



**Quality
Management
Plan**

Self-Determination Independent Living Relationships Participation Person-Centered Practices Well-being Communication Collaboration Support Systems Respect

April 18, 2007

Vermont Agency of Human Services
Department of Disabilities, Aging, and Independent Living
Division of Disability and Aging Services

Contact Information

The Division of Disability and Aging Services web pages contain detailed information about who to contact for technical assistance.

For information about the Division of Disability and Aging Services, please visit the website at:

<http://www.ddas.vermont.gov/>.

For information about the Division's Quality Management Unit, please visit:

<http://www.ddas.vermont.gov/ddas-units/units-quality-management-default-page>

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This document is available in alternate formats.



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Introduction

The reorganization of the Vermont Agency of Human Services resulted in several changes to the Department of Disabilities, Aging, and Independent Living. Within the Department, the Division of Disability and Aging Services was created, bringing services for individuals with disabilities and older adults together under one division. Changes to the waiver services were also occurring with the development of the Choices for Care Program for older adults and adults with physical disabilities, which incorporated the services provided through the Home Based waiver and the Enhanced Residential Care waiver. Additionally in 2005, the Developmental Services waiver and the Traumatic Brain Injury waiver became part of the Global Commitment waiver.

At the same time, the Department of Disabilities, Aging, and Independent Living received a Real Choice Systems Change Grant from the Centers for Medicare and Medicaid Services to develop a comprehensive Quality Assurance and Quality Improvement Plan for its Home and Community-Based Service waivers. Over the past ten years, the Real Choice Systems Change Grants have sought to increase consumer and family participation and direction of their Medicaid services. Individuals who receive services, family members, service providers, and Division of Disability and Aging services staff formed the Quality Management Committee, which played a significant role in development of the Quality Management Plan, and will serve in an ongoing role to review and make refinements to the plan over time. The Division of Disability and Aging services would like to thank the Quality Management Committee for their hard work over the past year and for their commitment to improving the quality of services for individuals with disabilities and older adults.

Purpose of the Quality Management Plan

The Quality Management Plan guides the activities of the Division of Disability and Aging Services Quality Management Unit staff and establishes the standards for assessing the quality of services throughout Vermont. The Centers for Medicare and Medicaid Services requires states to describe their oversight responsibilities for waiver services. This Plan reflects the recent changes to the structure of the Division of Disability and Aging services and the changes to the waiver services. Quality management is a systematic approach for assuring that quality assurance and quality improvement activities are integrated and working as intended to achieve desired results. The purpose of this Quality Management Plan is to provide:

1. Processes for information gathering, remediation, and improvement activities;
2. Indicators and standards against which performance is measured; and
3. A cohesive and focused work plan that directs time, effort, and resources.

Shared Values

The mission of the Department of Disabilities, Aging, and Independent Living is **to make Vermont the best state in which to grow old or to live with a disability with dignity, respect, and independence.** The development of the Quality Management Plan is based on a set of shared values that are captured in the Department of Disabilities, Aging and Independent Living Core Principles. These values were discussed by consumers, family members, service providers and State staff in a variety of forums. Shared values and principles drive the development of desired outcomes of services and the ways in which these standards are used to assure and improve service quality. The following values govern all of Vermont's Quality Management activities:

- ★ **Person-centered** – the individual will be at the core of all plans and services.
- ★ **Respect** – individuals, families, providers and staff are treated with respect.
- ★ **Independence** – the individual’s personal and economic independence will be promoted.
- ★ **Choice** – individuals will have options for services and supports.
- ★ **Self-determination** – individuals will direct their own lives.
- ★ **Living well** – the individual’s services and supports will promote health and well-being.
- ★ **Contributing to the community** – individuals are able to work, volunteer, and participate in local communities.
- ★ **Flexibility** – individual needs will guide our actions.
- ★ **Effective and efficient** – individuals’ needs will be met in a timely and cost effective way.
- ★ **Collaboration** – individuals will benefit from our partnerships with families, communities, providers, and other federal, state and local organizations.

Desired Outcomes of Services

Ten desired outcomes of waiver services were developed through consumer, family, and service provider input. These outcomes and their associated indicators, sources of information, and information gathered form the Quality Service Standards. The standards are the criteria by which quality is measured and address each of the seven Centers for Medicare and Medicaid Quality Framework Focus Areas. The Quality Framework provides guidance to States in developing quality management strategies.

1. **Respect**: Individuals are treated with dignity and respect.
2. **Self-Determination**: Individuals direct their own lives.
3. **Independent Living**: Services support independent living.
4. **Relationships**: Individuals receive support to foster and maintain relationships.
5. **Participation**: Individuals participate in their local communities.
6. **Person-Centered Practices**: Services and supports are individualized to meet people’s needs and honor their strengths and preferences.
7. **Well-being**: Individuals’ services and supports promote health and well-being.
8. **Communication**: Individuals communicate effectively with others.
9. **Collaboration**: Individuals receive effective, coordinated, and efficient services.
10. **Support Systems**: Individuals benefit from a trained and competent support system.

Ongoing Review of this Quality Management Plan

This Quality Management Plan should be regarded as a living document. Ongoing changes in service delivery, funding, individual needs, staffing, policies, etc. will necessitate changes in quality management activities. The Quality Management Committee will have an ongoing responsibility to periodically revisit the plan and recommend changes.

Program Descriptions

Services for People with Developmental Disabilities

Services support people with developmental disabilities to live dignified lives and find opportunities for community participation. The majority of home and community-based services for adults and children with developmental disabilities are funded through a Medicaid waiver. The amount and type of services is determined by an individual needs assessment. Services include:

- Clinical interventions
- Community supports
- Crisis services
- Employment services
- Family supports
- Home supports
- Respite
- Service coordination

Services for People with Traumatic Brain Injuries

The Traumatic Brain Injury Program diverts and/or returns Vermonters, with a moderate to severe traumatic brain injury, from hospitals and residential facilities to a community-based setting. This is a rehabilitation-based, choice-driven program intended to support individuals to achieve their optimum level of independence and provide assistance with returning to work, culminating in graduation from the program. Services include:

- Case Management
- Community Supports (24-hour supervision)
- Crisis Supports
- Employment Supports
- Environmental and Assistive Technology Supports
- Psychological and Counseling Supports
- Rehabilitation Supports (1:1 Services)
- Respite
- Special Needs (ongoing long-term services)

Services for Older Adults and Services for People with Physical Disabilities

The Choices for Care program assists people with everyday activities at home, in the community, in an enhanced residential care setting, or in a nursing facility. Support includes hands-on assistance with eating, bathing, toilet use, dressing, and transferring from bed to chair; assistance with tasks such as meal preparation, household chores, and medication management; and increasing or maintaining independence. Services and programs include:

- Enhanced Residential Care
- Nursing Facility Services
- Program for All-Inclusive Care for the Elderly (PACE)
- Home and Community-Based Supports:
 - 24-Hour Individualized Residential Support
 - Adult Day Services
 - Assistive Devices and Home Modifications
 - Case Management

Quality Management Plan

- Companion Services
- Flexible Choices option
- Homemaker Services
- Personal Care
- Personal Emergency Response
- Respite

The Quality Services Review Process

The Centers for Medicare and Medicaid Services recognizes the State's responsibility for the health and safety of the individuals that receive services and their family members within Vermont. The core of Vermont's Quality Management Plan is the oversight of service provision through quality services reviews of agencies that provide direct service within a two-year cycle. The Centers for Medicare and Medicaid Services requires the quality review process include information gathering and addressing areas for improvement. This quality services review process consists of direct feedback from individuals who receive services, record reviews, observations, and discussions with agency staff. Agencies are reviewed against clear benchmarks and receive feedback from review staff throughout the process. Quality Action Plans address areas for improvement and are completed by each agency with technical assistance provided by the Quality Management Unit. See Appendix A for a description of the quality services review process, Quality Service Standards, and a template of the Quality Action Plan.

Quality Improvement: Statewide Reporting for Systems Change

Direct feedback and input from consumers and family members provides the foundation for improving the quality of waiver services. Long term statewide trends reveal opportunities for systems change related to funding, training, and programmatic structure. The Division of Disability and Aging Services will periodically report on statewide trends related to the Quality Service Standards. These reports will be available to stakeholders such as the Vermont Legislature, Departmental Advisory Boards, State and local Standing Committees, service providers, local advocacy organizations, and the general public. Periodically, the Division of Disability and Aging Services will host public forums to discuss these reports and potential systems change.

Technical Assistance

Quality Management Unit staff is available to provide assistance to stakeholders to understand and use this plan. Service providers are each assigned a Lead Quality Management Reviewer, who has overall responsibility for coordinating the quality services review for that agency and answering questions related to the review process and the Quality Management Plan. See the "Contact Information" for a website link to a list of Quality Management Reviewers and their assigned agencies.

The Division of Disability and Aging Services provides a wide array of technical assistance. The Quality Management Unit provides technical assistance related to the quality services review process, findings of that process, and development/implementation of Quality Action Plans. The Quality Management Unit also provides technical assistance to help agencies and consumers (who self-manage their services) develop internal quality management strategies. Contact persons within the Division of Disability and Aging Services for other programmatic technical assistance are available and can be found through the website. The Division of Disability and Aging Services staff also provide training for consumers, families, service providers, and other stakeholders as needed. The Division of Disability and Aging Services may structure these trainings to be conducted in part or whole by consumers and/or family members.

Internal Quality Management Plan Minimum Requirements

The Quality Service Standards require that agencies have internal quality plans. Division of Disability and Aging Services staff are available for technical assistance in developing and implementing internal quality management plans. Internal quality plans shall describe how the agency assures that:

- Individuals experience effective and efficient intake;
- Service plans and supports are planned and effectively implemented in accordance with each individual's unique needs and expressed preferences concerning his/her life in the community;
- The agency possesses and demonstrates the capability to effectively serve individuals; This includes staff training and organizational structure;
- Critical incidents are managed effectively;
- Appeals and grievances are processed in a fair and timely way;
- Individuals are satisfied with their services and achieve desired outcomes.

The internal quality management plans should also include:

- The name of the person(s) responsible for implementing the plan;
- Consumer and/or family involvement in the development and implementation of the plan;
- Time lines with regard to plan implementation and reporting findings;
- Description of how the internal quality plan is used to remediate problems and improve services.

It is strongly recommended that agencies develop a single internal quality plan. However, agencies may address the above components in separate documents. If so, the agency will present an organized packet to the State during the review process.

Quality Management in Consumer Managed Services

There are a number of terms used to describe the models by which consumers, surrogates, or family members manage services. This document uses the term "consumer managed" to refer to all the various models. Services for consumers who self-, surrogate-, or family-manage, or share the management of their services will adhere to the general quality guidelines set forth within this Quality Management Plan.

It is expected that consumers or surrogates are the primary monitors of the quality of their services. For example, if a consumer's goals are not being met, the consumer or surrogate can change staff or the way a service is delivered within the scope of the program. The achievement of the individual's personal goals and how services support that achievement will be an important measure of quality in consumer managed services. Additionally, the involvement of organizations that support consumers in this effort (such as Transition II and ARIS Solutions) will require review.

The quality of consumer managed services will be assessed using the ten desired outcomes described in this Plan. However, several of the methods that refer to agency-related measures will be modified when reviewing consumer managed services. These methods are under development and will be added to the Quality Management Plan when completed.

Related Policies and Other Quality Management Activities:

Program Standards and References

This Quality Management Plan is not meant to replace program standards, but rather to supplement them and describe a method to ensure program standards are met. Agencies are held accountable for following program manuals, standards, policies, and other guidelines as applicable to the agency caseload.

Agency Designation and Certification

The Quality Management Unit oversees the review process for the designation of agencies providing developmental disability services, and for the certification of agencies providing adult day services. The Division of Licensing and Protection is responsible for designating and certifying home health agencies according to applicable State and Federal regulations. The Division of Licensing and Protection also conducts reviews of enhanced residential care settings, assisted living residences, and nursing facilities for compliance with applicable State and Federal regulations.

Protective Services

Adults

Adult Protective Services is a public safety program within the Division of Licensing and Protection, Department of Disabilities, Aging, and Independent Living. To report suspected abuse, neglect, or exploitation of a vulnerable adult, call 1-800-564-1612 (toll free) or 802-241-2345.

Children

The Department for Children and Families, Family Services Division, investigates reports of suspected child abuse or neglect through local Family Services Offices. To make a report, call or visit your local Family Services Office during regular business hours. Outside of regular business hours, you can make a report by calling the Emergency Services Program toll free at 1-800-649-5285.

Background Check Policy

All service providers, including the Intermediary Service Organizations, are required to comply with the Department of Disabilities, Aging, and Independent Living Background Check Policy. This policy describes what background checks are required and what needs to be done if a background check reveals a potential problem.

Critical Incident Reporting Policy and Procedures

A policy addressing critical incident reporting is being developed. It is expected that a web-based reporting system will be developed. Critical incident reports for each agency received over the past two years are examined prior to the quality services review to identify trends and areas for improvement.

Appeals and Grievances

Each waiver program has its own processes for appeals and grievances. The Statewide Office of the Long-Term Care Ombudsman (for Choices for Care) and the Disability Law Project (for developmental disability services) are available to assist individuals in the appeals and grievances processes. A team from the Agency of Human Services is currently developing comprehensive appeals and grievance process for all waivers. Until these policies are developed, existing processes for appeals and grievances continue in effect. Appeals and grievance data for each agency received over the past two years is examined prior to the quality services review to identify trends and areas for improvement.

Case Management Requirements

Case Management Certification is required for agencies and individuals providing case management services provided under the Older Americans Act and Choices for Care program. Case managers must pass the Case Management Certification Exam. A “Certified Case Manager” has the knowledge, skills, and experience required to provide appropriate services based on the Division of Disability and Aging Services Case Management Standards and sound principles of practice.

To provide case management services in the Traumatic Brain Injury program, case managers must meet minimum education, experience, and training requirements set forth in Section V of the Traumatic Brain Injury Provider Procedure Manual. Service providers are responsible to assure that case managers meet these requirements.

Qualified Developmental Disabilities Professional

In developmental disability services, a Qualified Developmental Disabilities Professional must monitor the person’s Individual Support Agreement and the quality of those services. A Qualified Developmental Disabilities Professional may work either for designated or specialized service agencies or may be hired or contracted by individuals with developmental disabilities and/or their family members. To perform the roles and responsibilities of a Qualified Developmental Disabilities Professional in Vermont (either paid or unpaid) an individual must meet either the federal or the state definition of a Qualified Developmental Disabilities Professional AND the additional knowledge qualifications. Individuals acting as an independent Qualified Developmental Disability Professional must be endorsed by the Division of Disability and Aging Services.

Division of Disability and Aging Services Surveys

The Division of Disability and Aging Services regularly surveys consumers and families within each waiver program. Questions on these surveys pertain to consumer needs, satisfaction, and outcomes. Prior to the quality services review process, survey data for each agency are examined by the Lead Quality Management Reviewer to obtain a broader picture of the consumer/family perspective. These survey data help to identify areas for further exploration during the quality services review process. Surveys are also analyzed for trends and for opportunities to improve the statewide service system.

Appendix A: Quality Services Review Protocol

Introduction

The Quality Services Review process was developed to work collaboratively with service providers to assure and improve the quality of services based on a set of Quality Service Standards. These standards are used by the Quality Management Reviewers to monitor and review the quality of services. As part of the review process, Division of Disability and Aging Services staff and various stakeholders provide the review team their perspective on the quality of the agency's services. The review team also collects information through existing electronic data sources such as financial spreadsheets, claims data, and monthly service reports.

Every Home Health Agency, Area Agency on Aging, Adult Day Service Provider, Developmental Disabilities Service Provider, and Traumatic Brain Injury Service Provider will participate in a quality services review. Intermediary Service Organizations (such as Transition II and ARIS Solutions) that support consumers to self/surrogate manage services will also be reviewed. The quality services reviews are conducted by the Division of Disability and Aging Services, Quality Management Unit staff. Agencies are reviewed within a two-year cycle. When certification (Adult Day Service Providers) and designation (Developmental Disabilities Service Providers and Home Health Agencies) apply, these reviews are conducted at the same time as the quality services review.

Step 1: Sample Selection

The sample for quality services reviews is chosen to gain input from consumers and examine a variety of services in order to obtain a "snapshot" of the agency as a whole. The Lead Quality Management Reviewer coordinates with Division of Disability and Aging Services staff to get a report of the consumers served by the provider along with related information such as services, claims, recent incident reports, etc. The Lead Quality Management Reviewer selects a preliminary sample of no less than 10% of the provider's waiver caseload. Once the sample has been selected, the Lead Quality Management Reviewer contacts the provider to confirm the feasibility of the sample and other logistics (e.g., does the individual have a guardian? Is the consumer still being served? Are there any reasons the sample should or should not include certain individuals?).

Step 2: Notification and Scheduling

Written notice of the review dates is sent to the Agency's Executive Director at least 45 calendar days in advance of the quality services review. The Lead Quality Management Reviewer will coordinate with the agency to schedule the specific review activities (consumer interview, record reviews, general availability of staff for questions, observations of services, and key management staff discussion) and discuss the sample selection. The Executive Director may choose an agency contact person to serve as liaison in the coordination of the review process. The agency contact person is expected to facilitate, schedule, coordinate, and generally be available during the quality services review process.

Step 3: Interview with the Individuals Receiving Services

(Note: Steps 3, 4, 5, and 6 may be done in any order or simultaneously as determined by the Lead Quality Management Reviewer.) The individual interview is based on the outcomes and indicators described in the Quality Service Standards. The interview questions are found in Appendix C.

The agency will notify individuals and their guardians (where applicable) that a Quality Management Reviewer will conduct an interview, preferably in the individual's home. The Lead Quality Management Reviewer will provide the agency with a notification letter and brochure describing the review process. These documents contain relevant information for individuals in preparation for the interview. Agencies will support individuals to understand the purpose and intent of the interview. Agencies will also inform the Lead Quality Management Reviewer of any unique circumstances that may be relevant (e.g., individual observes specific cultural/religious practices; individual needs an interpreter; individual has a dog that is aggressive with new people, etc.).

The Quality Management Reviewer will seek information from the individual receiving services as much as possible. However, in some instances an individual may need or want assistance to answer questions. When assistance is needed or wanted, the agency will make these arrangements in collaboration with the individual and/or their guardian. It is preferred that persons that assist in answering interview questions are family members or close friends (people that know the individual well). When discussing services with minors, parent or guardian presence will be requested.

Step 4: Discussions with Families and Guardians

The perspectives of family members, family caregivers, and guardians, are important in assessing the quality of an individual's services. Quality Management Reviewers will speak with the individual's family and guardian(s). The discussions are based on the outcomes and indicators described in the Quality Service Standards as well as other issues that arise. Quality Management Reviewers may have these discussions either in person, by telephone, or in scheduled meetings.

Step 5: Record Review

The agency arranges for Quality Management Reviewer access to individual consumer files, provider policies and procedures documents, certification and license documents, and other relevant information. A checklist of these items is provided to the agency. The Agency and the Quality Management Reviewers shall ensure these records are reviewed in a manner which protects individuals' confidentiality.

Step 6: Discussions with Staff, Collaborating Agencies, and Observations of Services

Agencies are responsible for informing their relevant staff (including support workers, service coordinators, and case managers) of the review process. Agencies are responsible for notifying individuals who are self-managing that the review team will have discussions with their staff. All relevant staff should be reasonably available for discussions. Quality Management Reviewers may have discussions either in person, by telephone, or in scheduled meetings. The Quality Management Reviewers will also observe services and interactions between staff and individuals receiving services. The discussions with staff and observations of services are based on the outcomes and indicators described in the Quality Service Standards. However, Quality Management Reviewers may need to explore other concerns or issues that arise. The Quality Management Reviewers will also speak with collaborating agencies to seek their perspective on the quality of the agency's services.

Step 7: Meeting with Agency Management/Key Staff

The Lead Quality Management Reviewer facilitates a group discussion which includes the Director of the agency and any agency staff responsible for quality assurance/improvement and training. The discussions are based on the outcomes and indicators described in the Quality Service Standards and other issues found during the review.

Step 8: Feedback Discussion

During the review process, the Quality Management Reviewers provide ongoing feedback to the agency. This presents an opportunity to seek clarification on findings as well as acknowledge what is working well. After all information gathering activities are completed, the Lead Quality Management Reviewer meets with the agency director and other key agency staff to provide a summary of feedback on the findings before the final Quality Service Report is written. This feedback discussion provides the opportunity to describe agency strengths, attain clarity on issues raised, and identify technical assistance needs. The Lead Quality Management Reviewer will identify the issues that need to be addressed within a Quality Action Plan. Additionally, the agency will be asked to provide feedback on the quality services review process.

Step 9: Quality Services Reporting and Quality Action Plan

A Quality Services Report is sent to the agency within 45 calendar days of the feedback discussion. This report contains an overview of the review process, agency strengths, recommendations, areas for improvement and requirements for a Quality Action Plan. All Quality Services Reports are available to the general public and may be obtained from the Division of Disability and Aging Services upon request. Within the report, areas for improvement are identified as follows:

1. **Critical Finding:** This finding is urgent and needs immediate attention due to a consumer in immediate jeopardy or the presence of other critical circumstances. These findings are reported to the agency for immediate follow-up as soon as they are found. Documentation of follow-up by the agency shall be furnished to the State within one week of the finding. Critical findings and the steps the agency took to resolve the issue are included in the Quality Services Report.
2. **Significant Finding:** This finding needs significant attention. It identifies a system-wide issue that does not meet an outcome, or an individual consumer(s) who does not meet an outcome.
3. **Moderate Finding:** This item needs moderate attention because it has the potential to impede the agency, or one or more consumers from attaining one of the ten desired outcomes.

Within 30 calendar days, the agency will submit a Quality Action Plan to the Lead Quality Management Reviewer that addresses each Significant Finding and Moderate Finding. The Quality Action Plan must include specific objective(s), a timeline, and the contact information for the person(s) responsible for developing and implementing the plan. A Quality Action Plan template is included in Appendix A. Within three weeks of receiving the Quality Action Plan, the Lead Quality Management Reviewer will send written approval of the plan and/or negotiate timelines and actions if necessary. The Lead Quality Management Reviewer will monitor the agency's progress on the Quality Action Plan.

Step 10: Technical Assistance

Technical assistance is provided to agencies as needed to develop and implement Quality Action Plans. The Lead Quality Management Reviewer is available upon request to assist with training needs, develop agency quality improvement strategies, and identify resources needed to improve the quality of services. Additional staff within the Division of Disability and Aging Services are available to provide technical assistance on system and individual issues. For information related to technical assistance, agencies should contact their Lead Quality Management Reviewer.

Quality Service Standards

Desired outcomes, indicators, sources of information, and information gathered are described within the Quality Service Standards. These are the standards by which Quality Management Reviewers monitor and review the quality of services.

“Individual” refers to recipients of services, families, surrogates, and legal representatives where applicable. Outcomes, indicators, sources of information, and information gathered, apply to each individual as they desire and when appropriate. Sources of information represent the most likely source to obtain information; however, other sources would be sought out when applicable. “Service Plans” are defined as follows: Developmental disability services (DS): Individual Support Agreement; Traumatic Brain Injury Services (TBI): Individual Service Plan; Home Health Agencies (HHA) and Area Agencies on Aging (AAA): Case Management Action Plan; Adult Day Services (ADS): Plan of Services. “Case notes” are defined as *any* note that a staff person writes for the individual’s file (e.g.: progress notes, case manager logs, etc.).

Outcomes (1-10) describe the way people want to live their lives. **Indicators** describe specific components of the outcome, the desired results of services, and the manner in which people receive their services. **Sources of Information** describe whether it is a person or a document. Information may be gathered from one or more of the sources listed (information does not need to be found in every document listed). **Information Gathered** is the specific way information is collected during the quality services review. Questions for the consumer interview are listed under the “Information Gathered” column. Probing questions may be asked to provide clarity when needed. Questions for agency staff identified under the Information Gathered column are sample questions for discussion; other similar questions may be asked.

1. **Respect: Individuals are treated with dignity and respect.**

Indicators	Sources of Information	Information Gathered
a. Interactions and services are respectful to individuals at all times.	Individual	Do the people paid to help you (give examples) treat you respectfully?
b. Services respect and encourage the civil and human rights of individuals.	All Programs: Agency Policy and Practice	There exists an agency policy that addresses civil and human rights of consumers.
c. Individuals receive information and are supported to understand and advocate for their rights and responsibilities.	Individual	Did the agency explain your rights as a consumer of services? For example, the complaint/appeals process, etc.
	All Programs: Agency Policy and Practice	Agency policy describes the distribution of individual rights, Grievance/Appeals process, at intake and on an annual basis (all programs). Ombudsman brochures are distributed at intake and on an annual basis (HHA/AAA/ADS).

<p>d. Individuals' choices that present risk are addressed to promote a balance of autonomy and safety.</p>	<p>Individual File: All Programs: Case notes, service plan DS: Behavioral Support Plan HHA/AAA/ADS: Negotiated risk document. HHA/AAA: Emergency back-up plan</p>	<p>Documents in the individual records provide evidence how a balance of autonomy and safety has been promoted when individuals' choices present risk.</p>
<p>e. Individuals' cultural and ethnic values and traditions are respected and accommodated.</p>	<p>Agency Direct Service Staff</p>	<p>Describe how agency practices reflect individuals' preferences and how the agency makes accommodations.</p>
<p>f. Individuals may change service staff and providers without retaliation.</p>	<p>Individual</p>	<p>Have you ever asked for a change in the staff or agency that provides your services? What happened; did you have a positive experience?</p>
	<p>All Programs: Agency Policy and Practice</p>	<p>There exists an agency policy that addresses how individuals' requests for staff or agency changes are accommodated.</p>
<p>g. Positive behavioral supports are used when behavioral interventions are needed; individuals are not subject to aversive treatment.</p>	<p>Individual File: All Programs: Case notes DS: Behavioral support plan; psychiatric medication support plan.</p>	<p>Related documents exist in the individual's file and reflect positive interventions.</p>
	<p>All Programs: Agency Policy and Practice</p>	<p>There exists an agency policy that addresses how positive behavioral supports are used when behavioral interventions are needed. Agency practices positive behavioral supports.</p>
<p>h. Individuals' privacy is respected.</p>	<p>Individual</p>	<p>Do you have privacy when you need it? ...For example do you have enough private time and space; can you be alone with your friends, can you talk on the phone in private?</p>

2. <u>Self-Determination</u>: Individuals direct their own lives.		
<u>Indicators</u>	<u>Sources of Information</u>	<u>Information Gathered</u>
a. Individuals have the information and support they need to make informed choices.	Individual	When the people paid to help you (give examples) talk to you about the support you receive...Do they give you enough information so that you can make decisions?
b. Individuals make the decisions that affect their lives.	Individual	Do you make the decisions that affect your life? For example, choosing the place where you spend your day, choosing where you live, choosing your support staff, choosing the way you spend your time, etc.? Do the people paid to help you (give examples) listen to you when you ask for something?
	Individual File: All Programs: Service plan, case notes DS: Emergency fact sheet ADS: ILA or intake form, participant fact sheet.	Where applicable, guardianship papers, power of attorney forms, 'Do Not Resuscitate' orders, informed consent and advance directives are present in the individual's file.
c. Individuals live and receive services where they choose.	Individual	Are you getting services in the places you want to?
d. Individuals have opportunities to manage services and choose how resources are used.	HHA/AAA/DS: Agency Intake Materials	Agency intake materials contain information on how to consumer-manage services and describe how individuals may be involved in decision making whether they direct services and supports or not. Consumer management options are provided at re-assessment.
	HHA/AAA/DS: Individuals who Consumer-Direct Services	Do you have the support you need to direct your services? What is going well; what is not?
	Individuals who Receive Services from an Agency	Do you have a say in how your services are provided? What is going well; what is not?

3. Independent Living: Services support independent living.

<u>Indicators</u>	<u>Sources of Information</u>	<u>Information Gathered</u>
<p>a. Individuals are supported to secure and maintain community integrated employment.</p>	<p>Individual</p>	<p>Do you have a job? If yes: Is the work you do important to you? Are you satisfied with your job (for example, hours, duties, pay)? Did you choose your job? (or did someone else choose it for you?) If no: Do you want to be working? (If yes): How are your services supporting you to find a job?</p>
	<p>Individual File: All Programs: Service plan, case notes</p>	<p>Service Plans contain measurable, attainable employment goals where applicable. Case notes provide documentation of progress on goals.</p>
	<p>Division of Disability and Aging Services Employment Specialist (DS,TBI)</p>	<p>Employment Specialist provides information about individuals and agency fulfillment of program requirements.</p>
<p>b. Individuals are safe in their homes and communities.</p>	<p>Individual</p>	<p>Do you feel safe in your home and neighborhood? Do you know what to do if there is an emergency?</p>
	<p>(All Funded 24-hour Residential Settings) Setting Files: Home inspection report Individual File: ILA (HHA/AAA/ADS)</p>	<p>Home inspection reflects compliance and applicable follow-up. Home Safety Plan exists. ILA addresses home safety (HHA/AAA/ADS).</p>
	<p>Individual File: DS/AAA/HHA/TBI: Case Notes</p>	<p>Case notes reflect frequency of home visits as program requirements dictate.</p>

<p>c. Services and homes are accessible and accommodate individuals' needs.</p>	<p>Individual</p>	<p>Has anyone helped you to get special equipment or changes you need made to your home?</p>
	<p>Individual File: All Programs: Service Authorization; Service plan DS: Emergency fact sheet HHA/AAA: Assistive device and home modification plan.</p>	<p>When the Service Authorization funds assistive technology, the Service Plan reflects needed device/equipment that meets the individual's needs.</p>
	<p>(All Funded 24-hour Residential Settings) Setting Files: Accessibility inspection.</p>	<p>Accessibility inspection reflects that individual needs are met.</p>
	<p>Direct Service Staff</p>	<p>How do staff ensure services and homes are accessible and accommodate individual needs?</p>
<p>d. Individuals' transportation needs are met.</p>	<p>Individual</p>	<p>When you want to go somewhere, do you have a way to get there?</p>
	<p>Individual File: All Programs: Service authorization, service plan, case notes.</p>	<p>Agency documents transportation provided and coordination efforts.</p>
	<p>Direct Service Staff</p>	<p>How do you assist people to get the transportation they need?</p>

4. Relationships: Individuals receive support to foster and maintain relationships.

<u>Indicators</u>	<u>Sources of Information</u>	<u>Information Gathered</u>
<p>a. Opportunities and supports are provided for individuals to develop and maintain a variety of relationships, including intimate relationships.</p>	Individual	Can you visit with your friends and family when and how you want to?
	Individual File: All Programs: Service authorization, service plan, case notes.	Service Plans contain measurable, attainable social goal(s) when applicable. Goal(s) reflect educational components where applicable.
	Agency Management/Key Staff	How do services provide opportunities and supports for individuals to develop and maintain a variety of relationships?
<p>b. Individuals are supported to spend time with people and in places that are important to them.</p>	Individual	Are you able to spend time with people you have a close or intimate relationship with?
<p>c. Family ties are honored and supported.</p>	Individual and Individual's family member	Is your family involved in your life and in your services to the extent you want them to be? May I ask them about this? (Discussion with family regarding support from the agency and how they are involved in service provision.)

5. <u>Participation</u>: Individuals participate in their local communities.		
<u>Indicators</u>	<u>Sources of Information</u>	<u>Information Gathered</u>
a. Individuals have a sense of belonging, inclusion, and membership in their community.	Individual	Are you involved in your community to the extent you want to be?
	Direct Service Staff	How do you help individuals connect to the community?
b. Individuals are supported to live in their own families, in their own homes, and in their local neighborhoods.	Individual	Are you living where you want to?
c. Individuals have support to exercise their civic responsibilities.	Individual	Do you vote, attend town meetings, work for political campaigns or similar things if you want to?
d. Individuals have support and opportunities for community service/volunteering.	Individual	Do you volunteer if you want to?
e. Individuals have support and opportunities for recreation within the community.	Individual	Are you able to get out of the house and have fun when you want to?

6. <u>Person-Centered Practices</u>: Services and supports are individualized to meet people’s needs and honor their strengths and preferences.		
<u>Indicators</u>	<u>Sources of Information</u>	<u>Information Gathered</u>
a. Individuals are supported to develop and achieve their goals.	Individual	Do people paid to help you (give examples) ask what you want to work on over the next year? Are you achieving these goals?
	Individual File: All Programs: Service authorization, service plan, case notes.	Goals are developed by the individual with support. Individualized, measurable, and attainable goals (and progress toward those goals) are documented.
	Direct Service Staff	Describe your person-centered practices. How do they assist individuals in (a) developing goals, and (b) achieving goals?
b. Individuals direct the development of their service plan.	Individual	When developing your service plan, did people listen to what you had to say?
c. Individuals know about the range of service options available to them.	Individual (ADS: Moderate Need Group only)	When developing your service plan, did someone talk to you about your services AND other services that might be available?
	All Programs: Agency intake materials ADS: Moderate Need Group only	Service options are included in agency intake materials. Service options are offered again at re-assessment.
d. Service plans reflect and are changed based on an individual’s strengths and needs.	Individual and Individual’s family member	Are your services meeting your needs? May I ask your family about this? (Discussion with family regarding how services meet the family member’s needs.)
	Individual File: All Programs: Service authorization, service plan, case notes, needs assessments.	Both the Service Authorization and the Service plan (at intake and at re-assessment) reflect the individual’s strengths and needs.
e. Individuals are satisfied with their services.	Individual and Individual’s family member	Are you happy with the services you’re getting? Why or why not? May I ask your family if they are satisfied? (Discussion with family regarding their satisfaction with services.)

7. <u>Well-being: Individuals' services and supports promote health and well-being.</u>		
<u>Indicators</u>	<u>Sources of Information</u>	<u>Information Gathered</u>
a. Services foster personal growth, learning, and the development of practical life skills.	Individual	Do the people paid to help you (give examples) help you to do or learn new things?
	Individual File: All Programs: Service plan, case notes, needs assessments.	Service plans reflect services and goals that foster personal growth, learning, and the development of practical life skills.
b. Individuals are supported to maintain healthy lifestyles and habits.	Individual	Do your services support you to maintain a healthy lifestyle? For example, exercising and eating right?
	Individual File: All Programs: Service plan, case notes, needs assessment. DS: Emergency fact sheet ADS: Participant fact sheet Direct Service Staff Service Practices	Service practices promote exercise, healthy weight, and good nutrition. Agency practices evidence compliance with program standards, e.g., Adult Day Service Standards (ADS), Health and Wellness Guidelines (DS).
c. Individuals receive physical and mental health services that reflect best practices.	Individual	Are your medical and health needs being met?
	Individual File: All Programs: Service plan, case notes, needs assessment. DS: Emergency fact sheet ADS: Participant fact sheet Direct Service Staff Service Practices	Service practices support the individual to maintain their physical and mental health through education, assistance with scheduling medical appointments, and medication management. Agency practices evidence compliance with program standards, e.g., Adult Day Service Standards (ADS), Health and Wellness Guidelines (DS).
d. Individuals are supported to express their spirituality.	Individual	Do you receive enough support to participate in spiritual or religious activities if you want to...For example, going to a place of worship, meditating, prayer, etc.?

8. Communication: Individuals communicate effectively with others.		
<u>Indicators</u>	<u>Sources of Information</u>	<u>Information Gathered</u>
a. Communication is in a format and language that the individual can understand.	Direct Service Staff	Do you know the individual's primary language/means of expression? When an individual has communication needs...How do you communicate with them? How do you ensure they understand you?
	Individual	Do you have what you need to communicate the way you want to?
b. Individuals have access to the necessary supports to communicate in their preferred method(s).	Direct Service Staff	When an individual has communication needs... What kinds of accommodations and/or technology have you provided them? Does the individual have consistent communication partners? If the individual uses a communication device, are staff familiar with it, and is it working properly?
	Direct Service Staff	When an individual has communication needs... What opportunities to expand communication have you presented? Have you been trained in the individual's preferred communication method? Does the individual communicate with people who are unfamiliar with them? Does the individual communicate for a variety of purposes and in a variety of settings?
c. Opportunities to enhance and expand communication skills are offered.	Direct Service Staff	When an individual has communication needs, they are addressed in the service plan.
	Individual File: All Programs: Service plan, case notes, needs assessment.	

9. Collaboration: Individuals receive effective, coordinated, and efficient services.		
<u>Indicators</u>	<u>Sources of Information</u>	<u>Information Gathered</u>
a. Individuals know who to contact for help with services.	Individual	Do you know who to contact from the agency if you have questions about services?
b. Individuals benefit from collaboration among multiple service providers.	Agency Management/Key Staff AND Collaborating Agency Key Staff	How do agencies work together to meet the needs of individuals that are served by multiple providers (for children and young adults, this includes school systems)? What has worked; what hasn't?
c. Individuals receive assessments and services in a timely manner.	Individual File: All Programs: Service plan, case notes, needs assessment.	Assessments, service plan, and services are initiated within required program timeframes.
d. Service providers are knowledgeable of and collaborate with other community resources.	Agency Management/Key Staff	How are staff trained to be knowledgeable about local community resources? Describe some of the (generic) community resources you have accessed for individuals on the agency's caseload.
e. Family caregivers are valued and supported.	Individual's Family Member	Do you feel valued and supported as a family caregiver? Are you getting the support you need to remain in your family care-giving role? Explain.
f. Families are actively supported and recognized as an integral part of an individual's life.	Agency Management/Key Staff	In what ways does the agency support and recognize family members as an integral part of an individual's life?

10. Support Systems: Individuals benefit from a trained and competent support system.		
<u>Indicators</u>	<u>Sources of Information</u>	<u>Information Gathered</u>
a. Service providers are qualified and effectively trained.	Service Records: Training records/schedule Agency Training Coordinator	Training plans/ records/ schedule reflect required training and program and professional standards.
	Direct Service Staff	What types of in-service training does your employer provide you? Has the training you have received been effective? Do you need more or different kinds of training?
b. Service providers are provided effective supervision and support.	All Programs: Agency Policy and Records	There exists an agency policy that describes staff performance evaluations. Agency provides dates of staff performance evaluations.
	Agency Management/Key Staff	What is the agency's practice to ensure good supervision and support for its employees?
	Direct Service Staff	Do you have the support you need to do your job? Who is your supervisor? How often do you meet? Is your supervisor available when you need them?
c. Service provider organizations have an effective quality management plan.	All Programs: Agency Records: Internal Quality Plan Document(s)	Agency's internal quality plan contains components outlined in the Quality Management Plan.
d. Services reflect innovative and best practices.	All Programs: Agency Records and/or Practices; Agency Management/Key Staff	How does your staff stay current with best practices? What innovative things are you doing?
e. Service providers involve individuals in hiring, training, performance evaluations, quality management activities, and in the design of new initiatives.	Agency Management/Key Staff	Describe how individuals are involved in hiring, training, performance evaluations, quality management activities, and in the design of new initiatives. To what extent do you involve consumer and family committees in these practices?

f. Service provider organizations assure the integrity and effective use of program data.	Division of Disability and Aging Services	Division of Disability and Aging Services units report compliance with data protocols.
g. Services are managed in a fiscally responsible manner.	Individual File: All Programs: Service plan, service authorization, case notes, needs assessment.	Documentation exists that periodic reviews of services are done and adjustments are made. Review of authorized services and services actually provided.

Quality Action Plan Template

An agency must develop a Quality Action Plan that addresses each Significant Finding and Moderate Finding. Following is an example of a Quality Action Plan:

Quality Action Plan Agency Name

Significant Finding: This finding needs significant attention. It identifies a system-wide issue that does not meet an outcome, or an individual consumer(s) who does not meet an outcome.

Outcome/ Indicator	Description of Finding	Action(s) to be taken by the agency	Timeline	Person Responsible

Moderate Finding: This item needs moderate attention because it has the potential to impede the agency, or one or more consumers from attaining one of the ten desired outcomes.

Outcome/ Indicator	Description of Finding	Action(s) to be taken by the agency	Timeline	Person Responsible

Describe how consumer(s) and or Family member(s) are involved in the development, implementation, or evaluation of this Plan (if not already described above):

What types of technical assistance does the agency need to accomplish the above actions?

Lead Quality Management Reviewer Approval:

Name: _____ Signature: _____ Date: _____

Appendix B: List of Supporting Documents

Appendix B is a collection of stand alone documents that contribute to the Quality Management of waiver services. Please contact the Quality Management Unit to request these materials. All of the following documents are available online at the Division of Disability and Aging Services website at <http://www.ddas.vermont.gov/>. Documents are categorized by the Department/Agency, Division, or Program of Service that the policy or guideline is associated with.

Department of Disabilities, Aging, and Independent Living / Agency of Human Services

- **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.
- **State of Vermont Agency of Human Services HIPAA Regulations**
HIPAA (Health Insurance Portability and Accountability Act of 1996) The Agency of Human Services meets HIPAA's definition of a covered entity and, therefore, must comply with HIPAA. This webpage contains compliances and additional links on HIPAA regulations.

Adult Day Services

- **Standards for Adult Day Services in Vermont (January 2004) (Updated March 11, 2004)** These Standards outline the requirements for providing adult day services in Vermont.

Choices for Care (1115 Long-Term Care Medicaid Waiver)

- **1115 Long-Term Care Waiver Special Terms and Conditions**
Letter from Medicare and Medicaid Services outlining special terms and conditions for the award of the Long Term Care Plan section 1115 demonstration.
- **Choices for Care - ARIS Employer Handbook (June 2006)**
- **Choices for Care 1115 Highest & High Needs Manual (October 2005)**
The operational protocol manual describing the eligibility criteria, services and program procedures to assist individuals, case managers and service providers in planning and managing services for the highest and high needs individuals.
- **Choices For Care 1115 Long-Term Care Medicaid Waiver Regulations (October 2005)**
Medicaid waiver manual that provides Vermonters with equal access to either nursing facility care or home and community-based services consistent with their choice.
- **Choices for Care 1115 Moderate Needs Manual (October 2005)**
The operational protocol manual describing the eligibility criteria, services and program procedures to assist individuals, case managers and service providers in planning and managing services for moderate needs individuals.

- **Choices for Care 1115 Operational Protocol (October 2005)**
The State of Vermont in an effort to further improve its programs developed this demonstration initiative to provide greater choice and the highest quality services possible to recipients in need of long-term care. Through this demonstration the Vermont Agency of Human Services (AHS) will undertake broad based reform of the long-term care service system by offering a continuum of care that includes a series of options, including both home- and community-based alternatives and traditional nursing facility services. This publication will give a full description of the eligibility criteria and benefit package for each of the three clinical groups included in this Operational Protocol along with additional information.
- **Flexible Choices Section IV.12-Flexible Choices Pilot (September 2006)**
Letter from Medicare and Medicaid Services outlining special terms and conditions for the award of the Long Term Care Plan section 1115 demonstration. Regulations for Designation/Operation Of Home Health Agencies (draft)
- **Older Americans Act - Case Management Standards and Certification Procedures (December 2001)**
Standards written to provide guidance for case managers and to describe acceptable case management performance. These standards apply to case management services provided to adults 60 years of age and older and to younger adults with disabilities through the Home and Community Based Medicaid Waiver, Enhanced Residential Care Waiver and Older Americans Act.

Developmental Disability Services

- **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 1998)**
The Vermont Statutes Online, Title 18: Health, Chapter 204A: Developmental Disabilities Act
- **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.
- **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.
- **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)**
- **How to Appeal a Decision About Getting Services or How Much Support You Get (1998) (July 29, 2002)**
An easy to read guide for consumers and families that tells how to appeal a decision made by a developmental disability services agency about eligibility for services, or an agency's decision to deny, reduce or stop benefits a person has requested. An instructional video is also available upon request by calling 802-241-2614.
- **How to File a Complaint About the Quality of Services (1998) (Updated December 21, 2001)**
An easy to read guide for consumers and families that tells how to file a complaint about the quality or accessibility of their developmental disability services. An instructional video is also available upon request by calling 802-241-2614.
- **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 (Updated January 1999)**
- **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.
- **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.
- **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.
- **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.

Traumatic Brain Injury

TBI Application Package Guidelines and Forms (TBI Program Procedures Manual) (Revised April 2007)

This package contains the necessary applications forms, eligibility requirement guidelines, selection process information, and more.

Appendix C: Individual Interview Questions

The following are questions that are asked during the interview with the individual. These questions are intended to be a 'starting point' for a conversation concerning topics that are important to each individual. Additional probing or clarifying questions may be asked when appropriate. The interviewer records yes-no responses to the primary questions as well as the individuals' comments for each question. Aggregated yes-no responses to the primary questions will be presented in the Quality Service Report. Both aggregated responses and individual comments are used as the sources of information to determine if an agency has met a particular outcome.

Note: Each question is numbered to correspond with the Quality Service Standards Outcomes and Indicators.

1. Respect: Individuals are treated with dignity and respect.

- 1a. Do the people paid to help you (give examples) treat you respectfully?
- 1c. Did the agency explain your rights as a consumer of services? For example the Complaint/Appeals process etc.?
- 1f. Have you ever asked for a change in the staff or agency that provides your services?
- 1h. Do you have privacy when you need it? For example, do you have enough private time and space; can you be alone with your friends; can you talk on the phone in private?

2. Self-Determination: Individuals direct their own lives.

- 2a. When the people paid to help you (give examples) talk to you about the support you receive, do they give you enough information so that you can make decisions?
- 2b. Do you make the decisions that affect your life? For example, choosing where you spend your day, choosing where you live, choosing your support staff, choosing the way you spend your time, etc?
- 2b. Do the people paid to help you (give examples) listen to you when you ask for something?
- 2c. Are you getting services in the places you want to?
- 2d. For consumers who self-direct services: Do you have the support you need to direct your services?
- 2di. For consumers who self-direct service: What's going well and what's not going well?
- 2d. For consumers who receive services from an agency: Do you have a say in how your services are provided?
- 2di. For consumers who receive services from an agency: What's going well and what's not?

3. Independent Living: Services support independent living.

- 3a. Do you have a job?
- 3b. Do you feel safe in your home and neighborhood?
- 3b. Do you know what to do if there is an emergency?
- 3c. Has anyone helped you to get special equipment or changes you need made to your home?
- 3d. When you want to go somewhere, do you have a way to get there?

4. Relationships: Individuals receive support to foster and maintain relationships.

- 4a. Can you visit with friends and family when and how you want to?
- 4b. Are you able to spend time with people you have a close or intimate relationship with?
- 4c. Is your family involved in your life and in your services as much as you want them to be?

5. Participation: Individuals participate in their local communities.

- 5a. Are you involved in your community to the extent you want to be?
- 5b. Are you living where you want to?
- 5c. Do you vote, attend town meetings, work for political campaigns or similar things if you want to?
- 5d. Do you volunteer if you want to?
- 5e. Are you able to get out of the house and have fun when you want to?
- 5eiii. Is that enough? (time having fun)

6. Person-Centered Practices: Services and supports are individualized to meet people's needs and honor their strengths and preferences.

- 6a. Do the people paid to help you (give examples) ask you what you want to work on over the next year?
- 6a. Are you achieving these goals?
- 6b. When developing your service plan, did people listen to what you had to say?
- 6c. When developing your service plan, did someone talk to you about your services AND other services that might be available?
- 6d. Are your services meeting your needs?
- 6di. When your needs change, what happens?
- 6e. Are you happy with the services you are getting?

7. Well-Being: Individuals' services and supports promote health and well-being.

- 7a. Do the people paid to help you (give examples), help you to do or learn new things?
- 7b. Do your services support you to maintain a healthy lifestyle? For example, exercising and eating right?
- 7c. Are your medical and health needs being met?
- 7d. Do you receive enough support to participate in spiritual or religious activities if you want to? For example, going to a place of worship, meditating, prayer, etc.

8. Communication: Individuals communicate effectively with others.

- 8b. Do you have what you need to communicate the way you want to?

9. Collaboration: Individual's receive effective, coordinated, and efficient services.

- 9a. Do you know who to contact from the agency if you have questions about services?

11. Transition II Services

- 11. Do you use Transition II services?
- 11a. Have you worked with Transition II to help develop your budget?
- 11b. Is Transition II responsive to your needs?
- 11c. Are you satisfied with what Transition II did for you?
- 11d. Have you worked with Transition II to help develop your care plan?
- 11e. Are you satisfied with what Transition II did for you?

12. ARIS Services

- 12. Do you use ARIS?
- 12a. Do you use ARIS to help you with your payroll and employer responsibilities?
- 12b. Is ARIS responsive to your needs?
- 12b. Are you satisfied with what ARIS does for you?

13. Interview Closing

- 13. Is it OK to ask your family about some of the things we talked about today, like THEIR involvement and satisfaction?
- 13a. Is there anything else you would like to talk about?
- 13b. How many questions did a proxy answer?

Appendix D: Record Review Checklists

INDIVIDUAL FILE CHECKLIST

INDIVIDUAL'S NAME:

AGENCY'S NAME:

REVIEWER'S NAME:

DATE:

1. Respect

Comments:

YES NO N/A

1d. Documents in the individual records provide evidence how a balance of autonomy and safety has been promoted when individuals' choices present risk.

All Programs: Case notes, service plan

DS: Behavioral Support Plan

HHA/AAA/ADS: Negotiated risk document.

HHA/AAA: Emergency back-up plan

YES NO N/A

1g. Related documents exist in the individual's file and reflect positive interventions.

All Programs: Case notes

DS: Behavioral support plan; psychiatric medication support plan.

2. Self-Determination

Comments:

YES NO N/A

2b. Where applicable, guardianship papers, power of attorney forms, 'Do Not Resuscitate' orders, informed consent, and advance directives are present in the individual's file.

All Programs: Service plan, case notes

DS: Emergency fact sheet

ADS: ILA or intake form, participant fact sheet.

3. Independent Living

Comments:

YES NO N/A

3a. Service Plans contain measurable, attainable employment goals where applicable. Case notes provide documentation of progress on goals.

All Programs: Service plan, case notes

YES NO N/A

3b. Home inspection reflects compliance and applicable follow-up. Home Safety Plan exists. ILA addresses home safety (HHA/AAA/ADS).

(All Funded 24-hour Residential Settings

Setting Files: Home inspection report

Quality Management Plan

ILA (HHA/AAA/ADS)

[duplicated on Agency Checklist]

YES NO N/A

3b. Case notes reflect frequency of home visits as program requirements dictate.
DS/AAA/HHA/TBI: Case Notes

YES NO N/A

3c. When the Service Authorization funds assistive technology, the Service Plan reflects needed device/equipment that meets the individual's needs.

All Programs: Service Authorization; Service plan

DS: Emergency fact sheet

HHA/AAA: Assistive device and home modification plan.

YES NO N/A

3d. Agency documents transportation provided and coordination efforts.

All Programs: Service authorization, service plan, case notes.

4. Relationships

Comments:

YES NO N/A

4a. Service Plans contain measurable, attainable social goal(s) when applicable. Goal(s) reflect educational components where applicable.

All Programs: Service authorization, service plan, case notes.

5. Participation

(no individual data points at this time)

Comments:

6. Person-Centered Practices

Comments:

YES NO N/A

6a. Goals are developed by the individual with support. Individualized, measurable, and attainable goals (and progress toward those goals) are documented.

All Programs: Service authorization, service plan, case notes.

YES NO N/A

6d. Both the Service Authorization and the Service plan (at intake and at re-assessment) reflect the individual's strengths and needs.

All Programs: Service authorization, service plan, case notes, needs assessments.

7. Well-being

Comments:

YES NO N/A

7a. Service plans reflect services and goals that foster personal growth, learning, and the development of practical life skills.

All Programs: Service plan, case notes, needs assessments.

Quality Management Plan

YES NO N/A

7b. Service practices promote exercise, healthy weight, and good nutrition. Agency practices evidence compliance with program standards, e.g., Adult Day Service Standards (ADS), Health and Wellness Guidelines (DS)

All Programs: Service plan, case notes, needs assessment.

DS: Emergency fact sheet

ADS: Participant fact sheet

YES NO N/A

7c. Service practices support the individual to maintain their physical and mental health through education, assistance with scheduling medical appointments, and medication management. Agency practices evidence compliance with program standards, e.g., Adult Day Service Standards (ADS), Health and Wellness Guidelines (DS).

All Programs: Service plan, case notes, needs assessment.

DS: Emergency fact sheet

ADS: Participant fact sheet

8. Communication

Comments:

YES NO N/A

8c. When an individual has communication needs, they are addressed in the service plan.

All Programs: Service plan, case notes, needs assessment.

9. Collaboration

Comments:

YES NO N/A

9c. Assessments, service plan, and services are initiated within required program timeframes.

All Programs: Service plan, case notes, needs assessment.

10. Support Systems

Comments:

YES NO N/A

10g. Documentation exists that periodic reviews of services are done and adjustments are made. Review of authorized services and services actually provided.

All Programs: Service plan, service authorization, case notes, needs assessment.

AGENCY CHECKLIST

AGENCY'S NAME:
REVIEWER'S NAME:
DATE:

1. Respect

Comments:

YES NO N/A

1b. There exists an agency policy that addresses civil and human rights of consumers.
All Programs: Agency Policy and Practice

YES NO N/A

1c. Agency policy describes the distribution of individual rights, Grievance/Appeals process, at intake and on an annual basis (all programs). Ombudsman brochures are distributed at intake and on an annual basis (HHA/AAA/ADS).
All Programs: Agency Policy and Practice

YES NO N/A

1f. There exists an agency policy that addresses how individuals' requests for staff or agency changes are accommodated.
All Programs: Agency Policy and Practice

YES NO N/A

1g. There exists an agency policy that addresses how positive behavioral supports are used when behavioral interventions are needed. Agency practices positive behavioral supports.
All Programs: Agency Policy and Practice

2. Self-Determination

Comments:

YES NO N/A

2d. Agency intake materials contain information on how to consumer-direct services and describe how individuals may be involved in decision making whether they direct services and supports or not.
HHA/AAA/DS: Agency Intake Materials

3. Independent Living

Comments:

YES NO N/A

3b. Home inspection reflects compliance and applicable follow-up. Home Safety Plan exists. ILA addresses home safety (HHA/AAA/ADS).
*(All Funded 24-hour Residential Settings
Setting Files: Home inspection report
ILA (HHA/AAA/ADS)
[duplicated on Individual Checklist]*

YES NO N/A

3c. Accessibility inspection reflects that individual needs are met.
*(All Funded 24-hour Residential Settings)
Setting Files: Accessibility inspection.*

4. Relationships

(no agency file data points at this time)
Comments:

5. Participation

(no agency file data points at this time)
Comments:

6. Person-Centered Practices

Comments:

YES NO N/A

6c. Service options are included in agency intake materials.

Service options are offered again at re-assessment.

All Programs: Agency intake materials

ADS: Moderate Need Group only

7. Well-being

(no agency file data points at this time)

Comments:

8. Communication

(no agency file data points at this time)

Comments:

9. Collaboration

(no agency file data points at this time)

Comments:

10. Support Systems

Comments:

YES NO N/A

10a. Training plans/ records/ schedule reflect required training and program and professional standards.

Service Records: Training records/schedule

Agency Training Coordinator

YES NO N/A

10b. There exists an agency policy that describes staff performance evaluations. Agency provides dates of staff performance evaluations.

All Programs: Agency Policy and Records

YES NO N/A

10c. Agency's internal quality plan contains components outlined in the Quality Management Plan.

All Programs: Agency Records: Internal Quality Plan Document(s)

YES NO NA

10d. How does your staff stay current with best practices? What innovative things are you doing?

All Programs: Agency Records and/or Practices;

Agency Management/Key Staff