the internal supports that are provided. "Responsive organizations perform the bridging function of connecting people with their communities."[202] Responsive Services® includes four *factors*. The following section simply lists the requirements or *indicators* underneath each *factor* heading directly from "CQL Accreditation: An Integrated Approach to Quality."

Person Focus
- The organization's mission, values, and vision clearly define its commitment to people.
- The organization systematically identifies and responds to people's priorities.
- The organization respects and addresses the personal and professional priorities of direct support professionals, volunteers, and community supporters.
- The organization analyzes aggregate data about personal outcomes to plan for the future.
- Skills needed by employees are identified and used in the recruitment and hiring practices of the organization.
- The organization's training and career-development program facilitate both personal outcomes and organizational goals.
- Formal and informal performance feedback systems promote motivation, commitment, and career progression for all employees.
- The organization capitalizes on the diverse ideas and culture of its customers (individuals served, employees, and the community).

Community Focus
- The organization's mission, values, and vision clearly define its role in the community.
- The organization supports employees, volunteers, people served, and their families in developing social networks and community connections.
- The organization defines its community leadership responsibility.
- The organization analyzes the impact of its community involvement in terms of people served, families, employees, volunteers, and the community.

Strategic Focus
- Strategic thinking and planning is grounded in knowledge, information, and data from people served, employees, and the community.
- Data analysis directs resource allocation.
- The organization integrates its efforts in quality assurance, quality improvement, and quality of life into a single integrated quality-management system.
- The organization facilitates knowledge management and organizational learning.

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[202] The Council on Quality and Leadership. "CQL Accreditation," 9.

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<u>Accountability Focus</u>
- A code of ethical conduct and practice applies to all members.
- The organization has governance, human resource, financial and legal policies, procedures, and practices.
- The organization meets all relevant licensing and certification requirements.
- The organization has sound financial systems (budgeting, accounting, and reporting) that provide meaningful data and analysis.
- The organization provides a safe, clean, and healthy environment for all its members.[203]

In addition to the Basic Assurances® system, the Personal Outcome Measures® evaluate quality of life and the systems and tools in place within the provider that facilitate outcomes. Personal Outcome Measures® includes three *factors*, My Self, My World, and My Dreams.

The My Self *factor* includes the following *indicators*:
- People are connected to natural support networks.
- People have intimate relationships.
- People are safe.
- People have the best possible health.
- People have rights.
- People are treated fairly.
- People are free from abuse and neglect.
- People experience continuity and security.
- People decide when to share personal information.

The My World *factor* includes the following *indicators*:
- People choose where and with whom they live.
- People choose where they work.
- People use their environments.
- People live in integrated environments.
- People interact with other members of the community.
- People perform different social roles.
- People choose services.

The My Dreams *factor* includes the following *indicators*:
- People choose personal goals.
- People realize personal goals.
- People participate in the life of the community.
- People have friends.
- People are respected.[204]

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[203] The Council on Quality and Leadership. "CQL Accreditation," 16.
[204] ---. "CQL Accreditation," 17.

Appendix F: CQL | The Council on Quality and Leadership

Community Life® is used as an evaluation of the connectedness between the individuals served and their community, including other organizations, citizens, and community members, and "community connections."[205] The quality of individuals' lives in Community Life® includes three *factors*.

Quality of Community Life Data Information and Analysis

The two *indicators* provide requirements for data collection and analysis with regard to the impact on all citizens, as well as the collection of the data from individual with disabilities, community members, and people from "diverse socio-economic sectors."[206]

Organizational Role

The second *factor* under the Community Life® measure focuses on the provider itself and the role it plays in the community requiring partnerships with community organizations, as well as the defining of the leadership role in many aspects, including the leadership role for staff, individuals served, volunteers, families, and the organization's board of directors.

Community Life Initiatives

The final *factor* and its *indicators* for Community Life® focus on the provider itself and the advocacy of the systems in place. The *indicators* include the defining of strategies for system advocacy, the method of assessment, and the connection with people in order to enhance community life for individuals with disabilities.

CQL uses these five separate measures to create a framework for quality assurance. It is critical for providers to implement these measures to maintain their accreditation status.

Licensing and Credentialing Systems

In order to become accredited by CQL, a provider must complete the accreditation process. CQL ensures as an initial step of accreditation, that the provider has met the Shared Values and Basic Assurances® portion of the accreditation. CQL's focus during this phase of accreditation becomes the assurance of core organizational values within the provider that are shared with CQL and ensure that future decisions, and the culture of the provider, match CQL's mission and drive to include person-centered thinking and actions within the services.

The first six months of the accreditation process do not typically include on-site visits with CQL personnel. The submission of information and data, including self-assessments, occurs prior to actual on-site review visits with CQL staff. Approximately six months to one year into the process of accreditation, the first site visit is completed. CQL staff review and validate results from self-assessments and work that has been completed through corrections and action during the first year of coordination and preparation.

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[205] The Council on Quality and Leadership. "CQL Accreditation," 9.
[206] ---. "CQL Accreditation," 18.

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Providers may become accredited in several ways. The provider may meet criteria at a 100 percent success rate under 46 separate and categorized *indicators* within CQL's Basic Assurances® and according to CQL's Personal Outcome Measures® have an average of 11 outcomes and 11 supports present out of a possible 21, at which point it would receive a four-year term of accreditation. Alternatively, the provider may meet at least 34 of the 46 Basic Assurances® through CQL and have an average of 11 outcomes and 11 supports presents in its Personal Outcome Measures® interview data, at which point the provider is given one year to improve and implement internal systems in order to fully meet the accreditation criteria and be awarded the remaining time in a four-year accreditation.[207]

Maintenance occurs through continuing to meet the criteria set for the first year and additional compliance measures held within CQL's Responsive Services® and Community Life® standards. Providers are required to demonstrate their commitment to integrating the *indicators* within the Community Life® standards into their systems and practices.

Accreditation occurs when the provider has met the accreditation standards for CQL within Quality Measures 2005®, at which point the provider engages in a partnership agreement with CQL. This partnership agreement is reviewed and renewed annually throughout the four-year commitment. CQL refers to the partnership as a "new beginning" and a "co-evaluative effort" after the initial process has been completed. Throughout the four-year commitment, the provider works alongside CQL personnel to develop plans for improvement and establish practices that "measure, analyze, and plan," leading to better services through more accurate and appropriate response to the needs of individuals.[208]

Accreditation occurs for an entire provider and is not dependent or connected with individual service sites. The accreditation reviews are dependent on a predetermined representative sample size based on the number of individuals served by the provider (see table below). According to an interview with CQL personnel, they use a formula to ensure that the sample size is statistically valid.[209]

CQL Interview Sample

Number of Individuals Served	Range of Individuals Interviewed	Percentage Range of Sample
1–3	1–3 (all)	100%
4–20	2–3	15–50%
21–50	3–4	8–14%
51–100	4–6	6–8%
101–175	6–8	4.5–6%
176–275	8–11	4–4.5%
276–600	12–18	3–4%
600+	18–24	1–3%

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[207] The Council on Quality and Leadership. FAQ, 2010. http://www.thecouncil.org/AccreditationFAQs.aspx.
[208] ---. "CQL Accreditation," 33.
[209] Mathis, Beth. Email correspondence. 10 November 2010.

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"CQL accredits the entire organization, not separate sites or programs. We will visit a representative sample of sites/cities/states and then determine whether the entire provider is either accredited or not."[210]

Monitoring Practices

Monitoring of the provider and oversight of the accreditation is accomplished through a collaborative and coordinated effort between the provider and CQL. Self-assessments, site visits for validation purposes, interviews with the individual served, family, staff, and providers, and ongoing plans of improvement are each integral parts of the monitoring practices.

As the review process is completed, CQL develops data from their review results, including personal interviews and documentation reviews. From that data, CQL gives the provider a report that includes a summary of the review findings.

Reporting the findings to state or local agencies for licensing purposes is the provider's responsibility. CQL will support the provider in reporting. As mandated reporters, any findings of maltreatment or health and safety issues would be reported to the appropriate provider by CQL. In some circumstances, CQL does engage in agreements with state agencies to provide reports detailing findings or specific information. CQL has developed a document titled "CQL—State Quality Management Partnership Memorandum of Understanding," which details the alignment between CQL's accreditation process and state human service programs.[211]

Assessment

HCBS Quality Management Requirements

CQL has published *Cross-Walk between the CMS HCBS Quality Framework and CQL's Quality Measure® 2005* as support that their methods of accreditation meets or exceeds the CMS standards identified in the HCBS Quality Framework.[212]

1. *Discovery*

    Self-assessment practices give a provider an opportunity for introspection and to include the provider in the review process to a higher degree than current practices within Minnesota. The ability for an on-site reviewer to validate data that has already been reviewed and provided versus completing a full review and assessment could be cost and time effective. Because current practices involve the provider during the actual discovery of the deficiency, the inclusion of self-

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[210] The Council on Quality and Leadership. FAQ.

[211] Rosemore, Nancy, Senior Director, Lutheran Social Services. Telephone interview. 29 September 2010.

[212] The Council on Quality and Leadership. *Cross-Walk.*

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assessment then validation by accrediting or licensing personnel, would provide an alternative to current Minnesota practices because it involves the provider proactively versus reactively.

The current review process for CQL consists of providing relevant information, including the specific individuals within the review sample, to the provider before the review. CQL offers the provider an opportunity to describe if and how an individual included in a sample might be an "outlier" and skew that data in that it is not representative of the provider as a whole. If CQL agrees, the review team leader will choose another person who has similar demographic characteristics. The provider does not have the opportunity to include specific people in the sample, and if an individual is excluded, there must be sufficient reasoning.

Training for individuals as CQL reviewers is possible. Agencies outside of CQL may be able to complete the oversight and review process. Individuals, who have received training to complete the Personal Outcome Measures ® reliably, supplement the work of CQL staff. During the review process, a CQL staff member always acts as the review team leader. CQL offers a trainer certification process separate from the accreditation process.[213]

2. *Remediation*

When issues have been identified, CQL provides assistance in improving systems or processes to make improvements in the identified areas. The collaborative practices within CQL's accreditation were seen largely by individuals interviewed as helpful and proactive toward services for individuals. When including the cooperation of CQL, this practice again creates a proactive and ongoing plan for correction. While coordinating with CQL throughout the process until identified issues have been corrected, providers have a higher likelihood for future success. During the interview process, it was determined that CQL works together in relation to remediation of issues by focusing on the enhancement of systems in a nonprescriptive manner in order to create systemic changes for long-term success versus the implementation of individual corrections for individual issues.

CQL's remediation process does not include prescriptive guidelines for correction of identified issues, which is very different from Minnesota's current system. Without consistent communication between the provider and the provider providing oversight, a plan of correction could go unfinished or incomplete, putting individuals at risk in the future.

3. *Continuous Improvement*

Ongoing continuous improvement is incorporated throughout CQL's process. Within the "Shared Values," Responsive Services®, and Community Life® portions of accreditation, the provider is required to create data collection and management systems in order to evaluate and improve the

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[213] Mathis. 10 November 2010.

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quality of services provided. In addition, Basic Assurances ® Factor 10 is exclusively about data collection.[214]

Safeguarding of Health, Safety, and Rights

CQL's Basic Assurances® includes compliance with licensing standards, as well as the safeguards for individuals from the individuals' served perspectives. Basic Assurances® includes *factors* for rights protection and promotion, protection from maltreatment, safe environments, and best possible health. CQL requires that the accredited provider demonstrate systems and assurances for each area of safeguarding health and safety as well as promotion of individual rights in accordance with HCBS standards. During the interview process, a CQL-accredited provider reported that "CQL requirements are above and beyond the state of Minnesota's 245B requirements."[215] The Quality Measures 2005® tool used during the review process cross-references and aligns with HCBS standards.

Oversight of health and safety may be seen in some cases as a responsibility of the state. Memorandums of understanding between CQL and specific states have varied and include specific items that are overseen by the governmental agency; whereas, others are overseen through CQL. Defining and separating these items necessitates specific contractual agreements or a Memorandum of Understanding between CQL, provider agencies, and/or the state enforcement department.

Opportunities for Self-Determination

The Responsive Services® portion of CQL's Quality Measures 2005® identifies person focus, community focus, strategic focus, and accountability focus as *indicators*. The Personal Outcome Measures® portion includes a section for each individual focusing on My Self, My World, and My Dreams. During an interview, one individual said CQL's process that an estimate of "no more than 20 percent of the evaluation performed during site visits is paperwork based."[216] The primary focus of a CQL reviewer remains to be personal interview information to determine the validity of the provider's data. [217]

The current CQL interview process includes interviewing staff, providers, family, and the individuals served. These interviews are time-consuming and require two CQL staff and multiple levels of coordination. Variables such as determining of individuals to be interviewed, interview length, interview scheduling, cooperation, and location may become barriers to this process.

Individual satisfaction with services is directly tied to success or lack of success for a provider. During the interview process, CQL reviewers ask specific questions that are later translated into "yes or no" quantifiable data, leading to the determination of success or failure within the *indicator*. This practice drives services in the direction of individual success for people receiving quality services that they are happy with. CQL's focus on individual interview and perception of services takes the focus away from

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[214] Mathis. 10 November 2010.
[215] ---. 23 September 2010.
[216] ---. 23 September 2010.
[217] The Council on Quality and Leadership. "CQL Accreditation," 16.

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paperwork compliance and leads to more attention being paid to the individual's actual experience of services.

Promotion of Goals and Outcome Achievement

The Responsive Services® portion of CQL's Quality Measures 2005® identifies under its "Strategic Focus" subheading, the *indicators* of quality improvement and quality of life, as well as quality assurance. Promotion of goals and outcome achievement occurs within accredited providers through the ongoing process of interviewing individuals to measure provider success in supporting the individual to reach their desired outcome(s).[218]

CQL does not prescribe specific content or documentation requirements for individual outcomes. Providers are able to develop systems and supports based on the needs of the individual. Success is measured through personal interviews with individuals, family members, and staff. Success for a provider is not based on specific required outcome content determined by regulatory standards requiring specific content within a document. Organizational success is determined by the provider's ability to have supported the individual toward their personal goals.[219]

Quality Assurance and Ongoing Quality Improvement through Provider-Performance Data

Provider-performance data collected during the review process is quantified and included in a report distributed by CQL to the provider. As a final step within the review process, an exit interview identifies and develops a plan or correction that is followed by the provider in a coordinated and communicative effort with CQL to ensure corrections have been made.

Quantifiable data and results from accreditation review visits are given to the provider through a report that could be used to satisfy requirements for licensing status should a state accept the accreditation through CQL. Some state contracts with CQL do include the provision to a state regulatory body, which is a report of compliance status with HCBS standards through the CQL process. Because CQL works with multiple providers in some states, a report like this can be helpful to the state for overall data collection and reporting to the Center for Medicaid Services (CMS). Providing public data on the success and review results for providers throughout the state would allow transparency. The South Dakota research provided insight into the state system and the drive for providers to be successful, knowing their data was both public knowledge and directly compared to other agencies providing services.

During review of the Quality Measures 2005® system within CQL's accreditation process, there are many identified repetitive requirements, and in some cases those items are repeated within several of their measures. Identified repetitive *factors* and *indicators* serve to create duplication within the system. Although some of these requirements may be met by providers singularly and be carried through the review process to meet multiple requirements, a streamlining of duplicative and repetitive requirements would serve to save review time and ultimately reduce costs. CQL personnel are aware of systemwide

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[218] The Council on Quality and Leadership. "CQL Accreditation," 16.
[219] ---. "CQL Accreditation."

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duplications and have reported that they are currently in the process of streamlining their requirements and internal quality measurement tools to address and reduce this issue.[220]

CQL will be formally launching the initiative of *What Really Matters: A Guide to Person-centered Excellence*® and personal quality of life as measured by Personal Outcome Measures®, CQL Person-centered Excellence Accreditation in January 2011. This will replace the current Accreditation with Quality Measures 2005®.[221]

> "Based on data and experience, CQL embarked on the development of new definitions, metrics and improvement methods focused on person-centered services. CQL redefined quality in terms of person-centered supports and services. This revised definition resulted in the identification and development of a key set of 34 success *indicators* that characterize excellence in person-centered supports and promote personal quality of life outcomes. This Guide to Person-centered Excellence is intended to promote quality improvement in services and supports for people with disabilities. These best practices and the resulting quality improvement initiatives can be applied across the full range of supports and services for people with disabilities. These success *indicators* in person-centered supports acknowledge the person's life story. Supports and services incorporate the person's passions and priorities and provide the opportunity for the person to continue to address his or her interests, concerns, and dreams. Person-centered supports recognize each person's unique individuality. Systems and providers promote dignity and respect when they incorporate elements of the person's life story in the provision of services and supports."[222]

Factors that Influence Cost

As with any independent accreditation, the cost to the state will depend on its level, if any, of the subsidization of the cost of accreditation to providers. For providers, the cost of CQL will vary depending on their size. Opportunities exist within the CQL program to help mitigate costs. For example, staff could become certified as trainers or interviewers. This requires an upfront investment in the cost and maintenance of those certificates, but those trained employees could complete interviews with individuals served in lieu of having CQL employees do it. This would limit the number of onsite visits to verify provider-performance data. Having internal staff trained in the process and expectations of CQL would likely lead to increased compliance and decreased expenditures on outside consultants. Another option is for multiple providers to network to be certified as a single entity. While this would reduce the per-person cost, especially for smaller providers, it entails a level of risk in that the certification is tied to the performance of other entities.

Fees associated with CQL accreditation include a Non Refundable Application Fee of $575.

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[220] Mathis. 23 September 2010.
[221] Mathis. 29 November 2010.
[222] Gardner, James F., Ph.D. *What Really Matters: A Guide to Person-Centered Excellence*. Towson: The Council on Quality and Leadership, 2010.

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Accreditation costs for providers serving between 20 and 600 individuals are based on several factors, including geographical area, individual interviews that will be conducted, reviewers needed, and the variety of services offered by the provider. Sample costs for CQL accreditation for agencies providing services from one and three individuals is less than $9,000. For agencies providing services from 100 to 275 individuals, the cost is approximately $22,750-$32,250. For agencies serving more than 600 individuals, the cost is approximately $68,000.[223]

Providers have the option to have their staff receive training in the interview process for CQL. The costs associated with this include interviewer certification for CQL interviewers of $12,250 for one person or $15,750 for two people (this includes interviewer introductory training for another 10 or 11 people). Trainer certification through CQL of $26,500 per pair of trainers includes introductory interviewer training for an additional 34 people.[224]

Recommendations of Items to Consider for the State of Minnesota

It would be beneficial to integrate an interview-based system that provides data to the reviewer based on satisfaction of services, individual perceptions of quality of life, individual choice, and promotion of goals or outcomes through cross-referencing the information against data on-site. Reduction of paperwork compliance and an increase in data collected from individuals actually receiving or involved in the services would lead to a better overall picture of the services provided, versus current practices, which focus on compliance with paperwork standards and requirements for documentation, such as risk management plans, PMUC standards, policy and procedure content, and outcome plans.

Incorporation of practices involving systemic and long-term effective change within the provider, ongoing collaboration offering support for the provider, and mutual work toward success for individuals served would be of benefit to providers and individuals. Long-term systemic change would create the drive toward fewer ongoing or repeat deficiencies, thereby aiding providers and the licensing process. An overall savings in time and cost should result due to decreased incidents of fines for identified noncompliance, and a cost savings for the state by reducing the amount of monitoring and reviews of providers. Self-assessment practices and validation within the licensing or credentialing of providers would incorporate proactive measures and introspection on the part of providers, as well as lead to a possible decrease in time and cost of licensing visits. The licensing visits could focus on the validation of provider-produced data instead of discovery.

Publicly available and easily accessible data on the status and success of providers under key *indicators* or all *indicators* may serve to drive providers toward success in giving better services and meeting standards at a higher level. Having public knowledge of service providers that are unsuccessful in meeting service standards would allow for more informed decision-making when choosing a provider.

The acceptance of CQL accreditation in lieu of compliance with Minnesota licensing standards would give agencies the choice of accreditation as an alternative. Acceptance of CQL accreditation could reduce

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[223] Mathis. 29 November 2010.
[224] ---. 29 November 2010.

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the cost of licensing oversight through reduction of site surveys and associated reporting requirements, saving the state time and resources as traditional licensing practices would no longer be necessary, either in part or in whole, for the accredited provider. Accepting accreditation, in lieu of some current licensing standards, will also have the benefit of improving quality services to individuals since the mission and philosophies espoused by accreditation agencies promote and champion person-centered services. Engaging in tasks and activities that encourage true quality outcomes for individuals served will better align with the philosophies and goals of the state of Minnesota.

CQL Monitoring Practices Flow Chart

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┌─────────────────────────────────────┐
│  Provider submits application (6 to 12│
│  months prior to first CQL site visit).│
└─────────────────────────────────────┘
                  ⇓
┌─────────────────────────────────────┐
│  Provider completes self-assessments (3 to 6│
│  months prior to first CQL site visit).│
└─────────────────────────────────────┘
                  ⇓
┌─────────────────────────────────────┐
│  CQL conducts site visits to validate self-│
│  assessments and finally to develop CQL│
│  Accreditation Partnership Agreement.│
└─────────────────────────────────────┘
                  ⇓
┌─────────────────────────────────────┐
│  Ongoing Communication, Coordination, and│
│  monitoring in cooperation with CQL—based│
│  on the terms set in Participation Agreement.│
└─────────────────────────────────────┘
                  ⇓
┌─────────────────────────────────────┐
│  Participation Agreement reviewed and│
│  renewed annually, with site visits occurring│
│  as specified in the Participation Agreement.│
└─────────────────────────────────────┘
                  ⇓
┌─────────────────────────────────────┐
│  Four-year accreditation term ends. New│
│  accreditation is sought or not sought by the│
│  provider. New Participation Agreement│
│  developed if accreditation is pursued.│
└─────────────────────────────────────┘
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Florida

The Florida Home and Community-Based Waivered Services have a person-centered approach. These practices are overseen by the Florida Agency for Persons with Disabilities (APD) and the Agency for Health Care Administration (AHCA). Currently, Florida contracts with Delmarva Foundation as part of the Florida Statewide Quality Assurance Program (FSQAP). Florida's person-centered supports are incorporated statewide and are the cornerstone of the state's services.

Provider Standards

The regulatory standards in Florida that govern services to individuals with developmental disabilities include both legislative rules and handbooks. Legislative Statute Chapter 393 is the Developmental Disabilities Standard. Legislative Statute Chapter 65G-2 outlines the licenses and requirements for residential facilities, including references to adult protection standards Chapter 415. Consumer Directed Services Plus Consumer Notebook outlines the requirements for the CDC+ program. Florida Legislative Statute Chapter 65G-8 outlines reactive strategies to address the use of restraints, seclusion, and other aversive techniques and Legislative Statute Chapter 65G-7 describes Medication Administration standards. Developmental Disabilities Waiver Services Coverage and Limitations Handbook outlines provider responsibilities according to Medicaid standards.

Legislative Rule Chapter 393 outlines a variety of topics and service standards for individuals with developmental disabilities. It is not only limited to the rules and regulations that service providers must follow, but also includes other aspects of services including how an individual with disabilities can apply to receive services. The importance of having individuals live as independently as possible in their homes or in the community is included in this chapter. It outlines APD's menu of community-based services that are provided to prevent institutionalization, including medical, dental, personal care, residential facility services, transportation, and so on. It also includes that individuals who live in a setting with direct service providers should be enrolled in day habilitation centers or community employment when appropriate.[225]

Chapter 393 includes mandates that providers ensure all individuals have a comprehensive document called an Individual Support Plan, or ISP. By practice in Florida, the ISP is the main document that providers use to train staff, ensure health, safety, and needs are met of all individuals, and that services are being appropriately provided.[226]

The chapter also outlines background study requirements for direct service providers, licensing application processes and financial information including the state's waiver tier system, services excluded

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[225] State of Florida. The 2007 Florida Statutes: Chapter 393, 2010. 13 September 2010. http://www.flsenate.gov/Statutes/index.cfm?App_mode=Display_Statute&URL=Ch0393/titl0393.htm&StatuteYear =2007&Title=-%3E2007-%3EChapter%20393,.

[226] ---. Chapter 393.

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for payment, and the individuals' annual reassessment-for-cost plan. In addition, the chapter outlines Florida's "iBudget" system. This system is in the early stages of implementation and it is being phased in gradually. The "iBudget" system would allow for greater individual choice in how the waiver funds are allocated within a service package. [227]

The treatment of individuals with disabilities and their rights are described in Chapter 393. It provides an overview of practices, including medication administration, the reporting of sexual misconduct, self-determination, reduction in the use of institutions and restraints, individual rights, and record maintenance. The facility is mandated to adhere to all standards within this section. As part of the self-determination process, each facility has a "government" that includes elected residents, staff advisors, and if desired by the residents, advocates from the community. This government represents the interests of the residents and brings forth any concerns or ideas.[228]

Legislative Rule Chapter 65G-2 describes the four types of licenses available in Florida and their compliance practices to maintain the license. The chapter also includes the requirements for each residential facility. Waiver services are provided in two residential settings: foster care and group home. Section 2.011 of this chapter outlines the foster care standards including the following:
- Client record maintenance
- Types of provided services (i.e., supervision) and intake processes
- Staff qualification and training requirements
- Daily operations of the program
- Safety standards (i.e., fire and building codes)
- Physical space requirements and specifications
- Food-service regulations
- Client-specific care, attention, and freedom
- Transportation and medication administration guidelines
- Humane "discipline" requirements and respectful treatment of the client
- Emergency preparedness[229]

Section 2.012 of this chapter outlines the requirements specifically for group homes. In addition to adhering to the foster care requirements, group home standards also include the following:
- Facility budget requirements
- Fire drill procedures
- Dietician or nutritionist approvals for available food services
- First aid supply maintenance
- Solicitation activity standards[230]

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[227] State of Florida. Chapter 393.

[228] ---. Chapter 393.

[229] Florida Department of State. 65G-2: Licensure of Residential Facilities, 2010. 9 September 2010. https://www.flrules.org/gateway/chapterhome.asp?chapter=65G-2.

[230] ---. 65G-2.

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Waiver recipients may also choose to enroll in the Consumer Directed Services Plus (CDC+) program, which allows individuals to be in control of their services, hire the persons they wish to provide services (including family), and allocate the use of their funds. Each individual is required to have a CDC+ Consultant (trained by the APD) who acts as the individual's waiver-support coordinator and oversees the implementation of services. Also, a fiscal/employer agent (FEA) oversees and assists with the financial management. This includes the holding the funds in an individual account and paying the employees and vendors. The participant, in collaboration with their consultant, is responsible for the budgeting, service selection, documenting of expenditures and monthly reporting, hiring staff, submitting time cards, comparing prices and service rates, and retaining required documentation. Before an individual can enroll in CDC+ he or she must receive training and demonstrate competency in the program requirements, implementation, documentation, and monitoring of compliance and reporting.[231]

Chapter 65G-8 outlines the use of reactive strategies to managing challenging individual behaviors. Facilities are mandated to follow strict procedures contained within this chapter, including staff training, policies and procedures, and maintaining information regarding each individual served and the use of reactive strategies. The chapter outlines the types of seclusions, physical restraints, and chemical restraints that may be used and their requirements for use. It includes prohibited procedures that may never be used as reactive strategies. Documentation and notification requirements are also outlined.[232]

Chapter 65G-7 outlines the Medication Administration Standards. It requires that individuals served have annual documentation from their physician outlining their need for medication administration assistance or their ability to self-administer medications. Additionally, informed consent to administer medication must be obtained from the legal representative of the individual served annually. Staff members who are not licensed as a health care professionals must obtain medication administration training from an APD-approved course. Once a staff person has been trained, he or she must be assessed annually for competency in medication administration by a registered nurse or physician. The chapter also outlines medication administration procedures, medication errors, off-site medication administration, medication storage, and documentation and record-keeping requirements.[233]

The Developmental Disabilities Waiver Services Coverage and Limitations Handbook is the final standard that all Florida providers are mandated to follow. This handbook includes the requirements for Adult Day Training (ADT) facilities and In Home Support Services (IHSS). The handbook includes the authority regulating DD waiver services, the purpose of the program, and provider qualifications and responsibilities. It also outlines the background study requirements, eligibility determinations, HIPAA

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[231] Florida Agency for Persons with Disabilities. *Consumer Directed Services Plus Consumer Notebook*, February 2009. Agency for Persons with Disabilities—State of Florida. 8 September 2010.
http://www.apd.myflorida.com/cdcplus/docs/cdc-plus-consumer-notebook.pdf.
[232] Florida Department of State. 65G-8: Reactive Strategies, 2010. 9 September 2010.
https://www.flrules.org/gateway/ChapterHome.asp?Chapter=65G-8.
[233] ---. 65G-7: Medication Administration, 2010. 9 September 2010.
https://www.flrules.org/gateway/chapterhome.asp?chapter=65G-7.

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requirements, types of waiver service providers, and staff qualifications and training. Financially, this handbook describes reimbursement methodologies and billing procedure.[234]

Licensing and Credentialing Systems

HCBS developmental disability waiver services are provided in three residential settings: residential habilitation centers and foster care and group homes. The residential habilitation centers have been identified by Florida as restrictive for the large number of individuals residing in those centers and are currently being phased out.[235] In foster home facilities, there can be no more than three residents. Group home facilities serve at least four residents but can have no more than fifteen.[236] To obtain a license for a foster care home or group home, a provider must follow the "Facility Licensure" steps outlined in Chapter 393. This process includes submitting an application, obtaining background studies, and an inspection of the physical plant. The provider is required to pay for the background study, but there are no additional costs to apply for a license. The applicant must also attend an orientation class through the Agency for Persons with Disabilities. This class covers how to appropriately bill for services, licensing standards (Chapter 393 and 65G-2), and administrative strategies. Upon completion of these requirements, providers are issued a one-year license. They must renew the license annually.[237]

All operators of HCBS waiver homes, In Home Support Services (IHSS), and Adult Day Training (ADT) centers are enrolled as Medicaid providers. As a Medicaid provider, the provider is required to abide by requirements delineated within the *Medicaid Developmental Disabilities Home and Community-Based Waiver Services Coverage and Limitations Handbook*.[238] ADT and IHSS are not licensed by the state. Once they meet the requirements specified in the handbook they are designated by APD as a provider but are not issued a formal license.[239]

[234] Florida Agency for Health Care Administration. *Developmental Disabilities Waiver Services Coverage and Limitations Handbook*, May 2010. Agency for Health Care Administration, State of Florida. 6 September 2010. http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/CL_10_100501_DD_Waiver_ver 1.0.pdf.

[235] State of Florida. Chapter 393.

[236] Florida Agency for Persons with Disabilities. Planning Resources, 2010. 3 September 2010. http://www.apd.myflorida.com/planning-resources/.

[237] State of Florida. Chapter 393.

[238] Florida Agency for Health Care Administration. *Developmental Disabilities Waiver Services Coverage and Limitations Handbook*, 2010. Center for Workers with Disabilities, 13 September 2010. http://cwd.aphsa.org/publications/docs/DevelopmentalDisabilities_Waiver_Services_Coverage_and_Limitations_Ha ndbook_June_2005.pdf.

[239] Rice, Tom, Operations Review Specialist, Florida Agency for Persons with Disabilities. Telephone interview. 28 October 2010 and Email correspondence. 12 November 2010.

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Monitoring Practices

Florida uses two monitoring practices to ensure compliance for residential providers: Delmarva Foundation compliance reviews and monthly APD site visits. Individuals enrolled in the CDC+ program receive Delmarva Foundation quality-assurance reviews and are monitored for compliance monthly by their APD trained consultant.[240] Adult Day Training centers and In Home Support Services are also monitored for quality assurance exclusively by Delmarva.

Florida has contracted with the Delmarva Foundation to assist in quality assurance. Providers are not required to participate in an annual review. Instead, a random selection of waiver recipients is chosen from the statewide individual database. When an individual is selected, all HCBS providers that are currently providing services to that individual are audited.[241] It was noted by Pamela Kyllonen, analyst at the AHCA, that if a provider has not been reviewed in a given year, one of its participants will be "flagged" for a review in the following year.[242]

This Delmarva Foundation review process contains two separate reviews, a Person Centered Review (PCR) and a Provider Discovery Review (PDR). During a PCR, interviews are conducted with the individuals served and persons who know them best (family members, advocates, and so on). The interview questions are structured using the Individual Interview Instrument and the Health and Behavioral Assessment. The PDR evaluates the provider's compliance with the regulations established by the various state chapters and handbooks.[243]

Florida's second monitoring practice is monthly site visits by APD employees or contracted vendors. During this visit, a checklist is used to review the residential standards, including resident record, physical plant, incidents, resident funds, general resident care and safety, staff qualifications, and so on.[244]

Delmarva reviews Adult Day Training centers (ADT) as part of the PCR and PDR review process. Each individual must have an Individual Implementation Plan (IPP) that outlines how the ADT will meet the individual's needs, the center's involvement in choice of work and meaningful day activities, and the individual's goals. ADTs are also required to submit monthly service logs and quarterly reports to each individual's waiver support coordinator outlining how the areas of the individual's IPP have been met.[245]

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[240] Florida Agency for Persons with Disabilities. *Consumer Directed Services Plus Consumer Notebook*, 2009.

[241] Delmarva Foundation. *Delmarva Foundation Florida Statewide Quality Assurance Program*, 2010. 3 September 2010. http://www.dfmc-florida.org/.

[242] Kyllonen, Pamela, Analyst, Florida Agency for Health Care Administration. Telephone interview. 18 September 2010.

[243] Delmarva Foundations. "Operational Policies and Procedures Manual, Florida Statewide Quality Assurance Program," October 2010. Delmarva Foundations Florida Statewide Quality Assurance Program Resource Center. 13 October 2010. http://www.dfmc-florida.org/Public2/resourceCenter/providers/discoveryReviewTools/documents/Operational%20Policies%20and%20Procedures-Oct-2010.pdf.

[244] Florida Agency for Persons with Disabilities. *Survey Procedures and Guidelines for Residential Monitoring Checklist*. Tallahassee: State of Florida, 2010.

[245] Florida Agency for Health Care Administration. *Developmental Disabilities Waiver Services Coverage and Limitations Handbook*, 2010.

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Assessment

HCBS Quality Management Requirements

1. Discovery

APD, Delmarva, and AHCA collaborate to ensure compliance is being upheld according to HCBS standards. An annual self-assessment for HCBS standards must be completed by residential, in-home, and day training providers. The assessments for residential providers are reviewed by the APD staff at least annually, and all providers' assessments are reviewed during the Delmarva Foundation reviews. Deficiencies on the self-assessment are handled in the same manner as other violations.[246]

During both reviews from the state and Delmarva, the surveyor uses a checklist to determine if all standards are being met. A Notice of Noncompliance (NNC) is then generated for a provider that has any areas checked as "Not Met." If a provider received an NNC, the provider must submit a corrective action plan outlining how it will correct the identified errors. If areas are repeatedly "Not Met," the plan must include how policies and procedures or other measures will be adopted to prevent the violation from reoccurring. APD completes a follow-up on all corrective action plans generated. [247]

2. Remediation

If a violation has been discovered during a review, APD staff members determine how to proceed based on the severity of the violation. Florida addresses compliance concerns through the Agency's Progressive Discipline Process. This system addresses minor compliance concerns starting with less severe responses up to license revocations; however, if a violation endangers a client's health or safety, a license revocation can be expedited. [248]

3. Continuous Improvement

In an effort to have continuous improvement, Florida has the Florida Statewide Quality Assurance Program (FSQAP) for the HCBS waivers. Information is gathered statewide from the PCR and PDR to evaluate program compliance and overall individual satisfaction. Once the information is gathered, it is put into a statewide database. Data is reviewed for patterns,

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[246] Florida Agency for Health Care Administration. *Developmental Disabilities Waiver Services Coverage and Limitations Handbook*, 2010. and Kyllonen, 18 September 2010.
[247] Florida Agency for Persons with Disabilities. *Survey Procedures and Guidelines for Residential Monitoring Checklist*, 2010.
[248] ---. *Operating Procedure for Licensing and Oversight of Residential Facilities*. Tallahassee: State of Florida, 2010.

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inadequacies in the system, and areas of need.[249] Delmarva completes quarterly and annual reports summarizing the findings and actions taken by the state during the year.[250]

Safeguarding of Health, Safety, and Rights

The Individual Support Plan is the only formal document that outlines an individual's needs and risks. One method in which Florida attempts to account for an individual's health and safety is through a monthly visit by APD employees or contracted vendors and the completion of the associated checklist.[251] Florida also attempts to ensure health and safety for its individuals by requiring providers to report incidents,[252] have policies and procedures, and report any known or suspected maltreatment.[253] These practices are reviewed by the APD.

Opportunities for Self-Determination

Strengths of Florida's standards and monitoring lie in its person-centered philosophy. The Person Centered Review (PCR) process includes in-depth interviews with the individual, their guardians, advocates, and others who know the individual best. The idea of reviewing the individual's entire support team ensures the individual's desires and needs are being met by providing comprehensive information from all areas of that individual's life.[254]

Self-determination is also strongly evident in Florida's CDC+ Program, which allows individuals to direct their own services. It is a program that empowers the individual, while including checks and balances to ensure the individual is receiving the appropriate services.[255]

On a provider level, self-determination is promoted by requiring a person-centered policy and procedure.[256] Also, as part of the self-determination process, each provider has a "government" that includes elected residents, staff advisors, and, if desired by the residents, advocates from the community. This "government" represents the interests of the residents and brings forth any concerns or ideas.[257]

[249] Delmarva Foundation. Florida Statewide Quality Assurance Program Project Description, 2010. 3 September 2010. http://www.dfmc-florida.org/Public2/projectDescription.html.
[250] ---. Florida Statewide Quality Assurance Program Annual & Quarterly Reports, 2010. 7 September 2010. http://www.dfmc-florida.org/Public2/annualQuarterlyReports/index.html.
[251] Florida Agency for Persons with Disabilities. *Operations Procedure: Licensing and Oversight of Residential Facilities, APD Procedure Number: 10-008.* Tallahassee: State of Florida, 2010.
[252] --- "Agency for Persons with Disabilities, State of Florida" 19 September 2005. APD Operating Procedure Number, 10-002. 13 September 2010 http://apd.myflorida.com/forms/apd-10-002.pdf.
[253] Florida Agency for Health Care Administration. *Developmental Disabilities Waiver Services Coverage and Limitations Handbook,* 2010.
[254] Delmarva Foundation. Delmarva Foundation Florida Statewide Quality Assurance Program.
[255] Florida Agency for Persons with Disabilities. *Consumer Directed Services Plus Consumer Notebook,* 2009.
[256] Florida Agency for Health Care Administration. *Developmental Disabilities Waiver Services Coverage and Limitations Handbook,* 2010.
[257] State of Florida. Chapter 393.

Appendix G: Florida

Also, Adult Day Training centers must submit a monthly summary to support coordinators, including how the individual was provided choice in his or her work or meaningful day activities.[258]

Promotion of Goals and Outcome Achievement

The promotion of goals and outcome achievement is outlined in an individual's ISP and developed based on the individual's current needs. Support coordinators conduct monthly face-to-face visits with the individual and the residential provider to discuss outcome progress and report at least annually to the individual's support team on the progress the individual has made toward his or her outcome. Also, in Adult Day Training centers a monthly report regarding the individual's progress on work or meaningful day activity goals must be submitted to the individual's support coordinator.[259] Requirement for provider documentation, including outcomes, had recently been reduced from requiring weekly documentation on the individual to monthly documentation.[260]

Quality Assurance and Ongoing Quality Improvement through Provider-Performance Data

In an effort to ensure continuous improvement, Florida has implemented the Florida Statewide Quality Assurance Program (FSQAP) for the HCBS waivers. Information is gathered statewide from the Delmarva reviews to evaluate program compliance and overall individual satisfaction with Florida's services. Plans are then constructed by Delmarva, APD, and AHCA to correct these areas of concern. Delmarva also completes quarterly and annual reports that summarize state achievements made during the year.[261]

Factors that Influence Cost

The Florida HCBS waiver currently has 29,971 participants in its waiver tier programs and CDC+. The current waiting list is approximately 18,000 people.[262] Florida contracts with the Delmarva Foundation for its Florida Statewide Quality Assurance Program (FSQAP). The cost of Delmarva's involvement is $21,070,196.87 for four years.[263] There are 1,600 licensed waiver facilities in the state.[264] The estimated budget for HCBS monitoring is $3,666,054 with 74.5 full-time employees.[265]

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[258] Florida Agency for Health Care Administration. *Developmental Disabilities Waiver Services Coverage and Limitations Handbook*, 2010.
[259] ---. *Developmental Disabilities Waiver Services Coverage and Limitations Handbook*, 2010.
[260] Kyllonen. 18 September 2010.
[261] Delmarva Foundation. *Florida Statewide Quality Assurance Program Annual & Quarterly Reports*, 2010.
[262] Dunaway, Steve, Management and Review Specialist, Florida Agency for Persons with Disabilities. Email correspondence. 1 November 2010.
[263] Arnold, Denise T., Chief of Community Services, Florida Agency for Persons with Disabilities. Telephone interview. 30 September 2010.
[264] Rice. 28 October 2010.
[265] Rice. 9 December 2010.

Appendix G: Florida

Recommendations of Items to Consider for the State of Minnesota

Florida's HCBS waiver program has some quality-assurance review aspects that the state of Minnesota may want to consider. The Person-Centered Review is a positive and effective method to conduct a licensing review. By reviewing the entire support team for an individual, rather than independent facilities or persons, the entire picture of the individual's satisfaction and support of their needs can be reviewed. This puts into practice the idea of person-centered supports at a statewide level as opposed to only viewing it as a philosophy for providers to incorporate into their services.

Florida Application

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┌────────────────────────────────────┐        ┌────────────────────────────────┐
│ Contact Agency for Persons with     │ ◄═════► │ Apply to be a Medicaid         │
│ Disabilities (APD).                 │        │ Providers through the          │
│                                     │        │ Agency for Health Care         │
│                                     │        │ Administration.                │
└────────────────────────────────────┘        └────────────────────────────────┘
                │
                ▼
┌────────────────────────────────────┐
│ Complete application (no fee).      │
└────────────────────────────────────┘
                │
                ▼
┌────────────────────────────────────┐
│ Complete background screenings.     │
└────────────────────────────────────┘
                │
                ▼
┌────────────────────────────────────┐        ┌────────────────────────────────┐
│ Take APD approved "new provider"    │ ◄═════► │ Have physical plant            │
│ course outlining rules and          │        │ inspected.                     │
│ regulations.                        │        │                                │
└────────────────────────────────────┘        └────────────────────────────────┘
                │
                ▼
┌────────────────────────────────────┐
│ Receive one-year license.           │
└────────────────────────────────────┘
                │
                ▼
┌────────────────────────────────────┐
│ Renew license annually.             │
└────────────────────────────────────┘
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Florida Monitoring

| APD Monthly Site monitoring for all residential facilities | | Delmarva Review for all HCBS providers: random selection of waiver recipients is chosen from the statewide individual database, then all waiver providers for that client are reviewed. |

If a facility has not been reviewed in a given year, it will be "flagged" for a review of one of their consumers in the next year.

A "Person Centered Review" is completed. Interviews with client and those who know him best are conducted using designated forms to assess the satisfaction with services and whether goals are being met.

| If no deficiency is found, license renewed. | A checklist is completed that outlines required HCBS and state requirements, including the provider's self-assessment of compliance with HCBS regulations. | If an HCBS Medicaid compliance concern is noted, it is forwarded to the Agency for Health Care administration (AHCA). | A "Provider Discovery Review" is conducted auditing documents (including the HCBS self-assessment), visual observation of physical plant, and interviewing staff and clients. | If no deficiency is found, license renewed. |

If a deficiency is found:

A Notice of Noncompliance (NNC) is generated by APD for a provider that has any "Not Met" areas checked.

If a deficiency is found:

If a provider received an NNC, they must submit a corrective action plan outlining how they will correct the identified errors, including the timeline for its completion. If areas are repeatedly "Not Met," the plan must include how polices and procedures or other measures will be adopted to prevent the violation from reoccurring.

APD completes follow-up on all corrective action plans generated, either through APD reviews or Delmarva reviews, to ensure that the corrections have been made.

If they have not been addressed, the APD will file an administrative complaint and may issue a fine or license revocation.

If repeat violations have occurred, the APD can impose a conditional license if the provider's license is within 90 days of expiration. If they have not corrected the deficits by the end of their conditional license, the APD may choose to not renew the license. If the provider's license is not expiring within the next 90 days, the APD may file an administrative complaint, fine the provider or revoke the license based on the severity of the violation and the provider's past compliance record.

Massachusetts

Massachusetts provides Licensure and Certification for Home and Community-Based waiver services with oversight provided by the Department of Developmental Disability Services. Licensed and Certified programs are distinguished as Residential or Day/Vocational programs, with all types of supports falling into one of the two categories. Providers have the option to choose between traditional "Survey and Certification" or to be accredited through CQL | The Council on Quality and Leadership or CARF.

Provider Standards

The regulatory standards in Massachusetts that govern individuals receiving Home and Community-Based waiver services are described in the Code of Massachusetts Regulations, is entitled 115CMR[266] and contains three key areas regarding provider standards: sections 115CMR 5.00[267], 115CMR 6.00[268], and 115CMR 7.00[269].The 115CMR 5.00 covers "Standards to Promote Dignity" through topics including, but not limited to, individual rights, maltreatment, behavior modification, and medication administration. The 115CMR 6.00 regulations focuses on the importance of person-centered planning in the development of Individual Service Plans (ISP) and lays out the process of how those plans should be developed. The regulatory standard 115CMR 7.00 addresses the implementation of the ISP as well as the provider standards and physical site safety requirements.

115CMR 5.00[270]

Section 115CMR 5.00 focuses on the "Standards to Promote Dignity" and includes 16 different sections. It applies to all providers of services in Massachusetts, whether they are licensed, certified by an independent credentialing entity, or in any way funded by the Department of Disability Services (DDS).

The rights of individuals are described in detail, including rights such as "self-determination and freedom of choice to the individual's fullest capability."[271] In addition to specifically addressing self-

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[266] Massachusetts Health and Human Services. 115 CMR 1.00-11.00 Department of Mental Retardation, 2010. 9 November 2010.
http://www.mass.gov/?pageID=eohhs2terminal&L=4&L0=Home&L1=Government&L2=Laws%2C+Regulations+a nd+Policies&L3=Department+of+Mental+Retardation+Statutes%2C+Regulations+and+Policies&sid=Eeohhs2&b= terminalcontent&f=dmr_g_regs&csid=Eeohhs2.

[267] ---. 115 CMR 5.00: Standards to Promote Dignity, 2010. 115 CMR: Department of Developmental Services. 11 November 2010. http://www.mass.gov/Eeohhs2/docs/dmr/regs/reg_115cmr005.pdf.

[268] ---. 115 CMR 6.00: Eligibility, Individual Support Planning and Appeals, 2010. 115 CMR: Department of Developmental Services. 9 November 2010. http://www.mass.gov/Eeohhs2/docs/dmr/regs/reg_115cmr006.pdf.

[269] ---. 115 CMR 7.00: Standards for All Services and Supports, 2010. 115 CMR: Department of Developmental Services. 9 November 2010. http://www.mass.gov/Eeohhs2/docs/dmr/regs/reg_115cmr007.pdf.

[270] ---. 115 CMR 5.00: Standards to Promote Dignity.

determination, they recognize an individual's right to have "the opportunity to undergo typical developmental experiences, even though such experiences may entail an element of risk, provided however, that the individual's safety and well-being shall not be unreasonably jeopardized."[272]

A right to privacy included in this section prescribes "medication administration by nonlicensed staff, assistance by same-gender staff for hygiene and medication administration when the partial or complete disrobing of the individual is required."[273] Standards to Promote Dignity include regulatory standards requiring certain measures be taken when the rights of an individual are restricted or denied. It also includes actions the Department of Developmental Services can choose to take in the instance of rights violations or mistreatment and allows for sanctions, including the revocation of a license or dismissal of employees.

A separate section of 115CMR5.00 mandates that providers cannot require individuals served to perform labor outside of normal household and maintenance tasks, unless it is part of the individual's vocational plan specified in the ISP.

Legal Competency, Legal Guardianship, and Conservatorship are regulated within the Standards to Promote Dignity. Requirements include the notification of the nearest relative when an individual has been deemed unable to provide for himself or herself, and the recruiting of a conservator, guardian, or representative payee in the instance where the person's family cannot be found or is incapable of making decisions on the individual's behalf.

Informed consent is required by the regulation under five circumstances. Requirements for informed consent as well as informed consent content are included. Informed consent is required when an individual is admitted into a facility, prior to medical or other treatment, prior to involvement in research activities, prior to the initiation of behavior modification plans that fall under certain categories, and prior to the release of information. Annual review of the informed consent is required during the individual's program planning process.

Management of individual funds is not defined within mistreatment or rights violations, but has its own separately listed defining factors. Individuals are afforded the right to "noninterference" with regard to their use of personal funds and property. Requirements for the deprivation of individual funds, training plans for individuals to reduce the need for assistance, and policy and procedure for maintaining accurate record of financial accounts are included.

Section 115CMR 5.11 addresses the use of seclusion, locked buildings, and emergency restraint. It requires staff training in the areas of mechanical and physical restraint and the appropriate use of

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[271] Massachusetts Health and Human Services. 115 CMR 5.00, 5.03 2(c).

[272] ---. 115 CMR 5.00, 5.03 2(e).

[273] ---. 115 CMR 5.00, 5.03 5.

restraints including "techniques to prevent violent behavior."[274] In addition to requirements for staff training, human rights committee review, and maintaining statistical data on the use of restraints, this section requires the provider to incorporate procedures and objectives to teach the individual to learn how to cope with medical treatments in instances where restraint or chemical relaxation for medical or dental appointments are needed. Other requirements when restraints are implemented regarding documentation, review, and process requirements are delineated.

Regulations surrounding medication administration are called for within the standard. In order to pass medications, an unlicensed staff must complete the Medication Administration Training Program every two years and be registered with the Massachusetts Department of Public Health. The Department of Public Health reserves the right to withdraw certification of a staff member should he or she fail to provide for the health and safety of the individual, are convicted of a crime involving controlled substances, or are found to have made false statements on his or her application. Furthermore, the Department of Public Health can make announced or unannounced visits to evaluate compliance with medication administration standards.

115CMR 6.00[275]

Section 115CMR 6.00 focuses on three areas, two of which, are the eligibility and application for services and the applicability and requirements for the appeal process. Within 115CMR 6.00 under 6.20 through 6.25 lies the requirements for an ISP. This section describes the process for developing, amending, and renewing the ISP for each individual. An introduction section provides the description of the "general principles" surrounding individual support planning and establishes "the framework for individual support planning which can be tailored to and by the individual and which is responsive to changing circumstances in the individual's life."

It defines the ISP team as the individual, guardian, family, service coordinator, representatives of providers, and any other person deemed necessary to be present, unless the individual objects to that person's presence. It outlines the responsibilities of the team and the responsibilities of a "support planner" defining the frequency and nature of required meetings throughout the ISP development and renewal process.

Included in the development and ongoing process for an individual's ISP are standard "assessments and consultations." "The purpose of assessments and consultations is to obtain information that will assist the individual and other team members to establish goals in one or more life areas, to identify the individual's capabilities and areas in need of learning and skill development relative to those goals, and to identify the strategies and supports that are the least restrictive and likely to be effective in assisting the individual to attain his or her goals."[276]

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[274] Massachusetts Health and Human Services. "115 CMR 5.00," 5.11 6(a).
[275] ---. "115 CMR 6.00."
[276] ---. "115 CMR 6.00," 6.22 1.

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Assessments need to be conducted in a manner that promotes dignity and comfort for the individual. Required assessments to justify eligibility include general types of supports needed, assessment of the individual's ability to care for his or her personal and financial affairs, and assessment of eligibility for SSI, health and dental assessments, and safety assessments. Other assessments may be used, as deemed necessary by the support coordinator, such as communication and daily living skills.

Development meetings are held and facilitated by the service coordinator to "develop a support plan which sets forth the goals of the individual; the supports needed by the individual in order to attain those goals, which shall be based on the actual needs of the individual without regard to the availability of such supports; the availability of needed supports; the party responsible for providing supports; the frequency and duration of supports; and strategies for meeting unmet support needs of the individual. If the individual refuses to attend the ISP meeting, the team shall consider what, if any, adjustments could be made in the ISP meeting to encourage greater participation by the individual."[277]

During the development process and within the ISP document, six "quality of life" categories are addressed. Rights and Dignity, Individual Control, Community Membership, Relationships, Personal Growth and Accomplishments, and Personal Health and Well-being are addressed for each individual and resulting information is included in the individual's ISP. Annual renewal of the ISP is required and occurs through a meeting process or when a request for change has been made. Requirements for annual meetings as well as circumstances under which an ISP requires modification are identified.

115 CMR 7.00[278]

Section 115CMR 7.00 "Standards for All Services and Supports" includes 10 sections and focuses on the environmental requirements such as capacity, safety, and staffing. It also focuses on other areas such as outcomes for individuals, requirements for the provider organization, and specific additional standards for placement and respite services. It applies to "all supports provided by public and private providers subject to the Department's oversight."[279]

Section 115 CMR 7.02 provides a definition of general service types, including Residential Supports, Work/Day Supports, Individual Supports, Family Supports (including four types of respite), and Placement Services.

Outcomes for individuals include the state's requirements for provision of person-centered information, provision of choice, involvement in the community, individual control, relationships, personal growth, and personal well-being are included under 7.03 as the defining elements of service support and the implementation of each individual's overall services and plan.

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[277] Massachusetts Health and Human Services. 115 CMR 6.00, 6.23 1.
[278] ---. 115 CMR 7.00.
[279] ---. 115 CMR 7.00, 7.01 1.

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The organizational requirements within the "Standards for All Services and Supports" include mission statement requirements, evaluation and improvement of services through the use of individual feedback, and a formal mechanism to evaluate the performance of the provider's Chief Executive Officer (CEO).

Staffing is addressed in several areas. Providers are required to ensure that adequate staffing is available and that staff receive adequate supervision in order to meet the needs of individuals receiving services. Evacuation time is addressed with concern to emergency situations. Staff patterns must meet certain requirements such as the ability to be "present to evacuate the home" within two minutes and thirty seconds, the provision of overnight supervision, and the specific number of staff members required based on the number of individuals served. There are contingencies for individuals who need less assistance and are able to evacuate themselves. There are organizational requirements with regard to staffing that include provisions for annual performance evaluations, job descriptions, and prescribed content for training of staff as well. The staffing section also includes required background study information.

Environmental requirements are comprised of zoning, sanitation, mobility and accessibility, living space, comfortable décor, ventilation and plumbing systems, and smoking area restrictions. Safety is addressed and required components are integrated into individual ISPs.

Additional standards for respite supports include the minimization of disruption of routines through communication and coordination with the individual and family. "All providers of respite supports shall: minimize upset and disruption of the individual's typical life patterns and enable participation in life routines in accordance with the individual's ISP."[280]

Placement Services is also required to adhere to additional standards. This section describes the methods and criteria used to determine if a provider is an appropriate placement for an individual. It focuses not on the provider's burden, but on the evaluation of the provider by the local placement agency. "Placement agency" is defined as "... Providers who, under contract with the Department, pay a person (the home provider) to provide residential supports to one or more individuals in the person's own home. Such a provider shall be known as a placement agency."[281]

Licensing and Credentialing Systems

The state of Massachusetts serves approximately 32,000 individuals within its disability waiver system and offers four waiver programs: Intellectual Disabilities (ID), Traumatic Brain Injury (TBI), Autism, and

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[280] Massachusetts Health and Human Services. 115 CMR 7.00, 7.09.
[281] Massachusetts Health and Human Services. 115 CMR 7.00, 7.10 1.

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Senior. Statewide there are 190 providers encompassing approximately 4,020 program sites (residential and day placement licensed facilities).[282]

CMR115 "Standards to Promote Dignity" applies to all providers and to all services or supports that are operated, certified, licensed, or contracted or otherwise funded by the Department of Disability Services (DDS). Enforcement of this standard is provided by the DDS. Licenses are issued for two service categories, Residential/Home Supports and Day/Employment Supports, not for individual sites. Providers also have the option of being accredited by CQL or CARF in lieu of the DDS certification process.

During an interview with Gail Grossman, assistant manager of Quality Assurance, Commonwealth of Massachusetts, and a review of Massachusetts "Licensure and Certification Procedures Manual 5th Edition," it was stated that applications to provide services regulated by DDS are submitted to the department 60 to 90 days prior to the anticipated initiation of services. If the department accepts the application and related materials, the department will complete an initial inspection of health, safety, and rights measures occurs within 60 days of the commencement of services and a full review within six months of the start of services. Relicensing and recertification frequency is based on the findings of the initial full review.[283]

Monitoring Practices

A "Survey and Certification" process occurs for each provider on a biennial basis. Of the 190 providers, DDS licenses 95 each year. During the review process, state personnel complete the process in teams of two to six reviewers over approximately five days. Reviews are conducted per provider, involving a review of both the administrative offices and service sites. "The state differentiates between Licensure and Certification although both reviews occur at the same time." [284] Licensing and certification coincide and occur together; however, the licensing function gives a provider the legal authorization to provide services where as certification is the process by which the quality of those services is reviewed. Licensure focuses on health, safety, and rights, while certification focuses on quality of life, satisfaction with services, and the practices of the provider. A provider must meet requirements at an 80 percent rate within the defined licensing categories related to personal and environmental safety, communication, health, rights protection, workforce requirements, and ISP requirements to be relicensed for two years. Massachusetts *Licensure and Certification Procedures Manual 5th Edition* directs that "findings of a

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[282] Grossman, Gail, Assistant Manager of Quality Assurance, Commonwealth of Massachusetts. Telephone interview. 8 October 2010.
[283] Grossman, 8 October 2010.
[284] Grossman. 8 October 2010.

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provider's certification review do not impact upon its level of licensure."[285] It also indicates that certification process indicators are "equally as important as the licensure indicators, but are tied to the intended outcomes of the specific service model and represent a focus for continual quality improvement on the part of the provider."[286]

The provider submits an application with the names of all individuals served approximately 60 to 90 days prior to the anticipated licensing review. The state chooses the sample randomly and does not inform the provider of the sample prior to the review. Day one is an administrative review of policies and procedures, staff training documentation, company systems, and general compliance paperwork. Days two through five are site-based reviews, conducting a physical plant review, interviewing individuals served, staff, and so on. "The phrasing of the questions in reviews measures the provider's actions in providing quality services. For example, measures are phrased, "Provider gives opportunities for relationship building," instead of "person has friends," which decreases issues with negative interviews with individuals served. All scores are cross-referenced to ensure consistency and are entered electronically into the state database.[287]

"A *Service Enhancement Meeting* is conducted after the Certification and Licensure review, giving the reviewers and provider a chance to discuss the findings of the review. Providers have up to 60 days to resolve identified issues, unless there is an *immediate jeopardy* issue, in which case the provider has 24 to 48 hours to remedy the issue."[288]

Assessment

HCBS Quality Management Requirements

1. *Discovery*

The Massachusetts regulatory system ensures a comprehensive evaluation of both the compliance with documentation and provider standards, as well as objective measures of quality of life, satisfaction, and best practices of the provider. By creating a separate set of statutes that mandate an ISP be created through a person-centered process, the state is emphasizing the importance of quality services in addition to documentation requirements.

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[285] Bigby, Judy Ann, M.D., and Elin M. Howe. *Licensure and Certification Procedures Manual 5th Edition*, July 2010. Massachusetts Health and Human Services. 29 September 2010. http://www.mass.gov/Eeohhs2/docs/dmr/qm_manual_5ed.pdf, 7.
[286] Bigby and Howe. 2010, 6.
[287] Grossman. 8 October 2010.
[288] Grossman. 8 October 2010.

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The Licensing and Certification review focuses on "critical indicators" of compliance with the standards. A provider must be compliant in at least 80 percent of the areas examined in order to successfully complete the process and have their License and Certification extended for another two years.[289]

2. Remediation

Through the Service Enhancement Meeting with the provider following a Licensing and Certification review, the state has laid out a process for meaningful remediation of potential compliance issues. The provider is generally given up to 60 days to correct identified issues, though more urgent health and safety issues may require more immediate action. If a provider does not meet the 80 percent threshold of compliance in defined ranges, they are subjected to varying levels of corrective practices, including a two-year licensing that includes a midcycle review to ensure compliance, deferred licensing, or recommendations for nonlicensing.[290]

3. Continuous Improvement

Massachusetts Department of Disability Services staff members engage in monthly risk assessment and planning meetings to identify trends and develop strategies to reduce negative occurrences. In order to identify potential quality issues, providers are required to solicit, assess, and take action based on feedback from internal and external stakeholders. The process of soliciting this information, and the response of the provider, is evaluated during the Licensure and Certification process.[291]

The strengths of the Massachusetts system is that it provides a clear and objective outline for compliance with the regulatory standards, while also focusing on ensuring quality outcomes and person-centered philosophies. The ability to remediate any shortcomings seems to be clearly defined, as are the options for the state if a provider is not meeting expectations. The weaknesses are that, though the system seems comprehensive, it also seems very time intensive. Having a formal process for continually monitoring trends and issues is likely to help promote continual improvement of quality, but this process appears to be limited to the state reviewers, and service providers are not a part of the discussion.

Safeguarding of Health, Safety, and Rights

Massachusetts has a strong focus on incidents, maltreatment, medication errors, risk management, and human rights. The state is integrally involved in the review of all major incidents. Incidents are

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[289] Bigby and Howe. 2010, 19.
[290] Bigby and Howe. 2010, 16, 19.
[291] Hargreaves, Nancy Silver, President and CEO, WCI. Telephone interview. 30 September 2010.

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documented in the QA Management System, allowing the state to review incidents both individually and collectively to help identify trends. The state also requires each service provider to have a human rights committee to approve and monitor the use of restraints, rights restrictions, and rights violations. Rights of individuals are integrated into every section of regulatory standard 115CMR. There is a strong focus on staff training in regards to medication administration and restraints, de-escalation techniques, and monitoring of implementation of restraints. Violations of any of the procedures can constitute maltreatment and service providers, and government employees face dismissal or revocation of licenses for violations of the rights of individuals.[292]

Opportunities for Self-Determination

The process for developing an individual's ISP includes mandates that the individual participates and directs their services "to the extent that they are able."[293] Massachusetts statute contains "Standards to Promote Dignity," which are included within the licensing review process.[294] During the Certification process, the following topics are evaluated to determine if opportunities for self-determination are provided: personal relationships, choice in routines and schedules, opportunities to explore interests, and knowledgeable decisions. In addition, the General Principles, 115CMR 5.03 (2) states, "Services are to be provided in a manner that promotes: ... (c) Self-determination and freedom of choice to the individual's fullest capacity... (e) The opportunity to undergo typical developmental experiences, even though such experiences may entail an element of risk; provided however, that the individual's safety and well-being shall not be unreasonably jeopardized;..."[295]

By identifying key areas of opportunities for self-determination, the state has developed a measurable and objective way to quantify a provider's success in meeting the standards. This, in addition to a focus on individual satisfaction with their services, helps to identify whether the opportunity for self-determination has truly resulted in a higher quality of service to the individual.

Promotion of Goals and Outcome Achievement

The regulations in Massachusetts stipulate that the ISP development process includes provisions for outcome-based services. The methods and goals for achieving the outcomes identified in the ISP are not generally used as a measurement of the outcome success. Instead, reviewers derive the success of outcomes from data collected via the individual interview process with the individuals served, their team, and company representatives. The support coordinator helps to confirm this information through bi-monthly site visits.[296]

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[292] Massachusetts Health and Human Services. 115 CMR 5.00, 5.06: 1-4.
[293] Hargreaves. 30 September 2010.
[294] Massachusetts Health and Human Services. 115 CMR 5.00.
[295] --- 115 CMR 5.00.
[296] Grossman. 8 October 2010.

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Providers in Massachusetts may choose to become accredited through the CARF or CQL to meet performance standards. Massachusetts accepts CARF and CQL accreditation and uses the data collected as evidence of compliance during the review process for certification. This accreditation includes performance-based goals and objectives where data is recorded.[297]

Quality Assurance and Ongoing Quality Improvement through Provider-Performance Data

Massachusetts has implemented a computerized QA Management System to better manage and assess quality. This system collects provider data electronically submitted by the providers allowing for savings in time and cost as well as a streamlining effect for ease of data review. Evaluation of the data received as well as data collected during the licensing review period leads to ongoing quality improvement through the assigned correction process.

In addition, service providers are required to solicit and use input from individuals and families in order to improve services. Providers are required to have processes that measure and implement strategies to improve service improvement goals such as facilitating advocate meetings or discussion groups. The methods and actions resulting from these processes are a part of the certification process.

Massachusetts incorporates data collection through the use of an electronic data management system. A drawback to the data collected via the electronic data management system is that it does not always translate into usable information for service providers. In an interview with Gail Grossman, assistant commissioner of quality assurance for the Commonwealth of Massachusetts, she indicated that Massachusetts would like to improve how the information and data collected by the state via the electronic data management system can be delivered to providers and stakeholders in more understandable and usable ways.[298] There are currently several methods in which the state shares this information; however, they are always attempting to find ways to improve these methods.

While this type of system requires an upfront investment in time, development, and training, it has the potential for both reducing long-term costs and improving quality assurance for the system.

Factors that Influence Cost

There are several aspects of the model in Massachusetts that decrease complexity and cost to the state. The ability for providers in good standing with Licensing and Certification to perform "self-evaluations"[299] and have that audit reviewed, versus a full compliance audit creates efficiencies (the self-evaluation will only apply to Certification indicators; the state continues to evaluate Licensing standards of health, safety, and rights). The Quality Assurance Management System, while costing more on the

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[297] Bigby and Howe. 2010, 19.
[298] Grossman. 8 October 2010.
[299] Bigby and Howe. 2010, 2.

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front-end, should help the state streamline operations and data collection, while also improving its ability to monitor quality.

While the Certification and Licensing process can take up to five days to complete, sometimes with as many as six reviewers, the state reports that this is a reduction over past practices.[300] Measures to streamline data collection, allow alternatives to the state's certification process (CARF or CQL certification), and the flexibility to use alternatives such as self-evaluations have reduced the burden of cost. They have also found efficiencies by combining the review of program-related materials and the physical sites into one review process.

The Massachusetts Office of Health and Human Services employs 32.3 full-time employees to conduct licensing reviews, with an annual budget of $2,770,886.[301]

Recommendations of Items to Consider for the State of Minnesota

Use of a statewide information database for the collection of electronic quality assurance data similar to the current system in Massachusetts would be beneficial to the state of Minnesota. It would provide the ability to streamline processes of data collection and would create long-term effects through time and resource savings and ease of information gathering and decrease in resources necessary to complete a review or validation process. This recommendation would include upfront cost; however, long-term effects in cost and resources savings would counter the up-front expenditure.

Licensing and Credentialing standards practices currently in place in Massachusetts could benefit licensing personnel and providers. The scope of the licensure review process could change to include more personal interviews regarding success within the program and satisfaction of services focusing only on documentation and procedural review items within specific key indicated areas. Opinion of long-term effects include a more realistic and objective evaluation of actual services received and satisfaction and a reduction in paperwork compliance, leading to less administrative time for provider personnel.

Collaboration between licensing personnel and the provider through a post-review meeting and planning for correction versus current practices of issuing a correction order and communication through written citations would benefit providers and licensing personnel. Direct conversation and development of a coordinated plan to correct issues could lead to a more simplified system of remediation. With less attention paid to the legalities and formulaic written citations and more attention to the details of actual correction, licensing personnel could benefit from a reduction in paperwork and time associated with mailings to and from providers during correction periods.
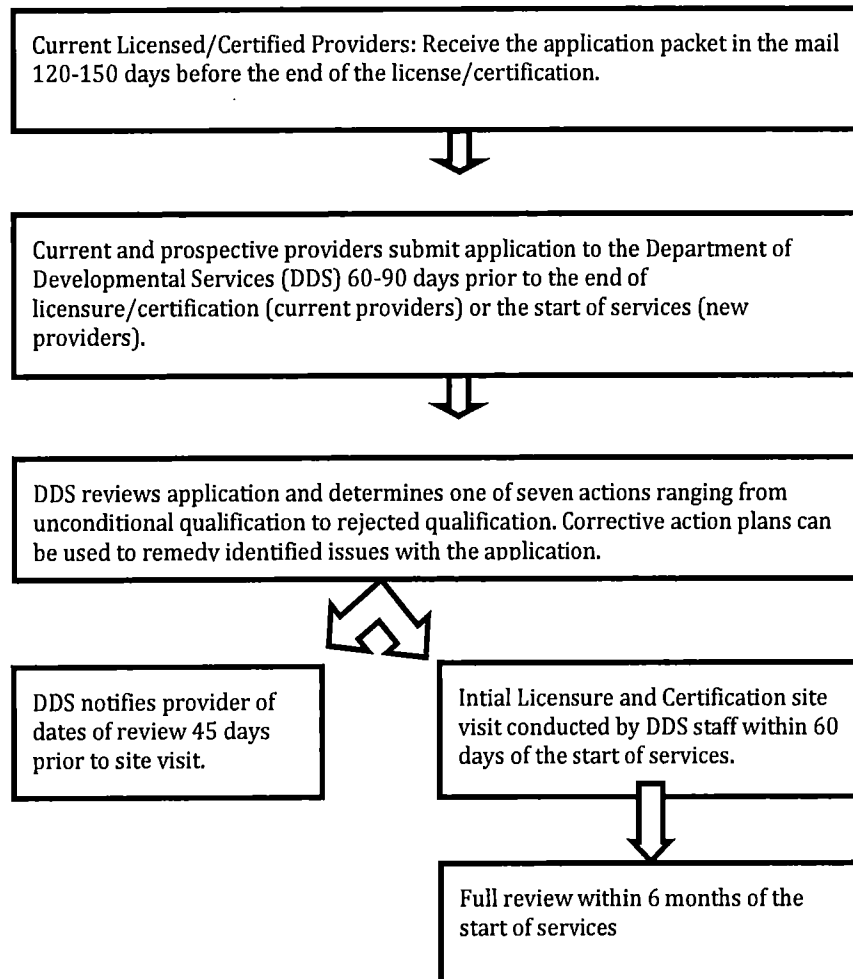
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[300] Bigby and Howe. 2010, 19. and Grossman. 8 October 2010.
[301] Grossman. 8 October 2010.

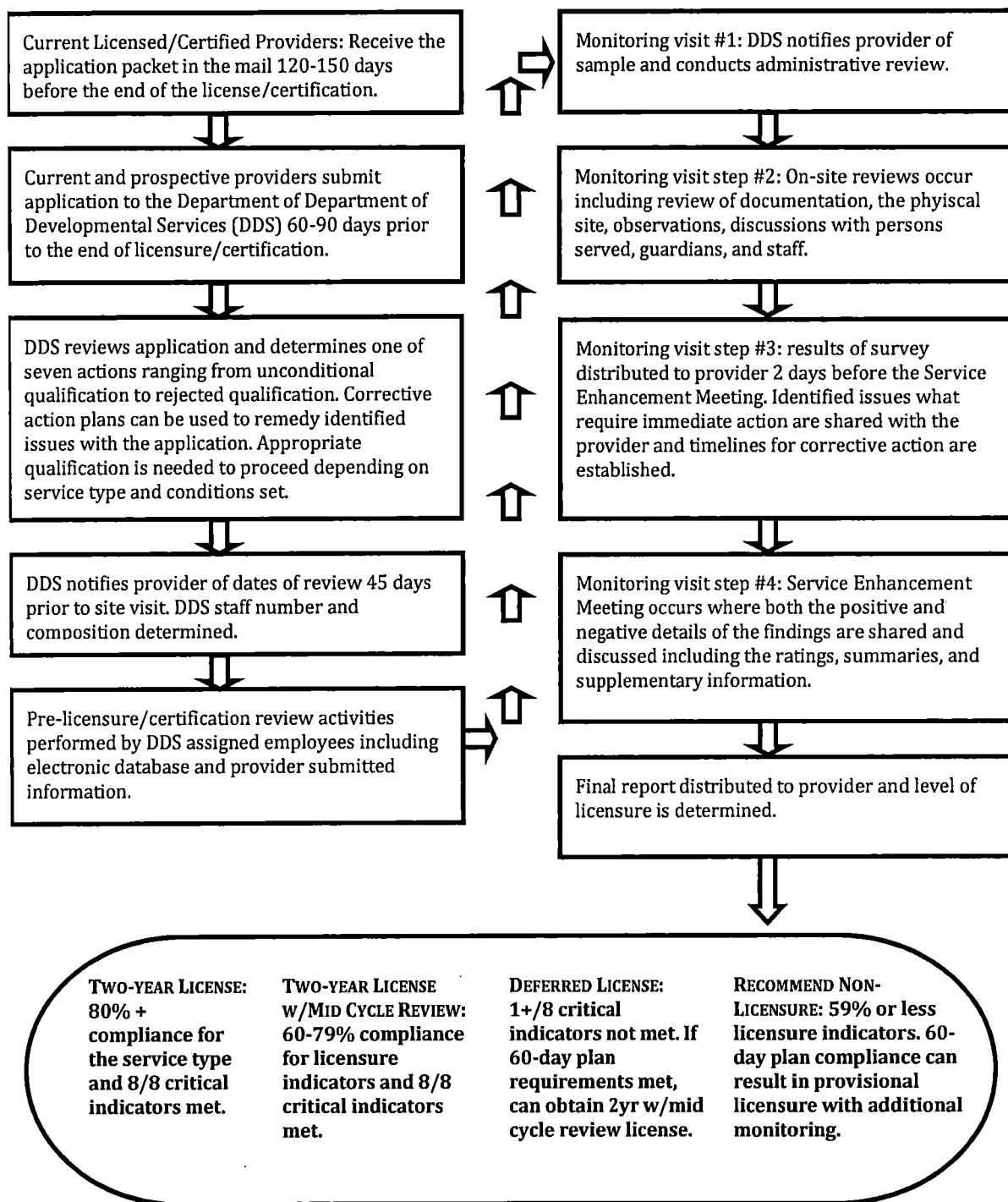## Massachusetts Licensure and Certification

Current Licensed/Certified Providers: Receive the application packet in the mail 120-150 days before the end of the license/certification.

⬇

Current and prospective providers submit application to the Department of Developmental Services (DDS) 60-90 days prior to the end of licensure/certification (current providers) or the start of services (new providers).

⬇

DDS reviews application and determines one of seven actions ranging from unconditional qualification to rejected qualification. Corrective action plans can be used to remedy identified issues with the application.

DDS notifies provider of dates of review 45 days prior to site visit.

Intial Licensure and Certification site visit conducted by DDS staff within 60 days of the start of services.

⬇

Full review within 6 months of the start of services

Source: "Purchase of Service Contracting Qualification Review Instructions for Potential New Providers," Revised July 2007, by The Comm. Of Mass. Executive Office of Health and Human Services, by Deval L. Patrick, Governor, and Judyann Bigby, MD, Secretary.

Source: Licensure and Certification Procedures Manual, 5th Edition, by: Judy Ann Bibgy, MD, Secretary, Executive Office of Health & Human Services, and Elin M. Howe, Commissioner, Department of Developmental Services, July, 2010.

Appendix H: Massachusetts

Massachusetts Monitoring Flow Chart

| Current Licensed/Certified Providers: Receive the application packet in the mail 120-150 days before the end of the license/certification. | Monitoring visit #1: DDS notifies provider of sample and conducts administrative review. |

| Current and prospective providers submit application to the Department of Department of Developmental Services (DDS) 60-90 days prior to the end of licensure/certification. | Monitoring visit step #2: On-site reviews occur including review of documentation, the phyiscal site, observations, discussions with persons served, guardians, and staff. |

| DDS reviews application and determines one of seven actions ranging from unconditional qualification to rejected qualification. Corrective action plans can be used to remedy identified issues with the application. Appropriate qualification is needed to proceed depending on service type and conditions set. | Monitoring visit step #3: results of survey distributed to provider 2 days before the Service Enhancement Meeting. Identified issues what require immediate action are shared with the provider and timelines for corrective action are established. |

| DDS notifies provider of dates of review 45 days prior to site visit. DDS staff number and composition determined. | Monitoring visit step #4: Service Enhancement Meeting occurs where both the positive and negative details of the findings are shared and discussed including the ratings, summaries, and supplementary information. |

| Pre-licensure/certification review activities performed by DDS assigned employees including electronic database and provider submitted information. | Final report distributed to provider and level of licensure is determined. |

| TWO-YEAR LICENSE: 80% + compliance for the service type and 8/8 critical indicators met. | TWO-YEAR LICENSE W/MID CYCLE REVIEW: 60-79% compliance for licensure indicators and 8/8 critical indicators met. | DEFERRED LICENSE: 1+/8 critical indicators not met. If 60-day plan requirements met, can obtain 2yr w/mid cycle review license. | RECOMMEND NON-LICENSURE: 59% or less licensure indicators. 60-day plan compliance can result in provisional licensure with additional monitoring. |

Appendix I: Missouri

Missouri

Providers that serve individuals with developmental disabilities in Missouri must be certified by the state. The state conducts the certification process or will grant certification status to providers that have completed, and are in good standing, with an approved accreditation organization. Missouri has taken a collaborative quality-assurance approach to work with providers on monitoring and correcting issues to achieve quality outcomes. Person-centered and self-determined beliefs are infused within state regulations and standards of practice to ensure that individuals served are best able to lead a fulfilling life.

Provider Standards

The Code of State Regulations (CSR) outlines the requirements for certification and other expectations of providers, service delivery, and quality assurance. Providers who contract with the state of Missouri to provide services to individuals with developmental disabilities must comply with certain regulations. These include 9 CSR, Division 10, Chapter 5[302]—General Program Procedures; 9 CSR, Division 40[303]—Licensing Rules, where applicable; 9 CSR, Division 45[304]—Division of Developmental Disabilities, for applicable services; and any subsequent revisions or additions to the above[305]

The Code of State Regulation contains the standards for community-based waiver services and includes a blend of regulations comprised of physical plant requirements, certification, quality-assurance systems, and philosophies and guiding principles. The regulations require providers to either be certified by the state or be in good standing with an approved accreditation organization.

Code of State Regulations 9 CSR 45-5.110, 5.130, 5.140, and 5.150 govern the physical plant for facilities that serve individuals with disabilities. These regulations put forth minimum requirements for residential settings and on-site day habilitation programs to ensure safety for all individuals. Regulations to ensure fire safety, emergency preparedness, and safe and comfortable habilitation in the residential setting are also present in the regulations. An example of some areas that are covered include evacuation plans and drills, heating, ventilation, air conditioning and mechanical equipment, detection, alarms, extinguishment, interior finish, and travel distance to exits. In an interview with a provider, it was explained that even though a provider may choose accreditation, which has its own requirements for physical plant, rather than state certification, cities and counties may add additional physical plant requirements and conduct their own inspections if appropriate.[306]

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[302] Missouri Secretary of State. Rules of Department of Mental Health—Division 10, Chapter 5, 30 April 2009. Administrative Rules. 9 November 2010. http://www.sos.mo.gov/adrules/csr/current/9csr/9c10-5.pdf.
[303] ---. Code of State Regulations—Title 9 Department of Mental Health, Division 40, 2010. 9 November 2010. http://www.sos.mo.gov/adrules/csr/current/9csr/9csr.asp#9-40.
[304] ---. Code of State Regulations—Title 9 Department of Mental Health, Division 45, 2010. 9 November 2010. http://www.sos.mo.gov/adrules/csr/current/9csr/9csr.asp#9-45.
[305] Missouri Department of Public Health. "Contract for Services," 2010. Developmental Disabilities—Documents. 29 September 2010. http://dmh.mo.gov/docs/dd/contract.pdf, 2.
[306] Gier, Kimberly, Concerned Care. Telephone interview. 11 November 2010.

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Title 9 CSR, Division 45, is the predominant regulation that governs services delivered to individuals receiving residential habilitation, day habilitation, supported employment or individualized supported living services. This chapter includes four sets of principles for service providers: community membership, self-determination, facilitating empowerment and person-centered planning. These four sets of principles guide the regulations and monitoring of service delivery. Each set describes a series of expectations and guidelines to ensure that individuals served are given every opportunity to live their lives to the fullest. They also guide the provider on how to work together with the regional center; the state's designated monitoring entity to meet the rules and regulations.[307]

Missouri's Quality Outcomes is a key way that the state evaluates quality assurance. The survey's purpose is to investigate the presence of the Missouri Quality Outcomes in the lives of individuals served and to provide individual input into the division's quality-assurance process. There are 16 subsections to identify different quality of life outcomes measurements. The use of the Quality Outcomes Survey Tool[308] is threefold: (1) to be used as a pre- and post-survey instrument following transitions; (2) to be used as an indicator if person-centered planning results in positive quality of life outcomes for individuals; and (3) as a partial source of information for the Medicaid waiver quality-assurance requirements.[309]

Licensing and Credentialing Systems

Missouri offers waiver services through the Department of Health and Senior Services or the Department of Mental Health/Division of Developmental Disabilities. The Department of Health and Senior Services oversees the Aged and Disabled, AIDS, Physical Disabilities, and Independent Living Waivers. The Department of Mental Health/Division of Developmental Disabilities oversees the DD Comprehensive, Missouri Children with Developmental Disabilities, DD Community Support, Autism Waiver, and Partnership of Hope Waivers. In addition, the state Medicaid agency administers the MO Healthnet Managed Care 1915(b) Waiver. The Division of Developmental Disabilities, under the Department of Mental Health, contracts with providers of waivered services. In addition to this state contract, there is a certification process for agencies providing residential habilitation, day habilitation, supported employment, or individualized supported living services.

To provide services through the Department of Mental Health/Division of Developmental Disabilities, providers of residential habilitation, individualized supported living, day habilitation, and supported employment services complete a certification process. If the provider is accredited by CARF or CQL, the provider is deemed to be certified and does not have to undergo a certification survey. At this time, there

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[307] Missouri Secretary of State. Rules of Department of Mental Health—Division 45, Chapter 5, 28 February 2005. Administrative Rules. 19 November 2010. http://www.sos.mo.gov/adrules/csr/current/9csr/9c45-5.pdf, 3–6.

[308] Missouri Department of Mental Health. "Quality Outcomes Survey Tool," 2010. Self-Advocates and Families for Excellence (SAFE). 10 November 2010. http://dmh.mo.gov/dd/safe/index.htm.

[309] ---. "Quality Outcomes Survey Tool".

are approximately 400 providers who are certified through the state system, 46 providers accredited through CARF, and 3 providers accredited through CQL.[310]

There are several steps for the provider to follow to achieve certification. Initially, an application form is submitted to the Department of Mental Health and the provider submits written descriptions of the programs and services, including policies and procedures, for which the provider is seeking certification. There is no fee for this certification. The department reviews the applications and determines if the organization is appropriate for certification. If it is determined that the provider is appropriate, the applicant must complete a new provider training. A pre-training assignment is required before attending the training and directs the applicant to develop a provider notebook containing various directives, tools, and guidelines.[311] If all other activities are satisfactory, a site survey to ensure compliance with certification standards is conducted. If all requirements are met, the provider will receive certification. From that point on, the provider will be subject to the Code of State Regulations for monitoring compliance.

If a provider is accredited by CARF or CQL, the provider is required to submit a copy of the most recent accreditation survey results to be re-certified. In addition, the provider must notify the department regarding accreditation status or changes in status and scheduled surveys. The state maintains a quality-assurance role for all providers regardless of accreditation or certification through policies and procedures for reporting medication errors, incidents, injuries, death, and other processes to meet the Center for Medicare and Medicaid (CMS) quality assurances for HSBS waivers.[312]

Monitoring Practices

Missouri achieves quality outcomes through a process to monitor and affect services provided focusing upon health and welfare of individuals served, meeting their needs, and supporting them to achieve personal goals. The primary Quality Functions are the following:

- Service Monitoring 3.020—Service Monitoring Policy and Implementation Guidelines
- Incident Response System 4.070—Event Report Processing
- Fiscal Review 08 5.070—Fiscal Review
- Health Inventory Planning System (HIPS) and Nursing Review 3.090 Health Identification and Planning System Process
- Mortality Review 3.070—Consumer Death Notification and Mortality Review Process
- Self Advocate and Families for Excellence (SAFE) Review
- Personal Plan Review 4.060—Person-Centered Planning Guidelines and Quality Enhancement Review

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[310] Mangini, Margy, director of quality enhancement, Division of Developmental Disabilities. Telephone interview. 12 November 2010.
[311] Missouri Division of Developmental Disabilities, Division Directive 5.060—Enrollment of New Providers, 14 October 2010. Missouri Department of Mental Health. 9 November 2010. http://dmh.mo.gov/docs/dd/5060.pdf.
[312] ---. Division Directive 5.060, 2010.

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- Licensure and Certification Review 3.100—Quality Enhancement Review – Basic Health and Safety
- Provider Relations Review 4.090—Provider Relations Policy
- In addition to the Regional Office Quality Functions, there are other functions within and outside the department that also provide information, including, but not limited to, results of accreditation activities of CARF and CQL.[313]

Every two years, all state-certified providers must seek re-certification from the Division of Mental Retardation and Developmental Disabilities to deliver Medicaid Home and Community-Based waiver services. Providers that receive this certification are considered licensed by the department under sections 630.705–630.760, RSMo.[314] To attain the two-year certificate, the provider undergoes a review from the state survey team. The mandates and parameters of the survey are readily available for providers to understand in advance. There are provisions to ensure that there are not conflicts of interest between the surveyors and the provider under review. The survey activities include, but are not limited to the following:

- A tour of the provider, individuals' homes, or day habilitation area (if on-site day habilitation)
- Observation of individuals served in their homes and in the community
- Discussions with individuals served, their families (if readily available), and staff
- Record review
- Informal meetings to share observations, plan, and identify emerging themes

At that time, the survey looks at all compliance areas and includes some elements of physical plant requirements. Fire safety and compliance is monitored through other departments at different intervals.[315]

Depending on the findings, the provider is either recertified for another two years or a plan of correction is developed to address issues and, upon completion of the plan, a certificate is issued. If the plan of correction is not implemented, the provider may be placed on conditional status for a defined period of time or the certification may be terminated.[10]

The state ensures that ongoing quality assurance is achieved through face-to-face visits by service coordinators with individuals served and their teams. Service coordinators are required to meet, at a minimum, with individuals served at the following frequencies:

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[313] Missouri Division of Developmental Disabilities. Division Directive 4.080—Integrating Quality Functions, 1 October 2009. Missouri Department of Mental Health. 9 November 2010.
http://dmh.mo.gov/docs/dd/directives/4080.pdf.
[314] Missouri Secretary of State. Rules of Department of Mental Health—Division 45, Chapter 5, 28 February 2005. Administrative Rules. 19 November 2010. http://www.sos.mo.gov/adrules/csr/current/9csr/9c45-5.pdf, 3.
[315] Mangini. 12 November 2010.

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Frequency of Visits/Contacts Overview

Monthly Face-to to-Face (All residential services funded by the Division or processed through the DMH Billing System, except for Nursing Homes)	Quarterly Face-to-Face	Annual Face-to-Face and Quarterly Contact
▪ Individuals in group homes ▪ Individuals in ISLs/in-home ISLs ▪ Individuals in foster homes ▪ Individuals in host homes ▪ Individuals in residential care facilities (RCF)	▪ On-site day habilitation ▪ Individuals living in natural home receiving personal assistance or respite care* ▪ Individual living in nursing homes, private ICF/MR facilities, and residential care facilities not funded by DMH ▪ Once annually at site of services delivery ▪ Employment services ▪ Off-site day habilitation ▪ Facility-based respite	▪ Individuals living in a natural home receiving a funded services not listed in other categories* ▪ Individuals receiving service coordination only; may be receiving non-DMH-funded services (i.e., DHSS, V.R., etc.)

* Services may be funded through various means, including Choices for Families or POS.[316]

During these on-site visits, the service coordinators review the Service Monitoring Guidelines for compliance with health, environment and safety, individual rights, services and staff, and money. The guidelines provide a framework for ideal service delivery to enable the individual to achieve his or her personal goals. If during the visit there are no concerning issues, the visit is documented in a log note and the provider is notified within five days of the positive outcomes identified during the review. Similarly, if any issue(s) arise during the visit that are problematic, service coordinators follow a prescribed method according to severity to determine resolution and follow up of the issue(s).[317]

If during the course of quality-assurance monitoring it is discovered that there are concerns with service delivery, a provider improvement plan can be created. The provider and the Regional Office Provider Relations staff collaborate to address areas of concern, what progress is needed, timelines, action steps, and so on. If adequate progress is not made during the improvement plan, the provider may be placed on a critical status plan, which can lead to the different provider status including no referral–no growth status, conditional certification status, or de-certification if necessary.[318]

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[316] Missouri Division of Developmental Disabilities. Division Directive 3.020—Service Monitoring Policy and Implementation Guidelines, 27 August 2010. Missouri Department of Mental Health. 9 November 2010. http://dmh.mo.gov/docs/dd/directives/3020.pdf, 4.

[317] --- Division Directive 3.020, 4–5.

[318] ---. Division Directive 4.080.

Appendix I: Missouri

Assessment

HCBS Quality Management Requirements

1. *Discovery*

    Missouri uses several approaches to make certain that providers meet the quality management requirements necessary for the HCBS waiver program as well as ensuring that the values and priorities identified for individuals to have a fulfilling life are achieved. By applying a variety of processes for review, the state has systems designed to ensure safeguarding of health, safety, and compliance. The state employs service coordinators and contracts with counties and some private case management entities. In addition, all service coordinators perform quality-assurance monitoring. They also have quality enhancement staff at each regional office, as well as provider-relations staff to conduct some review activities. Coordinators and volunteers through Self-Advocates and Families for Excellence conduct checks between biennial certification reviews to ensure both documentation and provider standards are met.

    The process for reviewing providers by either the state or the accreditation organizations during certification on quality monitoring does ensure that shortcomings are noted and issues are addressed. The method for review appears to allow providers who make non-pervasive mistakes to correct them and move on, while deficient providers who do not make the necessary corrections can be decertified or contracts terminated.

2. *Remediation*

    If multiple issues are identified for a provider, patterns of issues repeatedly occur for an individual served or provider, there is a lack of follow-up on concerns or issues or the provider experiences a reduced level of accreditation due to concerns in the areas of health or safety, the Regional Office Provider relations staff partner with the provider to create an improvement plan. Parameters for meeting the plan are agreed upon, and the provider can be placed on a no-referral–no-growth status if necessary.

    If adequate progress is not made under the improvement plan, a critical status plan can be put into place. Through the improvement plan options, the provider may have a contingent certification for a period of time, but they retain the ability to work with the regional center to meet, exceed, or extend deadlines as appropriate. A provider who is decertified has options though remediation to have its issues re-examined. The state and accreditation organizations work with willing providers to take necessary steps to correct deficiencies.[319]

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[319] Missouri Division of Developmental Disabilities. Division Directive 4.080.

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3. Continuous Improvement

Through tracking and trending of data related to the quality enhancement and certification activities, the state provides regulations for providers to follow regarding requirements for compliance with documentation and service delivery. Meeting compliance with HCBS is also achieved through the commitment to self-determination, person-centered philosophies, or Quality Outcomes for the individuals served. There is a clear course of action for quality-assurance concerns. The state has options to deal with providers that do not meet expectations, and those that do meet expectations are not burdened unnecessarily with extra compliance mandates.

Providers operating through CARF accreditation have the use of information measurement and management systems and performance improvement systems, including tools to measure quality assurance and ongoing quality improvement through performance data. Organizations must demonstrate that they receive ongoing input from individuals served, personnel, and other stakeholders using a variety of mechanisms. This may include written surveys, advisory groups, meetings, chat rooms, suggestions boxes, complaints, and communication logs. The leadership within the organization is then required to analyze this data and implement changes into applicable areas. These areas may include program planning, performance improvement, strategic planning, and financial and resource planning.

Providers who work with CARF have indicated that their reviews are learning experiences and areas for quality improvement are viewed positively and are often taken as exciting new opportunities. Kimberly Gier from Concerned Care shared ways her agency has learned new methods for achieving compliance while using new person-centered tools or learning about something innovative another provider is doing that her company could mimic to improve services, as a positive way to improve quality yet part of the monitoring process.[320] Such methods for positive improvement ensure quality is achieved for the program and individuals served.

Safeguarding of Health, Safety, and Rights

There are many Quality Functions that serve to safeguard health, safety, and rights. Certification surveys, service monitoring, quality enhancement review, SAFE, and other processes form a cohesive system that ensures that individuals served receive quality service in a person-centered way. Safeguards are built into the system during the certification and recertification process as well as throughout the service monitoring for quality.

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[320] Gier. 11 November 2010.

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Opportunities for Self-Determination

Missouri standards identify extensive goals and expectations to ensure self-determination. The outcome for attaining self-determination states, "Outcome: Individuals have the opportunity to enhance self-esteem through self-expression."[321] Self-determination achievement is met through the following:

- Interactions with each individual demonstrate interest, concern, and consistency.
- Individuals routinely receive unconditional positive feedback.
- Expectations of each individual are positive.
- Individuals have social and interpersonal problem-solving skills.
- Individuals express their own personal style.
- Individuals are aware of and use personal competencies.
- Individuals express personal opinions and preferences.
- Individuals have options to express their cultural heritage.
- Individuals have information about their families and friends.
- Individuals express their personal histories.
- Individuals understand what belongs to them and what belongs to others.
- Individuals are aware of their own bodies.
- Individuals differentiate between themselves and others.

The commitment to ensuring participant self-determination is also realized through the use of Self-Advocates and Families for Excellence. Individuals served have a variety of outlets available to express and realize the ability to live their lives to the fullest.

Kimberly Gier, from Concerned Care, reiterated that providers value self-determination and place emphasis on person-centered philosophies. Concerned Care is accredited through CARF, and she reflected that those values were also present in the beliefs and quality assurance that they use for their CARF accreditation.[322]

The very foundation of service provision in Missouri can be found throughout the Code of State Regulations. Pages of the regulations are dedicated to outlining the beliefs and philosophies that the state values in the areas of self-determination and person-centered philosophies.

Promotion of Goals and Outcome Achievement

The Code of State Regulations identifies key outcomes and goals for individuals served and sets out extensive methods to ensure they are being addressed and taken seriously. Individuals served in state-certified programs, or their legal guardians, have the ability to bring direct attention to areas they perceive as inadequate in their lives through the traditional quality-assurance system or by using Self-Advocates and Families for Excellence. In addition, the frequent visits by service coordinators are designed to ensure

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[321] Missouri Secretary of State. Rules of Department of Mental Health—Division 45, Chapter 5, 28 February 2005. Administrative Rules. 19 November 2010. http://www.sos.mo.gov/adrules/csr/current/9csr/9c45-5.pdf, 4.
[322] Gier. 11 November 2010.

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that the needs of the individual are being examined and evaluated at regular intervals to aid in the achievement of individual participant goals and outcomes.

Quality Assurance and Ongoing Quality Improvement through Provider-Performance Data

Provider-performance data is collected from a variety of sources. For state certified providers, data can be found to support quality assurance and show quality improvement through several processes including biennial recertification, Quality Outcomes survey and data collection, and ongoing reviews by the service coordinators of the individual and the services. Provider-performance is captured constantly through these methods and is available for review and improvement if necessary.

Missouri also uses the Action Plan Tracking System (APTS) to track issues requiring resolution as well as positive practices that are identified through provider relations or quality enhanced functions. Categories, including health, safety, rights, services, and money, and Missouri Quality Outcomes are tracked in this database and the information is used by regional offices. The Customer Information Management, Outcomes and Reporting/Event Management Tracking (CIMOR/EMT) is the incident and injury database that is used to track and trend data on reported incidents, injuries, medication errors, and death.

Factors that Influence Cost

The Missouri Division of Developmental Disabilities contracts with 1,048 providers throughout the state and provides services to 9,546 individuals in the four waiver programs.[323]

Missouri projects, in fiscal year 2011, to spend $875,104 on Community Programs, the division of the Department of Mental Health that oversees Licensure and Certification.[324] Services are monitored by eleven regional offices throughout the state.

The ability to use an alternative accreditation service, such as CARF or CQL, allows providers to achieve certification without imposing costs to the state for conducting that process. Margy Mangini, with Quality Assurance, Division of Developmental Disabilities, was not able to quantify what or if there is a cost savings to the state for the providers using accreditation.[325] It would appear that some savings could be realized since certification is granted through accreditation status for the nearly 50 providers, thereby reducing the demand on state staff to engage in many initial certification and recertification activities with those providers. But with more than 400 providers choosing state certification, the state is still doing the majority of certification in addition to the quality-assurance monitoring functions for all providers.

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[323] Missouri Department of Mental Health. Department of Mental Health FY 2012 Budget Request, September 2010. Missouri Office of Administration. 10 November 2010. http://oa.mo.gov/bp/budreqs2012/MH1/MH1.pdf.
[324] ---. Department of Mental Health FY 2012 Budget Request, 590–591.
[325] Mangini. 12 November 2010.

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Recommendation of Items to Consider for the State of Minnesota

Missouri expressly states its commitment to working collaboratively with providers. A key goal of certification is to enhance the quality of care and services with a focus on the needs and outcomes of individuals served. The primary function of certification is assessment of a provider's compliance with standards of care. A further function is to identify and encourage developmental steps toward improved program operations, individual satisfaction, and positive outcomes.

This commitment to collaborating with providers to facilitate their understanding of rules and regulations, as well as assisting them in areas of need, may be welcomed in Minnesota where provider oversight uses a more traditional inspection-and-citation model, and repeat violations often indicate the failure of correction orders to achieve their purpose.

The consistent standards for the enrollment, training, and certification process are designed to ensure that providers possess the necessary skills, philosophy, and qualifications to be successful in improving services to individuals with disabilities. Whether through accreditation or the state's certification system, providers are subject to more rigorous requirements at the start of service delivery, creating a provider pool that has clear understanding about rules and regulations, the expectations for service delivery, and methods to deliver person-centered services.
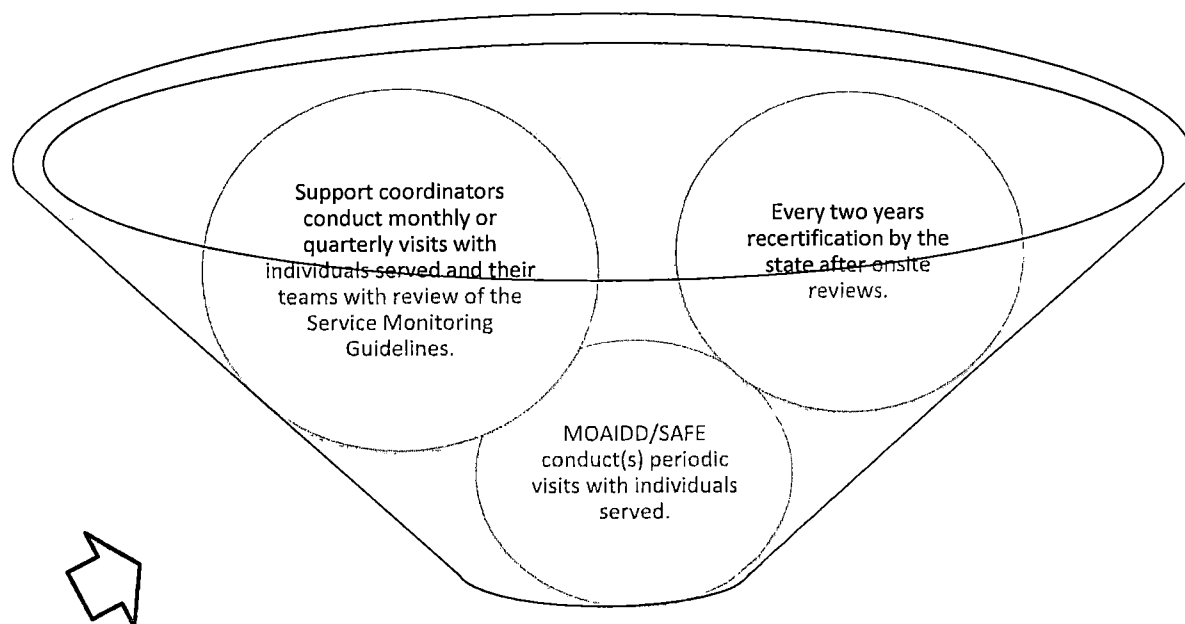
The insertion of clear and comprehensive beliefs and goals for Quality Outcomes, a focus on person-centered philosophies, and lengthy statements regarding the principles for individuals served directly in the codes of state regulations reinforces the state's commitment to providers and others working with individuals with disabilities.

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Missouri State Certification Process

Agency submits initial application, including supporting documentation, to provide services to the Missouri Department of Mental Health (MO DMH)

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Approval or denial of the application by MO DMH

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For approved application, MO DMH requires attendance at training and orientation sessions, completion of assignments in the DMH process including policies and procedures, and an onsite review to assess standards for compliance. If successful, a provisional certification is issued.

⇓

An initial license issued for a period up to one year.

⇓

Every two years the Division of Developmental Disabilities (MO DDD) conducts an on-site survey of the agency.

⇓

If findings indicate compliance a two year certificate is issued

If findings indicate noncompliance, a plan of enhancement is developed and a two-year certificate is issued contingent on successful fulfillment of the plan.

Providers can be deemed certified by the state if they are in good standing with an approved accreditation agency, currently either the CQL or CARF still must participate in all state regulated QA monitoring processes for licensure.

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Missouri Monitoring Practices

Support coordinators conduct monthly or quarterly visits with individuals served and their teams with review of the Service Monitoring Guidelines.

Every two years recertification by the state after onsite reviews.

MOAIDD/SAFE conduct(s) periodic visits with individuals served.

All three practices can identify issues and bring those to the state's regional centers.

South Dakota

South Dakota certifies agencies providing Home and Community-Based waiver services incorporating oversight by the South Dakota Division of Developmental Disabilities (SD DDD), Department of Health (DOH), and CQL | The Council on Quality and Leadership. Currently, nineteen providers are certified to provide waivered services within the state of South Dakota. Once a provider is certified in the state of South Dakota the provider can offer all services available to HCBS waiver recipients, including in-home support, residential services, day services, and supported employment.

Provider Standards

The regulatory standards (administrative rules) in South Dakota that govern services to individuals with developmental disabilities include Article 46:10—Developmental Disabilities Services[326] and Article 46:11—Adjustment Training Centers (this term has been changed to Community Support Provider [CSP]).[327] Included in Article 46:11 is chapter 46:11:06, which defines the safety, sanitation, and physical facilities standards,[328] and Article 46:13—Medication Administration.[329] These administrative rules provide the certification requirements, service standards, and administrative guidelines for service provision.

Article 46:10 defines the types of services available to individuals with developmental disabilities, including those services provided under 46:10:05 Family Support Services and 46:10:07 Family Support Waiver Services. Family Support Services are defined as those services, supports, or other assistance that are provided to families with individuals living in the family home. Individual support services include those services, supports, and other assistance provided to individuals who do not live with family. Community Training Services are defined as services provided to an individual in residential and day or vocational settings and services.[330]

General information is also included regarding other various available services, local and statewide family support programs and eligibility, contracts, funding availability, waiting lists, and subcontractor eligibility requirements and responsibilities. These responsibilities are summarized under Article 46:11. Article 46:11 also includes the eligibility requirements for persons, including screening processes and continued stay reviews for nursing facilities and the need, if any, for specialized services.[331]

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[326] South Dakota Legislature. Article 46:10, 2010. 13 September 2010. http://www.legis.state.sd.us/rules/DisplayRule.aspx?Rule=46:10.
[327] ---. Article 46:11, 2010. 13 September 2010. http://www.legis.state.sd.us/rules/DisplayRule.aspx?Rule=46:11.
[328] ---. Article 46:11:06, 2010. 13 September 2010. http://www.legis.state.sd.us/rules/DisplayRule.aspx?Rule=46:11:06.
[329] ---. Article 46:13, 2010. 13 September 2010. http://www.legis.state.sd.us/rules/DisplayRule.aspx?Rule=46:13.
[330] ---. Article 46:10.
[331] ---. Article 46:11.

Appendix J: South Dakota

Article 46:11 is the predominant article that directs the certification requirements, rights of individuals, service standards, and administrative requirements of Community Support Providers (CSP). Mentioned within this article is a type of review called the Life Quality Review. The Life Quality Review was intended to be an assessment of outcomes for individuals served in the areas of choice, relationships, lifestyle, health, well-being, rights, and satisfaction. CSPs were required to be in compliance to the certification criteria to the Life Quality Review in seventeen out of the twenty-five total outcomes. This standard became effective December 31, 2000; however, since that time and the development of the partnership between South Dakota and the Council on Quality and Leadership (CQL), the Life Quality Review (and applicable sections contained within the article) is no longer present in South Dakota standards. CSPs were given the opportunity to choose to be in compliance to the Life Quality Review or to follow the CQL's standards of quality-assurance and outcome-based services.[332] All CSPs chose to be accredited by the CQL, therefore, making the Life Quality Review obsolete.

To be certified as a CSP and to serve individuals with developmental disabilities, CSPs are required to do the following:
- Have policies and procedures
- Report critical incidents to the South Dakota Division of Developmental Disabilities
- Follow due process for individuals' rights restrictions and ensure rights are upheld according to statute 27B[333]
- Adhere to proper accounting procedures, including having insurance, rate reimbursement, and so on (using Inventory for Client and Agency Planning [ICAP] data required by 67:54:03:05)
- Retain, dispose, or transfer records according to the article
- Manage finances of individuals served if directed by an Individual Service Plan
- Conduct service team meetings where the Individual Service Plan is developed, reviewed, and assessed
- Complete all required assessments if requested or deemed necessary
- Develop and implement goals directed by the Individual Service Plan
- Follow policies and procedures if highly restrictive procedures are used (i.e., physical restraints, medications, aversive procedures, or rights restrictions)
- Complete staff-orientation training
- Maintain a Human Rights Committee and Behavior Intervention Committee for review and assessment of highly restrictive procedures
- Provide alternative services to individuals served to improve or maintain their skills[334]

Chapter 46:11:06 defines safety, sanitation, and physical facilities standards for providers. CSPs are required to do the following:
- Have safety and sanitation plans, including procedures for both medical and nonmedical emergencies
- Follow Life Safety Codes fire safety standards

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[332] Van Kleeck, Albert, Director of Accreditation, CQL. Telephone interview. 21 September 2010.
[333] South Dakota Legislature, Chapter 27B-8, 2010. 12 September 2010.
http://legis.state.sd.us/statutes/DisplayStatute.aspx?Statute=27B-8&Type=Statute.
[334] Van Kleeck. 21 September 2010.

- Maintain capacity and space requirements for homes, shops, bedrooms, and so on
- Follow water regulation standards and maintain food, food service, and storage areas according to established standards
- Take measures to maintain that the facility is neat, clean, and litter or rubbish free
- Follow proper cleaning, sanitizing, and handling of all kitchen equipment and utensils and ensure proper hand-washing techniques
- Document incidents, injuries, and medication errors for all individuals served and maintain a log of those items
- Review and assess information on incidents, injuries, and medication errors annually and implement preventative measures[335]

Article 46:13 sets the standards for medication administration for individuals served by the providers. CSPs must ensure employees who administer medications do the following:

- Complete medication administration training, with a minimum of 20 hours, and demonstrate proficiency before administering medications or assisting with self-administration medication programs
- Complete an annual proficiency review of medication administration
- Assist with self-administration medication programs if directed by the ISP
- Have policies and procedures on medication administration and required training, self-administration medication programs, addressing medication errors, storing of controlled substances, and destroying medication and documenting that destruction[336]

Licensing and Credentialing Systems

South Dakota has two waivers for individuals with developmental disabilities: CHOICES and Family Support Services 360°. Under the CHOICES waiver, Community Support Providers may provide residential, in-home, vocational, and supported employment services. Family Support Services may be provided by a CSP, a subcontractor, or independent contractor. All providers must be compliant to articles and the CQL accreditation process. South Dakota serves approximately 3,354 individuals within its two waivered programs. Statewide, there are nineteen providers serving approximately 2,554 individuals with the South Dakota CHOICES program and 800 individuals with Family Support Services 360°.[337]

Community Support Providers are certified by the state of South Dakota as well as accredited by CQL. Initial certification to become a Community Support Provider requires a written request be submitted to the South Dakota Division of Developmental Disabilities (SD DDD). By-laws and policies and procedures required under Article 46:11 are also submitted to the state. Becoming certified includes filing articles of incorporation and nonprofit status with the state. All CSPs function under nonprofit status. Upon acceptance and approval of the information, a provisional certification is issued by the SD DDD

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[335] South Dakota Legislature. Article 46:11.

[336] ---. Article 46:13.

[337] Hand and Ruen. Telephone interview. 16 September 2010.

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and is valid for six months. After the six-month provisional time frame, the SD DDD completes a review of the CSP. If they are compliant with Articles 46:11 and 46:13 and CQL standards, a two-year certification is provided.[338] In addition, the CQL begins its four-year partnership agreement. Three site visits occur through CQL personnel over the course of four years.[339]

There are no application or initial certification fees for Community Support Providers, nor is there a fee for recertification every two years. The SD DDD pays the fee associated with the accreditation through CQL.

Every two years, the SD DDD conducts its biennial review. This review is completed by a team of surveyors composed of SD DDD personnel and provider personnel. Upon completion of the review, the SD DDD reissues certification for an additional two years. For deficiencies found during the review, plans of enhancement/plans of corrections are developed by the CSP and approved by the SD DDD. Certification is provided for an additional two years upon the division's resolution and approval of identified deficiencies.

Monitoring Practices

There are several quality-assurance monitoring practices currently used in South Dakota, including compliance to administrative rules, protection of health, safety, and rights of individuals served, and outcome-based services.

The Department of Health does an inspection of the provider and all provider-owned or leased residential homes biennially. The Department of Health is not responsible for reviewing programmatic plans for individuals served by the provider. A limited paper inspection is completed as well to ensure the appropriate number of fire and tornado drills were fulfilled per SD administrative rules and that fire extinguishers and sprinkler systems have been inspected annually.[340] The DOH provides the completed inspection report to the SD DDD to show compliance with the environmental standards.[341]

The SD DDD completes an annual assessment using the Inventory for Client and Agency Planning (ICAP). This standard tool is used to verify initial eligibility and to ensure continued eligibility and rate calculation for services. During the completion of the ICAP, provider data is assessed for correct individual information.[342]

The SD DDD also completes a recertification review biennially. A sample of 8 percent of individuals served is reviewed. Reviews include compliance with Article 46:11:03 to 46:11:06 and Article 46:13,

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[338] South Dakota Legislature. Article 46:11.
[339] Van Kleeck. 21 September 2010.
[340] Gray, Jennifer, Program Director, ASPIRE, Inc. Email correspondence. 28 October 2010.
[341] Stahl, Bob, Licensure and Certification, South Dakota Department of Health. Telephone interview. 12 November 2010.
[342] Hand and Ruen. 16 September 2010.

including policies and procedures and application of those policies.[343] In addition, during the review, the SD DDD uses portions of the CQL Basic Assurances® standards to assess for safety, health, and rights of individuals served.[344] South Dakota's agreement with CQL includes this shared oversight function.

CQL partners with South Dakota to monitor outcome-based and quality assurance for Community Support Providers. Three different site visits occur during the four-year partnership agreement by a CQL reviewer, including the completion of assessments and interviews based on the Quality Measures 2005® Personal Outcome Measures®.[345]

The CSP completes self-assessments directed by the CQL in addition to submitting its accreditation application. The self-assessments are reviewed for validity by CQL personnel who then determine if the CSP's self-rating is accurate. This "pushes" the CSP to look at areas that they can improve upon and put plans together to correct those issues in a methodology that works the best for the CSP.[346]

If deficiencies are noted during the SD DDD recertification review, a written statement of deficiencies is provided to the CSP. Within 30 days, a plan of enhancement/plan of correction is developed by the CSP and sent to the SD DDD for approval. Once the plan is approved by the SD DDD, the CSP's certification becomes effective for another two years. Substantial improvement must be documented, and the CSP must demonstrate the ability and commitment to correct deficiencies by the designated dates.[347]

Probationary status is only placed upon a CSP when there are severe deficiencies in several areas that seriously affect the health, safety, welfare, rights, or habilitation of the individuals served, or if patterns of noncompliance arise over time. While a CSP is on probation, it is unable to collect funds or use currently held funds to provide services to additional individuals.[348] During the probationary period, the SD DDD conducts site visits every three months with the CSP providing monthly status or progress reports. If corrections are not made by the CSP, the SD DDD may revoke its certification.[349] The SD DDD states that a probationary status is not given for purely noncompliance issues with administrative rules.[350]

During a CQL review, if deficiencies are found, they are stated orally and in written format to the CSP and SD DDD and efforts are made by all parties (CSP, SD DDD, and CQL) to address the situation and improve the system. The CSP has the option to work directly with the SD DDD to correct the identified issues or have the CQL return to complete further review of the CSP. This additional review by the CQL would be at the CSP's own expense.[351]

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[343] South Dakota Legislature. Article 46:11. and Hand and Ruen. 16 September 2010.
[344] Van Kleeck. 21 September 2010. and The Council on Quality and Leadership, South Dakota Memorandum of Understanding. Pierre: The Council on Quality and Leadership, 2009, 1.
[345] The Council on Quality and Leadership. South Dakota Memorandum of Understanding, 1–6.
[346] Gray. 28 September 2010.
[347] South Dakota Legislature. Article 46:11.
[348] ---. Article 46:11.
[349] ---. Article 46:11.
[350] Hand and Ruen. 16 September 2010.
[351] Van Kleeck. 21 September 2010.

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Assessment

HCBS Quality Management Requirements

1. *Discovery*

   As a result of the CQL and SD DDD reviews, the provider, CQL, and SD DDD share information regarding deficiencies through written statements and reports. The CQL collects data from direct participant experiences by conducting interviews and focus groups that include individuals, community members, families, staff, and so on. Staff members have the opportunity to give feedback on their level of satisfaction with the work they provide through one-on-one conversation, as well as group discussion. During this process, a team comprised minimally of an SD DDD staff (licensor) member, provider staff member, SD DDD registered nurse, and provider medical personnel are present (this is only for DDD biennial reviews, not CQL).[352] This team approach appears to minimize the effect of a "one-person interpretation" on compliance to the administrative rules, policies, and procedures and application of those policies. After the review, the CSP creates a plan of enhancement/plan of correction to develop solutions to address the concerns and proposes a timeline for completion. CQL reviews only the part of these plans that address CQL's Basic Assurances® prior to their next scheduled visit for accreditation.[353] As part of South Dakota's agreement with CQL, the information from reviews, as well as from other focus groups, is used and aggregated into a final report for the state.[354]

2. *Remediation*

   When concerns arise, SD DDD, along with the CSP take the initiative to correct any identified issues and develop plans and timelines to correct them. Through a coordinated effort between the SD DDD, CQL, and CSP (as stated in the SD Memorandum of Understanding), redundancies are eliminated, processes are streamlined for the providers, South Dakota, and CQL, and costs are reduced. All of these items, stated clearly in the Memorandum of Understanding, enable greater efficiency and productivity in addressing identified issues. Follow-through on implemented corrections is assessed during future reviews. If the CSP is functioning under probationary status, monthly status or progress reports are completed, and the SD DDD conducts quarterly reviews to ensure that the corrections have been implemented and improvement is being made.[355]

3. *Continuous Improvement*

   The Memorandum of Understanding between CQL and South Dakota includes the use of quantifiable data that is used to provide quality assurances and quality improvement. Measurements collected by CQL from the interviews and focus groups are directly applied into

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[352] Hand and Ruen. 16 September 2010.
[353] Ruen, Carol. Email correspondence. 18 November 2010.
[354] Van Kleeck. 21 September 2010.
[355] South Dakota Legislature. Article 46:11.

the improvement of the systems and services by South Dakota. Commendations and recommendations for improvement of a CSP or state system will also be provided to the SD DDD by CQL.[356] After the contracted five years, a comparative report is completed by CQL and provided to SD DDD.[357] The comprehensive report developed by CQL serves as a means to analyze and improve systems and ensure quality of services. Through the aggregation of information derived from the reviews conducted by CQL and SD DDD, weaknesses or "holes" can be found within the system. Plans, based upon these "holes," are then created to improve systems and services in South Dakota.[358]

South Dakota has begun the process for revising the administrative rules (Articles) that govern services to individuals with developmental disabilities. The state plans to use the CMS version 3.5 amendment template.[359] Past data collected and aggregated by CQL and submitted to the SD DDD will be used in the revision process.

As further means to continuously improve, South Dakota is moving toward a more effective use of a central database entitled Quality Improvement Strategy System created by The Rushmore Group.[360] This electronic database and information-access tool is intended to increase consistency and efficiencies in many areas, such as reporting and the data collection processes. After the Quality Improvement Strategy System is implemented, reviews will be able to occur more frequently without increasing costs due to a more streamlined process.[361]

The use of a centralized database will enhance accountability as access to information will be available to providers as well as CQL and the SD DDD. As information is reported and collected within the system, it will be possible for providers to review internal information, internal systems, and raw data to complete self-assessments and surveys. Validation of the self-assessment and survey results can occur through the use of information within the system, as well as on-site review on the part of SD DDD personnel. The savings in cost and time to the state should be beneficial. "This will hopefully reduce the amount of travel time and resources required from the state to complete their review."[362]

The Quality Improvement Strategy System is currently being tested and the anticipated implementation will be July 2011.[363] This program is able to be developed to specifically meet the unique needs of the state or provider that is using it. It is able to be carried across state lines, programs, and organizations. The fee for SD to purchase this system is $240,000. Fees may vary

[356] The Council on Quality and Leadership. South Dakota Memorandum of Understanding, 1.

[357] Hand and Ruen. Telephone interview 16 September 2010.

[358] Van Kleeck. 21 September 2010.

[359] Hand and Ruen. 16 September 2010.

[360] The Rushmore Group. HCBS Quality Management Strategy System, 2010. 13 September 2010. http://www.rushmore-group.com/services/HCBSQualityManagementSystem/tabid/2917/default.aspx.

[361] Van Kleeck. 21 September 2010.

[362] Hand and Ruen. 16 September 2010.

[363] Ruen. 18 November 2010.

depending on amount of waivers, what the purchasing entity's needs are, and what the system is programmed to do.[364]

Strengths to this system include the following:

- The CSPs are assisted in adhering to CMS standards and providing waiver services.
- Reports to CMS are generated easily and accurately specifically for performance measures and indicators.
- Written statements of deficiencies and plans of corrections developed between the SD DDD and CSP are completed using this system.
- The "Message Center" is used as a quick and effective means of communication between SD DDD and CSPs.
- Trend reports are generated that enable the state to "narrow down" issues to correct them.[365]

Safeguarding of Health, Safety, and Rights

The articles that govern service provision in South Dakota to individuals served are comprehensive in scope for setting specific standards to protect the health, safety, and rights of individuals served. Current provision of health, safety, and rights falls under the scope of administrative rules and CQL's Quality Measures 2005®. Through the CQL accreditation process, CSPs are provided with greater flexibility in how they ensure the health, safety, and rights of individuals served. CQL accreditation and the measures included in its oversight do not define specific requirements such as specific content within documentation or policies, but rather require that systems need to be in place, which policies are required, and that a provider promotes and protects the rights of individuals. Following CQL's Quality Measures 2005®, providers have the ability to develop and implement measures according to the needs of the individuals and what works for them, versus creating systems that comply with and focus on content standards.

Through reports involving issues related to the health and safety of individuals through the oversight provided by CQL reviews, the state is able to continue being cognizant of health and safety-related issues.[366] By using CQL's Basic Assurances®, in addition to reviewing the application of the administrative rules and being an active partner in ensuring quality services, the SD DDD and CQL create a foundation to ensure all services provided protect the health, safety, and rights of the individual.[367]

Opportunities for Self-Determination

During interviews conducted during this research, all individuals interviewed emphasized the importance and experience of individuals served in participating in their own services, using available opportunities for self-determination, and expressing their wants, needs, and goals. Individuals served are an active part

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[364] Stengle, Karen, Chief Operations Officer, The Rushmore Group. Telephone interview. 10 November 2010.
[365] Stengle. 10 November 2010.
[366] Hand and Ruen. 16 September 2010.
[367] Van Kleeck. 21 September 2010.

of their own service planning meetings. The interviews, meetings, and focus groups conducted by CQL and Human Rights Committees also include individuals served. CQL accreditation process includes and requires that individuals served are able to direct their own services, choose where they live and work, and develop outcomes that are important to them. An area of innovation in South Dakota is that individuals served can be actively involved in the Human Resources team that is responsible for interviewing and hiring staff. This allows further opportunity for the individual served to give input into those responsible for their care. "These principles of self-determination are not only used in day-to-day practices, but will also be built into the upcoming revision to administrative rules."[368]

Promotion of Goals and Outcome Achievement

During reviews, the SD DDD assesses that the individuals served had the opportunity to express their wants, needs, and goal preferences and that the CSP is implementing those goals. In addition, the review validates that progress is being made and that goals are meaningful for the individual.

Having CQL involved in the oversight and review of services helps guarantee that the individuals' wants, needs, priorities, and preferences are expressed and implemented. Individual goals and outcomes are assessed and "taken to the next level" to see the meaning behind the goal. This ensures that they are what the individual wants and prefers and that they have a clear purpose. During CQL's interview or guided-conversation process, with a sample of individuals served, they review and monitor progress in twenty-one outcome areas. The process stresses the importance of the individuals, their own priorities, and their wants and needs. These are specific to the individuals and how they define their quality of life. In addition to the individuals being interviewed, staff people who are close to a particular individual are also questioned regarding if they are aware of an individual's priorities, wants, needs, and goals, and if they are implementing them.[369]

Strengths are found within the partnership between SD DDD and CQL, ensuring that service outcomes, results, and compliance to regulatory standards are evaluated. South Dakota has incorporated the importance of the individual and his or her quality of life into all aspects of oversight and review, therefore, making service outcomes or results the key focus.[370]

Quality Assurance and Ongoing Quality Improvement through Provider-Performance Data

Using the collaborative approach of the SD DDD, CQL, and CSP, there is a triangular effect to quality assurance. The SD DDD promotes quality assurance through its certification and recertification process by reviewing compliance to the administrative rules, policies and procedures, and application of those procedures. This process also looks at goals, active participation by the individual served in his or her own plan, and health, safety, and rights of all who are served. As data is collected from the reviews and compiled into reports, the information is used to develop plans to correct those issues systemically.[371]

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[368] Hand and Ruen. 16 September 2010.
[369] Van Kleeck. 21 September 2010.
[370] ---. 21 September 2010.
[371] ---. 21 September 2010.

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This lays the foundation for ongoing quality improvement, ensuring that issues do not reoccur and that areas of weakness are reshaped to reduce the likelihood of future occurrences.

Issues, whether provider related or systemic, are not the sole responsibility of one individual, department, or provider to correct. The collaborative effort between all parties promotes the recognition and acceptance of issues and provides motivation to make long-term changes for the benefit of all people involved.

During the interview process, it was noted that South Dakota's services are not as measurable as they should be to meet the HCBS waiver program quality management requirements. They need more performance indicators and to look at data and how to evaluate and improve systems and procedures based upon that data.[372] This is a primary reason for the development of the Quality Improvement Strategy System (QISS).

Factors that Influence Cost

The state of South Dakota has an approximate budget of $98,732,000 for the Department of Human Services Developmental Disabilities Division. The state has negotiated a contract with CQL to provide certification for its nineteen Community Support Providers at a cost of $473,590 over five years (the contract covered both initial and ongoing accreditation, and not all providers were covered under the process for the entire length of the contract).[373]

The Department of Health does a review of the physical environment every two years. There is no fee to the Community Support Provider (CSP) for this review. There is a contract between the Department of Health and the Division of Developmental Disability that is renewed annually.[374]

There are eighteen full-time SD DDD licensors to oversee and monitor the certification of the nineteen CSPs. Total budget for the DDD oversight and monitoring is $1,119,099.[375]

The cost of implementation appears to be a less complex process in South Dakota due to the limited number of individuals served (approximately 3,354) and the limited number of providers (nineteen) through the HCBS DD waivers.

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[372] Hand and Ruen. 16 September 2010.
[373] The Council on Quality and Leadership. SD-DHS DD-SD01, June 1, 2009, to May 31, 2014. Towson: The Council on Quality and Leadership, 2009, 1–2.
[374] Stahl. 12 November 2010.
[375] State of South Dakota. Governor's Budget Fiscal Year 2010. 3 September 2010. http://www.state.sd.us/bfm/budget/rec10/. and South Dakota Legislature. Human Services— Governor's Budget Fiscal Year 2010. 3 September 2010. http://www.state.sd.us/bfm/budget/rec10/10r1910.htm.

Appendix J: South Dakota

Recommendations of Items to Consider for the State of Minnesota

In South Dakota, the provider cost for accreditation with CQL is financed by the state. A similar arrangement between the state of Minnesota and CQL may not be fiscally realistic given the number of providers and the number of individuals served under the waivers in Minnesota. South Dakota has nineteen CSPs that serve approximately 3,354 individuals. South Dakota's smaller size makes the state's fiscal contribution a cost-effective measure, but would not likely have a similar fiscal effect as a model for Minnesota should CQL be administered in a similar way. Minnesota could choose to design a system where the accreditation cost was shared by the state and the provider, wholly paid by the provider or variable and negotiated through other performance indicators to determine cost responsibility. The structure of cost responsibility, however, should not deter the state from considering the merits of the South Dakota system in general.

Having providers take more responsibility and ownership over their license through completion of self-assessments, with verification of their validity by the Department of Human Services, may be effective in Minnesota. This would enable providers to take more accountability for their license and initiate improvements proactively instead of "waiting" to be directed to do so by responding to correction orders or citations as a result of violations in a reactive manner.

South Dakota uses a team approach to conducting reviews, identifying issues, and developing plans of enhancement to correct issues and ensure ongoing improvement within providers, the system, and the state oversight to service provision. It may be beneficial for Minnesota to develop a similar type of team approach as observed in the partnership between the SD DDD, CQL, and providers. By doing so, singular interpretations of administrative rules may be reduced or eliminated and all parties would be supported in having an active role in improving the systems.

CQL releases a statewide report containing provider data pertaining to review results. Because provider data is public information, it may lead to more informed decisions of care and of care providers for individuals making placement decisions. It might also drive providers to reach and maintain higher standards of performance. The inclusion of public information through some sort of provider report card may be beneficial to individuals through the long-term effect of better care and compliance with standards.
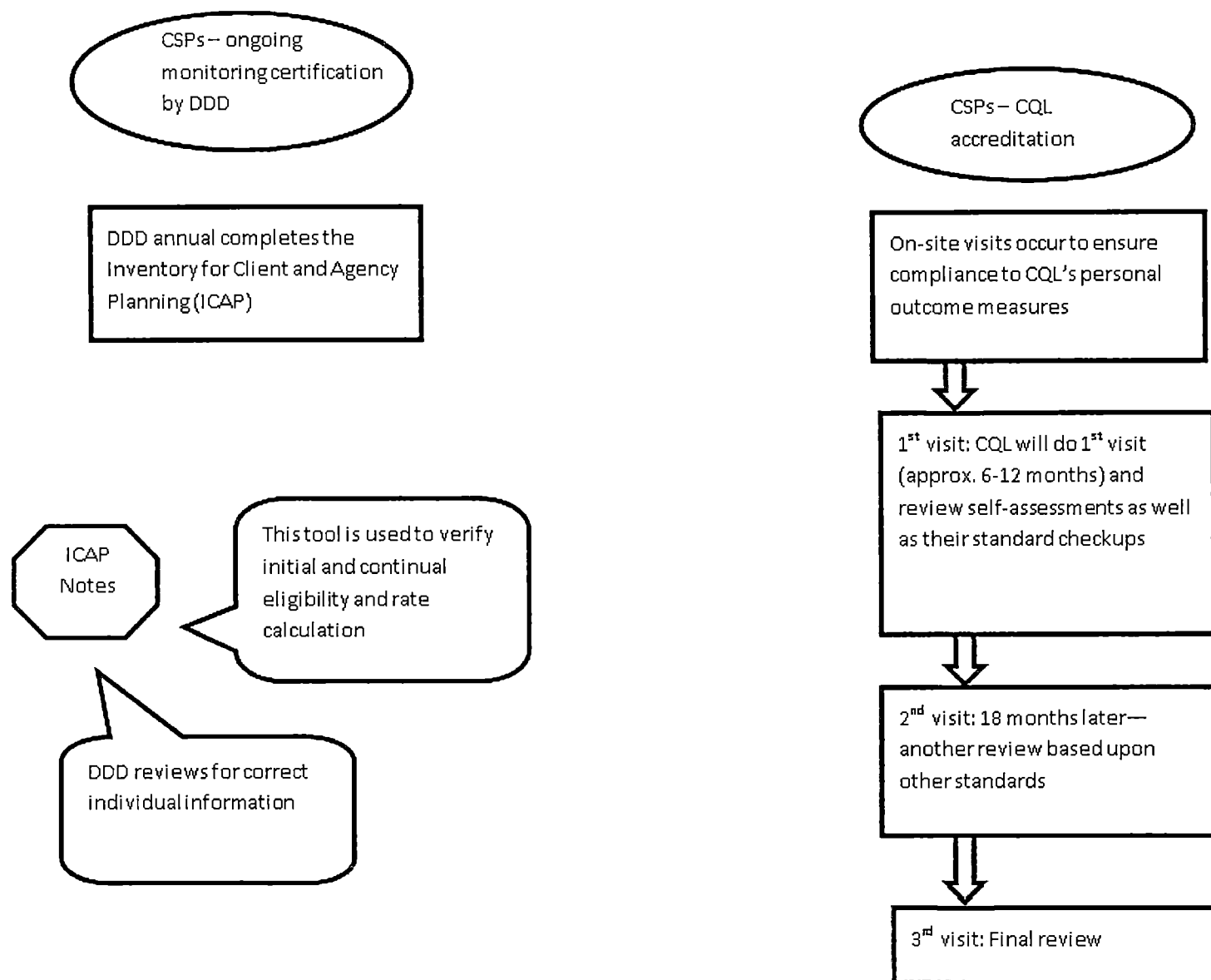
Appendix J: South Dakota

SOUTH DAKOTA

CSPs – initial certification by DDD

Request is made by CSP to the DDD including all required application paperwork.

⬇

Approval by DDD, 6-month provisional license granted to CSP.

⬇

After 6 months, DDD completes a review. If they are compliant to administrative rules, a 2-year certification is given to CSP.

⬇

CQI begins their 3 site visits to accredit the CSP for a period of 4 years.

CSPs – ongoing monitoring certification by DDD

Every 2 years, DDD completes their biennial review. Team is comprised of DDD and CSP personnel. Sample of 8% of individuals

⬇

No identified deficiencies, 2-year certification is provided CSP by DDD

Deficiencies identified, CSP may be required to develop a plan of enhancement

⬇

Plan of enhancement submitted to DDD for approval

⬇

Upon resolution and approval of identified deficiencies, 2-year certification is provided.

CSPs – ongoing monitoring of homes by DOH

Every 2 years, DOH completes full agency inspection according to Article 46:11:06

⬇

Report by DOH on findings provided to DDD to show compliance with environmental standard

There is no separate DOH license/certificate for CSPs.

Inspection by DOH is done on all CSP owned or leased residential homes.

DOH Notes

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CSPs – ongoing monitoring certification by DDD

DDD annual completes the Inventory for Client and Agency Planning (ICAP)

ICAP Notes

This tool is used to verify initial and continual eligibility and rate calculation

DDD reviews for correct individual information

CSPs – CQL accreditation

On-site visits occur to ensure compliance to CQL's personal outcome measures

1st visit: CQL will do 1st visit (approx. 6-12 months) and review self-assessments as well as their standard checkups

2nd visit: 18 months later— another review based upon other standards

3rd visit: Final review

Minnesota Region 10 Quality Assurance System

Minnesota Region 10 Quality Assurance (QA) System and licensing, or "Region 10 QA" as it is commonly referred to, includes a small portion of services comprised of five of the eleven counties in the southeastern area of Minnesota. The Region 10 Quality Assurance System has been granted the authority through the State Legislature to act as the licensing authority and quality-assurance system within the participating counties. Changes in funding since the 2009 legislative session has reduced the scope of the project. Currently, there are three counties that participate in the Region 10 Quality Assurance System. This includes the oversight of twenty-four providers and fifty-one program licenses (residential- and day-services licensed facilities), providing waivered services to individuals with developmental disabilities.

Provider Standards

Minnesota regulatory standards for the provision of services under the DD waiver are found within Minnesota Statutes or Minnesota Rules. Providers in the Region 10 QA system are required to follow the regulatory standards as other traditional providers while adhering to the alternative licensing process completed through the VOICE review.

Minnesota Statutes, Chapter 245A is also referred to as the Human Services Licensing Act. This statute provides information regarding who must be licensed, the process for applying for a license, content for correction orders, as well as negative licensing actions, reconsiderations, and appeal procedures. This chapter also includes sections 245A.65 and 245A.66, which are the providers' requirements governing the reporting of maltreatment of vulnerable adults and minors.[376]

Minnesota Statutes, Chapter 245B (informally known as the "Consolidated Standards") contains the standards that govern services to individuals with developmental disabilities. For Minnesota, this is considered the "treatment and habilitation regulation." The regulation includes several standards:

- Consumer rights standards
- Consumer protection standards, such as environmental requirements, meeting the consumer's health needs, first aid, reporting incidents
- Consumer services standards, such as consumer outcomes, risk management plans, completing assessments, progress reports
- Management standards, such as staff qualifications and training, policies and procedures, along with monitoring of psychotropic medications[377]

Minnesota Statutes, Chapter 245C is the Department of Human Services Background Studies Act. This regulation contains standards for whom, when, and how background studies need to be completed. It

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[376] Minnesota Office of the Revisor of Statutes. 2010 Minnesota Statutes Chapter 245A. Human Services Licensing, 2010. 7 September 2010. https://www.revisor.mn.gov/statutes/?id=245A.

[377] ---. 2010 Minnesota Statutes Chapter 245B. Services for Developmental Disabilities, 2010. 7 September 2010. https://www.revisor.mn.gov/statutes/?id=245B.

includes information and requirements regarding disqualification from direct contact service positions as well as appeal and due process.[378]

Minnesota Statutes, Section 626.557 or "Vulnerable Adults Act" requires the reporting of maltreatment of vulnerable adults.[379] Minnesota Statutes, Section 626.5572 contains the definitions of what constitutes maltreatment (abuse, neglect, and financial exploitation).[380] Minnesota Statutes, Section 626.556 contains the regulations for reporting maltreatment of minors.[381]

Minnesota Rules, parts 2960.3000 through 2960.3340 are formally known as the Foster Family and Residence Settings and Treatment Foster Care regulations and informally known as "Child Foster Care" regulation. This regulation contains standards for the physical environment, home safety, staff qualifications and training, and policies and procedures.[382]

Minnesota Rules, parts 9525.2700 through 9525.2810 are informally known as "Rule 40" and includes requirements for the governance and monitoring of aversive and deprivation procedures for individuals with developmental disabilities or related conditions.[383]

Minnesota Rules, parts 9555.5105 through 9555.6265, are known as the Adult Foster Care Rule and informally known as "Rule 203." It establishes procedures and standards for licensure and operation of an adult foster care home. This regulation contains standards for the physical environment, water, food, sanitation, health, resident rights, staff qualifications and training, and required policies and procedures.[384]

Licensing and Credentialing Systems

Current physical environment standards through Adult and Child Foster Care regulations are monitored through the oversight of county licensors separate from the monitoring within Region 10 QA. Licensing is completed through the VOICE reviews, Region 10 QA system to ensure standards for quality-assurance practices. "Through the Minnesota Legislature, the Region 10 Quality Commission has been authorized to develop and implement an alternative licensing system. Using VOICE, the Region 10 QA (Quality Assurance) Standards, and the protective standards, the participating counties have an agreement with the

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[378] Minnesota Office of the Revisor of Statutes. 2010 Minnesota Statutes Chapter 245C. Human Services Background Studies, 2010. 7 September 2010. https://www.revisor.mn.gov/statutes/?id=245C.
[379] ---. 2010 Minnesota Statutes 626.557 Reporting of Maltreatment of Vulnerable Adults, 2010. 7 September 2010. https://www.revisor.mn.gov/statutes/?id=626.557.
[380] ---. 2010 Minnesota Statutes 626.5572 Definitions, 2010. 7 September 2010. https://www.revisor.mn.gov/statutes/?id=626.5572.
[381] ---. 2010 Minnesota Statutes 626.556 Reporting of Maltreatment of Minors, 2010. 7 September 2010. https://www.revisor.mn.gov/statutes/?id=626.556.
[382] ---. Minnesota Administrative Rules Chapter 2960, Licensure and Certification of Programs for Children, 2010. 7 September 2010. https://www.revisor.mn.gov/rules/?id=2960.
[383] ---. Minnesota Administrative Rules Chapter 9525, Programs for Persons with Developmental Disabilities, 2010. 7 September 2010. https://www.revisor.mn.gov/rules/?id=9525.
[384] ---. Minnesota Administrative Rules Chapter 9555, Social Services for Adults, 2010. 7 September 2010. https://www.revisor.mn.gov/rules/?id=9555.

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state to carry out licensing functions. The counties that are participating have hired a Quality Assurance Manager to coordinate the reviews and to staff a county review council. The county Quality Assurance Review Council (QARC) is made up of stakeholders from Region 10—Minnesota. The QARC provides licensing recommendations to the county and the county makes a recommendation to the state of Minnesota."[385]

In a traditional licensing format, individuals and families receiving support are not always participants in the process; the focus includes meeting minimum license requirements and standards. Through Region 10 Quality Assurance, licensing of support providers is based on findings from individual VOICE (Value of Individual Choices and Experiences) reviews. Individuals and families receiving support are given a VOICE and are key players in the process. The Quality Assurance process enhances the quality of life for people and encourages continuous improvement in the support system.

The Region 10 Quality Assurance System combines three types of quality review processes, which are traditionally separated:

- Quality assurance to evaluate whether individuals are receiving appropriate supports and services
- Quality improvement to assist specific providers, groups of providers, and the system as a whole to help individuals achieve better life outcomes
- Licensing of programs that use public funds to support individuals with developmental disabilities

"Combining these efforts reduces redundancy in regulations and shifts the system into a process of continuous feedback and improvement. The process encourages providers to develop new and more effective means of support while assuring that basic safety and welfare are protected. It also provides a comprehensive and current overview on how well the system is working."[386]

Each VOICE review covers eight areas or Life and Service domains (as stated below). During the VOICE review, two interviewers ask questions to the individual's quality circle members (people who are an important part of an individual's life) to discuss each of the eight Life and Service domains. Within the Life and Service Domains, health and safety are addressed with relation to what an individual needs for supports in his or her life to stay safe, healthy, and be able to exercise his or her rights.

Minnesota Region 10 QA web site lists the Quality Assurance Standards as follows:[387]

Basic Assistance: to receive basic assistance to carry out ordinary life activities as effectively and independently as possible. Basic assistance is defined as:

- Nutrition: Help with planning, preparing, and eating meals. Help with the interpersonal aspects of mealtime.
- Personal hygiene: Help with ordinary and special washing, dressing, and grooming needs. Help with balancing choice with health needs.

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[385] Region 10 Quality Assurance. VOICE—Frequently Asked Questions.
[386] ---. VOICE—Frequently Asked Questions.
[387] ---. Home, 2008. 13 September 2010. www.mn-voice.org/index.php.

- Assistance with everyday tasks: Help with keeping a clean, attractive home or personal space. Help with bills and other household chores.
- Health and wellness: Help with scheduling and keeping visits with doctors, dentists, and so on. Help with using medications and participating in therapies. Help with exercise and fitness activities.

Special Assistance: to receive special assistance resulting from an individual's special condition or situation. Support may include obtaining help from professional sources as well as following up on professional recommendations. Special assistance is defined as:
- Medical: Help with needs beyond ordinary care, such as an ostomy or gastric tube, or with ongoing treatment for a chronic condition.
- Special therapies: Assistance with ongoing speech, physical or occupational therapy, and related exercises.
- Mobility and communication: Help with getting around and communicating with others, including obtaining, maintaining, and using special equipment.
- Emotional, behavioral, or psychological assistance: Help with overcoming the impact of a neurobiological disorder, such as depression or attention difficulties. Help with issues caused by emotional trauma. Help with learning and using more effective ways of getting along with other people. Assistance with addiction or substance abuse.

Relationships: to help the individual form and maintain positive, reciprocal relationships with family, intimate companions, friends, neighbors, co-workers or fellow students, staff, and others in the community. Relationship areas are defined as:
- Family life: Help with developing, restoring, or maintaining connections with primary and extended family members.
- Work, school, or other daily activities: Help with ongoing relationships with peers and staff in day activity settings.
- Social and community involvement: Help with forming and maintaining ordinary friendships and with getting along with others in the community, such as shopkeepers and neighbors.
- Home and intimacy: Help with sustaining close personal relationships and with relationships at home.

Choice: to help the individual exercise effective choice in as many ways as possible. The provider shall encourage family members and guardians to participate in the individual's choices in a way appropriate to the individual's age and capacity for self-expression. Choice includes but is not limited to:
- Access to information: Help with obtaining, understanding, and using the information needed to make personal choices.
- Involvement in planning: Help with ensuring that the person is present at, heard, and able to contribute to service planning activities, including the selection of options.
- Social and community involvement: Help with finding ways for the individual to contribute to the community and to the lives of other people and be involved in community activities.

- Development and expression of skills and preferences: Help with identifying, building, and expressing individual skills and preferences and ensuring opportunities for the reasonable experience of the dignity of risk.

Inclusion: to help the individual increase his or her effective involvement in social, cultural, and spiritual activities as described below:
- Community and social activities: Developing and enhancing opportunities, adaptations, assistance, and accommodations to increase the individual's meaningful inclusion in social and recreational activities.
- Personal expression: Help with developing improved strategies for personal understanding and expression to enhance the extent of inclusion in activities the individual enjoys.
- Cultural inclusion: Help with finding ways for the individual to be an active participant in activities that document and celebrate his or her heritage.
- Spiritual inclusion: Help with increasing the individual's effective inclusion in a community of faith if he or she chooses to do so and with access to spiritual comfort and instruction.

Economic: to ensure the individual has adequate resources for daily living and is able to do meaningful work, if appropriate. The following tasks shall apply where appropriate:
- Financial assistance: Help with obtaining and maintaining necessary financial support, including SSI, medical assistance, and similar resources.
- Housing assistance: Where needed, help with obtaining and maintaining an appropriate place to live, including any necessary repairs or advocacy with landlords.
- Transportation assistance: Help with obtaining reliable and safe transportation services.
- Employment assistance: Help with finding and keeping a job and with effective management of income.
- Other areas of assistance: Help with developing and maintaining a budget, exploring new opportunities for places to live and forms of support, or with resolving fiscal issues related to extensive debt or the inheritance of money.

Safety and Dignity: to ensure the individual is able to live safely and with respect, dignity, and personal responsibility as defined below:
- Personal safety issues: Support is provided through activities and in environments in which the individual is not exposed to unreasonable risks of harm.
- Respect and dignity: Support is provided in ways that demonstrate respect for the individual and enhance the individual's self-worth.
- Personal responsibility: Opportunities are created to enable the individual to contribute and express his or her unique gifts and for the individual to take responsibility for his or her actions.

Coordination: to develop and implement a balanced and comprehensive response to the individual's needs as described below:
- Referral, intake, and planning: Help with obtaining timely access to appropriate supports and services and with the development of a plan of assistance that reflects the individual's unique strengths, needs, and choices and those of his or her family.

- Integration of services: Help with ensuring that all of the individuals and organizations contributing to the support of the individual and his or her family collaborate effectively, including assistance from informal and natural sources of support.
- Achievement: Help with ongoing improvement in planning and delivering support and services to ensure better outcomes.
- Advocacy and conflict resolution: Help in addressing and resolving concerns or dissatisfaction expressed by the individual, his or her family, or formal or informal partners in the support plan.

When the provider has met the standards for each of the eight domains, the provider is considered to be compliant. At that point, the provider is considered to be providing services that are consistent with what is most important to the individual and his or her needs.

Dan Zimmer, Quality Assurance Director, stated, "The current practice for completing VOICE reviews by Minnesota Region 10 QA involves volunteers. The two interviewers who complete the VOICE reviews are not being paid to do so (with the exception of a stipend for expenses). It takes approximately 20 hours of total time to complete one VOICE review for one individual. This includes preplanning, interviewing process, travel, documenting, and the final meeting."[388]

"Volunteer participation is vital to the Region 10 QA Commission and VOICE Reviews. Volunteers serve on the Commission, Quality Assurance Review Council, and various Commission Committees and as Quality Assurance Team members that conduct VOICE Reviews."[389]

Monitoring Practices

To monitor for quality assurance, Region 10 QA begins by randomly selecting individuals for VOICE Reviews. The number of individuals selected for each provider is based on the number of people served by the license; a five percent sample or two, whichever is the higher number.[390] Zimmer stated,

> "Minnesota Region 10 QA completes one or two VOICE reviews per license during the licensing cycle. Licenses are issued and renewed over a two-year period. Two trained interviewers, as a part of the Quality Assurance Team (QAT), speak with one individual served as a part of completing a VOICE review (Value of Individual Choices and Experience). Under the current system, if the license provides services to one individual, that individual would engage in the VOICE review process resulting in a 100 percent sample of services."[391]

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[388] Zimmer, Dan. Quality Assurance Director, Minnesota Region 10. Telephone interview. 13 September 2010.
[389] Region 10 Quality Assurance. VOICE—Frequently Asked Questions.
[390] Zimmer. Email correspondence. 30 November 2010.
[391] Zimmer. 13 September 2010.

Appendix K: Minnesota Region 10 Quality Assurance System

Assessment

HCBS Quality Management Requirements

1. Discovery

Minnesota Region 10 Quality Assurance has two processes for discovering compliance with applicable standards, VOICE review and paperwork compliance reviews. The provider is reviewed for compliance under each domain during the review. VOICE reviews are not a variance to compliance, but rather the VOICE review process is accepted by the state of Minnesota as an alternative method of compliance with current standards. When there are multiple reviews required for one license, the VOICE review process occurs over time in order to provide consistent oversight. For example, if a provider were to go through the VOICE review process with two individuals, those VOICE reviews would be scheduled to occur over the span of the licensing period. A two-year licensing period would result in these two VOICE reviews occurring one during the first year of the license and one during the second. This decreases the time between licensing visits and ensures better consistency in review and remediation process for providers.

> "After VOICE reviews are completed, Region 10 QA completes a paper compliance review for specific standards. Those specific standards are items that are reviewed, via paper, that the Minnesota Department of Human Services still requires to be reviewed. The paper compliance review is a review of staff training, psychotropic medications, Minnesota's Rule 40 requirements (regarding the use of aversive and deprivation procedures), implementing individual protection plans, oversight and reporting of incidents, and review of maltreatment reports."[392]

2. Remediation

The QATs prepare and complete the written and verbal information and feedback to the person and their Quality Circle. The QA manager previews all VOICE reviews for content and accuracy in addition to providing follow-up whenever a VOICE review requires Action Plans. This feedback is given to every member of the Quality Circle (individual served, family, providers, and case managers) at the same time and with the same content so everyone can be knowledgeable of all issues and help each other accordingly.[393] Once the VOICE and paper reviews are completed, the Region 10 QA director provides written and verbal information and feedback to the individual and the provider. Zimmer stated that Minnesota Region 10 Quality

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[392] Zimmer, 13 September 2010.
[393] Zimmer, 30 November 2010.

Appendix K: Minnesota Region 10 Quality Assurance System

Assurance System uses its own unique rating scale, entitled "E.R.I.C." Minnesota Region 10 Quality Assurance System web site provided the following information:[394]

> A rating of "E" is for exceptional that indicates the individual is receiving support that exceeds the typical expectations of the individual and the system. Supports are uniquely defined, and/or are exceptionally focused on the individual receiving support. They are remarkably effective, innovative, and person-centered.

> A rating of "R" indicates the supports being provided are reasonable, based on what that individual values and needs. While corrective action plans are not required for an "R" finding, there may be opportunities for further enhancements of the support being provided. In such situations, a Quality Assurance Team may ask "questions to consider" or "considerations" that suggest opportunities for improvement that the Quality Circle may wish to explore.

> A rating of "I" indicates that improvement is needed for supports being provided. This does not imply failure of a provider but should be looked at as an opportunity to improve this individual's life. It is based upon evidence of circumstances that need to be addressed or specific needs that are not being met. An "I" finding requires a corrective action plan to be written within 60 days of the Quality Circle feedback meeting.

> A rating of "C" indicates a concern expressed by the individual or noted by the Quality Assurance Team about circumstances that severely detract from the individual's quality of life. Such concerns must be addressed quickly. In addition to any immediate response, a C finding requires that a corrective action plan must be written within 30 days of the Quality Circle feedback meeting.

Zimmer described the following information as the procedure for how information is provided to the Quality Assurance Review Council and the provider. "All verbal and written information and feedback to the individual and the provider is collected by the QA director. When the review process is complete, written and verbal information from the data collected is reviewed by the Quality Assurance Review Council (QARC)."[395]

The QARC evaluates the results of the VOICE review and the interviewers' assigned score within each defined domain, the QA director makes recommendations to the QARC. The discussion includes a review of the provider's strengths and recommendations for the next licensing review period. Minnesota Region 10 QARC recommends the next licensing review period as a one-, two, or three-year period based upon the results of the reviews. Once the QARC has made its recommendation regarding the licensing period, the information goes to the local county and to the provider. The provider is given one week to respond or appeal a decision by the QARC.

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[394] Region 10 Quality Assurance. Finding Explanations, 2008. 7 September 2010. www.mn-voice.org.qatdocs/findingexplanations.html.
[395] Zimmer. 13 September 2010.

Once all of this information has been completed, the QARC's recommendation for licensure is submitted to Minnesota Department of Human Services Licensing Division (MN DHS). If necessary action is warranted, the QARC will recommend fines, license conditional status, termination, or license suspension to the DHS. The QARC is unable to levy those negative actions; only MN DHS can do so.[396]

3. Continuous Improvement

Once the VOICE and paper reviews have been completed and feedback has been given via the E.R.I.C. rating, Region 10 QA continues to review the providers within the project. If concerns arise after any review, Region 10 QARC may recommend visiting with the provider again or more often, as necessary to complete further review. Through the VOICE review process, feedback is given to providers and, as needed, action plans are developed to improve the supports provided to the individual.

The Independent Assessment of the Region 10 Quality Assurance Commission VOICE Review Program, dated April 16, 2008, completed by University of Minnesota, Institute for Community Integration, states:

In 2003, the Center for Medicaid Services (CMS) introduced its Quality Framework for Home and Community-Based Services (HCBS), a federal program that provides funding to help persons with ID/DD live and work in the community. The Quality Framework asks states to maintain an ongoing quality-assurance system to monitor and report on the quality of supports across seven areas. The Quality Framework intends that state systems have components of "discovery" and "remediation." The current licensing process of conducting annual visits to review policies and program records to catch discrepancies between agency practices and defined standards provides for the discovery component of the framework, and issuing "correction orders" as a means to bring programs up to the minimum standards where discrepancies exist is in keeping with the "remediation" component. Standards-based licensing partially matches the Quality Framework in two of the four areas for which service providers hold primary responsibility, Participant Safeguards, and Participant Rights and Responsibilities, but does not adequately monitor "Participant Centered Service Planning and Delivery" or "Participant Outcomes and Satisfaction" since it references service quality against a set of standards instead of the needs of individual consumers. Minnesota currently does not monitor the performance of county and state agencies in areas of the Quality Framework for which they hold primary responsibility, which are "Participant Access" to HCBS services, "Provider Capacity and Capabilities," or "System Performance." The third component in the Quality Framework, "continuous improvement," is not addressed by the current licensing system since it only monitors the compliance of programs with the minimum standards, and does not include assistance or incentives to encourage programs to go beyond the minimum standards. Because VOICE focuses on one consumer at a time, it does monitor the areas of "Participant Outcomes and Satisfaction" and "Person Centered

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[396] Zimmer. 30 November 2010.

Service Planning" as prescribed in the Quality Framework. VOICE also addresses the "Continuous Improvement" component of the Framework, since it provides encouragement and ideas for improvement in areas judged to be adequate. Although VOICE does not measure the larger systems issues for which counties and states are responsible, it does include the county case manager in the review. It will be increasingly important for the quality-assurance system(s) to be person-centered, focused on service improvement and inclusive of the entire service system in order to maintain eligibility for federal funding in addition to pushing the improvement of support provided to people with disabilities."[397]

Safeguarding of Health, Safety and Rights

Minnesota Region 10 QA holds the value and philosophy, as reported during the interview process, that *rules and regulations* alone do not protect the individual, but rather *the relationship between the person and their direct support* provides the protection by truly understanding the individual and what they need.[398]

Health, safety, and rights for individuals served are reviewed within individual areas of the VOICE review process. The eight Life and Service domains address separate, specific areas with concern to health, safety, and rights of individuals. Providers are required to comply with the current Minnesota State regulations for Vulnerable Adult and Child Maltreatment as well as incident reporting requirements, and requirements for individual rights protection as indicated in Minnesota Statute, chapter 245B.

The Independent Assessment of the Region 10 Quality Assurance Commission VOICE Review Program, dated April 16, 2008, completed by University of Minnesota, Institute for Community Integration, includes that "participants rated the importance of 13 specific elements in assuring quality of services for persons with disabilities. Overall, the elements rated as most important were protection against abuse and neglect, health and safety, respect for people's rights and dignity..."[399]

During the interview process, when asked if the system and practices adequately protect safety and rights, a provider representative answered; "Definitely, the VOICE review adequately protects the health, safety and rights of people."[400]

Opportunities for Self-Determination

Region 10 Quality Assurance offers a tremendous amount of opportunity for self-determination including the individual VOICE review process. The system itself reviews the requirements for compliance through the interview process with the individual. It uses their understanding and/or perception of what they want and need in their lives comparatively against demonstration by providers that they are actually

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[397] Smith, John G., and Jerry Smith. *An Independent Assessment of the Region 10 Quality Assurance Commission.* Minneapolis: University of Minnesota, Institute for Community Integration, 2008, 48.

[398] Zimmer. 13 September 2010.

[399] Smith and Smith. 2008, 41.

[400] Smith, Kevin, Chief Financial Officer, ARSYS (A Road to Support Your Self). Telephone interview. 10 October 2010.

receiving supports in those areas. Licensing of the service provider is a direct result of the VOICE review process.

Promotion of Goals and Outcome Achievement

Individual VOICE review process intends to answer for individuals, the questions "What do I want?" and "What do I value?" Compliance is based on the provider's provision of identified "wants" and "values" versus compliance with traditional standards containing specific written components and requirements of documentation and data collection.[401]

Once the VOICE reviews have been completed, the two interviewers discuss ways to present the information learned about the individual's most important desires and preferences in a way that will have meaning for the individual's family members and friends, the county case manager, agencies providing support, and especially for the individual themselves. "An Independent Assessment of the Region 10 Quality Assurance Commission VOICE Review Program" states, that this includes:

> "Designing a Learning Portrait, which is a representation of important ideas from the VOICE review. Using a medium that will be especially interesting to the consumer, the reviewers hope to create something (e.g., a poster, collage, decorated bowling pin or other special object, charm bracelet) that the consumer can keep, show to other people, and display as a memento of the VOICE review. The Learning Portrait should acknowledge the individual as a unique and interesting person. The volunteer reviewers arrange a time and place to gather the VOICE review participants and those with special interest in the consumer and the quality of his/her supports. At this meeting, the reviewers present the Learning Portrait and distribute a written summary of the VOICE review."[402]

Quality Assurance and Ongoing Quality Improvement through Provider-Performance Data

Provider-performance data is based on the provider's success in meeting the needs of individuals within the eight Life and Service domains. "Minnesota Region 10 Quality Assurance System states their purpose is to continuously improve the assistance and support to individuals with developmental disabilities. Minnesota Region 10 QA does this by assessing the value people experience through the support and services received at home, at work or school and throughout the community. By combining results from an ongoing series of these assessments, Region 10 QA is able to develop an accurate sense of the patterns of support in our community." They are able to identify best practices, which they distribute throughout the system as they focus on situations where improvement is needed.[403]

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[401] Zimmer, 13 September 2010.
[402] Smith and Smith, 2008, p 10.
[403] Region 10 Quality Assurance. Home.

Appendix K: Minnesota Region 10 Quality Assurance System

Distribution of important information and suggestions for systemic changes for the purposes of improvement of services occurs through email notification from the QA director, a published newsletter, and via Region 10's web site.[404]

Dan Zimmer, Quality Assurance Director, stated, "Region 10 QARC receives feedback from each of the completed VOICE reviews in order to validate the review. If the feedback indicates the VOICE review did not work or was not accurate, Region 10 QA will reevaluate the VOICE review and make changes, as needed. Region 10 QA is continuously asking themselves how they can improve the review process in order to make immediate changes."[405]

Possible weakness to the system had been identified through the use of a volunteer workforce. In order to complete the review process within budgetary constraints, the use of a volunteer workforce of trained VOICE reviewers is utilized. A volunteer workforce may not provide the consistency or objectivity that a stable, trained, and employed workforce of reviewers would provide. Results from VOICE reviews that are seen as inadequate or incorrect produce the need for additional resources and time in order to correct identified problems within the particular VOICE review in question.

The quality framework for Home and Community-Based Services as being met in the areas of Participant Safeguards, Participant Rights and Responsibilities, Participant Centered Service Planning and Delivery, Participant Outcomes and Satisfaction, and Continuous Improvement. This was cited as an improvement over Minnesota's current system with regard to the meeting of quality framework standards.[406]

> "The Region 10 QA project had a data review completed by University of Minnesota, Institute for Community Integration to evaluate the credibility and validity of the project. In the report, it was stated that, "Audiences of VOICE reviews view volunteers as more credible than state licensors who may or may not even meet a particular person during a review. A challenge identified by survey respondents is that results from a VOICE review may come out differently based on which volunteers conducted it (Mean = 2.21). To address this concern, two QATs [Quality Assurance Team] with differing backgrounds so assist each other in conducting interviews. In addition, the QA manager works with each QAT and helps them determine E.R.I.C. scores and whether the information obtained supports those scores."[407]

> "Traditionally, the primary evidence of quality has been policies, procedures, and well-kept records showing how the agency generally completed its work. Reviews of services provided to individual consumers were used to confirm that the policies and procedures were carried through, regardless of the degree to which the efforts were effective in helping individual consumers. The VOICE process turns this model upside down. The primary evidence to determine whether or not a program is meeting individual needs is

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[404] Zimmer. 13 September 2010.
[405] Zimmer. 13 September 2010.
[406] Smith and Smith. 2008, 48.
[407] Smith and Smith. 2008, 15.

the degree to which the agency is meeting the needs of a random sample of individual consumers. This is discerned primarily by talking directly with those consumers and those closest to them during VOICE reviews. Reviews of policies, procedures, and written records are also used to supplement the findings of the interviews and assure that the experiences of the consumers sampled are representative of the experiences of all consumers in the program. When a VOICE review is arranged for a consumer, the key program staff who support the consumer, as well as the consumer's case manager, are involved. No one program or support person is placed "under the microscope." The entity being evaluated is the Support Circle as a whole. When each service provider represented later has its license review, however, the E.R.I.C. scale becomes one of 3-4 VOICE reviews used to judge the adequacy and quality of services provided by the program as a whole."[408]

"VOICE reviews are sometimes requested when "tried and true" approaches are not working, or when a consumer has hit a rut and the Quality Circle needs new ideas and new energy. VOICE can be an impetus to new ideas and solutions. As volunteer review team members interview the consumer and each person who has a significant role in the consumer's life, they generate a strong understanding of the consumer and system of support. In reviewing the eight life areas with the consumer or someone else, one of them may ask just the right question to elicit information no one else had heard before. In looking across the interviews to complete E.R.I.C. scales and create a Learning Portrait, the reviewers may notice connections or disconnects between the interviews that no one had noticed before. After the VOICE review has been completed and the volunteers have left, members of the Quality Circle may see additional connections and ideas. Following a VOICE review, some consumers make large life changes, such as moving into a new living situation, and sometimes these changes come about because of new information and ideas generated in a VOICE review."[409]

In addition, the University of Minnesota's 2008 report states,
"The obvious dilemma is that VOICE reviews cost more but they also provide a much richer set of data. These costs are mitigated in Region 10 to the extent that participants are volunteering their time to this effort. However, the system may require more, and more stable, funding to be sustained. VOICE reviews provide a rich set of useful information that has had demonstrated positive outcomes for participants and service improvements as well as serving a monitoring function. It offers a very different approach to addressing the quality framework requirements articulated in the Centers for Medicaid and Medicare Services requirements for Home and Community-Based Services. Future effort to articulate exactly how the VOICE reviews address the requirements of the CMS quality framework would be valuable."[410]

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[408] Smith and Smith. 2008, 17.
[409] ---. 2008, 27.
[410] ---. 2008, 49.

Appendix K: Minnesota Region 10 Quality Assurance System

Factors that Influence Cost

There are components of the Minnesota Region 10 QA design, that if incorporated into the larger state system, have the potential to reduce costs or increase the value to the state. Many agencies use personal interviews with the individual and their team as a component of the review process. The use of trained volunteers to conduct the VOICE reviews is not only cost efficient, but has the potential to expand the awareness of the person-centered philosophy within the community.

Furthermore, the relative simplicity of the standards may also lead to a greater understanding of expectations, compliance, and quality. The system allows for the provider and the teams to be creative in their approaches to helping the individual achieve their outcomes, versus following more prescriptive guidelines. Increased compliance leads to less time and cost in the remediation phase, while also increasing the quality of services.

The Region 10 QA was allocated $100,000 for administrative costs through FY 2011. Prior to funding cuts in 2008, the projected was allocated $450,000 annually.

Recommendations of Items to Consider for the State of Minnesota

The strength of the Region 10 QA project lies in its focus on the person, and in its engagement of the community in assuring and improving the quality of services provided. The completion of the VOICE review includes an assessment of the services based upon interviews with the individual and their quality circle members' feedback. Inclusion of people within the interview process who hold knowledge, awareness, and understanding of the individual served adds potential for the interview results to be more accurate and helpful in determining necessary supports and actions for ongoing improvement in services.

Borrowing from Region 10 QA's standards to replace some of the components of current state standards as future standards are developed should be considered. The Life and Service Domains are brief and to the point, thereby reducing complexity. These domains are not as prescriptive as the current standards, and they require providers to develop their own processes (ideally, in partnership with people served and their advocates) to achieve the expected outcomes. The sort of *distillation* of current Minnesota provider licensing standards represented by the Region 10 QA standards has the potential to contribute to an overall reduction in cost and time spent, as the licensing review process could focus more on the individual rather than on process compliance.

Minnesota Region 10 QA's philosophy is that "it is not rules and regulations that protect individuals; rather, it is relationships between the individual and their direct support that protect people. The strength of the quality circle members [the people that are most important in an individual's life] are a protection for the individual."[411] Supporting data has shown no statistically significant difference in the rate of substantiated maltreatment per licensed program under the Region 10

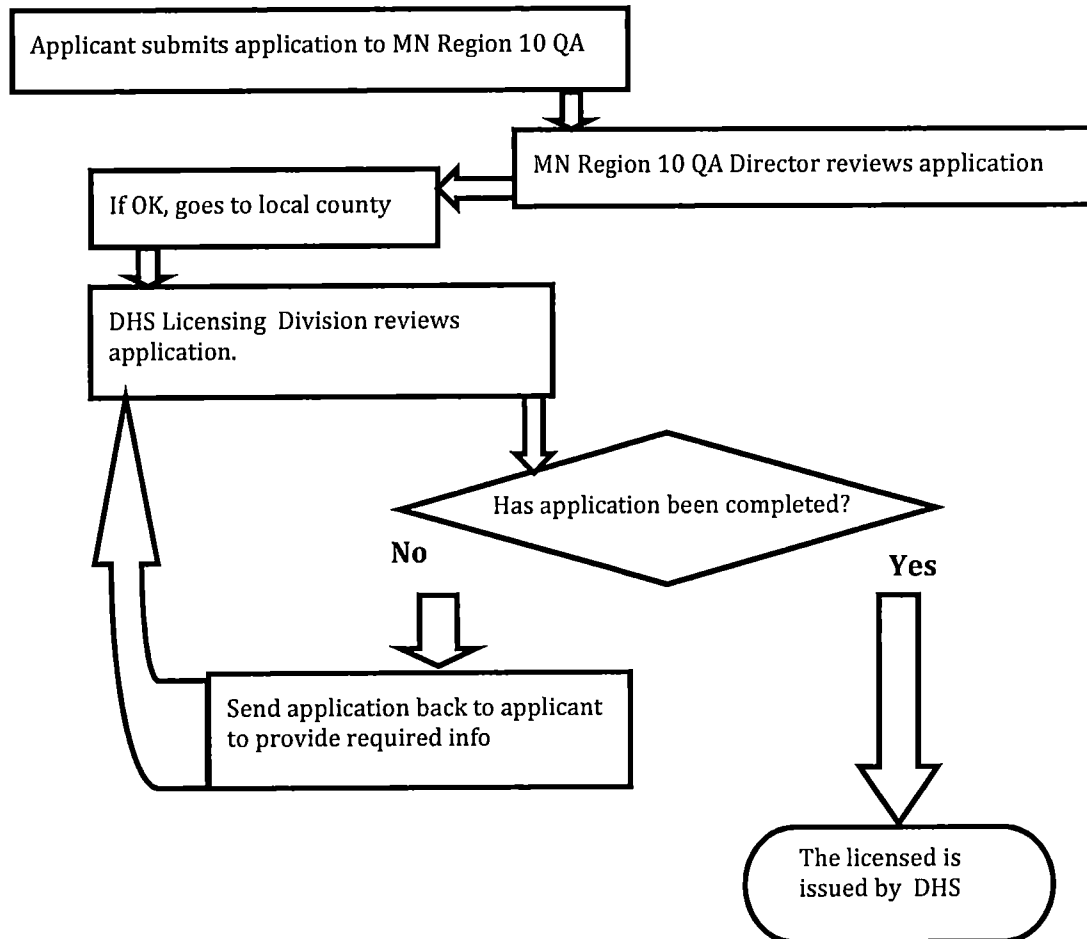[411] Zimmer. 13 September 2010.

QA system versus those licensed under conventional 245B standards.[412] This suggests a reduction in the volume of current licensing standards – particularly those involving more prescriptive process requirements – would not necessarily equate to a reduction in overall participant safety and welfare, so long as essential participant safeguards are maintained.

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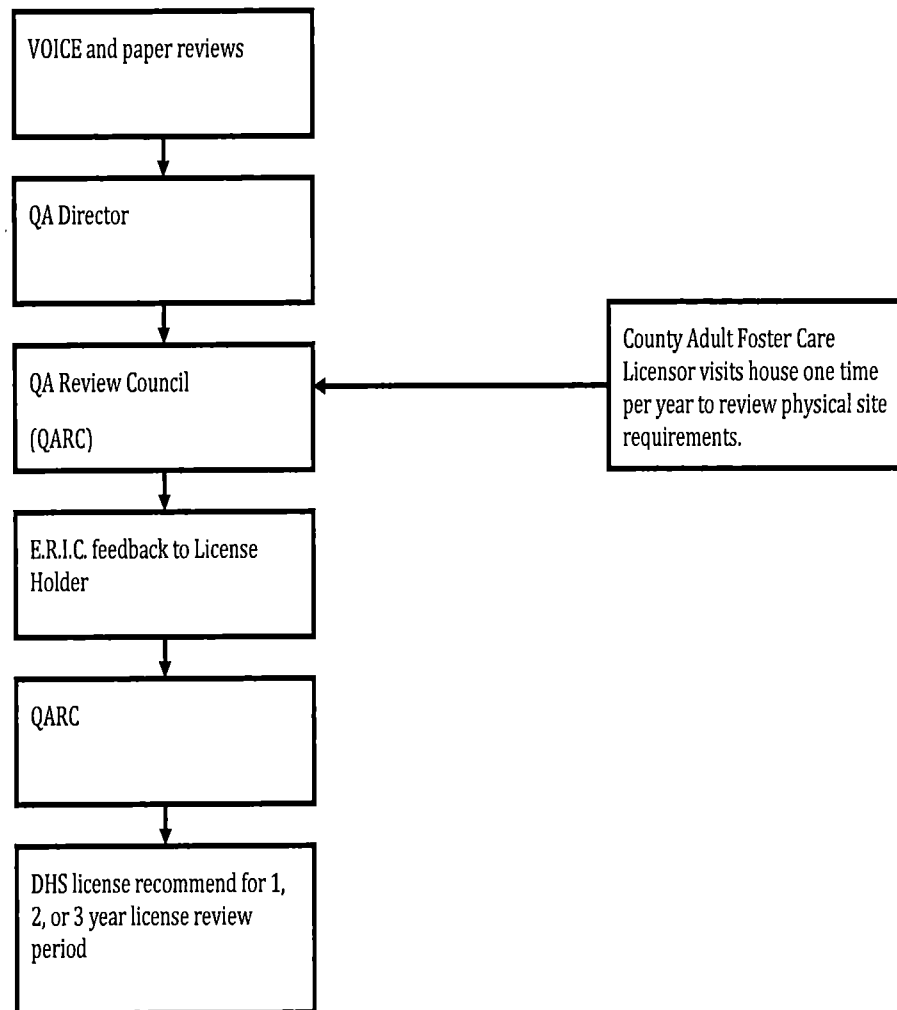[412] Flint, Jason, QA Policy Staff, Minnesota Department of Human Services. Email correspondence. 19 November 2010.

Appendix K: Minnesota Region 10 Quality Assurance System

Minnesota Region 10 Quality Assurance

Application Process

Applicant submits application to MN Region 10 QA

MN Region 10 QA Director reviews application

If OK, goes to local county

DHS Licensing Division reviews application.

Has application been completed?

No

Yes

Send application back to applicant to provide required info

The licensed is issued by DHS

Appendix K: Minnesota Region 10 Quality Assurance System

Minnesota Region 10 Quality Assurance

Licensing Discovery & Remediation

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┌─────────────────────────────┐
│ VOICE and paper reviews     │
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              ▼
┌─────────────────────────────┐
│ QA Director                 │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐          ┌──────────────────────────────┐
│ QA Review Council           │◄─────────│ County Adult Foster Care     │
│                             │          │ Licensor visits house one time│
│ (QARC)                      │          │ per year to review physical site│
└─────────────────────────────┘          │ requirements.                │
              │                          └──────────────────────────────┘
              ▼
┌─────────────────────────────┐
│ E.R.I.C. feedback to License│
│ Holder                      │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐
│ QARC                        │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐
│ DHS license recommend for 1,│
│ 2, or 3 year license review │
│ period                      │
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Appendix L: Interview Template

We are currently evaluating the governance of services for individuals with disabilities, specifically individuals on the HCBS (Home and Community Based Services) waivers and have identified your state/accreditation as a model to look at for comparison with Minnesota.

General Information	
State or Accreditation:	
Contacts/Links:	
Date of conversation:	
Name of person spoken to:	
Their Role/Title: (state staff, provider – specify what size, advocate, guardian, association, etc.)	
Applicable hyperlinks to standards that govern services in this area:	
Applicable link to residential site (203) type licensing regulation for this area:	
Licensing and/or credentialing systems:	
Monitoring practices:	
Related Costs	
Application fee:	
Annual license fee:	
Any other related fees?	

Appendix L: Interview Template

Cost to State to enforce: • Enforcement/Licensing Budget • # of full time employees responsible for enforcement	
Cost to provider to comply (admin time in compliance paperwork): • Percentage of budget allocated to admin. time: • Manager direct service time v. admin. time (ratio):	
Training	
• Hours required by staff: • Topics required to be covered in staff training: • Are there requirements regarding the qualifications of who can perform administrative verses direct care tasks? Is there a degree required or is there another method to demonstrate competency?	
General Perceptions of Regulations surrounding Services / Concepts reflected in the standard, system, or practice	
• Does it adequately protect health/safety/rights? o How/How not?	
• Does it promote outcome-based services? o How/How not?	

Appendix L: Interview Template

• Does it promote person-centered services? o What is the method to ensure services are person-centered? o Do people receive training on this topic? o Is self-determination part of the planning process for each person? How?	
• Does it truly evaluate quality services or is the focus more on paperwork compliance? o Do you feel the paperwork you do is necessary, enough to cover liability, meet licensing requirements, and keep individuals protected and happy? o Are the individuals being served provided with an opportunity to discuss their wants/needs/goals? o How are their preferences implemented?	
• What values or ideas drive the system in your state/agency? • Do you feel these values/ideas are embraced by providers or seen as a burden? How/Why?	
How does the standard, system, or practice effectively evaluate and credential service providers based upon service outcomes or results? • What kind of oversight occurs on the state/county level? Is	

Appendix L: Interview Template

there a state/county representative who surveys sites? How often? What is that experience like? What is reviewed? What happens if there are issues or concerns in a licensing review? • Are there measurements of client/family/staff/provider satisfaction with services? How is that information captured/relayed/integrated into the result of the oversight?	
Does the process effectively evaluate and credential service providers based upon *service outcomes or results*, to an equal or greater extent than upon *compliance with process and documentation requirements?* (Paperwork vs. implementation of services) • Is the focus of regulatory review on paperwork or the quality of services? Please explain. • Do individuals participate in evaluating the direction and evaluation of the quality of the services? • How do providers demonstrate quality of services/outcomes using the paperwork they complete?	
What are the potential strengths of the standard, system, or practice?	
a. Meeting federal HCBS waiver program quality management requirements?	

b. Safeguarding service participants' health, safety, and rights?	
c. Ensuring opportunities for participant self-determination?	
d. Promoting the achievement of individual participant goals and outcomes?	
e. Supporting quality assurance and continuous quality improvement through the generation of valid and reliable provider-performance data?	
f. Reducing the complexity and costs of provider regulation and compliance without compromising quality and accountability?	
What are the potential weaknesses of the standard, system, or practice?	
a. Meeting federal HCBS waiver program quality management requirements?	
b. Safeguarding service participants' health, safety, and rights?	
c. Ensuring opportunities for participant self-determination?	
d. Promoting the achievement of individual participant goals and outcomes?	
e. Supporting quality assurance and continuous quality improvement through the	

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generation of valid and reliable provider-performance data? f. Reducing the complexity and costs of provider regulation and compliance without compromising quality and accountability?	
Potential contacts or other resources:	
• Are there additional resources you would recommend that we speak with regarding these topics in your state?	
Recommendations:	
• Are there recommendations of items to consider for the State of Minnesota?	

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