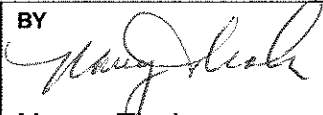




OFFICE OF DEVELOPMENTAL PROGRAMS BULLETIN

ISSUE DATE 06/20/2017	EFFECTIVE DATE 06/20/2017	NUMBER 00-17-01
SUBJECT Quality Management Strategy of the Office of Developmental Programs		BY  Nancy Thaler, Deputy Secretary for Developmental Programs

SCOPE:

Administrative Entities, County Mental Health/Intellectual Disability (MH/ID) Programs
Public and Private ICFs/ID
Supports Coordination Organizations
Providers of Intellectual Disability and Autism Services
Individuals and Families served by ODP
All interested parties

PURPOSE:

The purpose of this bulletin is to distribute the Office of Developmental Programs' (ODP) Quality Management (QM) Strategy. The QM Strategy is founded on the mission, vision, and values of ODP and establishes standardized structure and process for implementing and maintaining the QM Strategy in all ODP's programs.

BACKGROUND:

ODP's QM Strategy is a comprehensive approach that includes quality planning, quality assurance, and quality improvement/enhancement. This QM Strategy is developed and implemented to:

- Offer the highest quality services that promote choice and control in individuals' everyday lives.
- Safeguard the health and safety of individuals receiving services.
- Implement promising practices.
- Ensure program compliance with regulations.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate ODP Regional Program Office

Visit the Office of Developmental Programs Web site at
<http://www.dhs.pa.gov/learnaboutdhs/dhsorganization/officeofdevelopmentalprograms/>

Mission

The mission of ODP is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.

Vision

Our vision is to continuously improve an effective system of accessible services and supports that are flexible, innovative, and person-centered.

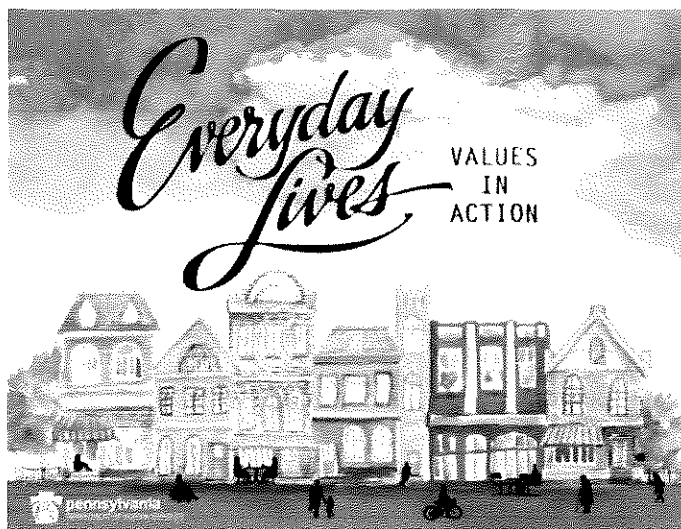
Scope

ODP serves individuals with an intellectual disability and/or Autism Spectrum Disorders (autism).

Values

Everyday Lives: Values in Action, a publication developed in 2016 in collaboration with the Information Sharing and Advisory Committee (ISAC), an ongoing committee of stakeholders ODP formed in November 2014 to deliberate with and advise the ODP, builds on the list of *Everyday Lives* principles that has guided the service system since its publication in 1991.

Deeply rooted in the concept of self-determination, *Everyday Lives* promotes the belief that, with the support of family and friends, people with disabilities can and should decide how to live their lives.



Everyday Lives: Values in Action articulates what is important to people who use services and their families and makes recommendations about how the service system should increase opportunities for individuals to participate fully in their communities, better support families with

information and connections to other families, provide individuals with more control over services, and improve the system's accountability for assuring health, safety, and positive outcomes.

Two sets of Values Statements – What is Important To People with Disabilities and To Their Families - were created by individuals with disabilities and families as they planned for the future. These values serve as the foundation for ***Everyday Lives: Values in Action***.

A Statement of What is Important to People with Disabilities

Everyday Lives in Action: My Life, My Way – is presented in two parts. The first part of each value statement explains what the value means to people with disabilities. The second part tells the kind of support individuals with disabilities need from family, supporters, and the community to realize the values in their Everyday Lives.

Family means both those related by birth and those chosen as family; supporters means those who provide services and supports, including natural, public, and private resources; community means those people we interact with as we live, work, play, and worship. These values ***should guide every decision made by, for, and about people with an intellectual disability and/or autism.***

<i>Everyday Lives in Action: My Life, My Way</i>
Control – I have control over all areas of my life. My family, supporters, and community know these are my decisions and work with me to achieve greater control.
Choice – I decide everything about my life. My family, supporters, and community help me learn about opportunities and together we make them happen.
Freedom – I have the same rights as all other members of the community and I can fully use them. My family, supporters, and community respect my rights.
Stability – Changes to my life are made only with my permission and input. My family, supporters, and community do “nothing about me without me.” They plan with me to meet my needs, now and for the future.
Health and Safety – I am healthy and safe in all areas of my life. I, my family, supporters, and community balance health, safety, and risk according to my wants and needs.
Connected – I am a full member of my community with respect, dignity and status. My family, supporters, and community know me as a person, welcome and accept me.
Responsibility – I am dependable and honor my commitments. I keep my word. My family, supporters, and community are honest and fair, do what they’re supposed to do, and keep their word.
Communication – I am listened to and understood; my input is valued. My family, supporters, and community listen to me and communicate in ways that work for me.

Success – I am the best I can be in the goals that I decide. My family, supporters, and community learn how to support me to achieve my goals.
Employment/Meaningful Contribution – I want to work and/or have other ways to contribute to my community. My family, supporters, and community support me to find and keep a real job that I like with good wages and benefits or start and run my own business, and/or volunteer the way I want in my community.
Individuality – I am respected and valued for who I am and want to be. My family, supporters, and community treat me with dignity and support me in a person-centered way.
Relationships – I decide who is in my life – friends, family, partners, neighbors, pets, and others in the community. My family, supporters, and community respect the relationships I choose and support me to form new relationships.
Partnership - I need people in my life who will honor my life's journey. My family, supporters, and community work together with me to build bridges.
Quality – I want my life my way. I, my family, supporters, and the community make sure the services I choose are proved to be of high quality.
Advocacy – I am the best person to let others know what I want and need. My family, supporters, and community listen to me and understand what I want and need, and assist me to be heard by others.

A Statement of What is Important to Families who Want an Everyday Life for their Family Member

Families embrace and envision person-centered, family-supported, values-based, everyday lives for their family members, regardless of changes in administrations, fiscal fluctuations, and unforeseeable influences. Families want these values adopted and embedded into ODP's policy and practice across the service system. By consistent consideration of the question, "Are we adhering to the values?" these value statements can be utilized to bring about meaningful and enduring systemic changes.

The Unique Role of Family – Families represent the very heart of life throughout the lifespan.
Supporting Families Throughout the Lifespan – Our families must be encouraged and supported early on in their children's lives to hope, dream and reach for the future.
Knowledge and Resources – Families want to feel strong so they can provide for and support their loved ones.
Mentoring – Families value mentoring as a strong component to informing and supporting families.
Communication – Good communication involves everyone working toward common goals, respecting one another in partnership.
Respect and Trust – Respect must be granted to all families, their values and beliefs, homes, and privacy.

Choice and Control – Families seek freedom, on behalf of their family members, to make responsible and personal choices in all aspects of life.
Health and Safety – People should be safe at home, work, school, and in the community.
Simplicity and Flexibility – Families value a simplified and transparent system that is easy to access, understand, and navigate.
Quality and Stability – Families value quality supports and services that enable people to live everyday lives.
Collaboration – Along with self-advocates, family members must be part of the discussion, planning, and creation of every element of the service system.
Opportunity for Innovation – Families support innovative, creative approaches that can be the key to truly person-centered solutions and often offer the most cost-efficient solutions.

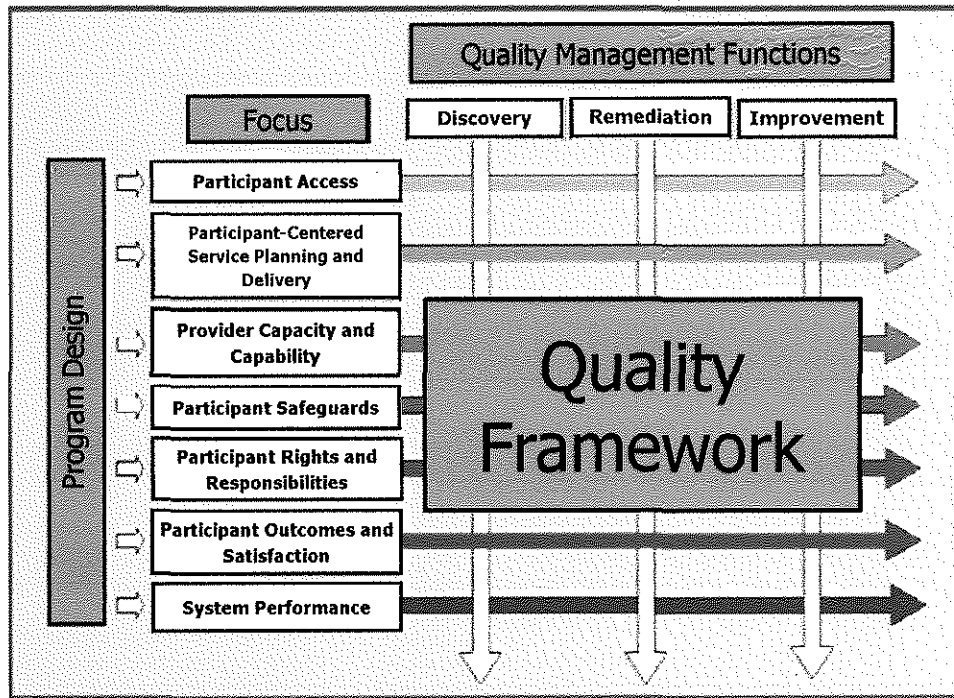
Values in Action: Recommendations

ISAC recommendations for *Values in Action* are built on the values, goals, expectations, and aspirations of people with disabilities and their families. The recommendations are a guide for ODP to develop policy and design programs for people with disabilities, families, providers of service, and advocates who support people to have an everyday life.

1. Assure Effective Communication	7. Develop and Support Qualified Staff
2. Promote Self-Direction, Choice, and Control	8. Simplify the System
3. Increase Employment	9. Improve Quality
4. Support Families throughout the Lifespan	10. Expand Options for Community Living
5. Promote Health, Wellness, and Safety	11. Increase Community Participation
6. Support People with Complex Needs	12. Provide Community Services to Everyone
13. Evaluate Future Innovations Based on <i>Everyday Lives</i> Principles	

Home and Community Based Services Quality Framework

ODP applies the Home and Community Based Services (HCBS) Quality Framework developed by the Centers for Medicare and Medicaid Services (CMS) across its programs. This Quality Framework establishes Focus Areas with outcomes CMS expects states to achieve in order to meet CMS Waiver Assurances.



The HCBS Quality Framework places emphasis on **desired outcomes** as follows:

Focus	Desired Outcomes
Participant Access	Individuals have timely access to needed services and supports.
Participant-Centered Service Planning and Delivery	Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life.
Provider Capacity and Capabilities	A network of qualified, competent providers is developed and maintained.
Participant Safeguards	Individuals are safe and secure in their homes and communities, taking into account their informed and expressed choices. Individuals are supported to achieve and maintain optimal health.

Focus	Desired Outcomes
Participant Rights and Responsibilities	Individuals are supported to exercise their rights and accept personal responsibilities.
Participant Outcomes and Satisfaction	Individuals are satisfied with services and achieve desired outcomes.
System Performance: Quality Management Human Resources Management Financial Management Information Management	Organizational performance is continuously measured, evaluated, and improved. Individuals and other stakeholders are engaged in designing and improving services. A stable, knowledgeable, and effective workforce is developed and maintained. Fiscal practices are state-of-the-art, accurate, and efficient. Information systems are state-of-the-art, cost-effective, efficient, and support data-based management.

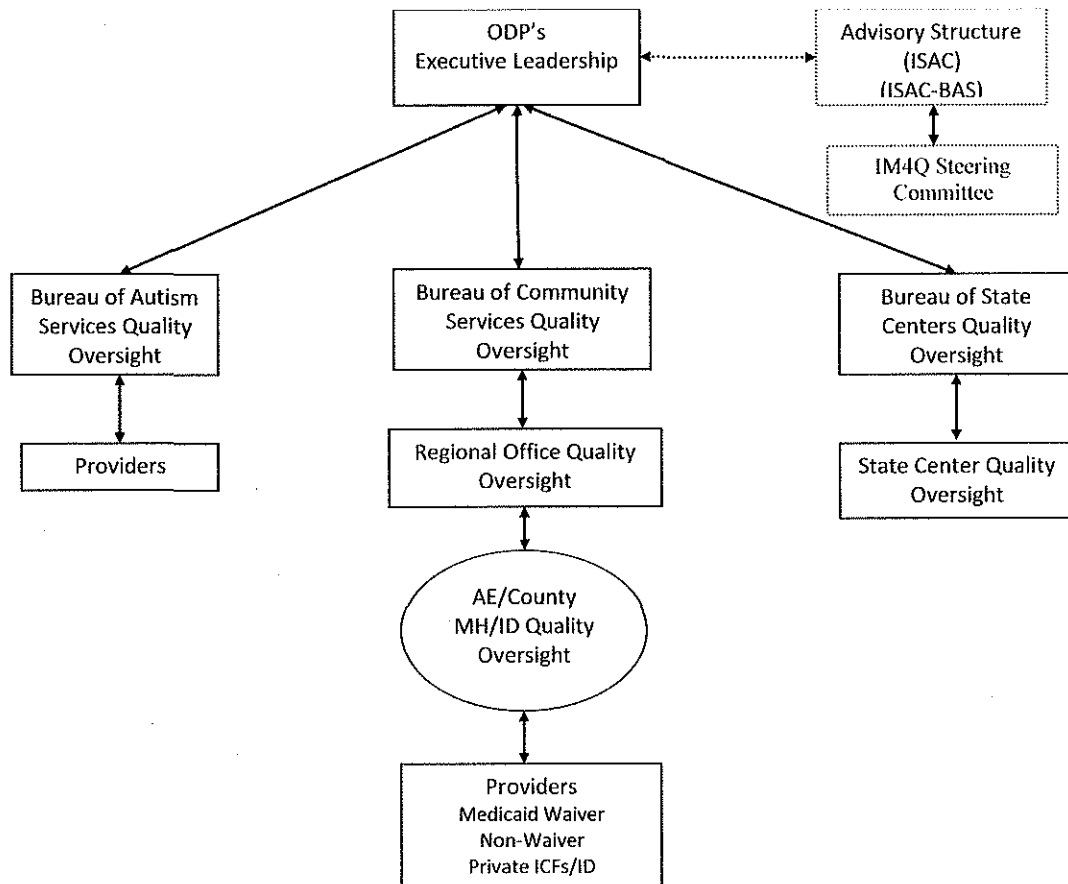
Program design sets the stage for achieving these desired outcomes by establishing standards in areas such as service delivery, provider qualifications, assessment, service planning, safeguards, and monitoring of participant health and welfare. Within the HCBS Framework, **Quality Management (QM)** encompasses three functions:

Discovery	Remediation	Continuous Improvement
Collecting data and direct participant experiences to assess the ongoing implementation of the program, identifying strengths and opportunities for improvement.	Taking action to remedy specific problems or concerns that arise.	Using data and quality information to take actions that lead to continuous improvement.

Responsibility

Ultimate responsibility for ODP's QM Strategy rests with the Deputy Secretary. Responsibility is delegated to ODP's Executive Leadership, Program Bureau Oversight Groups, and local oversight groups as appropriate to each Bureau and/or program.

Quality Management Structure



Each layer of ODP's QM Structure—Executive Leadership, each Program Bureau, Regional Offices, Administrative Entities/County MH/ID Programs, and Providers (including Waiver and Non-Waiver Providers, State and Private ICFs/ID) is responsible to carry out the following activities, in consideration of its major functions and contributions to the effectiveness of the service system:

- Establish and/or align with ODP's mission, vision, values, quality framework, and priorities.
- Determine overall QM structure and process.
- Identify persons responsible for overall management of the QM function.
- Oversee and monitor all processes related to the entity's QM Strategy.

- Foster development of a comprehensive inventory of performance measures.
- Evaluate the data sources used to measure system performance and recommend enhancements.
- Approve performance measures that will be assessed.
- Based on review of performance trends, patterns, and outcomes, establish quality improvement priorities.
- Review and approve QM Plans.
- Ensure waiver assurances and requirements are met.
- Ensure remediation activities are completed and evaluate their effectiveness.
- Collaborate with system partners in improving local services and supports.
- Identify practices to be adopted, modified, or eliminated.
- Report progress and recommendations to Executive Leadership and/or the respective quality oversight body.
- Recommend training and technical assistance that will embed desired policies and practices.
- Recommend changes to policies, procedures and practices, waivers, and regulations.
- Review and evaluate the effectiveness of the established QM roles and responsibilities, structure and process, and implement changes when necessary.
- Ensure QM information is communicated internally and externally.

Quality Improvement (QI) Councils

QI Councils engage stakeholders to review and discuss findings and recommendations for improvement based on the analysis of data. QI Councils then establish QM priorities, identify and adopt improvement strategies and choose performance measures to evaluate the results of implemented change.

ODP engages stakeholders through the ISAC. ISAC members include individuals with an intellectual disability and/or autism, families, representatives from each of the state associations committed to supporting individuals with an intellectual disability and/or autism, advocates, county government, providers, supports coordination agencies, the Developmental Disabilities Council, Disability Rights Pennsylvania and the Temple University Institute on Disabilities. Administrative Entities and providers engage stakeholders in their QM structure and process, including individuals with an intellectual disability and/or autism, families, advocates, county government, providers, supports coordination agencies, local IM4Q teams, and Health Care Quality Units (HCQUs).

Performance Measurement and Improvement

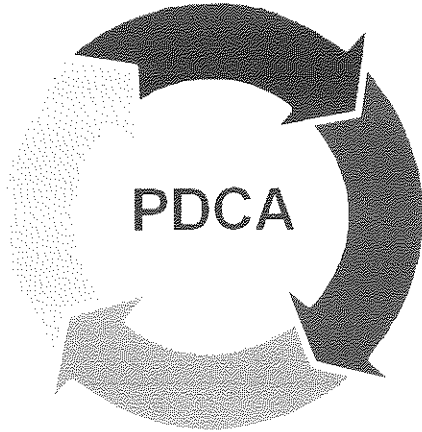
ODP's QM Strategy involves a planned, systematic, and organization-wide approach to data collection and analysis, performance measurement, and continuous improvement. Quality is built into the processes of daily work, and has four interrelated aspects:

- Systemically collecting, analyzing, and using data to make management decisions;

- Complying with regulation and ODP policy;
- Designing and implementing initiatives; and
- Monitoring results for sustainability or need for improvement.

ODP uses the Plan-Do-Check-Act (PDCA) Model to implement system improvement.

Plan-Do-Check-Act Model



Plan how improvement will be accomplished. Write an action/work plan that specifies goals, measurable objectives, action steps, responsible person(s), and evaluation for the targets met.

Do Implement the improvement plan, including education about the process change.

Check the effect of improvement steps by collecting data; analyze data and summarize lessons learned. Determine the success or failure of the plan.

Act to hold the gains or to continue the improvement process. Incorporate the plan and/or solution into practice. Inform and educate all involved. Continue to monitor and evaluate progress.

QM Planning

Using data from Pennsylvania's Independent Monitoring for Quality (IM4Q) along with national data sets, authorization and claims data and other sources, the IM4Q Steering Committee will develop and submit to the ISAC on an annual basis a summary of findings and recommendations for improvement. National data sets include National Core Indicators (NCI), State of the States in Developmental Disabilities, the Institute for Community Inclusion (ICI) State Data Information on Employment and People with Disabilities, the Residential Information System Project (RISP), and the Supporting Individuals and Families Information System (FISP).

ODP, in conjunction with the ISAC, will review and discuss the summary of findings and recommendations submitted by the IM4Q Steering Committee, determine QM priorities, identify and adopt improvement strategies, and choose performance measures to evaluate the results of implemented change. ODP will publish QM priorities established in conjunction with the ISAC annually.

Quality Management Certification Curriculum

To build system capacity and ensure success in applying quality management principles and practices across the system, ODP offers a *Quality Management Certification Curriculum* to ODP staff and stakeholders. The course consists of four prerequisite QM webcast modules—*Introduction to QM, Using Information and Tools for QM, QM Planning, and Quality Improvement (QI) Teams*—followed by in-person training. During face-to-face sessions, participants form groups and simulate the activities of QI Teams as they move through the *PDCA Cycle* for improvement with the support of the Office's QM staff.

The curriculum fosters opportunities for stakeholders to join together to improve outcomes for individuals and families through networking and collaboration in areas prioritized for change and improvement by the ISAC. QI Teams consider data gathered through Pennsylvania's IM4Q Program, NCI, and other data sources. Team members identify baselines and targets, and then develop strategies to support priorities including increasing opportunities for integrated employment, promoting self-direction, supporting families, and enhancing participation in the community.

ODP's Quality Management Director and QM staff are also available to provide training and technical assistance upon request.

OBSOLETE DOCUMENTS:

Bulletin 00-10-02, Quality Management Strategy of the Office of Developmental Programs