Guidelines for the Quality Review Process of Developmental Disability Services

VERMONT Department of Disabilities, Aging and Independent Living
Division of Disability and Aging Services
Developmental Disability and Children's Services Unit

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Developmental Disability Services
Quality Review Process

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DDAS Consumer Outcomes

1. *Respect: Individuals feel that they are treated with dignity and respect.*
2. *Self-Determination: Individuals direct their own lives.*
3. *Person-Centered: Individuals needs are met, and their strengths and preferences are honored.*
4. *Independent Living: Individuals live as independently and interdependently as they choose.*
5. *Relationships: Individuals experience satisfying relationships, including connections with family and other natural supports.*
6. *Participation: Individuals participate in their local communities.*
7. *Well-being: Individuals experience optimal health and well-being.*
8. *Communication: Individuals communicate effectively with others.*

Quality Services Review
Developmental Disability Services

Introduction

The Quality Services Review (QSR) process has been developed by the Division of Disability and Aging Services (DDAS) in collaboration with service providers, individuals, and families, and is based on the DDAS consumer outcomes (page ii). These outcomes will be utilized by the review team to monitor and review the quality of services. The review process reflects agreement by all stakeholders that face to face interviews with individuals receiving services, agency staff, and home providers are key elements for an effective quality assurance process. The Quality Services Review is one component of a broader effort to maintain and improve the quality of services. Other components supported by the review team include monitoring and follow-up with regard to: agency designation, waiver eligibility, housing safety and accessibility, monitoring of critical incident reports, and training and other technical assistance as negotiated with each agency.

It is acknowledged that this review process is being developed in a time of financial and budgetary uncertainty which has led to a reduction of services across the state. Part of the development of this plan included discussion of the realities of service provision during these difficult times and ways to interpret the DDAS consumer outcomes that reflect this reality. These discussions also included the fact that these outcomes reflect our basic values and the potential dangers of placing limits on these outcomes that would affect our system's core values of being future oriented and helping individuals develop future focused goals and services designed to meet these goals. It is important that this review process be seen as promoting best practices and the ideals of our system while being realistic as to resources available at the agencies for provision of these services. With this in mind, a commitment has been made for the review process and reviewers to uphold that realistic view while helping the staff at the agencies keep the spirit of our values at the heart of service provision, focusing on individual's growth and creative ways to meet the current financial and resource realities whether they be limited or more plentiful.

Each developmental disabilities services provider will participate in a DDAS quality review within a two year cycle. These reviews are intended to supplement the agency's own internal quality assurance processes, and are also intended to meet DDAS's commitment to the State of Vermont and the Centers for Medicare and Medicaid Services. Whenever possible, agency designation reviews will be conducted concurrently with the QSR.

Notification, sample size and sample selection

An agency will be notified in writing of an upcoming review approximately sixty days prior to the beginning of the review. The lead reviewer will contact the agency to set up a scheduling meeting to occur approximately forty-five to sixty days prior to the beginning of the review. At the scheduling meeting the lead reviewer and representatives of the agency and DDAS will determine the final composition of the sample, the dates of the review, and a date for a brief feedback session. Whenever feasible each reviewer will complete a review of services for two individuals per day.

The sample for each review will be an approximate 10% of individual's receiving waiver, targeted case management and nursing facility day rehabilitation services. No less than four and no greater than twenty-four individual reviews will be completed. To the degree possible, within these parameters, the sample will be reflective of the spectrum of supports provided by the agency. A potential sample will be identified by the lead reviewer, with a final sample determined through negotiation with the agency. The sample may include:

- Individuals new to services
- Individuals receiving a variety of supports including: home, community, employment and/or respite and targeted case management
- Individuals with significant medical issues
- Individuals with "high-end" budgets
- Individuals presenting with needs that challenge the service delivery system
- Individuals suggested by the agency to be part of the sample.

The agency will be asked to notify individuals and guardians of the review and its purpose, and to schedule a time for a reviewer to meet with the individual and their support staff. A complete written schedule indicating review dates and appointments should be returned to the lead reviewer at least two weeks prior to the beginning of the review. Agencies should also inform the lead reviewer of any unique circumstances that may be relevant prior to meeting the individual.

In addition, for each review, the lead reviewer and agency staff may choose to identify one or two broad areas to be included as part of the review. These broad areas may include employment, intake, home services, worker training and recruitment, clinical services, offender services, crisis and respite, the agency's internal quality assurance process, etc. The intention is to give the review team and DDAS staff an opportunity to understand how this system works for a particular agency, share best practices across the state, and help agencies develop effective practices to manage these services.

The review process

The purpose of an agency review is to ascertain the quality of the services provided by the agency and to ensure that minimum standards are met with

respect to DDAS guidelines for developmental disability services (Health and Wellness, Positive Behavior Supports, Individual Support Agreement, etc.) An individual review consists of a visit and conversation with the individual and their support team, a conversation with the person's guardian/family where applicable, and a cursory review of the individual's agency file (See Attachment A*: ISA Guidelines Quality Services Review Findings*.)

Visit with individual: During the review, a reviewer will meet with the individual to ask about their satisfaction with services they receive, the degree to which they are able to make choices about their life and their services, how well services meet their needs, and to gauge the quality of the supports provided. Although the individual may choose not to meet with the reviewer, the review team relies heavily on the individual's perspective. This interview should be an informal conversation with the individual. The reassurance of a familiar person will help the individual overcome their reservations and be at ease. The presence of such a person when the individual has communication challenges is encouraged, as this may help the reviewer best understand what is going on in the individual's life. It is the individual's choice whether to participate in the interview independently or with support.

For individuals living in a developmental home or shared living arrangement it is important to meet with the person in his/her home. This allows the reviewer an opportunity to understand the individual's relationship with their home provider. It is also helpful to meet in the homes of individuals living independently, and receiving home supports. When an individual does not receive home supports, the reviewer can meet with the individual in a place of their choosing. It is helpful to consider the potential for discussion of private information when choosing to meet in more public places.

Visit with staff: As part of the review the reviewer will meet with key staff, including: the services coordinator, community support staff, employment staff, and home provider as appropriate to aid in understanding of staff roles and how services are meeting the individual's needs.

Discussion with guardians and family members: The perspective of family members and guardians is important in assessing the quality of an individual's services. Each reviewer will attempt to reach the appropriate people (if they are not present during the review) to gather their input.

Record Review: The review of the individual's file is done with two purposes in mind. Primarily, the file review helps the reviewers to better understand who the individual is, the issues in his/her life, and the role of services. Secondly, the file review helps the reviewer assess how the agency is meeting developmental disability service guidelines. A summary of these findings will be reviewed with the service coordinator and presented as an attachment to the quality services report. (See attached: sample report outline; Attachment A*: ISA Guidelines*

Quality Services Review Findings; Attachment B: Quality *Medical Guidelines Quality Review Findings*: table of outcomes and indicators.)

Role of observation: Observation is an integral part of the review and in assessing the quality of services. Observations of interactions between staff and the individual are wonderful opportunities to gain information about the interactions and relationships between individual and staff, as well as the skills and effectiveness of staff. Observations in the individual's home provide information about his/her comfort level there, safety or fire hazards, space for privacy and personal possessions, interactions with staff and other important people in their lives if they are present etc.

Medical review: The nurse reviewer will review a sample of individuals receiving home supports to assess the quality of medical care received with respect to the DDAS Consumer Outcomes. The nurse reviewer will review three files per day, plus visit one of the individuals whose file was reviewed. To the degree possible this visit will coincide with a scheduled residential visit. Health care records will be reviewed to assess the quality of documentation and consistency with the Health and Wellness Guidelines. A summary of these findings will be reviewed with the service coordinator and presented as an attachment to the quality services report (Attachment B: *Medical Guidelines Quality Review Findings).*

Role of self-advocacy in quality assurance: As part of each agency review, a broader sample of consumer input will be obtained with the help of Green Mountain Self-Advocates (GMSA). GMSA is a statewide self-advocacy network run and operated by people who receive developmental disability services and who belong to eighteen different self-advocacy groups around Vermont.

GMSA will arrange for a focus forum of peer advocates and others receiving services and supports from the agency to be held approximately 60 days prior to the review. Each focus forum will be facilitated by peer leaders from GMSA and the local self-advocacy group associated with the agency being reviewed in order to solicit feedback in a supportive forum about the quality of the services received and progress on achieving system outcomes.

Input will be sought through a standard set of questions that focus on the DDAS Consumer Outcomes. This input will be shared with the review team prior to the review and with agency management through GMSA.

Discussion with service coordinator: Following each individual review the reviewer will meet with the service coordinator to ensure that the reviewer understands issues, services, and supports, and to provide feedback to the service coordinator regarding the quality of services and documentation. When there are significant health and safety issues identified during the individual review these issues will be brought to the attention of the program director or their designee as well.

Evaluating and using data: It is anticipated that practices observed during a review, in conjunction with information obtained through discussions with the individual, family/guardian and staff, will be rated relative to each of the review outcomes and indicators. Practices will be rated on a scale from 1 to 3. A rating of 3 reflects practice exceeding the standard (Examples of Exemplary Practices or EPP's in the table). A rating of 2 reflects practice meeting the standard. A rating of 1 reflects practices that fall short of meeting the standard (a Necessary Change or NC in the table). In most cases practices will meet the expected standard. This information will also be reflected in the summary section of the report. Trends observed, where practices do not meet a standard for a large percentage of the sample, may lead to "Areas of Importance." Areas of Importance are those trends as well as issues observed that involve systems at the agency with the potential to affect a number of individuals. System examples would be issues with the agency's intake process, clinical services, or health and wellness monitoring.

Feedback discussion and report

Feedback: Within two weeks from the last day of the review, the lead reviewer will meet with agency staff to provide a brief feedback from the review. The session is intended to both provide the agency a summary of trends noted during the review and to gather information from the agency's perspective about the review process. Information provided during the feedback meeting summarizes trends noted during the review in specific areas (see attached report format). The feedback focuses on the agency's strengths as well as recommendations or requirements for improvement.

Report: The report is a formal mechanism for notifying the agency of the review team's findings and is due to the agency within 45 days of feedback meeting. The report consists of:

- A brief introduction,
- A summary of key service areas along with strengths and opportunities for improvement,
- A table that provides specific information about examples of positive practice (EPP) the review found, specific instances that do not meet the standard (Necessary Changes or NC,
- Recommendations where applicable
- Areas in which the agency is expected to ensure some system improvements (Areas of Importance).

The table is organized according to the DDAS consumer outcomes and indicators, and for each indicator provides a tally of practices that either meet,

exceed, or do not meet the standard. (A standard is the expectation around a particular indicator.)

Agency response

An agency is required to provide a written response to the review team's report within 45 days of receiving the report. The response must consist of a written plan of how the agency plans to address necessary changes and areas of importance, if applicable. If there is significant disagreement about findings that cannot be resolved between the agency and the review team, the agency may submit an appeal, in writing, to the Director of the Developmental and Children's' Services Unit.

The lead reviewer will review the agency's written response and inform the agency in writing within 30 days as to whether the plan is accepted as written or what areas need to be further defined before the plan is accepted.

Systems Support and Development

Technical Assistance as part of the Quality Review process is based on the following premises:

- Developmental disability services are stronger when there is a strong collaborative working relationship between agencies and the Division of Disability and Aging Services.
- Services benefit, when technical assistance is available on an ongoing basis.
- Services and agencies benefit by a point of view independent of the agency.

The DDAS lead reviewer will be available to provide on site Technical Assistance visits at the agency. The parameters of these visits will be negotiated by the reviewer at the request of the DS Director or his/her designate and a schedule developed as appropriate. The lead reviewer will initiate a visit at a minimum of three times a year if no other scheduled visits are agreed upon. These visits may include the minimum activities listed below along with issues and areas of concern requested by the agency director or his/her management team. Examples of such areas are also listed below.

Feedback from these technical assistance visits will be provided to the agency director/management team on an on-going basis and will be used in part to guide the focus of future visits and assistance in meeting their regulatory obligations. Trends discovered during these Technical Assistance visits may be used to identify areas of focus or individuals to be included in the agency's next quality services review.

At a minimum off-site activities will consist of:

- Follow-up and support around Critical Incident Reports and the situations being reported, including a review of trends, procedures and systems issues that may have led to the situation or prevention of future occurrences,
- Follow-up on incomplete Housing Safety and Accessibility reviews,
- Review of Initial Waiver information and following up to complete initial waiver information that was submitted to DDAS,
- Monitoring information collected through satisfaction surveys as well as appeals and grievances.

On-site activities, entailing a visit to the agency, may consist of:

- Follow-up on Plans of Correction submitted by an agency after an agency review,

- Investigating, following up and providing support around grievances and complaints filed by individuals and families and issues discovered during the investigation of the complaint.

Lastly, as determined by the agency and the lead reviewer technical assistance may also include on-site activities such as:

- Training and support related to issues identified in the last Quality Services Reviews.
- Training, support and answering questions related to DDAS Guidelines and Policies. A list of the documents can be found at the end of this document.
- Case review and support with challenging individual situations.
- Access and collaboration with other specialists at DDAS, e.g. employment, children's services, Autism, etc.
- Consultation around agency systems issues; e.g. intake, quality assurance/quality improvement, staff training, periodic reviews, etc.
- Attendance at agency staff or management meetings,
- Formal training sessions,
- Consultation around specific individuals or situations,
- Participation in agency public meetings

Additional information about sources of quality assurance in developmental disability services can be found in Appendix B.

INDIVIDUALS FEEL THAT THEY ARE TREATED WITH DIGNITY AND RESPECT.

- **Services respect and encourage the civil and human rights of individuals.**
  - Interactions and services are respectful to individuals at all times.
  - Individual's privacy is respected
    - Individuals have the right to change service staff without fear of retaliation.
    - An individual's choice that present risks are addressed to promote a balance of autonomy and safety.
    - Services and environments are respectful of individual differences and are physically, culturally and linguistically accessible.
  - Positive behavioral supports are used when behavioral interventions are needed; individuals are not subject to aversive treatment.

INDIVIDUALS DIRECT THEIR OWN LIVES.

- **Individuals make the decisions that affect their lives.**
  - Individuals are presented with sufficient information and realistic opportunities to broaden their understanding of their choices.
    - Individuals live and receive services where they choose within appropriate resources.
  - Individuals receive assistance in accepting responsibility for their own decisions.
  - Individuals are encouraged and supported to express their spirituality.
- **Individuals have the opportunity to manage services and choose how resources are used.**
  - Individuals are informed about the range of service options available to them.

INDIVIDUALS' NEEDS ARE MET, AND THEIR STRENGTHS AND PREFERENCES ARE HONORED.

- **Services are developed with the person and family's/guardian's input and reflect the individual's strengths, needs, and goals.**
  - Individuals direct the development of their service plan.
  - Individuals are supported to develop and achieve their goals.
    - Service plans reflect and are changed based on an individual's strengths and needs.
    - Individuals are asked about their satisfaction.
    - Individuals are satisfied with their services.

Key to table symbols: •= Main Indicators for the outcome, ○= Indicators that give specific identifiers, ▪= sub-indicators for detail & clarity

INDIVIDUALS LIVE AND WORK AS INDEPENDENTLY AND INTERDEPEND-ENTLY AS THEY CHOOSE.

- **Services foster personal growth and encourage the development of practical life skills.**
  - Individuals receive information about and are encouraged to access generic community resources that will enhance their skills and independence.
- **Individuals are safe in their homes and communities.**
    - Individuals live in settings that are safe, accessible, and meet their needs while promoting independence and skill development (Housing Safety Guidelines, Offender policy, Community Notification policy, Peggy's Law and Mandatory Disclosure Policy).
    - Individuals are provided with the necessary supports to live with their family, in their own homes and in the neighborhood of their choice.
- **Individuals that choose to work have meaningful jobs that are suited to their interests and have the supports necessary to maintain those jobs.**
  - Individuals are informed of options available to them and given the knowledge they need to guide their job search.

INDIVIDUALS EXPERIENCE POSITIVE RELATIONSHIPS, INCLUDING CONNECTIONS WITH FAMILY AND THEIR NATURAL SUPPORTS.

- **Individuals are encouraged and receive guidance to maintain relationships that are meaningful to them.**
    - Families are valued for their expertise regarding the family needs.
    - Individuals are provided with the supports to maintain contact and relationship with their family as desired.
    - Individuals are supported to spend time with the people important to them.
  - Individuals are supported to have safe, intimate relationships of their choosing, and are supported to find satisfying ways of expressing their sexuality.

INDIVIDUALS PARTICIPATE IN THEIR LOCAL COMMUNITIES.

- **Individuals have a sense of belonging, inclusion and membership in their community**.
    - Individuals are supported to find ways of actively participating in their communities and are valued members of those communities.

Key to table symbols: •= Main Indicators for the outcome, ○= Indicators that give specific identifiers, ▪= sub-indicators for detail & clarity

        - Individuals have support to exercise their civic responsibilities.
        - Individuals have the support and opportunity for community service/volunteering as desired.
        - Individuals are encouraged to participate in recreational activities when appropriate.

INDIVIDUALS EXPERIENCE OPTIMAL HEALTH AND WELL-BEING.

- **Individuals have their medical and health needs met. Individuals are encouraged/supported to maintain healthy lifestyles and habits.**
    - Individuals receive physical, mental health services in accordance with the Health & Wellness Guidelines and are consistent with those available to all community members.

INDIVIDUALS COMMUNICATE EFFECTIVELY WITH OTHERS.

- **Individuals are able to communicate effectively in their preferred mode. (Communication Bill of Rights)**
    - Communication is in a format and language that the individual can understand.
    - People the individual communicates with most frequently have the ability to understand, interpret and support the individual in his/her communication.
    - Opportunities to enhance and expand communication skills are offered.
        - Individuals have access to the necessary supports and technology to communicate in their preferred method(s).

SYSTEM OUTCOMES

- **Individuals have timely assessments and service plans.**
    - Individual critical incidents are reported in a timely fashion to DDAS and are in compliance with DDAS policy.
- **Individuals have trained and responsive staff.**
    - Individuals have staff that have received pre-service, in-service and individualized training to best meet the ongoing needs of the individual.
    - Individuals have staff that receive adequate supervision and training.
    - Individuals participate in the selection and training of their support staff.
    - Service providers receive training relevant to their responsibilities with additional training to meet changing needs.

Key to table symbols: •= Main Indicators for the outcome, ○= Indicators that give specific identifiers, ▪= sub-indicators for detail & clarity

- Services reflect innovative and best practices within allocated resources.
- Services make use of generic resources, settings and activities with out duplicating existing resources.
- Services are managed in a fiscally responsible manner.
- Individuals benefit from collaboration among multiple service providers.
- Local, individual crisis response is available.

Key to table symbols: ●= Main Indicators for the outcome, ○= Indicators that give specific identifiers, ■= sub-indicators for detail & clarity

Format for Quality Services Review Report (Template)

<u>PART I</u> *(First page)* **INTRODUCTION**: *No more than three paragraphs*:

A review of services provided by ---------- was conducted from --------- through ---------. A total of ---- individuals, representing a ---- percent sample of individuals receiving services funded by the Division of Disability and Aging Services (DDAS), were reviewed. Services reviewed include: service coordination, home, community, work, family/respite and clinical.

Quality of services was assessed for each individual reviewed with respect to the DDAS Consumer Outcomes through interviews, observations and record reviews. Trends in services were identified via analysis of the DDAS Consumer Outcomes data. The compiled data is presented in this report as the percent of the total number of individuals scored on the outcome (N) whose services exceeded the outcome, whose services met the outcome, and whose services did not meet the outcome. Please note that "N" may change for each outcome, as an outcome is rated for a person only if it is relevant to the services the individual receives, and if the information needed to evaluate the outcome was obtained during the review process.

The review team's findings, recommendations and areas for improvement are discussed in the agency review summary that follows. Selected examples of positive practices, recommendations and necessary changes relating to specific individuals are discussed in the accompanying table, within the framework of the relevant goals. Person-specific feedback was discussed with the individual's service coordinator during the review whenever possible.

An overview of the team's findings was presented at the feedback meeting on ----------.

PART II: AGENCY REVIEW SUMMARY:

How did the agency address (or not) the Areas of Importance from the last quality services review?

The main body of the narrative summary is now an outline of notable strengths, concerns, or recommendations ***as relevant*** *to the following areas. Use bullets to identify findings and recommendations in the following funded areas of support and organization issues. Not every area needs to be addressed. It should not be more than two to three pages.*

1. HOME SUPPORTS: (include RESPITE if applicable):
   -
   -

2. EMPLOYMENT SERVICES:
   -
   -

3. COMMUNITY SUPPORTS:
   -
   -

4. CHILDREN/FAMILY SUPPORTS:
   -
   -

5. SERVICE COORDINATION:
   -
   -

6. HEALTH SUPPORTS:
   -
   -

7. CLINICAL/CRISIS SUPPORTS
   -
   -

8. STAFF TRAINING, SUPERVISION & SUPPORT:
   -
   -

9. SPECIALIZED PROGRAMS:
   -
   -

(Final Paragraph: Addresses whether any of these concerns/issues translate into systems issues? If so, what are the Areas of Importance to be addressed for the coming year?)

PART III: TABLE

The table will be a shortened version of the former table. Only representative EPP's will show up in the table. Necessary Changes should be reflected in the table.

PART IV: AREAS OF IMPORTANCE AND PLAN OF CORRECTION.

Area of Importance:

- *.*
-

Plan of Correction:

The agency needs to submit a written Plan of Correction addressing the Necessary Changes and the Area of Importance identified in the report within forty-five (45) days receipt of this report.

Technical assistance and support is available from DDAS staff upon request to assist in attainment of desired outcomes. Progress toward meeting outcomes will be monitored throughout the year by the lead reviewer and agency staff to assess and assure plan implementation and effectiveness. This may include assistance in addressing the areas marked with an "X" on the Health and Wellness Guidelines Review Chart (Attachment B) and the ISA Guidelines Quality Services Review Findings (Attachment A).

The review team wishes to thank all those who participated in this review process for their assistance.

Agency					Date			
					4/1/2009			
Outcome #	Outcomes	N	unmet	met	exceeded	Examples of Positive Practice:	Necessary Changes:	Recommendations:
Outcome 1	Outcome 1 Respect: Individuals feel that they are treated with dignity and respect					Outcome 1 Respect: Individuals feel that they are treated with dignity and respect		
	1.1 Services respect and encourage the civil and human rights of individuals.							
		0	0	0	0			
1.1								
	1.2 Interactions and services are respectful to individuals at all times.							
		0	0	0	0			
1.2								
	1.3 Positive behavioral supports are used when behavioral interventions are needed.							
		0	0	0	0			
1.3								

Outcome #	Outcomes	N	unmet	met	exceeded	Examples of Positive Practice:	Necessary Changes:	Recommendations:
Outcome 2	**Outcome 2 Self Determination: Individuals direct their own lives.**					**Outcome 2 Self Determination: Individuals direct their own lives.**		
	2.1 Individuals make the decisions that affect their lives.							
		0	0	0	0			
2.1								
	2.2 Individuals have the opportunity to manage services and choose how resources are used. N =							
		0	0	0	0			
2.2								
	2.3 Individuals are supported to express their spirituality. N =							
		0	0	0	0			
2.3								

Outcome #	Outcomes	N	unmet	met	exceeded	Examples of Positive Practice:	Necessary Changes:	Recommendations:
Outcome 3	**Outcome 3 Person Centered: Individuals' needs are met, and their strengths are honored.**					**Outcome 3 Person Centered: Individuals' needs are met, and their strengths are honored.**		
	3.1 Individuals direct the development of their service plans which reflect their strengths, needs and goals.							
		0	0	0	0			
3.1								
	3.2 Services are developed with the person and family's/guardians input.							
		0	0	0	0			
3.2								

Outcome #	Outcomes	N	unmet	met	exceeded	Examples of Positive Practice:	Necessary Changes:	Recommendations:
Outcome 4	**Outcome 4 Individuals live and work as independently and interdependently as they choose.**					**Outcome 4 Individuals live and work as independently and interdependently as they choose.**		
	4.1 Individuals receive support to foster personal growth and encourage the development of practical life skills.							
		0	0	0	0			
4.1								
	4.2 Individuals live in settings that promote independence and skill development.							
		0	0	0	0			
4.2								
	4.3 Individuals live in settings that are safe, accessible, and meet their needs.							
		0	0	0	0			
4.3								
	4.4 Individuals that choose to work have meaningful jobs that are suited to their interests and have the supports necessary to maintain those jobs.							
		0	0	0	0			
4.4								

Outcome #	Outcomes	N	unmet	met	exceeded	Examples of Positive Practice:	Necessary Changes:	Recommendations:
Outcome 5	**Outcome 5 Relationships: Individuals experience positive relationships, including connections with family and their natural supports.**					**Outcome 5 Relationships: Individuals experience positive relationships, including connections with family and their natural supports.**		
	5.1 Individuals are encouraged and receive guidance to maintain relationships that are meaningful to them.							
		0	0	0	0			
5.1								
	5.2 Individuals are supported to have safe, intimate relationships of their choosing and are supported to find satisfying ways of expressing their sexuality.							
		0	0	0	0			
5.2								
Outcome 6	**Outcome 6 Participation: Individuals participate in their local communities.**					**Outcome 6 Participation: Individuals participate in their local communities.**		
	6.1 Individuals have a sense of belonging, inclusion and membership in their community.							
		0	0	0	0			
6.1								

Outcome #	Outcomes	N	unmet	met	exceeded	Examples of Positive Practice:	Necessary Changes:	Recommendations:
Outcome 7	**Outcome 7 Well-being: Individuals experience optimal health and well-being.**					**Outcome 7 Well-being: Individuals experience optimal health and well-being.**		
	7.1 Individuals have their medical and health needs met in accordance with the Health & Wellness Guidelines and are consistent with those available to all community members.							
		0	0	0	0			
7.1								
	7.2 Individuals are encouraged/supported to maintain healthy lifestyles and habits							
		0	0	0	0			
7.2								
Outcome 8	**Outcome 8 Communication: Individuals communicate effectively with others.**					**Outcome 8 Communication: Individuals communicate effectively with others.**		
	8.1 Individuals are able to communicate effectively in their preferred mode.							
		0	0	0	0			
8.1								

Outcome #	Outcomes	N	unmet	met	exceeded	Examples of Positive Practice:	Necessary Changes:	Recommendations:
	8.2 People the individual communicates with the most frequently have the ability to understand, interpret and support the individual in his/her communication.							
		0	0	0	0			
8.2								
Outcome 9	**Outcome 9 Systems Outcomes**					**Outcome 9 Systems Outcomes**		
	9.1 Individuals have timely assessments and service plans.							
		0	0	0	0			
9.1								
	9.2 Individual critical incidents are reported in a timely fashion to DDAS and are in compliance with DDAS policy.							
		0	0	0	0			
9.2								
	9.3 Individuals have trained and responsive staff.							
		0	0	0	0			
9.3								
	9.4 Individuals have staff that receive adequate supervision.							
		0	0	0	0			
9.4								

Outcome #	Outcomes	N	unmet	met	exceeded	Examples of Positive Practice:	Necessary Changes:	Recommendations:
	9.5 Individuals participate in the selection and training of their individual support staff.							
		0	0	0	0			
9.5								
	9.6 Services reflect innovation and best practices within allocated resources.							
		0	0	0	0			
9.6								
	9.7 Individuals' services are managed in a fiscally responsible manner.							
		0	0	0	0			
9.7								

ATTACHMENT A: ISA GUIDELINES QUALITY SERVICES REVIEW FINDINGS

X= Not present or does not meet standard. Name:	Emergency Fact Sheet (If medical review not done)	Person's Story/ Update	Needs Assessment/Periodic Review	Current ISA	Funded Areas of Support/Budget/AFL	Clear Outcomes/Expectations	Strategies (what, when, where how)	Tracking/Review as stipulated	Supervision/Safety Needs/Restrictions specified	Communication Needs/Accommodations	Approval Signatures	ISA Modification/Change/Extension as needed	Behavior Support/Safety Plans	Home Visit Documentation						
Comments:																				

ATTACHMENT B: MEDICAL GUIDELINES QUALITY REVIEW FINDINGS

X=Not present or does not meet standard. Names	Emergency Fact Sheet	Immunization Sheet	Hepatitis Status	Medication Sheets	Medication Side Effects	Medication Prescription	Annual Physical Exam	Semi-Annual Dental	Seizure Record	Quarterly Psychotropic Medication	Quarterly T.D. Checks	Cancer Checks	Other

APPENDIX A: DEVELOPMENTAL DISABILITY SERVICES RELATED GUIDELINES, POLICIES AND PUBLICATIONS

This list represents a collection of stand alone documents that contribute to the quality management of waiver services. ***As guidelines and policies are periodically updated or re-written, please look for the most recent versions of the following documents available online at the Division of Disability and Aging Services website at http://www.ddas.vermont.gov/ddas-policies/policies-dds/***

- **Background Check Policy (April 2006)** Performing background checks on individuals who work with vulnerable people is a component of preventing abuse, neglect and exploitation. This policy describes when a background check is required, what the components of a background check are and what is done if a background check reveals a potential problem.

- **Administrative Rules on Agency Designation (Effective June 1, 2003)** These administrative rules governing the selection of designated agencies outline the requirements an agency must meet in order to be designated (or re-designated), the responsibilities of agencies that are designated, and the process for designation, re-designation and de-designation.

- **Behavior Support Guidelines for Support Workers Paid with Developmental Services Funds (October 2004)** These Guidelines outline the types of interventions that support workers paid with developmental disability services funds may use to support behavior change and also the steps to follow when restriction of rights or restraints are required.

- **Developmental Disabilities Act (July 2007)** The Vermont Statutes Online, Title 18: Health, Chapter 204A: Developmental Disabilities Act

- **Regulations Implementing the Developmental Disabilities Act of 1996 (July 1998)** A copy of the actual regulations implementing the Developmental Disabilities Act of 1996. They include definition of developmental disability, criteria for being a "recipient"; certification; application, assessment and notification; periodic review; recipients who are able to pay; special care procedures; complaint procedures and training.

- **Guide for People who are Self- or Family-Managing Medicaid-Funding Developmental Services (March 2004)** This document is designed to help people who wish to self- or family-manage their services understand what tasks are required and who is responsible for seeing that those tasks are accomplished.

- **Endorsement of Individuals Acting Independently as Qualified Developmental Disability Professionals (September 2005)** This document explains the Vermont Division of Disability and Aging Services' endorsement process for individuals who are interested in becoming endorsed individuals acting independently as a qualified developmental disabilities professional.

- **Qualified Developmental Disabilities Professionals: Definitions, Qualifications & Roles (March 2004)** This document explains the Vermont Division of Disability and Aging Services' definition, qualifications & roles of qualified developmental disabilities professionals.

- **Guidelines for Critical Incident Reporting (Revised December 2002)** Detailed guidelines for critical incident reporting, including critical incident report form and restraint form.

- **Health and Wellness Standards and Guidelines (March 2004)** These guidelines were created because the Division of Disability and Aging Services is responsible for insuring the health and safety of people who receive Medicaid-funded developmental disability services.

- **Housing Safety and Accessibility Review Process (March 2006)**
- **Housing Accessibility Review Process - Attachment A (Revised March 2006)**
  The Review Process outlines the Housing Safety and Accessibility Reviews that are conducted by the Division of Disability and Aging Services to assess safety and accessibility of all relevant residential and agency community support sites.

- **Individual Support Agreement Guidelines (Revised: March 2003)** An Individual Support Agreement is a contract between you, your guardian (if you have one), and your provider(s). If you are managing all or some of your supports, you are still required to have an Individual Support Agree (ISA). This agreement addresses your needs that you, your Designated Agency and others have prioritized through an individualized planning process.

- **Medicaid Manual for Developmental Disability Services (July 1995)**
- **Medicaid Manual for Developmental Disability Services (Supplement: January 1999)**
  The Medicaid provider manual details the procedures for Medicaid-funded developmental disability services. This manual only outlines requirements for reimbursement of Title XIX services (Social Security Act covering Medicaid) including fee-for-service and home and community-based services.

- **Policy on Education and Support of Sexuality (January 2004)** This document provides a clear statement about the rights of individuals receiving developmental disability services to learn about the risks and responsibilities of expressing their sexuality.

- **Vermont Best Practices Manual: Supervision and Treatment of Sex Offenders with Developmental Disabilities (March 2005)** This 270 page manual was written and reviewed by individuals with extensive practical experience, including therapists, attorneys, program managers, Corrections staff, and Division of Disability and Aging Services staff.

- **Making Communication Happen - Tools to Help Teams Plan and Provide Communication Supports (Updated May 2008)**
  A booklet developed by the Vermont Communication Task Force that provides three

annotated tools to help a person and his or her team to plan and provide communication supports.

- **Appeal Procedures Developmental Disability Services (February 2009**
  A description of how to file an appeal about a decision made by the Division of Disability and Aging Services (DDAS), a Designated Agency (DA), or a Specialized Services Agency (SSA) which has an impact on the amount or duration of services a consumer can have. This includes decisions around eligibility, type and quantity of services a consumer can have or the length of time a consumer can have a service.

- **Grievance Procedures Developmental Disability Services (February, 2009)**
  A description of how to file a grievance (expression of dissatisfaction) with a Designated Agency (DA), Specialized Service Agency (SSA) or other provider of developmental services through Medicaid that does not involve eligibility or the authorization of the amount or duration of services. For example, grievances may relate to the quality of services provided or to interpersonal interactions between an individual receiving services and a provider. A grievance is distinguished from a complaint in that a grievance requires a written response.

APPENDIX B: SOURCES OF QUALITY ASSURANCE AND PROTECTION FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES

January 2009

Quality assurance activities will not be successful if they are relegated to a single bureaucratic cubbyhole. The Vermont developmental services system has numerous components that impact upon quality assurance. There is great value in having a multi-faceted system of quality assurance, and the participation of numerous people in quality promotion activities is a strength. In Vermont, the overall quality assurance system includes at least the following components:

I. Within the Department of Disabilities, Aging and Independent Living:

A. **Designation Process**. The Department of Aging and Independent Living (DAIL) designated one agency in each region of the state to ensure needed services are available through local planning, service coordination, and monitoring outcomes within their geographic region. The Designated Agency must either provide directly or contract with providers or individuals to deliver supports and services consistent with available funding; the state and local System of Care Plans; outcome requirements; and state and federal regulations, policies and guidelines.

B. **Agency Reviews**. Three (3) full-time staff, and two part-time registered nurses, conduct on-site reviews to assess the quality of services provided. The Quality Management Reviewers assess Medicaid funded services to assure compliance with state and federal Medicaid standards and the outcomes detailed in the *Quality Management Plan*. Site visits are conducted every two years with follow-up as appropriate.

C. **Office of Public Guardian**. Twenty-five (25) staff provide guardianship services as specified by law to about 665 adults with developmental disabilities and/or who are aging. Public Guardians play distinct quality assurance functions, including on-going monitoring of people's welfare, assessment of quality of life and functional accessibility, participation in individual support plans, and advocacy for appropriate services. Public Guardians are expected to have face-to-face contact with people for whom they are guardian at least once a month, and are available for emergencies 24 hours a day.

D. **Safety and Accessibility Checks**. All residences of people with developmental disabilities (except those licensed through the Division of Licensing and Protection/DAIL or a public housing entity, such as Section 8) funded by the Division of Disability and Aging Services are inspected for compliance with safety and accessibility standards.

E. **Consumer and Family Surveys**. The Division of Disability and Aging Services contracts for independent statewide consumer interviews to take place on a regular basis to measure the satisfaction of people receiving services. A confidential family satisfaction mail-in survey is also conducted periodically to assess how families feel about services that they receive to support their family members who live at home.

F. **Critical Incident Reporting Process**. Developmental service providers provide critical incident reports to the Division of Disability and Aging Services when certain incidents take place, such as the death of someone receiving services; use of restrictive procedures; allegations of abuse, neglect or exploitation; or criminal behavior by or against someone receiving services.

G. **Grievance and Appeals**. Each developmental service provider must have written grievance and appeals procedures and inform applicants and service recipients of that process. Both informal and formal grievance and appeal processes are available to people applying for or receiving developmental services, their family members, guardians and other interested individuals.

H. **Ethics Committee**. An Ethics Committee convenes bimonthly as needed, or on an emergency basis, to review any decisions by a Public Guardian or other developmental services staff to abate life-sustaining treatment for a person receiving services. In addition, any individual who wants advice about the ethical aspects of a decision, or is dissatisfied with a critical care decision made for a non-consenting person with developmental disabilities, may request the Ethics Committee to review the decision.

I. **Human Rights Committee**. A Human Rights Committee meets monthly to review policies, procedures, trends and patterns, individual situations and positive behavior support plans to safeguard the human rights of Vermonters receiving developmental services. The committee provides an independent review of any restrictive procedures while assisting individuals and agencies to develop alternatives to restrictive procedures.

J. **Intermediate Care Facility for People with Developmental Disabilities (ICF/DD)**. The ICF/DD is licensed and monitored under federally specified guidelines by nursing staff of the Division of Licensing and Protection/DAIL. The Division of Disability and Aging Services conducts Utilization Reviews to determine whether continued stay is appropriate and necessary for each person residing in an ICF/DD.

K. **Residential Care Home Licensure**. The Department of Disabilities, Aging and Independent Living licenses residences where three or more unrelated people with disabilities live.

L. **Vocational Rehabilitation Services**. Vocational rehabilitation services, (as opposed to Medicaid-funded work supports), are provided and reviewed by the Division of Vocational Rehabilitation /DAIL.

II. Elsewhere in State Government:

A. **Abuse Complaints**. The Department for Children and Families and the Department of Disabilities, Aging and Independent Living handle complaints of abuse and neglect for children and adults, respectively. Any human service worker, including Division of Disability and Aging Services staff, is legally mandated to file an immediate report of any suspected abuse, neglect or exploitation of a vulnerable adult. For adults with disabilities, Adult Protective Services staff conduct independent investigations of each complaint and pursue legal or other recourse as indicated by the needs of the individual.

B. **Fire Safety Regulation**. Staff of the Department of Labor and Industry must approve all Level III Residential Care Homes and ICF/DD facilities. Facilities must meet appropriate standards of the National Fire Safety Code.

C. **Medicaid Fraud Unit**. This Unit investigates allegations of criminal activity, including abuse, neglect or exploitation, in any Medicaid-funded facility or involving a person receiving Medicaid-funded supports. The Medicaid Fraud Unit is a specially staffed unit within the Office of the Attorney General.

III. Within Developmental Services Agencies:

A. **The Individual's Circle of Support**. Each person applying for or receiving services is encouraged to develop a circle of support. If they do not already have a circle, the service provider can help them form one. The circle is a group of people who helps the individual identify his/her dreams, takes responsibility to help the person create his/her plans and budgets, and determine the quality of his/her life. The primary focus of the circle is on the individual and what that person wants and needs. A circle of support is the ultimate safety net for that person.

B. **Local Program Standing Committee**. Each designated agency and service provider has a local standing committee that is made up of at least 51% consumer and families, of which 25% must be direct consumers. The purpose of the Local Program Standing Committee is to involve people receiving services in planning and decision-making regarding policies in order to increase consumer satisfaction, service and support quality, and organizational responsiveness.

C. **Internal Mechanisms**. All developmental service agencies have some level of an ongoing quality improvement process as well as internal quality assurance, such as a Human Rights Committee, peer review, and Local Program Standing Committee oversight. The specific design and intensity of these efforts vary from agency to agency.

D. **Service Coordination**. Service coordination often includes the functions of "monitoring" and "advocacy." For some people, the service coordinator is the focal point for individual-based quality assurance at the local level.

IV. External to the Service System:

A. **State Program Standing Committee for Developmental Services**. The State Program Standing Committee for Developmental Services was created by statute

in 1990, (and updated through regulation in 1998), and is required to have at least 51% of its membership consumer and families. The Governor appoints this committee of people with developmental disabilities, family members, advocates, and people with professional/advocacy expertise in the field of developmental disabilities. The committee meets monthly as a working advisory group to the Division of Disability and Aging Services.

B. **Vermont Developmental Disabilities Council**. A broad-based, federally mandated board that provides independent oversight and systemic advocacy for the needs of people with developmental disabilities.

C. **Protection and Advocacy System**. This system has two components: a legal component through the Disability Law Project (DLP) and citizen advocacy. The Disability Law Project is part of Vermont Legal Aid and has offices in Rutland, Burlington, Montpelier, Springfield and St. Johnsbury. They provide protection and advocacy services to individuals with disabilities in a wide variety of forums (e.g., court proceedings, school negotiations, administrative hearings, Social Security Administration).

D. **Regional ARC Organizations**. There are three counties with local ARC offices that provide a focus for families and concerned members of the public to identify and respond to the needs of people with developmental disabilities. The Central Vermont ARC provides information, support and advocacy for individuals with disabilities and their family members from their Montpelier office, the Franklin ARC from their St. Albans office, and the Rutland ARC from their office in Rutland.

E. **Self-Advocacy**. Green Mountain Self-Advocates, a statewide self-advocacy group, works to empower people with disabilities to learn to make decisions, solve problems, speak for themselves, and to exert control over their own lives. It is committed to educating and making the general public aware of the strengths, rights and desires of people with disabilities. There are presently about 18 local chapters in various stages of development around the state.

F. **Other Advocacy Groups**. There are other locally based groups of concerned families and advocates. For example, Guardianship Trust provides regular, structured individually-based citizen monitoring of residential services provided by WCMH in Barre. Brandon Training School Association is an alliance of parents and other people concerned with the well being of former residents of Brandon Training School.

G. **Law Enforcement Agencies**. In recent years, many local and state police have received training in the techniques of interviewing people with developmental disabilities who are victims of crime. The traditional sources of citizen law enforcement—the police, State's Attorney's, and Attorney General's offices—have played an increasingly effective role in protecting citizens with developmental disabilities who may become victims of crime.

H. **Criminal Penalties**. Vermont law makes it a crime to abuse, neglect or exploit a person with a disability. The Office of Attorney General will prosecute for violations of this law.

I. **The Federal Government**. Through Medicaid audits and look-behind surveys, the federal government provides a back-up system of quality assurance.

J. **Concerned Members of the Public**. These include interested professionals (e.g., physicians, psychologists), members of the academic community, legislators, etc., who express their concerns through traditional channels of professional, administrative and legislative communication.

K. **Above all, individual friends, family members, guardians, coworkers, neighbors**. Friends, family and neighbors provide for individuals in community settings the most important and dependable source of monitoring and advocacy – someone that will "go to bat" for you if things are not going well.