

Systems Change Grant Report

92462/1 Vermont - 2008 Semi-Annual

General Information

Title of Grant Vermont Quality Assurance and Quality Improvement in Home and Community Based Services
Type of Grant Quality Assurance/ Quality Improvement

Grantee Entity

Developmental Disability Services Agency	Yes
State Unit on Aging	Yes
Medicaid Agency	Yes
Independent Living Center	No
State University	No
Mental Health Agency	No
Operating Agency for HCB Waivers	Yes
Disability Services Agency	Yes
Other	No

Please Describe

CMS

CMS Project Officer	Herb Thomas
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General Information - Contacts

Name of Grantee Vermont Agency of Human Services, Department of Disabilities Aging and Ind. Liv.

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Amount of Grantee's Match Fund Expenditures

Year 1	\$4,212.00
Year 2	\$8,798.76
Year 3	\$14,731.00
Year 4	\$17,018.00

Do you anticipate needing a no-cost extension? No

Dollar amount of CMS grant funds used for direct services \$0.00

Describe the types of direct services for which grant funds are being used

Final Reports Only

Total Federal Funds Expended	\$453,684.00
Total Grantee Match Funds Expended	\$44,760.00

Primary Focus - QA/QI

Under this grant, the grantee is utilizing the following quality management functions of the CMS HCBS Quality Framework

Design	Yes
Discovery	Yes
Remediation	Yes
Systems Improvement	Yes

Under this grant, the grantee is utilizing the following focus areas of the CMS HCBS Quality Framework

Participant access	Yes
Participant-centered service planning and delivery	Yes
Provider capacity and capabilities	Yes
Participant safeguards	Yes
Participant rights and responsibilities	Yes
Participant outcomes and satisfaction	Yes
System Performance	Yes

Progress and Accomplishments on Objectives and Activities

Objective 1

Objective Description Develop a Quality Management Plan addressing all HCBS waiver programs

Activity 1

Activity Description Develop a Quality Management Committee (QMC) to function as an active workgroup in the development and implementation of a quality management system for all of the State's HCBS waivers.

Status Have completed activity

Activity 2

Activity Description Assess the current quality management systems within the HCBS waivers.

Status Have completed activity

Activity 3

Activity Description Develop new service standards that include quality in the design and delivery of services.

Status Have completed activity

Activity 4

Activity Description Implementation of the Quality Management Plan

Status Have completed activity

Accomplishments for this Objective

Intermediate Outcomes

Previous Accomplishments for this Objective Include:

Rolled out the Quality Management Plan to all service providers. Implementation of the Quality Management Plan began with reviews of services provided by several agencies throughout the State. These include services for people with physical disabilities, services for people with developmental disabilities, and for Vermont's aging population. As a result of implementation, several agencies have received a Quality Services report that describes required remedial steps.

Please list your major accomplishments for this Objective during the current reporting period.

We continued to implement the Quality Management Plan and the processes described therein. The review process continued for agencies that provide waiver services for people with developmental disabilities, traumatic brain injury, physical disabilities, and for older Vermonters.

Objective 2

Objective Description

Include consumers, their families and community members as active participants in Vermont's quality management activities

Activity 1

Activity Description

Develop methods to directly engage consumers and their families in a discovery process that elicits their experiences with the services received.

Status

Have completed activity

Activity 2

Activity Description

Develop a role for direct consumers to participate in a pilot by including them on state quality review teams; recruiting, hiring, and providing training to two .5 FTE consumers; and evaluating the effectiveness of consumers in assessing the quality of services for other consumers.

Status

Have completed activity

Activity 3

Activity Description

Develop methods to include consumer and family involvement in the development of service provider remediation plans and utilize consumers and families on the QMC to provide training during implementation of the new Quality Management Plan.

Status

Have completed activity

Activity 4

Activity Description

Develop quality indicators with consumers and families as part of the QMC and contract with consumer and family advocacy organizations to convene focus forums on the quality indicators.

Status

Have completed activity

Accomplishments for this Objective

Intermediate Outcomes

Consumers and Family members were involved with the roll-out and initial training sessions for the Quality Management Plan. Methods for consumer and family feedback and input, which were incorporated into the Quality Management Plan, are being implemented. These methods include structured interviews and follow-up when issues arise. Agencies are required to involve consumers and/or family members in corrective action following a review of services. These methods are sustainable after the grant period ends. Consumer Quality Management Reviewer positions had been filled and these employees have contributed to the review process and hence, agency improvements. Staff in the Consumer Quality Management Reviewer position continues to participate in training and is supported through a Team Leader and other Unit staff. This allows the individual to participate more fully.

Previous Accomplishments for this Objective Include:

Please list your major accomplishments for this Objective during the current reporting period.

Activity 2: Two Consumer Quality Management Reviewers continue to be trained and conduct review work. This has been the major activity of the reporting period. Consumer Reviewers have conducted interviews with other consumers about the quality and satisfaction with their services. They have conducted focus groups with other consumers, and have participated in interviewing agency key management. Some technical assistance has also been provided by the Consumer Reviewers (to agencies).

Objective 3

Objective Description

Develop and implement quality management activities to improve supports and services to Vermont's elder citizens and those with disabilities.

Activity 1

Activity Description Research promising quality assurance practices and methods of gathering data and information; develop and implement multiple methods of discovery; develop technical assistance manuals; and implement service provider agreements that include quality assurance practices.

Status Have completed activity

Activity 2

Activity Description Develop and implement relevant and timely methods of remediation; design a system that has participant safeguards, presents timely feedback, addresses issues proactively, addresses issues requiring immediate action; and develops formats for remediation plans that include consumer and family input.

Status Have completed activity

Activity 3

Activity Description Research, develop and implement methods of public reporting on the quality of services, and develop information that includes data from existing sources and new methods developed as a result of grant activities.

Status Have completed activity

Accomplishments for this Objective

Intermediate Outcomes A functional QAQI system that incorporates consumer input in multiple aspects.

Previous Accomplishments for this Objective Include: All staff of the Quality Management Unit received more than 80 hours of training in order to implement the Quality Management Plan. A lengthy technical document for Reviewers was developed as a training tool, and as an ongoing reference manual. With the implementation of the Quality Management Plan, agencies are many times required to submit corrective action plans to the State following the review process. These methods are being implemented within the work of the Quality Management Unit. We have worked with two agencies to help them achieve the goals contained within their corrective action plans. These agencies have sought consumer and family involvement in developing, implementing, and evaluating their plans of correction. Quality Management Reviewers have been trained to provide technical assistance to service providers in involving consumers and family members in these processes.

Please list your major accomplishments for this Objective during the current reporting period.

The Quality Services Resource Guide was completed and distributed to all waiver consumers in the state in cooperation with service providers. Our Consumer Quality Management Reviewer has been presenting the document at various locations throughout the state. Staff began development of another technical assistance manual that will include examples of how to involve consumers in hiring, training, performance evaluations, quality initiatives, and new projects. It is expected that this development will continue beyond the end of the grant. Additionally, a Public Guardianship Review process was developed and implemented for individuals who utilize Home and Community Based Waiver services.

Objective 4

Objective Description

Develop a technology-based system to manage and analyze critical incident

Activity 1

Activity Description

Research web-based methods of tracking and reporting critical incidents.

Status

Have completed activity

Activity 2

Activity Description

Train all providers on the uses of the system.

Status

No longer planning to conduct activity

Activity 3

Activity Description

Develop reporting and follow- up formats and protocols for critical incidents.

Status

No longer planning to conduct activity

Accomplishments for this Objective

Intermediate Outcomes

Ability to identify and respond to serious quality problems

Previous Accomplishments for this Objective Include:

State staff continues to develop a state-wide policy that addresses Critical Incident Reporting. Discussions with IT staff have begun. Other stakeholders, such as service providers, and the Division of Licensing and Protection have been identified. Review of current/existing databases continues. These include databases developed in several other states as well as ones that have already been established within the Department.

Please list your major accomplishments for this Objective during the current reporting period.

State staff continues to develop a state-wide policy that addresses Critical Incident Reporting.

Objective 5

Objective Description

Develop an ongoing system of technical assistance to all providers of services across age and disability and provide training to service recipients and relevant staff.

Activity 1

Activity Description

Assess the training needs of stakeholders involved in the implementation of the new Quality Management Plan; develop an initial training plan to roll out the plan; and provide training to stakeholders on the plan.

Status

Have completed activity

Activity 2

Activity Description

Develop a system of technical assistance to service providers in the delivery of quality services; and identify training needs and develop training plans with service providers.

Status

Have completed activity

Accomplishments for this Objective

Intermediate Outcomes

Previous Accomplishments for this Objective Include:

The Quality Management Plan was 'rolled out' to all service providers throughout the State within three regional trainings. Service providers, consumers, family members, and State staff delivered the training. Through the implementation of the plan, the Quality Management Unit has recognized areas for further training and technical assistance. As these areas are discovered, the Division creates training forums either in group settings, one-on-one, or through information sharing and technical assistance. Quality Management Reviewers as assigned agencies for which they are responsible for review work as well as providing technical assistance that is needed for quality improvement. The Division has structured various Units to provide other types of technical assistance as well. The Division's Training Coordinator works closely with the Quality Management Unit to discuss potential broad trainings for service providers.

Please list your major accomplishments for this Objective during the current reporting period.

Technical assistance continued to be provided to agencies over the course of the reporting period. The types of technical assistance requested has varied across providers. The review process has required service providers to develop quality action plans and convey any need for technical assistance. Lead Reviewers for each service provider frequently check in with each agency to offer technical assistance as well. The Quality Management Unit continues to offer broader trainings to service providers based on need.

Outcomes Realized for this Grant

Goal and Impact

Goal of Grant (What are you trying to achieve through your effort?)

Effect enduring systems change that fulfills Vermont's commitment to ensure the health and well-being of individuals receiving waiver services and, provides a comprehensive quality assurance and improvement system using the CMS Quality Framework.

Impact (What difference has your grant meant for the people you serve? What systems have been changed?)

Ongoing systematic improvement in the quality of HCBS that reflect consumer and family perspectives.

Outcome 1

Outcome

Increased utilization of QM information to identify and address quality issues and direct revisions to the waiver programs.

Outcome Indicator

Number and types of QM reports generated on a routine basis. Number and types of actions taken in response to quality issues identified in QM reports and lag time between the identification of quality problems and their remediation.

Outcome Value

Outcome Baseline

Experience under current QAQI system

Outcome Timeframe

Annually, beginning one year after the end of the grant.

Outcome Clarification

Outcome 2

Outcome

Improved consumer outcomes including satisfaction, quality of life, safety and function. (These are general concepts, more specific measures could be developed based on the HCBS quality framework focus areas and based on the state's priorities.)

Outcome Indicator

Ongoing measures based on system reports and surveys

Outcome Value

Outcome Baseline

First year reports from new system or could use pilot results as baseline

Outcome Timeframe

Annually beginning one year after end of grant.

Outcome Clarification

Enduring Changes and Products (outputs)

Accomplishments are the Results of Activities That Have Been Completed for the Reporting Period Toward Reaching the Objective

Output Type	Produced?	Added to HCBS Clearing-House	Describe Outputs Produced
Outreach Materials	No	No	
Educational Materials	Yes	No	Quality Service Resource Guide: A consumer friendly guide explaining how to get quality services.
Technical Materials Reports	Yes	No	Public Guardianship Services Review Procedure DDAS Quality Management Plan
	No	No	

Challenges and Recommendations

Please describe the major challenges you have faced in implementing grant activities (e.g. lack of affordable or accessible housing, problems with consumers or providers accepting consumer-directed services, inability to change Nurse Practice Act, etc.).

The Consumer Quality Management Reviewer Positions are filled and we have been working hard to train the individuals. It has also become necessary to train their support people as well. This has taken more time than expected. However, we have overcome the challenge through working with the support staff's agencies, providing training, and through discussion on a regular basis. We presented our challenges and successes within these positions at the Grantee Conference in June.

Are there any particular approaches or activities to Systems Change that you would recommend to others?

No

Please describe any specific systems change issues that your project addressed through a particular approach or activity that you would recommend to others

Coordination

Are you coordinating grant activities with any of the following funding sources?

Other Systems Change Grants

Yes

Describe Other Systems Change Grants

We have held meetings with grant managers and discussed how we may work collaboratively. As grant activities develop, there are ongoing discussions.

Medicaid Infrastructure Grant

Yes

Describe activities coordinated with Medicaid Infrastructure Grant

We have met with staff and have developed a pilot initiative which will improve the outcomes of employment practices within the HCBS waiver.

Medicaid Programs (including HCB Waivers)

Yes

Describe activities coordinated with HCBS waiver operating agency

We have collaboratively developed the Quality Management Plan with the State staff, service providers, family members, and consumers of all Waivers.

State non-Medicaid LTC programs

No

Describe State non-Medicaid LTC Programs

Other Private Funding Sources of Funding

Yes

Describe private funding sources We are coordinating our activities under this grant with a Cash and Counseling grant that DAIL received from the Robert Wood Johnson Foundation.

Roles of Participating Partners

How frequently does the Consumer Advisory Committee or Taskforce meet? Quarterly

List of Subcommittees or Workgroups to the Consumer Advisory Committee and Frequency of Meetings

Subcommittee Name	Meeting Frequency
Steering Committee	Quarterly
What is the total number of people involved in your Consumer Advisory Committee or Task Force?	24

Of the total number of people involved in your Consumer Advisory Committee or Task Force listed above, please indicate the number of members in each of the following categories

People with disabilities, older people, or parents of children with disabilities	5
Consumer advocates (excluding those persons counted in the prior data field)	1
Other persons	

Activities consumer partners are involved in

Performed grant activities	Yes
Participated on committees	Yes
Reviewed grant products	Yes
Reviewed outreach materials	Yes
Developed outreach materials	Yes
Developed evaluation	No

Pilot-tested outreach materials	Yes
Pilot-tested grant products	Yes
Participated in planning meetings	Yes
Participated in Focus groups	No
Responded to surveys	No
Served as peer mentors	No
Attended grantee-sponsored conferences	No
Other	No
Describe other activities	

List of public and private partners involved in grant activities.

Partner Name	Partner Type
Professional Nurses Services	Other
Green Mountain Self Advocates	Other
University of Vermont	Other
Community Access Program	Other
Northeast Kingdom Human Services	Other
Howard Community Services	Other
Central Vermont Council on Aging	Area Agency on Aging
Champlain Valley Agency on Aging	Area Agency on Aging
Visiting Nurse Association and Hospice VT/NH	Other
VT Home Health Association	Other
Out and About Adult Day	Other

Describe the specific contribution(s) of all key partners in your grant. A key partner is a public or private entity that played a major role in grant implementation. Entities that performed

The partners described above participate on the Quality Management Committee which now meets about quarterly. This reporting period the Committee presented and heard feedback from agencies that underwent the Quality Services Review Process. Discussions followed these presentations that included how the process might be changed for better outcomes. This reporting

activities they would have conducted in the absence of the grant are not key partners. Do not include paid consultants.

period, the discussion lead to a change in the Quality Management Plan. This change related to the finding levels as described in the review process.

Technical Assistance

What technical assistance did your project receive from the Community Living Exchange Collaborative

Reports, legislation, policy alerts, and other information No

Individualized TA on specific grantee activities No

On-site assistance from TA staff or consultant funded by TA No

Participated in TA sponsored training, conference, meeting, or site visit No

Referrals to grantees involved in similar activities No

Participated in grantee workgroup, conference call, or meeting No

Participated in teleconference, audio-conferences, conference calls, or webcast No

What was the focus of the TA provided

Access No

Administration, planning, and management at the state level No

Assistance with evaluation of grant activities No

Assistive technology No

Consumer/stakeholder involvement No

Consumer-direction and person-centered No

planning	
Data - long-term care	No
Data and research support	No
Developmental disability services	No
Family/caregiver support	No
HCBS waiver administration	No
Healthcare access issues and support	No
Housing	No
Infrastructure development	No
Medicaid eligibility	No
Mental health services	No
Nursing facility transition	No
Outreach and education	No
Personal assistance services	No
Quality assurance and quality improvement	No
Reimbursement	No
Reporting requirements for federal agency	No
Service delivery	No
Transportation	No
Web-based Activities	No
Other	Yes

If you checked "Other," please describe this other focus of technical assistance

We did not request nor receive technical assistance.

Describe the most valuable service provided to you by the Technical Assistance Provider

What changes, if any, would you suggest in the way that technical assistance is

being provided to make it more effective or timely

What technical assistance would be helpful to you in the coming months

Is there specific assistance that the CMS Central Office or your CMS Regional Office could provide to help you achieve the goals specified in your grant

No

If yes, please describe the assistance that would help you achieve your grant's goals

Did you receive technical assistance from another source?

No

Describe the type of assistance received

Evaluation

Have you developed a formative evaluation plan?

Yes

If yes, please describe your plan. If no, please describe the activities you will undertake during the next reporting period to meet the formative learning requirements of this grant

The Formative Evaluation was completed during the last FY.

While FY 2004 grantees were required to conduct a summative or outcome evaluation, other grantees may have plans to do so as well. Do your grant activities include conducting a summative evaluation?

No

If yes, please describe your summative evaluation

If you have a summative evaluation, please describe any major findings

Final Report

Changes Produced by this Project

Change Type	Change Produced?	Describe Change Produced
Consumer Direction and Control	Yes	Consumers and family members contributed to the development of the Quality Management Plan. Consumers and family members continue to be on the Quality Management Committee, which meets as needed to review the State's Quality Management activities. Grant Staff developed specific roles for consumers and their family members in quality assurance and quality improvement activities. The QMC involved consumers and families in developing quality indicators and outcomes. Green Mountain Self Advocates sought broad feedback on the quality indicators and outcomes by convening focus forums. Grant Staff developed ways to directly engage consumers and families in the discovery process that elicits their experiences. The QMU developed a role for consumers on state quality review teams to include responsibilities such as direct discovery with HCBS waiver participants. The QMU recruited and hired two .5 FTE consumers. The QMU Team Leader and Grant Staff provided training as needed to consumers in their positions. Grant Staff developed methods to include consumer and family involvement in the development of service provider remediation plans. As part of their role on the Quality Management Committee, consumers and families provided training during the initial rollout phase of the Quality Management Plan.
Access Availability of Services	No	
Quality	Yes	Grant Staff identified consumers, family members, service providers and advocates across the multiple systems and populations for inclusion in the QMC. Grant Staff reviewed roles and responsibilities and assessed training needs of the QMC. Grant Staff assessed the quality management systems within the HCBS waivers. This included identifying existing quality services standards and quality management activities that were consistent with the CMS Quality Framework and State goals and those activities that were inconsistent. Grant Staff identified and developed solutions for gaps within the current systems. Grant Staff developed a work schedule and work plan for the QMC. Grant Staff provided training to the QMC as needed. The QMC developed new service standards that include quality in the design and delivery of services. The QMC and QMU developed a common set of service definitions and language across all waiver services. The QMC, in cooperation with the Department and input from many entities, developed a set of quality indicators and outcomes that incorporates the CMS Quality Framework. QMC developed a Quality Management Plan addressing all HCBS waiver programs incorporating the CMS Quality Framework. The Quality Review process continues to directly have an impact on the quality of services. The process requires each service provider to develop a quality action plan based upon the findings of each review. Each agency reviewed to date has developed a Quality Action Plan. These Plans describe very specific ways that quality is to be improved. Lead Quality Management Reviewers provided technical assistance and follow-up to assure that the service provider implements the

Quality Action Plan. As a result, quality of services has improved, both on the individual service delivery (consumer) level and the agency (service provider/systemic) level.

Other No

If you used grant funds to attempt to bring about systems change, but were not successful, please explain what state or federal policy, state budget, or other major system-level factors prevented you from bringing about the desired change.

Please explain how these factors prevented progress.

Summary for Entire Grant Period

Date of Final Report 12/19/2008 8:32:54 AM

State VT

Fiscal Year 2004

Grant Type Quality Assurance/ Quality Improvement

Major accomplishments and outcomes (Summarize from Progress and Accomplishments Screens from all prior reports). Grant Staff developed a Quality Management Committee consisting of consumers, family members, service providers, and State staff to guide the state's quality management activities. The QMC and QMU developed a new Quality Management Plan which provides methodology to assure and improve the quality of services for over 50 service providers across the state. QMU provided ongoing technical assistance to service providers in the HCBS waiver programs. Two Consumers were hired as State employees to conduct Quality Service Reviews.

Enduring changes (Summarize from Final Report Screen). People receiving services have expressed what they want from their services as a part of the development of the new Quality Management Plan. This has had a large impact on both service provider perceptions and service delivery itself. As a result of our Quality Management Review process, the Department is now very focused on consumer direction and person centered practices. This is a shift in thinking for some service providers and may change the delivery of services in very significant ways.

Key implementation challenges and how they were addressed (Summarize from Challenges and Recommendations Screen). Service providers (agencies contracted to provide HCBS) many times had difficulty with the systems change. Different values were found across the service sectors. It was difficult at times to get the various service providers to reach a consensus or sometimes to simply get them on board. Some of these challenges continue, but many have been resolved through discussions with service providers on an ongoing basis.

Unrealized Goals (if any) and reasons you were not able to realize them.

Lessons learned and recommendations for other States (Summarize from Recommended Approaches or Activities from Challenges and Recommendations Screen.)

Continuing challenges in state and/or federal policy.

What would you change in state or federal policy to address continuing challenges? Please provide specific recommendations.

Are there any state or federal policies not now in effect that you would recommend?

We were not able to develop and implement a critical incident reporting system. Staff had difficulty in coming to consensus with regard to definitions of pertinent critical incidents. This is a large Agency and developing policies and procedures across sectors is many times difficult. The work will continue, but will not be complete by the end of the grant.

(1) Do not make the advisory panel, committee, or other decision-making group too large. It is very difficult to get work completed with a group of more than 10 people. (2) Don't linger on larger or very broad issues. Broad issues tend to come up frequently during discussion of Quality Activities, for example, transportation, funding, staff training. However, it is important to stay on task, and place these items either on a future agenda, or acknowledge that they should be dealt with elsewhere, or by another group. (3) Assure that representatives in any advisory committee are actually communicating with those outside the committee.

A continued challenge that remains is transportation for people with disabilities and older adults. Expecting agencies to serve people in their communities without adequate transportation presents a hole in the service delivery system.

We would like to see CMS fund transportation in more meaningful ways.

Additional Comments & Report Submittal

Is there anything else you would like to add

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CMS Reviewer Name Herb Thomas

Reviewer Comment

Final Report Yes