



Office for People With Developmental Disabilities

# What's our Playbook for Quality? DQI Updates, Hot Topics and Future Strategies

October 12, 2023

10/18/2023

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## Division of Quality Improvement (DQI)

Megan O'Connor, Deputy Commissioner

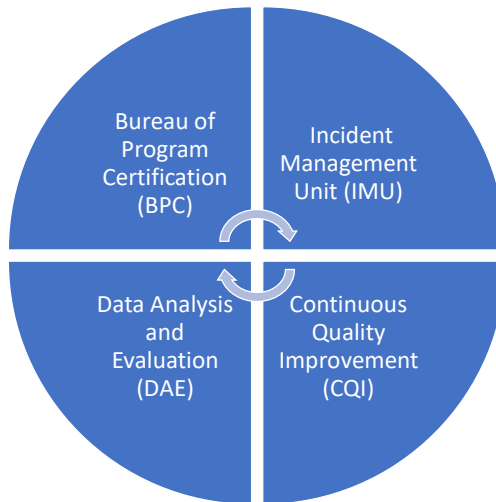
Maryellen Moeser & Mary Jane Vogel, Deputy Directors

Brian O'Donnell, Statewide Director

Chad Mitchell, Downstate Regional Director

Chris Darcy, Upstate Regional Director

Rachel Powell, Director



Meg Adams, Acting Director

Ellie Smith, Director



Office for People With Developmental Disabilities

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# OPWDD Strategic Goals 2023-2027



**Strengthen** Our Workforce, Technology, and Collaboration



**Transform** Our System through Innovation and Change



**Enhance** Our Person-Centered Supports and Services

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## GOALS



**Strengthen our Workforce, Technology and Collaboration**



**Transform Our System through Innovation and Change**



**Enhance Our Person-Centered Supports and Services**

## OBJECTIVES

- **Direct Support Workforce:** Improve recruitment, retention and **quality** of the Direct Support Workforce
- **Data Access and Technology:** Invest in technology that provides more timely information and **increases access to data**
- **Stakeholder Engagement and Collaboration:** Promote **stakeholder engagement and collaboration to inform decision-making**
- **Supports and Services:** Strengthen the **quality, effectiveness,** and sustainability of supports and services.
- **Regulatory and Policy Changes:** Change policies to create **greater flexibility,** increase opportunity for **community integration,** and incentivize improved **personal outcomes.**
- **Research and Innovation:** Conduct research, evaluate programs, and test new methods of providing services.
- **Children, Youth and Adults:** Ensure children, youth and young adults receive **appropriate and coordinated services.**
- **Complex Needs:** Expand supports for people with **complex behavioral and medical needs.**
- **Cultural and Ethnically Diverse Communities:** Address **gaps in services for underserved, culturally, and ethnically diverse communities.**

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## Strengthen Collaboration---DQI Partnership with Providers

A key component of our Quality Improvement Strategy is to increase and enhance two-way communication and collaboration with the provider community.



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## Highlighting Provider Innovation and Person-Centered Best Practices



**HCBS Settings Panel**

**Best Practice Panels (QI Plan Panel in Development)**

**DQI Leadership Visits to Agencies to Discuss Quality**


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# DQI Partnership with Providers

**New Regional Meet and Greets with BPC and IMU Staff**

**DQI Participation and Sharing in Provider Association Meetings, Conferences, etc.**

**Survey Experience Feedback Mechanism for Providers**



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# DQI 2023 Initiatives

**Risk Stratified Oversight**

**Dispute Resolution Process**

**Survey Experience Feedback**



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## DQI Partnership with Providers

- New “D.Q.I. = Delivering Quality Information” webinar series in 2023 (3 sessions held to date)
- Training session evaluation feedback to inform our planning for 2024
- HCBS Settings Technical Assistance
- Board Training in Development for 2024

### Increasing Information Sharing, Training, and Feedback



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## Cross System Collaboration with Providers

### OPWDD/Justice Center Collaboration – workgroup to streamline/ build efficiencies:

- A series of joint roundtables held in early 2023 with the Office for People With Development Disabilities (OPWDD), the Justice Center (JC), and Provider Agencies identified pain points that providers are experiencing.
- OPWDD and the JC want to eliminate as many pain points as possible and ease those that can't be completely removed.

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## Increase Use of DATA to Streamline and Inform QI

- DQI Data Workgroup
- DQIA enhancements- ECF module will be released soon
- Mortality Review Enhancements
- IRMA enhancements:
  - Reports, Training
- Enhancing SCIR- increased membership, use of data for systemic quality improvement



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## OPWDD Quality Improvement Initiatives that Began in 2023

### CCO/HH Case Reviews

Deep dive of care management practices for people with complex and cross systems needs

Identify challenges to target improvements to strengthen care coordination effectiveness

### CCO/HH Program Evaluation

Contract with AIR

Surveys, Forums, Quantitative Analysis, Improvement Recommendations

### Strategic Plan Goal:

**Strengthen effectiveness of Supports and Services**



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# DQI Updates and Hot Topics

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## HCBS Settings Corrective Action Plan (CAP)

- The transition period ended on **March 17, 2023**.
- States were able to request a time-limited CAP to come into compliance (by July 2024) with requirements that were directly impacted by the **COVID-19** public health emergency (PHE).
- NY requested CAP for:
  - **Access to the broader community**
  - **Opportunities for employment**

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## NY HCBS Settings CAP and Transition Plan Status

- CAP will not be approved until the **Transition Plan** is approved.
- CMS site visits to NYS are complete for 2023. **CMS will be doing visits to NYS in 2024.**
- NY is currently one of three States w/out an Approved Transition Plan (NY, GA & FL).
- Although there were no systemic issues for OPWDD sites, CMS identified systemic issues for DOH sites – primarily for Person-Centered Planning.

We anticipate that the NYS Transition Plan will need to be amended to reflect the findings from the CMS site visits. Still waiting for the CMS written site visit report.

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## Congratulations to Our Providers Who Had Excellent CMS Site Visits !!

In July 2023, four OPWDD heightened scrutiny day programs were visited by reps from CMS and ACL.

CONGRATULATIONS to all 4- (including two CP Association agencies!!):

**ADAPT and Nassau CP Ontario  
ARC & CNYDDSO**



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# HCBS Settings Trends



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## HCBS Settings Programs

Review Cycle Start Date: 10/1/2022 – 9/30/2023	Total	%
Total Programs	4,023	
Programs with No SODs	3,507	87.2%
Programs with No IJSODs	4,016	99.8%
Programs with No Adverse Actions	3,993	99.3%
Programs with No Deficiencies	3,318	82.5%
Programs with Deficiencies	705	17.5%

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## Top Standards Not Met

Protocol Question	Not Met
8 - The home has a mechanism to offer individuals keys to their bedrooms (or other mechanism to secure and access their bedroom independently).	300
3 - The site has a mechanism to assess individuals' satisfaction with the service environment.	111
13 - Individuals are encouraged and supported to have full access to the broader community.	107
6 - People have privacy in their living quarters as appropriate to the situation.	70
4 - The home has a mechanism to assess living arrangement choice.	67
5 - Rights limitations that are not part of a Behavior Support Plan comply with HCBS requirements for justification and documentation of rights limitations.	62
6 - When environmental protections (that are in place due to an Individual's needs) restricts other Individuals in the facility, action is taken to ensure that they are not negatively affected.	53
5 - The home has a mechanism to assess roommate choice and satisfaction.	50
9 - The home takes timely action to provide requesting individuals with independent access to their home and/or bedroom.	50

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## CMS—What's Up Next?

### CMS 2024 Site Visits will be considered Technical Assistance

- Will hit a broader span and include conversations with states including State Medicaid agency and State oversight agencies.
- Will talk to Care Managers.
- Will still visit individual sites but focus will be on system-wide infrastructure:
  - What is working well?
  - What needs improvement?
- Will also engage directly with stakeholders.

### National Focus on Person Centered Planning & Access Rule Promulgation slated for Spring 2024

- Major changes to proposed rule are not expected.
- Could see implementation timeframes modified or lengthened.

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## HCBS Access Rule Implementation-- QI Components

- Priority Target Areas:
  - Person-centered planning
  - Health and Welfare (Incident Management)
  - Access
  - Protections and Grievance System
  - Quality Improvement
- Mandatory Measure Set Implementation and performance targets to be approved by CMS
  - (e.g., 90% performance threshold for certain measures)
- Oversampling for stratification by race, ethnicity, language, health status, social determinants of health, etc.
  - identification of where targeted interventions are needed to reduce health disparities and inequities
- Public reporting of measures
- Public transparency for strengths and challenges





## HCBS Quality Measure Set

The HCBS Quality Measure Set is intended to promote more common and consistent use, within and across states, of nationally standardized quality measures in HCBS programs, and to create opportunities for CMS and states to have comparative quality data on HCBS programs. (SMD 22-003)

The measure set is provided in a 20-page attachment to SMD 22-003 available here:

<https://www.medicaid.gov/federal-policy-guidance/downloads/smd22003.pdf>

## Key HCBS Access Provisions related to QA/QI and proposed timelines

The proposed rule would:	Effective Date:
 Revise <b>state reporting requirements</b> related to their completion of <b>person-centered service plans &amp; annual functional assessment</b> .	<b>3 Years</b>
 Require states to <b>establish a grievance system</b> for individuals receiving HCBS services through an FFS delivery system. (This system is modeled on the existing requirements for managed care plans' grievance systems.)	<b>2 Years</b>
 Require states to <b>operate an electronic incident management system</b> , collect a range of data to identify critical incidents, and meet new reporting requirements.	<b>3 Years</b>
 Require <b>CMS</b> to <b>identify measures</b> included in the 2022 HCBS Quality Measure Set and require <b>states</b> to meet certain reporting requirements.	<b>3 – 7 Years</b>

Citation: §§ 42 CFR 441.301(a), 441.450(c), 441.540(c), 441.725(c); §§ 441.303(c)(7), 441.464(d)(2)(iv), 441.555(b)(2)(iv), 441.745(a)(1)(iii); §§ 441.302(a)(6), 441.464(e), 441.570(e), 441.745(a)(1)(iv); §§ 441.303(f)(3), 441.311(f), 441.474(f), 441.580(f), 441.745(b)(1)(iv); and §§ 441.311(c), 441.312, 441.585(d), 441.745(b)(3)(v).



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## Ensuring Strong Organizational Systems, Services & Sustainability

### The Agency Review Verifies:

Effectiveness of agency policies & procedures and that agencies act to facilitate compliance with regulatory requirements, emphasize quality services, and prioritize both compliance and quality throughout the organization.

### 310 Agency Reviews to Date

- 74% have no deficiencies

Link to Agency Review manual on the OPWDD website:

[2019 Agency Protocol Manual](#)



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# Agency Review Trends



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## Agency Review Survey Trends

Protocol Question	Number of Not Met
3: The Incident or occurrence is closed in IRMA within acceptable time frames.	81
8: There is a mechanism to ensure that people receiving supports are supported to have a role in the hiring process to include candidate recruitment, interview and hiring decisions.	62
1: The agency's IRC membership meets regulatory and agency requirements.	60
4: The agency completed timely submission of an acceptable Reportable Abuse/Neglect investigation record via the WSIR.	59
4: The agency completes DSP Core Competency performance evaluations in accordance with OPWDD requirements.	58

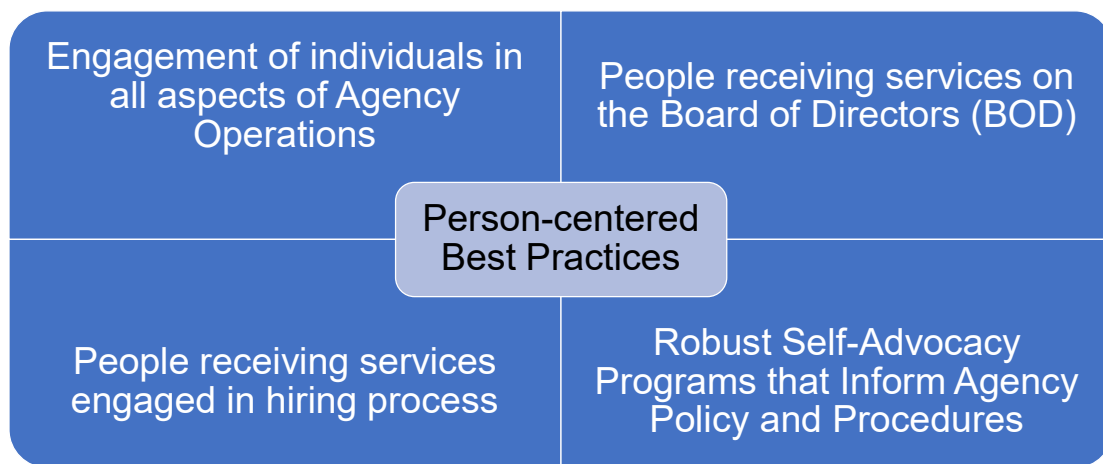
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## Agency Review Survey Trends

Protocol Question	Number of Not Met
1: The Reportable Incident or Serious Notable Occurrence is reported immediately to OPWDD.	53
13: The voluntary provider agency ensures that members of its board of directors receive a one-time mandatory training in incident management within three months of becoming a board member.	53
1: The agency has procedures to ensure that individuals are offered written information regarding incident reporting policies and procedures when beginning services and annually thereafter.	51
3: The Board has a mechanism for active representation of individuals receiving services in agency governance and decision making.	47
3: Members of the committee are trained in confidentiality laws and regulations, and comply with section 74 of the Public Officers Law.	46

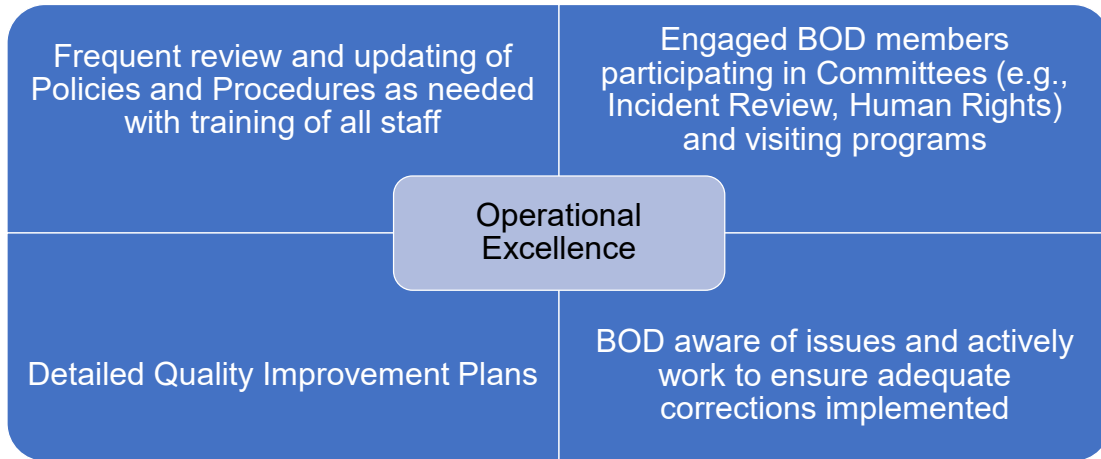
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## Agency Review Positive Findings



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# Agency Review Positive Findings

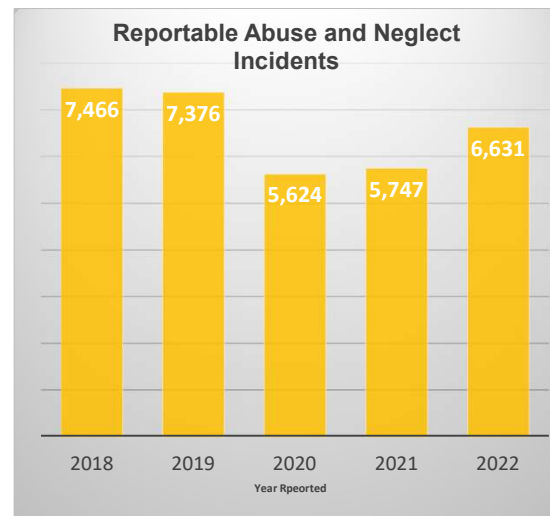


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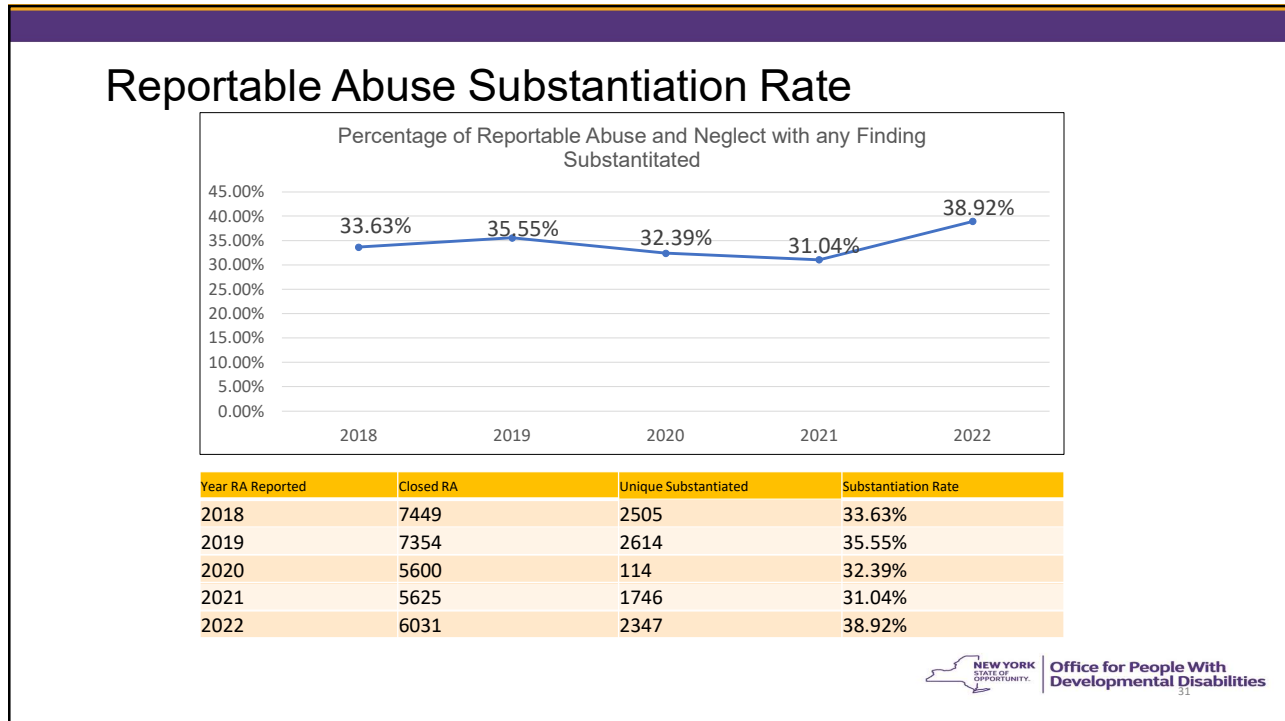
# Reports of Abuse and Neglect

In summary:

- This graph represents how many incidents have the Master Category of Reportable Abuse and Neglect. This is identified at the time the incident is reported based on the narrative of the initial report.
- As you can see by the graph, the number of reports was stable prior to 2020 and then we saw a reduction in the number of Reportable Abuse and Neglect Incidents.
- There are a variety of possible explanations for the reduction in 2020 and 2021.
- The number of reports in 2022 is climbing back to pre-pandemic numbers.



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## Reports Available in IRMA For Provider QA/QI

**Agency**

- [Summary of Administrative Actions by Agency](#)
- [Summary of Administrative Actions by Agency, Program](#)
- [Summary of Individual-Specific Actions by Agency, Program](#)
- [Summary of Immediate Individual Protections by Agency](#)
- [Summary of Immediate Individual Protections by Agency, Program](#)
- [Special Notifications \(JLaw\)](#)
- [Incomplete Special Notifications \(JLaw\)](#)
- [Investigative Records requests for JLaw](#)

**Committee**

- [All Incidents by Status](#)
- [Agenda for Open Incidents](#)
- [Agenda for New Meeting](#)
- [Committee Meeting Minutes by Date](#)
- [Incidents by Date/Date Range by Committee](#)
- [Incident Minutes History](#)
- [New Incidents](#)
- [New Incidents Tracking By Date/Date Range](#)
- [Thirty Day Review Report](#)


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# Reports Available in IRMA For Provider QA/QI

## Individual/Incident History

- [Agency Incident History](#)
- [Entire Incident](#)
- [Incident With Minutes History by Individual](#)
- [Incident With Minutes History by Incident](#)
- [Individual Incident History](#)

## Investigator/Investigation

- [Investigation Report By Due Date](#)
- [Investigation Report By Due Date Range](#)
- [Investigator](#)

## Trend

- [Category by Days of Week, Shift, Status](#)
- [Individuals With 3 or More Incidents by Category](#)
- [Contributing Factors for Injuries](#)
- [Death Trends](#)
- [Incidents by Category and Classification by Sector](#)
- [Injuries by Category and Location](#)
- [Injury Type by Category](#)
- [Injury Unknown Origin](#)
- [Program Incident History \(Injury Types\)](#)
- [Program Incident History \(Findings\)](#)
- [Totals by Category](#)
- [Totals by Category and Classification](#)
- [Total Number of Findings](#)
- [Allegation of Abuse Referral](#)



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# HCBS Waiver Performance Measures—QI Project Mandated

CMS Regulations for HCBS Medicaid Waivers:

- States must conduct discovery, remediation, and quality improvement activities.
- States must demonstrate use of performance measures to show compliance with waiver assurances (i.e., discovery).
- States must report annually on waiver oversight strategies, performance measures, and remediation activities.
- States must implement quality improvement projects when performance measures are at or below 86% out of 100% (i.e., 15% or greater non-compliance with performance measure triggers need for a QI project).

***The number and percent of critical incident investigations that were completed within the appropriate timeframes***

Performance Measure #G.i.a.1	Waiver Year 1 (10/1/19 - 9/30/20)	Waiver Year 2 (10/1/20 - 9/30/21)	Waiver Year 3 (10/1/21 - 9/30/22)
Total Critical Incidents Investigations Completed*	10,646	10,151	8,849
Critical Incidents Investigations <b>Completed w/in 30 days</b>	8,091	7,597	6,709
<b>Percent</b>	<b>76%</b>	<b>75%</b>	<b>76%</b>

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## QI Project For Timely Investigations—NYS Failed the 86% PM Threshold

OPWDD Reported to CMS That We Are:

- Increasing Training and Technical Assistance:  
*“Keys to Completing a Thorough Investigation”*; *“Elements of an Investigative Review”*;  
*“Death Investigations”*; *“Incident Review Committees/Corrective Action Plans”*
- Disseminating communication materials such as “Twenty Tips for Timely Completion of Investigations” and providing Technical Assistance to providers upon request.
- We will be providing written communication to providers who are not meeting the 86% threshold.
- There will be follow-up by Bureau of Program Certification Surveyors and providers will be expected to increase compliance with the performance measure.
- We will be working with the Statewide Committee on Incident Review (SCIR) on this QI Project.



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## DQI Resources/ Technical Assistance

BPC/IMU staff are available for consultation for a survey process/regulation question or an incident related question. Do not hesitate to reach out to them.

- **IMU contact – 518-473-7032**
- **BPC office contacts:**
  - **NYC Office – 646-766-3467**
  - **Schenectady Office – 518-388-1092**
  - **Newark Office – 315-331-8646**



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# Incident Management and Investigations Resource Links:

**OPWDD Incident Management Information and Resources:**


<https://opwdd.ny.gov/providers/incident-management>

<https://opwdd.ny.gov/incident-management-information-resources>

**NYS Justice Center**

<https://www.justicecenter.ny.gov/>

**Prevent Abuse | Justice Center for the Protection of People With Special Needs (ny.gov)**



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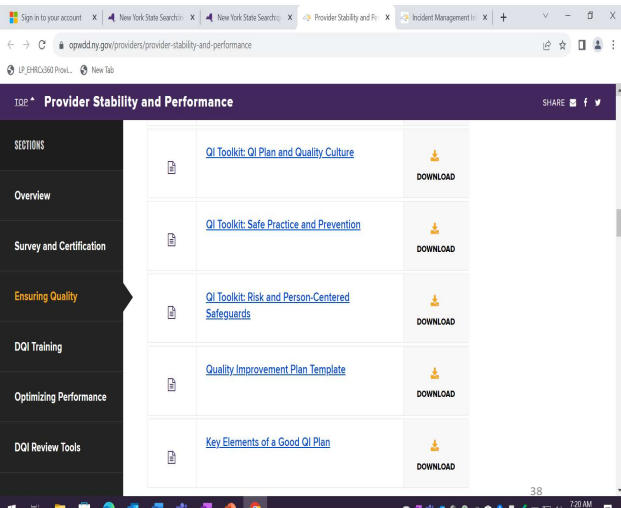
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# OPWDD Provider Stability, Performance and Quality Resources:

<https://opwdd.ny.gov/providers/provider-stability-and-performance>

See Survey and Certification on this Page.

View Provider QI Toolkits



The screenshot shows a web browser window with the URL <https://opwdd.ny.gov/providers/provider-stability-and-performance>. The page title is "Provider Stability and Performance". On the left is a sidebar menu with sections: Overview, Survey and Certification, Ensuring Quality (highlighted), DQI Training, Optimizing Performance, and DQI Review Tools. The main content area lists five QI Toolkits, each with a "DOWNLOAD" button:

- QI Toolkit: QI Plan and Quality Culture
- QI Toolkit: Safe Practice and Prevention
- QI Toolkit: Risk and Person-Centered Safeguards
- Quality Improvement Plan Template
- Key Elements of a Good QI Plan

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# Key Focus Areas for DQI Over the Next Five Years

Continuing focus on ensuring Health, Safety and Protections and HCBS Settings Requirements

Increasing focus on measuring/assessing Person-centered outcomes and Quality of Life

Improving the effectiveness and quality of the CCO/HH Program

Provider sustainability and Governance

Streamlining operations and requirements, process improvements and efficiencies

Increasing use of data and technology for decision-making and to drive measurable quality improvements

Increasing learning, training, technical assistance and sharing of best practices across the System

Implementation of the HCBS Access Rule



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## Questions and Feedback?

If you have any further questions or comments, please send them to [Quality@opwdd.ny.gov](mailto:Quality@opwdd.ny.gov).



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