

2020 – Quality Service Review Communication Plan

Purpose

The Quality Service Review (QSR) process will assess whether providers are meeting the intent of the Home and Community-Based Settings (HCBS) Final Rule and the Department of Justice Settlement Agreement. This Communication Plan is designed to introduce and orient individuals, families, Community Service Boards/Behavioral Health Authorities (CSBs/BHAs), and providers to the QSR process, tools, methodology and scoring criteria. Health Services Advisory Group (HSAG) developed specific, informative communication materials to inform stakeholders about the Provider Quality Review (PQR) and the Person-Centered Review (PCR) processes. HSAG will post these communications on the Department of Behavioral Health and Developmental Services (DBHDS) website to ensure broad communication of the QSR process. In addition, HSAG will provide technical assistance and ongoing communication to the CSBs and providers regarding the process, timelines, and expectations to ensure that the QSR process is methodical, well-organized, efficient, and effective. HSAG also will provide ongoing communications with participating individuals and families to ensure that they are fully informed about the QSRs and their role in the process.

Review Period

Two separate rounds of reviews will occur. The two rounds of reviews will be scheduled as follows:

- Round 1: July 27, 2020 – October 31, 2020
- Round 2: November 16, 2020 – February 15, 2021

All licensed DBHDS Developmental Disability Waiver providers and Community Service Board Case Management services will be reviewed twice during this time period.

The QSR includes a Provider Quality Review (PQR) as well as Person Centered Reviews (PCR) for a sample of individuals served in each licensed service offered by the provider and CSB, including case management.

PQR Review Period

Round 1 will include document and record reviews, and interviews for the review period of July 1, 2019 – June 30, 2020.

Round 2 will include document and record reviews, and interviews for the review period of July 1, 2020 through the date of the provider's or CSB's scheduled Round 2 PQR.

Quality Service Review Methodology

HSAG will conduct two annual cycles of **Quality Service Reviews (QSRs)** on a sample of Developmentally Disabled (DD) Waiver service providers such that all providers are reviewed twice between July 1, 2020 and February 15, 2021. Each QSR is comprised of a **Provider Quality Review (PQR)** and a representative sample of **Person-Centered Reviews (PCRs)**.

PQRs

Round 1 PQRs will be scheduled:

- July 27, 2020 – October 31, 2020

Round 2 PQRs will be scheduled:

- Group 1: November 16, 2020 – February 15, 2021

PCRs

Two separate PCR review rounds will occur. Interviews of randomly selected individuals will be scheduled as follows:

- Round 1: July 27, 2020 – October 31, 2020
- Round 2: November 16, 2020 – February 15, 2021

Quality Service Reviews

The QSR requirements are delineated in the Department of Justice (DOJ) Settlement Agreement (SA) and are as follows:

1. Use QSRs to evaluate the quality of services at an individual, provider (CSB and private providers), region and system-wide level, and the extent in which services are provided in the most integrated setting appropriate to individuals' needs and choice. QSRs collect information through:
 - a. Face-to-face (or virtual interviews) of the individual, relevant professional staff, and other people involved in the individual's life; and
 - b. Assessments, informed by face-to-face or virtual interviews, treatment and service records, incident/injury data, key-indicator performance data, compliance with the CSB and provider service requirements, and the contractual compliance of CSBs.
2. QSRs evaluate whether individuals' needs are being identified and met through person-centered planning and thinking (including building on the individuals' strengths, preferences, and goals), whether services are being provided in the most integrated setting appropriate to the individuals' needs and are consistent with their informed choice, and whether individuals' are having opportunities for integration in all aspects of their lives (e.g., living arrangements, work and other day activities, access to community services and activities, and opportunities for relationships with non-paid individuals).

3. QSRs provide data in one or more of the areas noted below:
 - a. Safety and freedom from harm (e.g. neglect and abuse, injuries, use of seclusion or restraints, deaths, effectiveness of corrective actions, licensing violations);
 - b. Physical, mental, and behavioral health and well-being (e.g. access to medical care, including preventive care, timeliness and adequacy of interventions particularly in response to changes in status);
 - c. Avoiding crises (e.g. use of crisis services, admissions to emergency rooms or hospitals, admissions to Training Centers or other congregate settings, or contact with the criminal justice system);
 - d. Stability (e.g. maintenance of chosen living arrangement, change in providers, work/other day program stability);
 - e. Choice and self-determination (e.g. service plans are developed through a person-centered planning process, choice of services and providers, individualized goals, self-direction of services);
 - f. Community inclusion (e.g. community activities, integrated work opportunities, integrated living options, educational opportunities, relationships with non-paid individuals);
 - g. Access to services (e.g. waitlists, outreach efforts, identified barriers, service gaps and delays, adaptive equipment, transportation, availability of services geographically, cultural and linguistic competency); and
 - h. Provider capacity (e.g. caseloads, training, staff turnover, provider competency).
4. Quality Service Reviews assess the adequacy of providers' quality improvement strategies and provide recommendations to providers whose quality improvement strategies are determined to be inadequate.
5. Information from the QSRs is used to improve practice and the quality of services at the provider, CSB, region, and system-wide levels.
6. Ensure those conducting QSRs are adequately trained and interrater reliability testing is performed to validate the reliability of the QSR process.
7. Two rounds of Quality Service Reviews will be conducted in FY2021, and annually thereafter of a representative sample of providers, CSBs and individuals receiving services.

Provider Quality Reviews

Provider Quality Reviews include an assessment of each DD Waiver service and support coordination that a provider is delivering to Waiver recipients under the Settlement Agreement. PQRs include an assessment of each DD Waiver service that the provider delivers to individuals, including:

Table 1 – DD Waiver Services

| DD Waiver Services | |
|------------------------------|------------------------------------------------------|
| Support coordination | In-home residential supports for 1, 2, and 3 persons |
| Center-based crisis supports | Agency Directed Respite |

| | |
|---------------------------------|-----------------------------|
| Community coaching | Shared living |
| Community engagement | Sponsored residential |
| Community-based crisis supports | Supported living |
| Crisis support services | Group Day |
| Group home (with 4 or fewer) | Independent living supports |
| Group Home (with 5 or more) | |

HSAG conducts interviews of DD Waiver service providers and CSB staff members selected for a PQR. A statewide population of providers and CSBs will be selected by HSAG for a PQR. All providers and CSBs will be scheduled for a PQR during each Round of PQRs. HSAG will request that providers and CSBs being reviewed provide a staffing list that includes the staff members’ names and titles who service the individuals selected for the PCR. Provider/CSB staff members that will be interviewed, as applicable, will include:

- Direct support workers
- Front-line supervisor
- Manager (including risk and quality improvement manager)
- Registered nurse

PQR Process

Provider Quality Reviews include the following components:

- Interviews with multiple levels of provider/Community Service Board staff including direct support workers, support coordinator, front-line supervisor, manager and registered nurse
- Assessment of the quality, accessibility, and sufficiency of services provided to meet individuals’ needs
- Assessment of the Individual Support Plan, the provider’s implementation plan, and the support coordinator’s monitoring of the Individual Support Plan
- Assessment of how the provider and support coordinator is meeting the intent of the Home and Community Based Services Settings Rule
- Assessment of provider’s and support coordinator’s identification and mitigation of risks of harm
- Assessment of provider’s/Community Service Board’s quality improvement/risk management plans
- Review of provider’s/Community Service Board’s policies and procedures
- Review of data across the organization
- Development of quality improvement plans

Person-Centered Reviews

Person-Centered Reviews are completed for a representative sample of individuals receiving each type of DD Waiver service offered by the selected providers and support coordination offered by CSBs .

PCRs include an assessment of each DD Waiver service that the provider delivers to sampled individuals, including:

- Evaluation of the quality of selected individuals':
 - Individual Support Plans
 - Assessments
 - Risk reduction plans and/or protocols
 - Support coordinator records
 - Provider services and supports program records
 - Other information about the individual, such as basic demographic and services information
 - Other system data related to the specific individual and provider(s) serving the individual (e.g. related Licensing, Human Rights, performance monitoring data and provider and CSB HCBS Settings self-assessment information)
- Interviews* of the selected individuals receiving services under the Settlement Agreement. The individual interview tool will assess the degree to which individuals are meeting outcomes in the areas of person-centered planning, integrated settings, and community inclusion;
- Interviews* of family members/guardians and others involved in the lives of the selected individuals;
- Interviews* of support coordinators and relevant professionals providing services and supports to the selected individuals;
- Direct observation of the individual DD Waiver service recipients at each of their service sites (residential, day programs, etc.); and
- Provider and support coordination record reviews to validate that individual outcomes, as outlined in ISPs, are being achieved or progress is being made toward their achievement.

**Interviews may be conducted face-to-face or virtually through a WebEx or other technology based, secure conference line, at the convenience of the individual or entity being interviewed. Virtual interviews may be scheduled, to protect the health and safety of individuals with a compromised immune system*

QSR Cycle

The following steps will be completed in each round of QSRs:

Step 1: HSAG conducts a PQR of each DD Waiver service, including support coordination, which the selected providers and CSBs deliver to the individuals served under the DD Waiver program. Support coordination is provided by the CSB or by support coordination organizations that contract or are affiliated with the CSBs. The CSB is ultimately responsible for meeting the support coordination requirements. HSAG will conduct two rounds of PQRs statewide to ensure that all licensed DD Waiver providers and CSBs are completed twice during the first year of reviews (FY2021). The PQR includes desk, virtual or on-site record and administrative reviews for each licensed DD Waiver service and case management services, including:

- Provider records

- Individuals' ISPs
- Support coordinator record
- Provider administrative policies and procedures that are specific to the HCBS Settings Rule and SA requirements

Step 2: HSAG conducts interviews with multiple levels of provider and CSB staff members during the PQR, including:

- Managers
- Front-line supervisor
- Direct support workers
- Support coordinator
- Quality improvement/risk management staff as indicated

Step 3: HSAG conducts an interview with the sampled individuals' support coordinators regarding ISP development and implementation and how the HCBS Setting Rule and SA requirements have been considered throughout the process.

Step 4: HSAG conducts an interview of the representative sample of selected individuals receiving services from the selected providers or CSBs. Each round of PCRs will include approximately 2,750 individuals in the representative sample. The interviews are scheduled with consideration of the privacy of the individual.

Step 5: HSAG conducts an interview with the family member, guardian or authorized representative of the individual.

Step 6: HSAG completes the PQR/PCR process by observing the selected individuals receiving authorized DD Waiver services included in the individual's ISP, at their service sites.

Step 7: HSAG reviews the most current, relevant incident reports, performance data, results of Licensing inspections, Human Rights Department information, and quality reviews to complete the PQR reports.

Step 8: HSAG provides results of the PQRs to providers, CSBs and DBHDS within 30 calendar days of the PQR.

Step 9: Providers and CSBs submit Quality Improvement Plan within 15 business days after receipt of the PQR report.

Step 10: HSAG provides technical assistance to the provider or CSB regarding best practices and the development of the Quality Improvement Plan.

Selection of QSR Participating Providers and Individuals

PQRs

HSAG will conduct two rounds of PQRs of 100 percent of the 695 licensed DD Waiver service providers and CSBs throughout the Commonwealth to ensure that all licensed DD Waiver providers and CSBs are

reviewed twice during the first year of reviews (FY2021). Each round of PQRs will consist of two groups representing 50 percent of the providers and CSBs.

PCRs

HSAG will conduct two rounds of PCRs during FY2021. HSAG will select a representative sample of individuals receiving DD Waiver services for each round of PCRs for inclusion in the PCR process. Each round of PCRs will include approximately 2,746 individuals in the representative sample. Each round of PCRs will consist of two groups representing 50 percent of the individuals in the representative sample.

Data Collection and Timeframe

Using data that includes DD Waiver service providers, DD Waiver recipients, and DD Waiver approved services supplied by DBHDS, HSAG will identify providers and CSBs providing services in each Region in the Commonwealth.

| Timeframe | | | |
|----------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------|-------------------|
| Task Description | Start Date | End Date | Responsibility |
| CSB/Provider Submits Contact Information Form to HSAG | 7/13/2020 | 7/20/2020 | CSB/Provider |
| CSB/Provider Notified of PQR Dates | 7/20/2020 | Ongoing | HSAG |
| CSB/Provider Submits Relevant Documentation to the HSAG SharePoint site for Desk Review (See Appendix I) | 7/20/2020 | No later than two weeks prior to scheduled PQR | CSB/Provider |
| HSAG Conducts Desk Review | Two weeks prior to scheduled PQR | Scheduled PQR date | HSAG |
| HSAG Conducts Round 1 of PQRs | 7/27/2020 | 10/31/2020 | HSAG/CSB/Provider |
| HSAG Develops and Submits PQR Reports to DBHDS and CSB/Provider | Completion Date of PQR | Within 30 calendar days of completion of the PQR | HSAG |
| CSB/Provider Develops and Implements Quality Improvement Plans (if applicable) | 9/16/2020 | 12/31/2020 | CSB/Provider |
| HSAG Provides Technical Assistance, if applicable | 7/27/2020 | 12/31/2020 | HSAG/CSB/Provider |
| CSB/Provider Submits Contact Information Form to HSAG | 10/1/2020 | 10/2/2020 | CSB/Provider |
| CSB/Provider Notified of PQR Dates | 10/5/2020 | Ongoing | HSAG |

| Timeframe | | | |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|-------------------|
| Task Description | Start Date | End Date | Responsibility |
| CSB/Provider Submits Relevant Documentation to the HSAG SharePoint site for Desk Review (See Appendix I) | 10/5/2020 | Two weeks prior to scheduled PQR | CSB/Provider |
| HSAG Conducts Desk Review | Two weeks prior to scheduled PQR | Scheduled PQR date | HSAG |
| HSAG Conducts Round 2 of PQRs | Group 1: 11/16/2020 Group 2: 1/4/2021 | Group 1: 12/31/2020 Group 2: 2/15/2021 | HSAG/CSB/Provider |
| HSAG Develops and Submits Round 2 Reports | Completion Date of PQR | Within 30 calendar days of completion of PQR | HSAG |
| CSB/Provider Modifies Round 1 QIP or Develops and Implements New Quality Improvement Plans (if applicable) | Group 1: 11/16/2020 Group 2: 1/4/2021 | Group 1: 2/15/2021 Group 2: 4/1/2021 | |
| HSAG Provides Technical Assistance, if applicable | Group 1: 11/16/2020 Group 2: 1/4/2021 | Group 1: 1/31/2021 Group 2: 3/15/2021 | |
| Review period | July 1, 2019-June 30, 2020 | | HSAG/CSB/Provider |

QSR Scoring

HSAG will use electronic tools for the reviews, interviews, and observation visits. HSAG’s electronic tools records the results of documentation reviews and interview responses. HSAG will score the findings in the tools as *Met* when the documentation and interview responses verify that the requirement has been fully implemented. HSAG will score the findings in the tool as *Not Met* when the documentation and interview responses verify that the requirement has not been fully implemented.

HSAG’s electronic tool will score the results of each QSR required component, such as record reviews, interviews, and observation visits and then aggregate the results for an overall score related to the provision of person-centered, informed services that conform to the HCBS Settings Rule and Department of Justice Settlement Agreement requirements.

Recommendations

QSR results will be used by HSAG to develop actionable and measurable recommendations that can be used to improve services and outcomes at the individual, provider and system levels. Recommendations will focus on the following:

Provider Level

1. Improvement in the provision of services and supports to promote person-centered thinking and planning and to maximize an individual's ability to self-direct his/her own life;
2. Provision of services in safe and integrated environments that are in compliance with the HCBS Settings Rule requirements, as applicable;
3. Provision of services and supports to maximize opportunities for inclusion and integration in all aspects of individuals' lives;
4. Provision of services by a sufficient number of qualified and trained staff;
5. Provision of quality supports and services that increase individual achievement of desired outcomes, keep individuals safe from harm, limit rights restrictions to the minimum necessary while maintaining the individual's freedom to experience the dignity of risk and are consistent with the ISP;
6. Provider use of standardized, clinically informed screening tools or protocols in the provision of services. Such clinically informed tools or protocols would be used by support coordination and provider staff as an aid to planning and service provision, as applicable. If clinical assessments are completed, staff completing such assessments shall be qualified to do so;
7. Implementation of effective quality improvement and risk management strategies and processes to ensure continuous quality service improvement; and
8. Implementation of effective support coordination services.

Individual Level

1. ISPs and services that demonstrate individuals' needs are identified and met, including health and safety, effective implementation of person-centered thinking and planning, facilitating increased self-direction and movement toward personally identified outcomes, in accordance with CMS HCBS Final Rules related to the service planning process and plan development, and HCBS Settings requirements;
2. Services that are responsive to changes in individuals' needs and plans that are modified in response to new or changed service needs;
3. Increased access to services and supports in the most integrated settings, appropriate to individuals' needs and consistent with their informed choice;
4. Increased opportunities for community engagement and inclusion in all aspects of community life; and
5. Maximizing opportunities for individuals to exercise their rights, while ensuring restrictions of rights are the minimum necessary and consistent with individuals' ISPs.

System Level

1. Services that are provided in safe and integrated environments in the community by providers that keep individuals safe from harm, access treatment as necessary, respond to individuals' changing service needs, consistent with their desires and informed choices, while supporting their freedom to experience the dignity of risk;
2. ISPs that demonstrate effective implementation of person-centered thinking and planning, facilitating increased self-direction and movement toward personally identified outcomes, clinically informed services, individuals' participation in all aspects of community life, use of naturally occurring community resources, and satisfaction with the quality of services received;
3. Services that are provided by a sufficient number of qualified and trained staff, who are knowledgeable of the individuals, their service plans, risks and protocols, to consistently implement ISPs;
4. Statewide access to integrated service options, competent, effective and continuously improving provider services, and statewide provider compliance with HCBS requirements;
5. Efficient, streamlined, and effective quality assurance and quality improvement processes, policies and regulations;
6. Ongoing stakeholder feedback.

Reports

HSAG will produce reports that integrate results at the individual, CSB, provider, regional, and statewide levels that lead to actionable decision-making. Reports will be produced from the HSAG electronic QSR tool that contains details and results of each component of the QSR process.

PQR Reports

1. Support coordination reports with PQR results and applicable, actionable recommendations will be produced within 30 calendar days of the review; and
2. Provider reports with PQR results and applicable, actionable recommendations will be produced within 30 calendar days of the review.

PCR Reports

1. Individual reports that include consolidated results of individual and provider interviews, record reviews, and observations will be produced within 30 calendar days of the review.
2. Results are presented in a user-friendly format and include actionable recommendations for the ISP team and/or the provider(s), and support coordinator as applicable.

QSR Systemic Reports

1. Consolidated results of PQRs and PCRs by provider with actionable recommendations;
2. Consolidated results of PQR Support Coordination and PCRs by CSB with actionable recommendations;
3. Consolidated results of PQRs and PCRs by region with actionable recommendations; and
4. Consolidated results of PQRs and PCRs statewide with actionable recommendations.

HSAG reports synthesize QSR results, supplemental monitoring data such as provider and CSB data from Licensing, Human Rights, CSB contract performance monitoring, CSB and provider HCBS Settings self-assessment results, and evidenced-based practices to arrive at:

1. A determination of the quality of services provided to individuals from the CSB, provider and systems levels and the individuals' perspectives;
2. Reports that include actionable recommendations for DBHDS to improve individual outcomes at the CSB, provider, and system level, as applicable;
3. Recommendations of how DBHDS may streamline and reduce administrative burden on service providers.

HSAG will also produce reports for the State Quality Improvement Committee and Regional Quality Councils that focus on improving service quality and practices at the individual, provider, CSB, regional, and statewide levels.

Quality Improvement Plan Implementation and Technical Assistance

HSAG will provide a template for the CSB/provider to develop and submit quality improvement plans (QIP) that address issues identified in the PQR. The QIP is due to HSAG no later than 15 business days of receipt of the HSAG PQR report. The CSB/provider's quality improvement plan will address and remediate the deficiencies identified during the PQR. HSAG will be available to provide technical assistance to support the provider and CSB in sufficiently addressing the PQR report recommendations for improvement and ensuring that the quality improvement interventions have the ability to result in the provider and CSB successfully achieving compliance with the requirement when the QIP is implemented.

The QIP will be reviewed to determine the:

- Completeness in addressing each required action and assigning a responsible individual, a timeline/completion date, and specific actions/interventions that the provider will take.
- Whether the planned activities/interventions meet the intent of the requirement.
- Whether the planned interventions are anticipated to bring the provider into compliance with the requirement.
- Appropriateness of the timeline to correct the deficiency, considering the severity and impact on individuals.

HSAG will be available to provide technical assistance to support the provider in sufficiently addressing the recommendations for improvement and ensuring that the quality improvement intervention can result



in the provider successfully achieving compliance with the requirement when the QIP is implemented. The provider may request technical assistance from HSAG by submitting a request to VAQSR@hsag.com.

PQR – Round 2

HSAG will conduct a second round of PQR of CSBs and providers starting in November 2020. The second review will be a comprehensive review and also will review the status and outcomes of the implementation of the CSB's/provider's quality improvement plan and requested technical assistance.