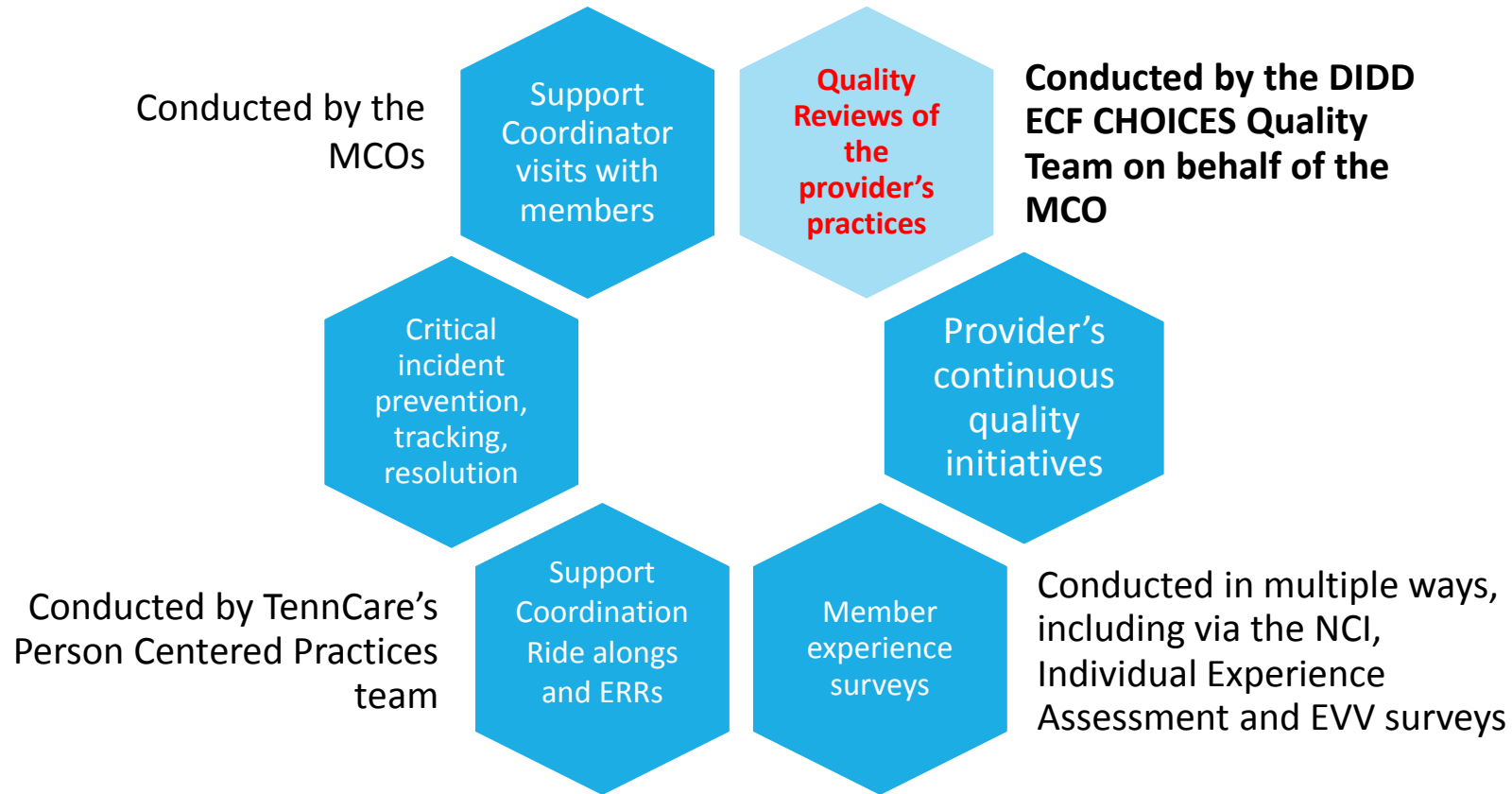


Launching Employment and Community First CHOICES (ECF CHOICES) Quality Monitoring

ECF CHOICES PROVIDER ORIENTATION SESSIONS

JANUARY 31-FEBRUARY 2, 2017

ECF CHOICES Quality Monitoring Reviews are **one** part of a broader, ongoing **quality improvement** process



The Quality Monitoring Review by DIDD

For providers of the services listed below, an annual quality monitoring review will be conducted by the DIDD ECF CHOICES Quality Team:

- Employment services (with the exception of Benefits Counseling)
- Community Integration Support Services
- Independent Living Skills Training
- Personal Assistance
- Supportive Home Care
- Respite
- Community Living Supports (CLS) and Community Living Supports Family Model (CLS-FM)
- Transportation (agency provided; not consumer directed)

The Quality Monitoring Review by the DIDD ECF CHOICES Quality Team

- The reviews typically take place on site at the provider's agency, and include a comprehensive look at the provider's policies and practices (including interviews with staff and members).
- The results of the review will be shared with the provider and the MCO(s), who will review/assess the results and work with providers **to recognize best practices and to continuously improve quality.**

Fundamental Assumptions Underpinning ECF CHOICES Quality Monitoring

- **Quality is not compliance**
- Ensuring compliance is the responsibility of the contract holder: In ECF CHOICES, this is the MCO; under the DIDD waivers, this is DIDD.
- Ensuring compliance is primarily a function of re-credentialing and on-going provider monitoring in a managed care environment
- **Our goal has been to make Quality Monitoring about quality.**

Fundamental Assumptions Underpinning ECF CHOICES Quality Monitoring (2)

- All providers in a network must be compliant to remain in the network in good standing
- A quality provider is one that performs above minimum compliance requirements
- Some providers will be high flyers and it's important that the MCO (and in turn, members) can identify which providers are more than compliant

ECF CHOICES Quality Monitoring

- Has been designed to determine a provider's status:
 1. Is the provider performing in a way that makes them a “preferred provider”?
 2. Among providers performing as “preferred providers”, how does this particular provider stack up against all other preferred providers?

An Important Distinction

- MCOs use “Preferred **Contracting** Standards” (established by the Bureau of TennCare) when selecting providers for the ECF CHOICES network.
- ECF CHOICES Quality Monitoring focuses on “Preferred **Performance** Standards” when evaluating providers in the ECF CHOICES network.
- **On-going provider status will be based on performance.**

ECF CHOICES Quality Monitoring Domains

- Access and Orientation for Services
- Person-Centered Support Plan Implementation and Support Delivery
- Choice and Decision-Making
- Opportunities for Integrated Work
- Relationships and Community Membership
- Rights, Respect, Dignity
- Health
- Safety and Security
- Direct Support Staff

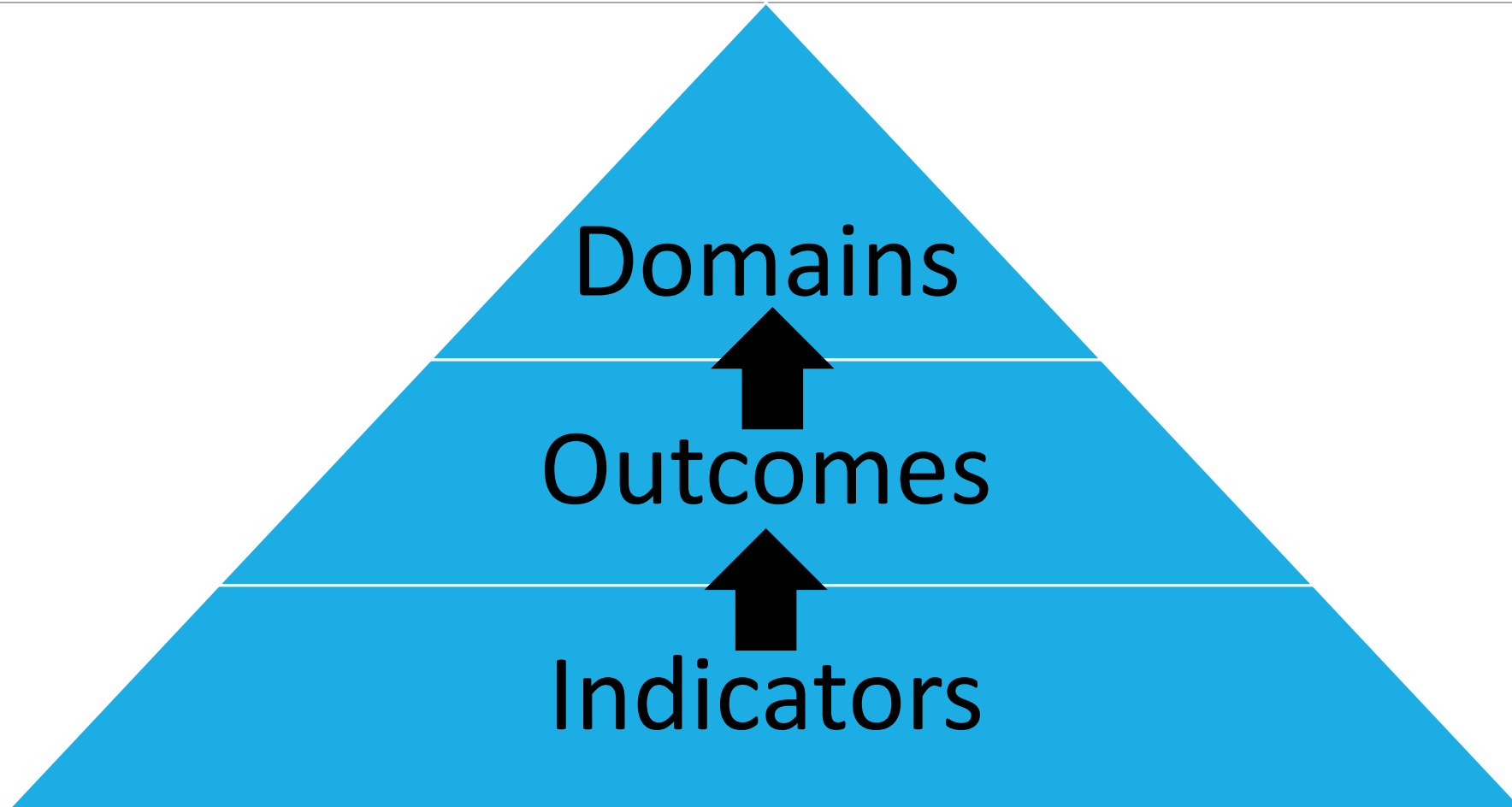
ECF CHOICES Quality Monitoring Tool

- Outcomes defined under each Domain:
 - Standard outcomes
 - Exemplary practice outcomes
- See document sent with letter from DIDD

Developing Outcome Statements Under Each Domain

- If we know what compliance means:
 - What would represent quality performance that is above compliance?
 - What would represent exemplary quality performance that is above compliance?

ECF CHOICES Quality Monitoring Scoring Process



Indicators

- One or more Indicators under each Outcome
- Possible result for each **Indicator**:
 - Yes
 - No
 - N/A
- Guidance written for each Indicator to guide surveyors in determining result

Outcomes

- Possible result for each **Outcome**:
 - Substantially Met
 - Partially Met
 - Minimally Met
 - Not Met
- Based on cumulative results for Indicators under the Outcome
- Use conciliation process to obtain consensus on result among members of the survey team

Domains

- Based on cumulative results for Outcomes under the Domain
- Use conciliation process to obtain consensus on result among members of the survey team
- Possible result for each **Domain**:
 - Numerical score based on weight give to each Domain

Weighting to be Used in Consultative Surveys

Domain	Total # of Outcomes	Standard Outcomes	Exemplary Outcomes	Given Greatest Weight in Overall Score
Access & Orientation for Services	6	3	3	
PCSP Implementation & Support Delivery	9	7	2	✓
Choice & Decision Making	5	3	2	
Opportunities for Integrated Work	5	3	2	✓
Relationships & Community Membership	4	3	1	✓
Rights, Respect, Dignity	5	4	1	
Health	6	5	1	
Safety & Security	6	5	1	
Direct Support Staff	5	4	1	✓

Actual Weighting to be Used in Consultative Surveys: Maximum Overall Score = 100

Domain	Total # of Outcomes	Standard Outcomes	Exemplary Outcomes	Maximum Score Possible
Access & Orientation for Services	6	3	3	6
PCSP Implementation & Support Delivery	9	7	2	16
Choice & Decision Making	5	3	2	10
Opportunities for Integrated Work	5	3	2	15
Relationships & Community Membership	4	3	1	15
Rights, Respect, Dignity	5	4	1	8
Health	6	5	1	8
Safety & Security	6	5	1	8
Direct Support Staff	5	4	1	14

Weighting of Domains in Consultative Survey Scoring

- We will revisit weighting going forward into Annual Surveys, and reflect on learning from Consultative Surveys to make any needed adjustments.

ECF CHOICES Quality Surveys: Four (4) Possible Performance Levels Based on Overall Score

Overall Performance Levels
Best
Better than Good
Good
OK

Note: All performance levels are above compliance.

Overall Score & Corresponding Performance Level

Overall Score (Range: 0-100)	OK	Good	Better Than Good	Best
<i>Preferred Provider Status</i> <i>(Effective from first Annual Survey)</i>	<i>No</i>	<i>Preferred</i>	<i>Highly Preferred</i>	<i>Most Preferred</i>
Consultative Survey <i>(Score <u>does not</u> effect preferred provider status)</i>	0-25*	26-50	51-75	76+
Annual Survey (Years 1-2)	0-30	31-60	61-80	81+
Annual Survey (Year 3 & onward)	TBD	TBD	TBD	TBD

*This score will require provider to develop and submit a Quality Improvement Plan to their MCO(s) in response to the survey. The provider's implementation of this plan will be monitored by the MCO(s) with training or technical assistance provided as needed. The goal will be to ensure that the provider achieves at least a "Good" score on their first Annual Survey. **Note: All providers cycled through the above phases, based on when they receive first Consultative Survey.**

Annual Survey Scores

- Will be publicly available:
 - MCOs will include on provider scorecards along with the preferred provider status based on the Annual Survey score
 - MCOs will publish scores on their websites (or link to published scores on DIDD website)

Domain 2. Person Centered Support Plan Implementation and Support Delivery.

This domain measures the provider’s ability to: (1) effectively understand the Person Centered Support Plan (PCSP); (2) create and establish a plan showing how the provider will implement services according to the PCSP; (3) implement the plan; (4) document the staff who will be involved in delivering the service(s); and monitor the plan. This domain also considers if measurable progress toward goals and outcomes is clearly defined and assessed at regular intervals, and if the provider’s service implementation strategy is modified in situations where little or no progress is being made toward goals and outcomes.

Outcome 2.a.

In a timely manner, the provider drafts a plan for service implementation that documents how services and supports will be implemented according to the PCSP.

Outcome 2.b. The provider includes the ECF member in developing and finalizing the plan for service implementation.

Outcome 2.c. Exemplary Practice

The provider includes the ECF member’s legal representative, involved family, friends or other natural supports, as applicable, in developing and finalizing the plan for service implementation.

Outcome 2.d. The provider ensures that ECF Members are aware in advance of who will be delivering the service(s) to them.

Outcome 2.e.

The provider ensures DSPs and other staff understand the approved definitions(s) for the service(s) being provided; and are knowledgeable about the member’s PCSP, and the provider’s plan for service implementation (if applicable), and understand how to use one (or both, if applicable) as a resource.

Outcome 2.f.

The DSPs and other staff assigned to the member have been trained on the PCSP, the provider’s plan for service implementation (if applicable), and what staff are to do to effectively implement these.

Outcome 2.g.

ECF members receive services that are provided in accordance with the Person Centered Support Plan (PCSP), and the provider’s plan for service implementation if applicable, as evidenced by the provider’s service delivery documentation systems.

Outcome 2.h.

The provider updates the plan for service implementation at appropriate points.

Outcome 2.i. Exemplary Practice

The provider regularly reviews the plan for service implementation to ensure members are making progress toward their goals, as stated in the PCSP and the plan for service implementation. The provider makes updates/adjustments/modifications to the plan for service implementation if no or limited progress is being made.

Domain #2: Provider Plan for Service Implementation

- **Not for all services**
- For Employment-Small Group, Employment Path, Community Integration Support, Independent Living Skills Training, Personal Assistance, Supportive Home Care, CLS and CLS-FM services.
- First 30 days: At a minimum, the initial plan includes schedule, locations and activities.

Provider Plan for Service Implementation for Services Continuing Beyond 30 Days

- A clearly defined schedule
- Locations identified
- Activities identified
- Short-term objectives/outcomes
- Long-term goals/outcomes
- Teaching and/or support methods
- How progress toward goals and outcomes will be measured and at what intervals
- Risk mitigation strategies (as applicable)
- DSPs who will be involved in delivering the service(s) including primary and back-up

Plan for Sampling Members

- Of the list of ECF CHOICES services DIDD monitors, we will monitor all ECF CHOICES services being provided and determine sample size based on total number of ECF CHOICES members served by the provider at the time of the survey.
- For the first year, we will do 100% sample for CLS and CLS-FM, but not for other services.
- For other services, we will do a 10% sample, minimum of 4 people (or 100% of people served if less than 4 people) and maximum 15 people.
- After first year, we will do a sample of all ECF CHOICES services we are monitoring.

Proposed Approach for Consultative Surveys

INITIAL QUALITY SURVEY CONDUCTED BETWEEN THREE AND SIX MONTHS AFTER THE PROVIDER BEGINS PROVIDING SERVICE TO AT LEAST ONE ECF CHOICES MEMBER

Consultative Surveys

- A “dry run” of the tool to:
 - Fully introduce the provider to all of the quality indicators and ensure they have an understanding of expectations for future surveys
 - Collaborative, mutual learning process
 - Identify technical assistance resource needs common among many ECF CHOICES providers
- Introduce the provider to the scoring process through provisional score that does not officially count but gives the MCO and provider a sense of current performance
 - Overall provisional score of “OK” would require provider to develop and submit a Quality Improvement Plan to their MCO(s) in response to the survey. The provider’s implementation of this plan will be monitored by the MCO(s) with training or technical assistance provided as needed. The goal will be to ensure that the provider achieves at least a “Good” score on their first Annual Survey.

Consultative Surveys

- A “dry run” of the tool to:
 - Provide an opportunity for ECF CHOICES Surveyors to become proficient in carrying out a complete survey through practice and repeated use of the survey tool
 - Build inter-rater reliability
 - Allow determination of adjustments to be made in finalizing the **Annual Survey Tool** based on experience, feedback, etc. from Consultative Survey process.
 - Intend to build and finalize a set of guidelines specifically for ECF CHOICES Surveyors based on experience with Consultative Surveys

Consultative Survey Schedule

- 40 surveys need to be done between March 6 and June 30, 2017
- DIDD sent out master schedule identifying week each provider is scheduled for their Consultative Survey (not specific dates)
- If imbalance across three regions in a given month, the team with less Surveys may go into other two regions to assist.
- All but 3 of the 40 providers are also DIDD providers

Consultative Surveys

- No provider will have ECF CHOICES QM Survey at same time they are having DIDD QM Survey
- First **three** Consultative Surveys will involve all 6 ECF CHOICES QM surveyors, Lisa Mills, Pat Nichols, Bureau of TennCare rep and ECF CHOICES QM supervisors). This approach is designed to maximize consistency of approach for all Consultative Surveys.

Scheduling of Consultative Surveys

- DIDD will do notification of provider (introductory pre-survey letter) to provide specific dates of their survey (**minimum three weeks notice** on dates)
- The pre-survey letter will also request information from the provider that DIDD needs to plan appropriately for the survey (**at least 10 business days to provide information**)

Exit Meetings

- To facilitate planning, exit meeting with provider will be scheduled for Friday morning of the week after the week the Consultative Survey begins
- 9am to 12pm (may end early)
- MCO representatives will attend

Full Disclosure: Compliance Indicators in Initial Consultative Survey Tool

- Outcome 7e: Medication Administration Practices
- Outcome 8b: Provider complies with ECF CHOICES Critical Incident Management Policy and Expectations
- Outcome 9a: 100% Completion of Staff Background Checks as required in ECF CHOICES contracts
- Outcome 9d: Staff training requirements

Discussion

- Questions
- Suggestions
- Concerns
- Other Input