

**Georgia Quality Management of Developmental Disabilities Services
Quality Management Plan
August 18, 2008**

Purpose

The Quality Management Plan (QMP) is developed in order to assist in the evaluation of the quality of supports and services rendered to individuals with developmental disabilities. The plan will map out the strategies to be used by Delmarva Foundation in collaboration with Human Services Research Institute (HSRI). Stakeholders will use this system to evaluate the quality of supports and services, create initiatives, and identify areas needing improvement for the State's service delivery system.

The QMP will address all of the outcomes identified in the CMS Quality Framework for the Home and Community Based Services. To ensure this occurs, stakeholder workgroups, along with the guidance of HSRI, will be formed and will oversee the development of the Person Centered Review and the Quality Enhancement Provider Review processes. In the beginning, the stakeholder workgroup will be given the CMS Quality Framework for the Home and Community Based Services to use as part of this process to help ensure the Quality Framework outcomes are incorporated into the procedures.

Knowledge of Georgia's Medicaid HCBW Programs

Georgia recently received approval for two new progressive waivers. The New Options Waiver (NOW) Program enrolls individuals who reside with family members or in their own home, and whose needs are less intense and not so urgent as to call for out-of-home residential supports. The Georgia Comprehensive (COMP) Supports Waiver Program enrolls individuals who need out-of-home residential support and supervision or intensive levels of in-home services to remain in the community. Both waivers offer individuals the flexibility of choosing person-directed supports although the option of more traditional services is still available to participants in the COMP waiver. Both waivers have as a goal that 100 percent of participants will have individual budgets within the first year. These benchmarks are reflective of the new CMS Quality Framework and compliment Georgia's efforts in quality improvement.

There are differences in the two populations served by the NOW and COMP waivers. However, the waivers have shared goals to increase independence and quality of life of individuals, and to infuse the principles of self-determination throughout the system. This is noted in the commitment to increase flexibility in the process that will better address the needs of individuals rather than programs. Ultimately the new waivers are designed to move people currently in the system to less restrictive support settings and to increase the independence of those enrolled. This is also true in that the waivers will prevent people being placed in institutions.

Georgia is also a *Money Follows the Person* state which will provide additional incentive to move people from state hospitals to community settings. The COMP waiver will be the likely vehicle to facilitate the transition of institutionalized individuals to community living where those individuals can begin to access opportunities for self-directed

services. Indeed, additional funding was secured in this year's session of the legislature for this purpose.

Georgia's new waivers provide an excellent opportunity to improve upon the quality management system in the state and set the stage for increasing the person centered direction of Georgia's current program. The Quality Management System ties directly to Georgia's commitment to track the effectiveness of supports and services in achieving the desired outcomes of participants. The PCR and QEPR processes start with the individuals and will assist in assuring the health and welfare of participants and in identifying opportunities for improvement.

Delmarva and HSRI have extensive background in the requirements of Home and Community-Based waivers as outlined by CMS. HSRI has worked for the past seven years as part of the National Quality Contractor funded by CMS to work with states to design their quality improvement systems.

In the first quarter of the State's first fiscal year, training sessions are being delivered across the state to providers. If possible, the members of this project will attend to obtain this training.

Knowledge of Georgia's existing quality systems

Georgia's current quality systems lend themselves nicely to moving forward toward a "culture of improvement" through systems proposed in this RFP. A Quality Improvement Committee is already established as well as many components of a system to report and track complaints, critical incidents, restraints and seclusion. Also established is a Provider Profile System which includes the number of individuals supported by the agency, the number of incidents and deaths that occurred under the agency's purview, and contract information. Many of these databases will be used to gather information about individuals and providers prior to going onsite for PCRs or QEPRs.

A system for medication management is also in place. Level of care quality management strategies are routinely reviewed through monthly compliance reports. Individual Service Plans routinely undergo audit reviews. Providers are reviewed annually for licensure and accreditation through CQL, CARF, JCAHO, or COA.

This proposed Quality Management System will move the state in a direction that will result in broader involvement of and communication with stakeholders (particularly providers, participants and their families) in the quality improvement process, and a monitoring system that places primary importance on the perspective of the individuals receiving services. Regional IQICs will provide a local focus on the needs and accomplishments of individuals and providers across the state. The activities to be developed should facilitate the creation and strengthening of a "culture of improvement", further strengthening both the formal and natural support systems for Georgians with developmental disabilities and their families.

Roles and Responsibilities

The following identifies the entities (in bold) responsible for the development, implementation and evaluation of the Quality Management Plan.

Delmarva and its sub-contractor **HSRI's** role in the QMP is extensive and carries the bulk of the responsibility. Delmarva and HSRI will work together with **Stakeholders**, which will include self-advocates, family members, Regional staff, the Office of Developmental Disabilities staff, provider representatives, and support coordinator representatives to develop the systems that will be used to evaluate the effectiveness of the State's Home and Community Based Waiver Services for individuals with developmental disabilities.

It will be the responsibility of Delmarva and HSRI to provide guidance to the stakeholder groups. This will be accomplished by providing the workgroups with draft procedures for the Person Centered Review (PCR) and Quality Enhancement Provider Reviews (QEPR). This will give a starting point for the participants to refine and provide feedback. Once the procedures are developed, it will be the responsibility of Delmarva staff to train Quality Improvement Consultants (QIC) and to implement these procedures. The data collected and information gathered from these review processes will be the backbone of quality initiatives developed by the **Regional and Statewide Interagency Quality Improvement Committees (IQIC)**.

On a regional and statewide level Delmarva and HSRI will develop Interagency Quality Improvement Committees (IQIC) consisting of stakeholders including self-advocates, family members, Regional staff, the Office of Developmental Disabilities staff, provider representatives, and support coordinator representatives. The first meeting will be with the state and regional IQICs so that HSRI can assist the IQICs in developing their role, provide training on and develop their responsibilities as part of the statewide quality management system and assist in developing the mission of the IQICs. Part of the IQIC's role will be to not only generate quality improvement initiatives but to assist in the evaluation of the State's quality management system.

Self advocates, other individuals receiving services and family members will also have a role in the evaluation of the State's quality management system and this plan. In implementing the PCR and QEPR, interviews with individuals receiving services will reveal their satisfaction of supports and services and how well they feel these waiver services are meeting their needs and goals. It will be the responsibility of Delmarva to capture this information and create reports that will assist the IQICs, the State and Delmarva in making recommendations for improvements to the service delivery system.

Tools of Discovery, Remediation and Quality Improvement

Through the design and implementation of PCRs and Quality Enhancement Provider Reviews (QEPRs), Delmarva's evaluation will include the effectiveness of the service delivery system (Discovery). The review processes will include information gathered from individuals receiving services, providers (and staff), observations, support coordinators and record reviews, to include the information housed in the CIS, WIS, ROCI, and HRST databases. All of these sources will help determine how efficient and effective the system is for individuals being served in the areas of Health, Safety, Community Life, Goal Achievement, Rights, and Choices. Each of these areas are included as part of the CMS Quality Framework.

Using the data collected by Delmarva, in conjunction with input from the Regional and State Interagency Quality Improvement Committees (IQICs) (Remediation), initiatives and recommendations will be generated at the individual, service delivery, regional, and

statewide levels. Based upon the PCRs conducted, recommendations for the individual who participated will be generated and submitted to support coordinators for follow through. Recommendations and follow-through efforts will be reviewed when the support coordination entity participates in the QEPR. Additional recommendations will be generated by the state and regional IQICs through evaluation of relevant data (i.e. specific to the region), with the assistance of HSRI and Delmarva. Delmarva will also develop reports during the year to share with the State. These reports will include an evaluation and interpretation of the data, will identify areas needing improvement, and offer recommendations to the state.

The identification of benchmarks, trending of data, and the development of plans for improvement will be included as part of the QMP as possible. The implementation of quality improvement initiatives will generally affect the service delivery system and ultimately the quality of life for individuals served (Improvement). These initiatives can be made at the provider level, regional level and statewide level. Continued evaluation of the data from PCRs and QEPRs will help determine their effectiveness and whether other initiatives should occur.

Use of Quality Indicators

The quality management system needs accurate, reliable and measurable quality indicators to track the effectiveness of the system. PCRs and QEPRs will incorporate indicators that can be measured and tracked over time. Starting with the quality indicators the State has been utilizing and the CMS Quality Framework as a guide, with the assistance of HSRI and Delmarva, current and additional quality indicators will be identified and analyzed through the PCR and QEPR as appropriate.

The instruments proposed will help gather data with measurable indicators of outcomes, satisfaction, compliance, and organization systems. In addition, nationally recognized data from HSRI's National Core Indicator (NCI) surveys will be available to help track system performance on an annual basis. Specific performance indicators will be developed by Delmarva and HSRI to track system performance, with input from the State IQICs. Results from all performance indicators will be included in reports and presented to each IQIC.

Timeline for Implementation

The timeline developed to implement the Quality Management Plan outlines the timeframes and dates the contract activities are expected to be accomplished by Delmarva and HSRI. The timeline includes the following topic areas:

- Project Plan and Timeline
- Procedure Manual
- Person Centered Reviews
- Provider Reviews
- Provider Quality Reporting System and Provider Report Cards
- Training
- Reporting
- Interagency Quality Improvement Committees
- Management Information System
- Staffing Plan

Updates on progress of these activities will be reported to the contract manager on a bi-monthly basis and monthly basis at status meetings with the Office of Developmental Disabilities.

Quality Management Plan

To ensure the Quality Management Plan coincides and reflects the CMS Quality Framework for the Home and Community Based Services each of the areas identified in the plan are included in the following sections.

Values and Principles of Person Centered Practice

Delmarva believes in and demonstrates the value of person directed and person centered approach to service delivery. This is evident in the PCR and the QEPR processes being developed. One major component of these processes will be to determine how well supports in a person's life demonstrate this philosophy. Through interviews with individuals served, providers of direct services and with support coordinators these will help determine the provider's understanding of using a person centered approach to service delivery. The record reviews and observations will be used to corroborate the finding. During the PCR, the Quality Improvement Consultant conducting these activities will have an opportunity to provide suggestions and feedback related to how supports and services are being rendered. The same opportunity for feedback and recommendations will occur during the QEPR which will use the same information gathering techniques.

Risk Assessment, Planning and Prevention

Person-centered planning, self-determination, essential life-style planning are all philosophies that interface with the dignity of risk that must be inherent in a quality management system. In this instance, the Supports Intensity Scale (SIS), already used in Georgia, is an excellent tool to objectively mitigate the ramifications of risk assessment. Once an individual's goals are known, the system must hold providers, staff, service coordinators, and state officials accountable to put in place a plan that will achieve those goals addressing each area of need to support positive outcomes. The PCR and QEPR will do just that. The QICs will be reviewing the results of the SIS and goals addressed in the ISP. Once engaged in the review activity the QIC can evaluate whether the services identified to address the goals and needs are doing so effectively for the person.

The Health Risk Screening Tool (HRST) is a web-based system, managed and updated by providers, which contains information on an individual's current health status. The information submitted into the system generates recommendations and identifies support needs for the person. The system allows for tracking and trending of individual and facility data, allows for some level of retrospective data analysis, the generation of risk management reports, and the identification of the need for health related services. Criteria are employed to identify health care levels, health risk indicators and early identification of declining health status. HRST assists providers in recognizing a person's need for further assessment and evaluation due to identified health risks.

Information maintained in this system will be reviewed as part of the PCR and QEPR to determine how the person's support team is addressing identified needs. Also, during individual interviews the person's current health and safety status will be discussed with the person. Providers will be asked to talk about and show their policies and procedures related to maintaining the health, safety, and well being of individuals served, including trending incidents to identify any areas needing to be addressed systemically as a preventative measure. Recommendations to help providers prevent health problems or assess the health needs of individuals will be included in the review process and provider reports.

Delmarva will develop a system to review and trend incidents and critical incidents as part of this contract. With the assistance of Delmarva the system will be utilized by the state, regions, and providers as a tool to complete their own trending and analysis to initiate preventative measures at each of these levels. Quality Improvement Consultants will also have this information available to them prior to the QEPR in order to address any trends and recommendations for improvement identified for the provider organization participating in the review.

Provider Monitoring including Providers of Service Coordination

The monitoring system for providers of direct service and Support Coordination must begin with the perspective of individuals who are receiving services. Therefore, Delmarva's system to monitor service providers and support coordinators will begin with the PCR. The foundation for the PCR is a face-to-face interview with the person receiving services. Providers serving the individual selected to participate in this process will be an integral component of this process as well. Based on interviews with the person, observations of the person's environment, interviews and record reviews with the provider of services and Support Coordinators, the Quality Improvement Consultant will be able to better identify whether supports and services are being provided according to the person's communicated needs and goals.

The Quality Improvement Consultant will use the QEPR process to monitor providers and Support Coordinators. Support Coordination entities will be included as part of the random sample of providers selected to participate in a QEPR. Information from the PCR will be directly linked to the QEPR process and used at the onset of the review to incorporate the individual's perspective of the provider's services. Similar to the PCR, the QEPR will also start with an interview with the individual receiving services, and include an interview with the provider and the person's Support Coordinator, record reviews, and observations of the person's environment and locations where services are rendered. Not only will determinations be made related to whether supports and services are person focused and meet the needs of the person, but compliance with the state's standards will also be included in the QEPR.

Role of Case Management/Service Coordination in Quality Management and Improvement

Support Coordination is a critical function in any service delivery system and serves as at least one of the checks and balances of the Quality Management system. The role of a Support Coordinator is independent from other providers, which allows them to use a critical eye to determine whether supports and services are supporting individuals in

meeting their needs and achieving their goals. The Support Coordinator also plays an essential role as the person's advocate, negotiating the necessary supports and monitoring whether or not they are delivered. Delmarva's responsibility will be to ensure the Support Coordinator is meeting the expectations of a case manager of supports and services.

While conducting the PCR and the QEPR, the Quality Improvement Consultant, will work with the Support Coordinator to evaluate the Support Coordinator's performance in monitoring supports and services. The Quality Improvement Consultant is to look for evidence that the support coordinator is using a well-rounded and person-centered evaluative approach. The Quality Improvement Consultant will determine how well the support coordinator helps to ensure the person receiving services is the nucleus in the process of directing all supports and services and determining the effectiveness of providers and services—the center of a circle of supports. The Quality Improvement Consultant will examine whether the Support Coordinator addressed any issues or dissatisfaction with supports and services being received by the person. Specifically during a QEPR, a sample of Division of Mental Health, Developmental Disabilities, and Addictive Diseases (DMHDDAD) reports will be reviewed by the Quality Improvement Consultant.

Incident Management Systems

People with disabilities can only be safe when agencies constantly scrutinize their procedures and commit to continuous quality improvement. Personnel must be vested with the knowledge that reporting incidents is critical to that process and an important component of keeping people safe. Agencies that have good quality systems in place generally have an incident reporting and review process that works well. A review of incident reporting data will reveal much about an agency's operations such as the quality of staff training and operational policy, identifying possible training needs and areas that need attention.

The Quality Management Plan includes a method to use the Reporting of Critical Incidents System (ROCI) database to develop a management information system that can be used to analyze and trend incident and critical incident data. Information can then be used to produce quality improvement initiatives not only at the provider level but also at the level of support coordination, regionally and statewide. As a pre-on-site activity, the Quality Improvement Consultant will review the incidents for trends and possible areas needing improvement for providers selected to receive a QEPR. This information will be brought to the provider's review for follow up and possible improvement initiatives.

This information will also be available to the Regional and Statewide IQICs for review, analysis, and trending. This will allow for developing plans and/or recommendations for improvement which may impact policies for the state's service delivery system for individuals with developmental disabilities.

Inter-Rater Reliability of Review Staff

Quality Improvement Consultants will be observed regularly in the field and will be required to undergo formal inter-rater reliability testing periodically. Once the Quality Improvement Consultants are hired and trained, and systems of reliability are

established among the Regional Managers (RM), the RMs will conduct formal reliability exercises with the Quality Improvement Consultants (QIC) on the QEPR and components of the PCRs that do not include the NCI surveys. Formal reliability tools will be developed and used by RMs to assess the reliability of each QIC on an annual basis. RMs will accompany the QICs throughout an entire review process. They will independently assess provider results and compare those to the QIC's assessment.

An 80 percent match is required to pass the reliability process. If a QIC does not pass any or all of the components of the process, RMs and other reliable QICs will assist the person on the next reviews, provide technical assistance in areas needing improvement, and within 60 days a second reliability test will be completed for components that were not passed. If the person does not pass a second time the Director will help determine appropriate steps to be taken at that time. Reliability results will be analyzed to detect if any one area or element is problematic across all Quality Improvement Consultants, and will be used to provide additional training as deemed necessary.

The reliability of each QIC will also be enhanced through informal activities. RMs will periodically observe QICs during reviews to help ensure consistency in use of the review tools and interpretation of results from interviews, record reviews, and onsite observations. In addition, bi-weekly conference calls for all RMs and QICs will include discussion of anything that was problematic in the field, coming to consensus on a resolution to the problem. Scenarios will periodically be developed and distributed to the QICs before the conference call. QICs will assess the information and make a determination as to the score on the element(s). Answers will be tabulated prior to the call for discussion and resolution.

HSRI will be evaluating and validating the interview skills of the Quality Improvement Consultants to conduct the NCI interviews through the use of an NCI Feedback Survey. This survey will be given to the individual after the interview, who will be asked to complete it and mail it to HSRI using a pre-paid addressed envelope. If results identify any concerns, the Quality Improvement Consultant and Regional Manager will be contacted. Any additional training will be provided as deemed necessary.

Health Supports and Medication Management, Incorporating the Health Screening and Risk Tool being Utilized across the State

Any Quality Management System must employ various methods to help determine if there are an adequate number of supports to ensure the person has the best possible health, and that proper medication management is used when needed. The HRST is a web-based tool where an individual's information is entered directly into the system and allows for tracking and trending of individual and facility data. This system will be used in both the PCR and QEPR processes to help identify health supports and the need for and provision of medication management.

Records of all services including Natural Support Therapies (i.e., physical therapy, occupational therapy, speech and hearing therapy and nutritional therapy services), and Behavior Supports services would be included as part of the record review process. During individual interviews the person's current health and safety supports are explored, such as if they have been to a primary care physician or dentist, and any

identified needs will be discussed with the person. Satisfaction of the person's current health supports would also be discussed.

During onsite observations conducted by the Quality Improvement Consultants during the PCR and the QEPR for providers of direct services, safety and health issues, including a review of the implementation of medication administration procedures will be included. The Quality Improvement Consultant will determine whether the provider is following the procedures as required.

Integrating Program Participant Feedback into the Quality Management System, including Use of the National Core Indicators Survey's

The Quality Management system for the state currently includes the NCI surveys as a means to obtain feedback from individuals and family members on the quality of supports and services. Results on the performance outcomes identified in the NCI surveys will continue to be collected and analyzed by Delmarva and HSRI. During the PCR, NCI Consumer Surveys will be conducted with 480 individuals. Both the Adult Family survey and Family Guardian survey, 1,200 each will be mailed this year to elicit at least 400 responses. The data collected from the face-to-face interviews and mail out surveys will be collected and analyzed. The results of this analysis will be available for distribution and review to the regions, state, and other stakeholders.

The purpose of collecting and analyzing these data is to identify any performance outcome areas needing improvement. This in turn will instigate quality improvement initiatives at the regional and/or statewide level.

The State also requires support coordination entities to complete satisfaction surveys. These will be reviewed as part of the Person Centered Review to obtain past additional satisfaction information from the individuals being served.

As part of the Provider Quality Reporting System, a feedback survey will be developed. Feedback will be solicited from all users of the system, and will allow for not only input into problems or issues with the logistics of using the website but also any other issues or concerns participants in the program might wish to express. Data from the survey will be analyzed regularly and results, complaints, issues or concerns presented at the IQIC meeting.

Using Data for Quality Assurance and Improvement

The Quality Management Plan will, to the extent possible, integrate the data currently being collected by the state and housed in many systems, with data collected through the Quality Management System, to develop an aggregated database by the end of the first year of the project. Delmarva is accustomed to operating in a business environment with frequent changes to data and report needs and can accommodate growth and advancing technologies. Our Management Information System allows for additional data capture, analysis, and extremely flexible reporting.

Quality assurance activities will be included in the Administrative Review portion of the QEPR and the record review of both the PCR and QEPR. Data collected throughout the year will be incorporated into various reports and studies, with selected elements

(performance measures) posted to a public web site and provider report cards, and used to help determine the quality of the State's service delivery system. Results from the analysis of the data collected as part of the quality management system will be presented in the quarterly and annual reports and used to guide improvement initiatives and generate recommendations to the state.

The Interagency Quality Improvement Committees will be charged with developing regional and statewide initiatives based, in part, upon their review of the data/reports. Training in areas needing improvement, identified through the analysis of the data, will be offered to providers of direct services, support coordinators, individuals and family members. These training sessions will be geared to educate stakeholders to support improvement of the service delivery system.

Development and Monitoring of Specific Performance Measures and Outcome Measures

The performance indicators will be drawn from those already in place in Georgia, those that conform to CMS requirements, and any new indicators that are consistent with the new quality assurance processes. We will work with the statewide Interagency Quality Improvement Committee (IQIC) to develop and enhance indicators that will best reflect system performance in terms of providers' service delivery systems and individual outcomes. HSRI has extensive experience with CMS Quality Framework and other performance indicators and will participate in this activity with the IQICs.

Aggregate data for each of the indicators will be reviewed at regional and state levels by Delmarva staff as well as the IQICs. After the first year of data collection, benchmarks will be established with extensive input from stakeholders to chart the progress made from that point. In order to ensure the performance measurement system is dynamic and serves as a continual goal to further improvement, Delmarva and HSRI will work with state and regional staff and the quality improvement committees to develop goals for each indicator where appropriate (e.g., reduction of expressed loneliness by 5%, improvement in choice of staff by 10%).

Delmarva and HSRI will work with the Office of Developmental Disabilities managers to determine ways to disseminate the results of performance measurement in an accessible fashion to targeted audiences, including self-advocates, family members, legislators, and providers. One of the missing components in many conventional quality assurance systems is the timely feedback of performance information to interested constituencies. Performance measures will be presented to the Provider Quality Reporting System workgroup to be considered as part of the public website and/or provider report cards, where appropriate.

The provider Quality Reporting System will be a web-based. Delmarva will be responsible for accessing data gathered from providers about the supports and services rendered. This information will include the following information:

- Provider Identifying Information
- Number of Georgian's Served
- Supports and Services Offered

- Employee Information
- Training for Direct Support Staff
- Quality of Life Enhancement Activities
- Quality Assurance Activities

Additional information related to provider capabilities will be obtained from the Office of Developmental Disabilities, including:

- Georgians Receiving Assisted/Supported Day/Residential Services for Designated Calendar Year
- Service Discontinuation

For the providers who participate in the QEPR, specific results will be made available. The workgroup will assist in developing the information to be included in the Provider Report Card.

Delmarva and HSRI will also consult with the Office of Developmental Disabilities managers regarding best practices that can be adopted and implemented to improve performance in specific areas of performance management (e.g., prevention of abuse/neglect, enhancement of relationships). When identified, best practices will be posted to the public web site.

Design and Implementation of Quality Improvement Programs

A provider who participates in a QEPR will be asked to have available their Quality Improvement Plan. This document will be reviewed to help determine the areas reviewed internally to evaluate the effectiveness of their service delivery and the plans developed to address issues identified based upon their results. Once the results of the QEPR are received, the provider will be asked to include as part of their already developed Quality Improvement Plan how they will or have addressed any areas needing improvement identified during the QEPR. This information will be asked to be available for review and discussion during the Follow Up with Technical Assistance. Based upon the results of the QEPR, the provider will outline the plans or actions taken to improve the quality of their supports and service. The provider will present the improvement strategies for discussion and review by the Quality Improvement Consultant.

After the PCR and QEPR activities are being implemented, members of each IQIC will begin to review data reports and receive guidance from HSRI (initially) and Delmarva managers (ongoing) on the interpretation of the data and analyses. Using results from the data about the actual service delivery system, areas of improvement will be identified by the regional and statewide IQICs. These identified needs for improvement will be submitted to the Regional and Office of Developmental Disabilities for review. When the Regions and State offices in consideration of the recommendations decide to act upon one or more, Delmarva in collaboration with HSRI will assist the Regional and/or State office in the development of a Quality Improvement Plan to address specific identified needs. The plan will include the development of targeted goals and the creation of action plans to ensure the accomplishment of desired results.

Such improvement plans—which will comprise the quality improvement program—will include strategies for accomplishing the goal, any additional measurements and data collection, and individuals and organizations responsible for implementation. The initiatives may be statewide or they may be focused in certain regions or particular services.

The design and implementation of a quality improvement program for the Home and Community-Based Medicaid Waiver and state-funded services will be a collaborative effort between Delmarva, HSRI, the Office of Developmental Disabilities, and other stakeholders. Using the proposal as a guide, initiatives will start from the perspective of the individual, with a focus on how the provider's organizational systems and practices generate the outcomes that matter most to the person. Training and technical assistance will be provided by Delmarva and HSRI to bolster and support quality improvement strategies.

Development and Dissemination of Procedures Manual

Delmarva, in consultation with HSRI and in collaboration with the Office of Developmental Disabilities, will develop a procedures manual to address procedures for PCRs, Quality Enhancement Provider Reviews, and record reviews. The manual will address all elements of the interview, including notification of interview schedules, sample selection, review instruments, review protocols, and dissemination of findings.

A draft of the procedures manual will be completed and submitted to the Office of Developmental Disabilities by October 15. Revisions will be completed and the procedures will be given final approval from the Office of Developmental Disabilities by November 3, 2008. They will be mailed to providers who are scheduled for the QEPR at least 10 days prior to the review date. The approved procedures will be posted to the Georgia Quality Management of Developmental Disabilities Services website.

Use of Supports Intensity Scaling (SIS) to be Used in the Development and Reviewing of Individual Service Plans

Georgia already embraces the use of the Supports Intensity Scale™ (SIS) which will be incorporated into the PCR and QEPR processes. The SIS data will be reviewed by the Quality Improvement Consultant in conjunction with the Individual Service Plan (ISP) to ensure the support needs identified for the person in the areas of home living, community living, lifelong learning, employment, health and safety, social activities, and protection and advocacy are addressed. The Support Coordinator is responsible for ensuring the person's needs and wishes are addressed through the ISP. As the person's needs and goals change, based on updates to the SIS, the ISP should do the same. The ISP QA Checklist used as part of the QEPR will capture how well the ISP addressed support needs identified in the SIS through the development of goals and objectives. In addition, information captured using the Individual Interview Instrument, used during the PCR and QEPR, will help assess the supports actually available to the individual and areas where there may be a gap between the SIS assessment, the ISP Checklist, and practical application of needed services and supports identified.

Knowledge of Medicare and Medicaid Policy

Medicaid was established in the mid-1960s as a way of providing health care to the nation's indigent population. State Medicaid Plans required entitlements to hospitals and nursing home services for people fitting the eligibility criteria. Over the last 40 years it has evolved into the primary source of funding for people with disabilities. While nursing home and institutional care was the standard 40 years ago, it is no longer the case.

The majority of individuals being served today receive supports in their communities through a variety of Medicaid waivers. Waivers "waive" the requirement to states to serve people in congregate facilities and provide access to a myriad of supports in community settings. The new Deficit Reduction Act provides broad opportunities for states to fund services and supports in communities as part of their state plan, without requiring a waiver. The Supreme Court Olmstead decision, its origins in Georgia, holds that people who live in state institutions must be given the option of living in their community. This invites states to dramatically alter their policies regarding services and supports for people with disabilities.

Delmarva has extensive experience in working with Medicaid programs, beginning in 1974 with the state of Maryland, which includes conducting Medicaid Managed Care Quality Assurance Reviews since 1989 when Maryland initiated its voluntary program. Delmarva has contracted with the state of Florida since 2001 to provide Quality Assurance (QA)/Quality Improvement (QI) services for persons with developmental disabilities enrolled in Medicaid waiver programs. The Florida Statewide Quality Assurance Program (FSQAP) received a 4-year contract extension in 2005 and expanded this work to the state of South Carolina, Department of Disabilities and Special Needs in 2007. The Director of the Georgia program, Marion Olivier-Ruelas, has been instrumental in the development of provider review tools based on the Medicaid Waiver handbook and has worked with the State of Florida to update handbook requirements.

Other projects which characterize the breadth of work in which Delmarva is engaged include the following contracts:

2003—Present: National Institute for Disability and Rehabilitation Research Grant.

Under a five-year grant from the National Institute for Disability and Rehabilitation Research (NIDRR), Delmarva partnered with George Mason University to develop a validated set of measures for use by programs coordinating care and services for persons with disabilities. These measures are used to evaluate the value of care coordination programs serving people with physical, mental, and cognitive disabilities. Delmarva convened a Measurement Advisory Panel (MAP) of experts to identify which measures should be monitored and reported. The panel identified two types of quality measures: 1) those retrievable from electronic databases; and 2) those not at the present time generally retrievable from electronic databases, but still critical to people with disabilities. Delmarva compiled the set in a format similar to HEDIS methodology with technical specifications for measurement accompanied by a user's guide in preparation for pilot testing. The 30 non-electronic database-retrievable measures are classified into five categories of quality management-sensitive benefits and services management: medications, functional status, pain, weight; self-determination, community integration, health/safety; serious reportable events; and satisfaction levels of members, providers, and staff.

2000: District of Columbia MRDDA “At Risk” Health Assessment. Of special interest to the Georgia project is the work conducted in 2000 on behalf of the District of Columbia, in which we completed an emergency review of over 1,000 at-risk individuals (health and safety) who receive services through ICF/MR providers. Delmarva was formally recognized for our work by the Medicaid agency in the District. We demonstrated that onsite consumer interviews, medical peer review, record review, and onsite provider reviews can be integrated into a cohesive report describing the experience and status of people with developmental disabilities served by public sector programs.

1987—1995: Maryland Developmental Disabilities Administration Quality Assurance Review. In 1987 Delmarva was awarded a contract with the Maryland Developmental Disabilities Administration to conduct quality assurance review of organizational and community-based care. This contract included reviews of adult day training and group homes, occupational and physical therapy, medication review, supported living, support coordination, and medical services. The statewide review program included onsite inspection of each individual being served to assure the health and safety of consumers, as well as compliance with state and federal regulations on the part of the providers.

1995—1997: Maryland Department of Health and Mental Hygiene. In 1995 Delmarva contracted with the Department of Health and Mental Hygiene to provide inpatient Utilization Review for Psychiatric Inpatient Admissions and Prior Authorization for Behavioral Health services under the state’s Rehab Options Waiver prior to the Behavioral Health Carve Out.

1974—Present: Maryland Department of Health and Mental Hygiene Administration- Medicaid Utilization Control Contract. Under this contract Delmarva has provided QA reviews for hospital, long-term care, and community services. Of particular note is our experience conducting QA reviews for the traumatic brain injury waiver, special needs populations (children), and chronic and acute rehabilitation admissions for the physically disabled (including spinal cord injury). This included specialty hospital admissions, level-of-care determinations, continued stay reviews, and quality-of-care reviews.

1985—Present: District of Columbia Medical Assistance Administration— Utilization Control Agent. Similar to Maryland activities, Delmarva provides QA reviews for hospital, long-term care, and community services in the District of Columbia. This includes acute psychiatric facility admissions, specialty hospitals for children, and acute rehabilitation facilities for the physically disabled.

1996—Present: Medicaid Managed Care External Quality Review Contracts. In 1996 Delmarva was awarded the first contract to conduct external quality review of Medicaid managed care plans in Maryland and Vermont. We expanded our presence in the Medicaid evaluation and external quality arena with contracts in West Virginia, Virginia, Delaware, Ohio, Michigan, and California from 1997 through 2006.

Our external quality review contracts focus on measuring and monitoring the quality of care provided to individuals with Medicaid through conducting focused studies and technical assistance activities to the states. In both Pennsylvania and West Virginia we are assisting the Medicaid agencies to evaluate the effectiveness of their waivers,

providing assessments of access, quality, utilization, and cost with comparisons to external benchmarks and prior performance.