

Washington State Department of Social and Health Services

DEVELOPMENTAL DISABILITIES ADMINISTRATION

Quality Assurance Report

FISCAL YEAR 2021



Washington State
Department of Social
& Health Services

Transforming lives



Message from the Assistant Secretary

Dear Teammates and Stakeholders,

As part of our ongoing commitment to providing quality supports to thousands of individuals, we offer you our fiscal year 2021 Department of Social and Health Services' Developmental Disabilities Administration Quality Assurance

Report. This report describes our services and the way we measure health, safety and quality-of-life outcomes for the individuals we serve.

Each year, we face new challenges and opportunities to measure the performance of our services. This report allows us to share our goals and have an open conversation that leads to improvements.

Much of our quality assurance work aligns with DDA's Guiding Values (Inclusion, Status and Contribution, Relationships, Power and Choice, Health and Safety, and Competency), which form an integral part of our service-delivery system. The Guiding Values resulted from a committee representing self-advocates, families, residential service providers, county staff, employment providers, advocates and DDA staff.

We remain committed to partnering with individuals and their families, advocates, providers, tribes and stakeholders to improve supports and services for individuals with intellectual and developmental disabilities. This report offers you the opportunity review our services and provide feedback on how we're doing. We would love to hear your thoughts.

Sincerely,

Debbie Roberts, Assistant Secretary
Developmental Disabilities Administration

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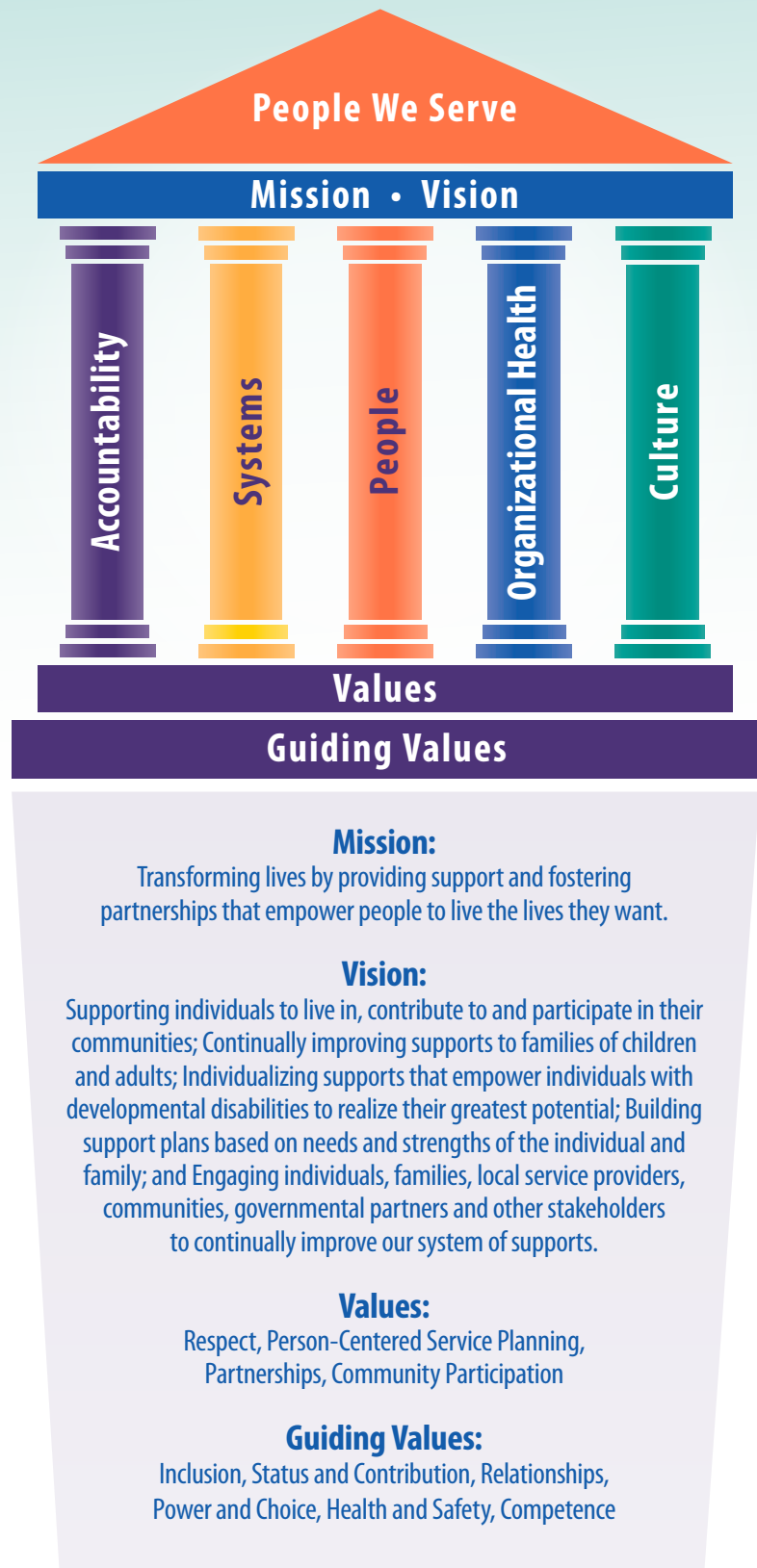
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The Developmental Disabilities Administration (DDA) is committed to providing quality programs and services. Responsibility is shared across all programs, services and facilities. Our mission, vision and values drive our management system.



Who we are

In early 2021, DDA began a new initiative called the **Pillars of Quality**. This quality framework, as illustrated on this page, is how we intentionally and strategically manage quality throughout DDA. The metaphorical framework reflects the commitment of DDA to ensure that each pillar can withstand each new challenge and works dynamically with other pillars, to “transform the lives” of individuals we serve.



Who is responsible?

Everyone has a responsibility to the organization, our clients and themselves to maintain a safe, healthy and thriving environment no matter the job they hold. Everyone contributes to quality.

Why has DDA established this framework?

This ensures DDA maintains a healthy organization-wide posture to ensure we hire and retain quality employees and distribute quality services to the individuals we serve, while also partnering with them to thrive and reach their potential in every aspect of daily life.

When is the framework appropriate?

In every aspect of operations, from daily tasks to the DDA Strategic Plan.

What can this framework do for DDA?

It strengthens our position with the DSHS administration, by ensuring we improve the lives of Washingtonians with intellectual and developmental disabilities. This framework also can be used as a way to evaluate our work and inform continuous quality efforts.

How will the quality framework produce meaningful results?

In this early phase, we are actively engaging and listening to staff to learn how they define quality in an ideal state; this ideal state informs the roadmap for success. We are also cultivating a culture that is grounded in our values by using a change management approach.

Examples of how the quality framework can produce meaningful results include:

- Establish a common language to more effectively communicate with stakeholders, lawmakers and others.
- Develop and implement strategies such as mentorship and talent management to further support the people pillar.
- Identify and prioritize how DDA can improve systems.
- Respond to changing environments with proactive planning and full recognition of impacts to the pillars.
- Promote cohesion and collaborations within DDA.

As time progresses, we anticipate seeing more meaningful ways of applying the framework. This work is in its early phases and expected to evolve; progress and lessons learned will be captured and shared in the next Quality Assurance Report.

Who we support

Below is a snapshot of where individuals who we support live and the types of services they receive.

49,512
Individuals
enrolled

25,884
Receive in-home
services and
supports

Of those ...
4,532
Receive
community
residential
services

513
Live in a
residential
habilitation
center

Of those ...
210
Receive state-
operated
community
residential
services

Supporting individuals to live in, contribute to and participate in their communities

- Increase supported employment to pre-pandemic levels
- Increase the amount of time individuals spend doing activities that are meaningful to them
- Continue expanding tools and resources to providers so they have the supports necessary to meet the needs of those they support

Continually improving supports to families of both children and adults

- Satisfaction surveys
- Person-centered assessments
- Resource development
- Variety of services and supports to meet different needs
- Enhanced case management program
- Quality compliance checks



Individualizing supports that empower individuals with developmental disabilities to realize their greatest potential

- Goal development of things that are important for the individual
- Training by self-advocates to new DDA case resource managers on person-centered practices
- Expanding Waiver Services to provide additional tools to individuals supported

Building support plans based on the needs and the strengths of the individual and the family

- Person-centered assessments
- Individual Instruction and Support Plan: created collaboratively between provider and individual supported
- Functional Assessment and Positive Behavior Support Plan
- Negotiated Care Plans developed with Adult Family Home providers, residents and others the resident wants included

Engaging individuals, families, local service providers, communities, governmental partners and other stakeholders to continually improve our system of supports

- Self-advocate advisory committee
- Developmental Disabilities Ombuds
- Stakeholder meetings
- Advocacy partnerships
- Home and Community Based Services Quality Assurance Committee
- Regular communication with clients, families, providers and the public using GovDelivery email messages
- Town hall meetings
- Satisfaction surveys

RESIDENTIAL SUPPORT | What we do

- Oversee formal evaluations and provide certification for select provider types, including Alternative Living, Children's State Operated Living Alternative, Companion Homes, Intensive Habilitation Services for Children, Overnight Planned Respite Services and the Stabilization Assessment and Intervention Facility.
- Develop and provide targeted residential provider training, train-the-trainer opportunities and technical assistance.
- Conduct, analyze and act upon client and guardian satisfaction surveys.
- Conduct community inclusion surveys to find out how often individuals are out in their community each week.
- Review community residential providers' systems for protecting and managing funds of people they support.
- Review financial losses to individuals' support and confirm reimbursement.
- Develop provider tools and resources for monitoring compliance and improving quality.
- Monitor background check process and practices.
- Review and provide feedback on provider plans for individuals supported.

WORK	DETAILS	OUTCOME
Provider certifications	<ul style="list-style-type: none"> • 52 providers certified • 0 providers decertifiedⁱⁱ 	<ul style="list-style-type: none"> • Client safety • Corrective action plans • Provider training • Quality providers
New Community Residential Provider Trainers	114 new provider trainers	Train provider staff: <ul style="list-style-type: none"> • Community Residential Services 40-hour CORE training • Continuing Education courses • Population-specific courses • DDA Orientation and Safety
Provider training and technical assistance to Community Residential Providers	205 residential provider trainers, administrators and training directors received technical assistance <i>Note: this number significantly decreased from 2020 because there was not a need for large town hall meetings with 300-500 participants.</i>	<ul style="list-style-type: none"> • Clear expectations • Provider training and technical assistance • Provider resources • Training requirements during COVID-19 pandemic • Virtual presentations and trainings • Red Cross Resilience Training • Streamlined Universal Precautions
Community Residential Providers Training and Train-the-Trainer Courses	87 Courses completed	<ul style="list-style-type: none"> • Continuing Education (CE) Course Train-the-Trainer • CE direct training • Orientation to training 40 hour CORE virtually • Orientation to training DDA developed CE courses virtually • Safety and Resilience Peer Coach Training Train-the-Trainer • Fit Testing Training and Resources Orientation
Client and guardian satisfaction surveys	23 ⁱⁱⁱ Satisfaction surveys received <i>Note: survey switched to Survey Monkey in February 2021.</i>	<ul style="list-style-type: none"> • Program and provider improvements
Loss reports	Reviewed 17 client losses to confirm reimbursement ^{iv}	<ul style="list-style-type: none"> • Reduced financial exploitation • Provider training • Case manager training
Community inclusion surveys	Results found individuals spent time in their community at least 3.52 days/week (Providers noted COVID-19 as a barrier to community inclusion activities.)	<ul style="list-style-type: none"> • Activities of choice • Community involvement

INCIDENT MONITORING | What we do

- Monitor and manage a statewide incident reporting system for significant incidents impacting individuals.
- Provide routine and targeted training on mandatory reporting of alleged and suspected abuse/neglect.
- Ensure clients, families and providers are aware of how to report suspected abuse or neglect.
- Ensure timely and appropriate responses from DDA case management and service providers happens when incidents involving suspected abuse or neglect occur.
- Review deaths to monitor support systems and program operations to verify if reasonable medical, educational or psychological interventions were provided.
- Conduct thorough facility investigations of alleged violations at the Residential Habilitation Centers to ensure that clients are not subjected to abuse.

WORK	DETAILS	OUTCOME
7,313 critical incidents reported ^{vi}	Top three areas: <ul style="list-style-type: none"> • Hospitalizations - medical emergencies • Natural disaster or environmental conditions threatening client safety or operation (largely due to COVID-19) • Client-to-client physical abuse 	<ul style="list-style-type: none"> • Provider monitoring • Incident prevention • Follow-up with client, legal representative, provider
Provider training and communication	<ul style="list-style-type: none"> • Mandatory reporting • Incident reporting • COVID-19 	<ul style="list-style-type: none"> • Clear expectations • Provider training
Mortality reviews conducted ^{vii}	<ul style="list-style-type: none"> • Adult Family Homes: 42 • Group Homes: 10 • Residential Habilitation Centers: 52 • Supported Living (including State Operated Living Alternatives): 111 • Other: 20 	<ul style="list-style-type: none"> • Nurse reviews • Provider recommendations • New provider trainings • Care Provider bulletins



PERSON-CENTERED SERVICE PLANNING | What we do

- Utilize cutting edge tools and strategies to encourage and foster the voice of the individuals we serve to inform their assessment.
- Ensure the individual's personal goals drive the Person Centered Service Plan.
- Train residential plan writers on person-centered instruction and support plan writing.
- Train Adult Family Home providers on development of Meaningful Activity Plans and person-centered calendars.
- Review Person Centered Service Plans annually to confirm personal client goals were the drivers of the Person Centered Service Plan.
- Sample community residential providers' documentation to determine evidence of support given to client towards achieving personal goals.
- Annual refresher training on Person Centered Service Delivery for all case managers who administer a DDA Assessment.
- As part of the Annual Certification process for the Support Assessment, case managers receive individualized support provided on their person-centered practice during the assessment.

WORK	DETAILS	OUTCOME
Person Centered Service Plans	<ul style="list-style-type: none"> • Annual assessments • Periodic reviews • Reassess individuals with change in needs 	<ul style="list-style-type: none"> • Individual choice • Goal planning • Provider instruction
Optional Person-Centered Thinking Workshop	<ul style="list-style-type: none"> • Value-based skills and approaches focused on seeing the person's strengths, preferences and positive attributes • Approximately 100 DDA staff attended 	<ul style="list-style-type: none"> • Improved quality • Continuing Education • Skill development • Value-based approach

HEALTHY AND SAFE TRANSITIONS | What we do

- Ensure individuals moving from institutions to community-based services are appropriately supported before, during and after transition into the community.
- Provide Roads to Community Living supports to individuals who move to the community from residential habilitation centers, state hospitals, nursing facilities and other qualified settings.
- Complete Mover's Surveys to ensure quality care and services are provided.

WORK	DETAILS	OUTCOME
122^{ix} clients supported to move into the community through Roads to Community Living <i>Note: In spite of COVID-19 restrictions, more people moved on Roads to Community Living than in any other year in the 14-year history of the grant</i>	122 moves from institutions to the community: <ul style="list-style-type: none"> • 38 - Residential Habilitation Centers • 24 - Community nursing facilities • 39 - Medical hospitals • 31 - Other institutional settings 	<ul style="list-style-type: none"> • Clients live in the communities of their choice • Choice of providers • Clients live in homes like yours and mine
Mover's Surveys completed at 30 days (initial), from 90-180 days, and at 11 months^x	<ul style="list-style-type: none"> • First Survey ~ 30 days after transition: 34 administered • Second Survey ~ 6 months after transition: 40 administered • Third Survey ~11 months after transition: 40 administered <i>Note: Fewer Mover's Surveys were administered over the period when compared to previous years due to restrictions brought on by the COVID-19 pandemic.</i>	Mover's Surveys from clients and families indicate a high degree of satisfaction with the community residential service provider throughout the first year: <ul style="list-style-type: none"> • 98% indicated they were getting the help they needed to live the life they wanted to live • 100% reported they were satisfied that the community residential program is meeting all of their needs



GETTING IT RIGHT | What we do

- Survey individuals and families about satisfaction with services, choices provided and other standards that are compared with national trends.
- Conduct Lean activities and training to streamline work and reduce waste.
- Monitor compliance with policies, procedures, Centers for Medicare and Medicaid Services quality assurances.
- Ensure assessments are consistent and accurately evaluate client support needs.
- Ensure DDA eligibility requirements and processes are implemented consistently.

WORK	DETAILS	OUTCOME
Quality Compliance Reviews	Detailed review of staff files in every region once/year	<ul style="list-style-type: none"> • Corrective action plans for deficiencies • Staff training • Improved services
National Core Indicators survey	Participate in national surveys that are sent to adults, children and families	<ul style="list-style-type: none"> • Compare Washington responses to national average • System improvements
Monitor level-of-care assessments	Review staff performance and provide feedback	<ul style="list-style-type: none"> • Staff training • Consistent assessments

QUALITY MANAGEMENT TEAM | What we do

- Guiding the development and implementation of a statewide quality management system for the administration's Residential Habilitation Centers and Pre-Admission Screening and Resident Review processes in both state-owned and community-based nursing facilities.
- The quality management system includes the complimentary functions of quality assurance, monitoring and performance improvement approaches.

Additional areas of support:

- 5 Whys training certification series
- Habilitation Plan Administrator Mentorship Pilot and program development for implementation statewide
- Incident Report Rule-Out Project
- Support and training of the dietitian role at Lakeland Village and Yakima Valley School

WORK	DETAILS	OUTCOME
Survey Readiness Site Visits	4 site visits* Mixed methods of Quality Assurance and Quality Improvement	<ul style="list-style-type: none"> • To adopt a more customer-focused approach, all site visits and individual Quality Management Coordinators' (QMC) work is now initiated by the facilities who determine the objectives • Methodologies are directed by the Residential Habilitation Centers, unless otherwise requested
Pre-Admission Screening and Resident Review (PASRR) for Nursing Facilities	PASRR QMC work on hold due to pandemic: <ul style="list-style-type: none"> • 2 Quality Assurance visits to community nursing facilities and one state-operated nursing facility 	<ul style="list-style-type: none"> • Oversight of federal regulations • Technical assistance provided to community and state-operated nursing facilities to promote person-centered services planning

QUALITY ASSURANCE AT THE RHCs | What we do

- Oversee the Quality Assurance program, ensuring that all standards for resident programs and services are met at Residential Habilitation Centers. This includes professional standards, Immediate Care Facilities and State-Operated Nursing Facilities regulations, safety standards, etc.

WORK	DETAILS	OUTCOME
COVID-19 support	<ul style="list-style-type: none"> Ensure reporting requirements are met Oversee infection control compliance Maintain up-to-date knowledge related to COVID-19 	<ul style="list-style-type: none"> Client health and safety Maintain certifications and licensure
Process improvement	<ul style="list-style-type: none"> Identify opportunities for improvement Utilizing "Plan, Do, Check, Act" cycle to ensure intended outcomes are met Implement Quality Assurance Performance Improvement Plans at state-operated nursing facilities and Lakeland Village Immediate Care Facilities 	<ul style="list-style-type: none"> Increase quality of life Increase skill development and level of independence
Monitoring	Collect and analyze data based on observations, interviews and record reviews	<ul style="list-style-type: none"> Identify opportunities for improvement Ensure that system improvements are sustained
Develop, implement and evaluate Plan of Corrections	Respond to: <ul style="list-style-type: none"> Incidents Statement of deficiencies 	<ul style="list-style-type: none"> Client health and safety Maintain certifications and licensure
Inter-department liaison/facilitator	<ul style="list-style-type: none"> Act as a liaison/facilitator for complex situations Participate as regulatory subject matter expert and ensure alignment with overarching policies 	<ul style="list-style-type: none"> Unified and collaborative approach Increase odds of success Diverse groups are engaged and contributing to problem-solving

STATEWIDE INVESTIGATIONS UNIT | What we do

- Compliance and investigation managers conduct independent investigations at DDA's 4 Residential Habilitation Centers. This includes alleged or suspected client abuse or neglect, and other incidents affecting client welfare.
- The SIU plays a critical role in the oversight of our state-operated facilities and help to ensure the health and safety of the people we serve.

SIU Data for Calendar Year 2021 Scope of Work:

- 143 investigations were conducted and closed out by eight investigators across four RHCs.
- The vast majority of SIU investigations are opened and closed within five working days.
- More than 80% of SIU investigations collect sufficient evidence to answer the primary investigative question.
- 124 investigations resulted in the development of Corrective Action Plans.
- The top three investigative types in 2021 were:
 - Neglect.
 - Physical Abuse.
 - Mental Abuse.

QUALITY COMPLIANCE TEAM | What we do

- Develop and implement a compliance monitoring system for DDA field services. The system promotes uniform application of policies and procedures.
- Conduct staff training, monitor intake and eligibility determinations and provide oversight to ensure consistent assessment implementation in the field.
- Consult, present and interpret information on state and federal rules and policies to the headquarters management team and field services staff.
- Serve as the subject matter experts for:
 - Due process and administrative hearings.
 - How to document approved services in the Person Centered Service Plan and Planned Action Notice.
 - How to obtain plan approval per policy.
- Ensure person-centered goals and practices are part of each assessment and Planned Action Notice.

WORK	DETAILS	OUTCOME
Annual regional and statewide monitoring	<ul style="list-style-type: none"> • 3 regions visited • 580 client files reviewed^{xiv} • Randomly selected sample size of clients that ensures a 95% confidence level of findings 	<ul style="list-style-type: none"> • Corrective action plans • Improved services • Targeted trainings
Due process and administrative hearing support	<ul style="list-style-type: none"> • Monthly staffing with statewide Assistant Attorneys General and regional Administrative Hearing Coordinator • Regional support on Planned Action Notices 	<ul style="list-style-type: none"> • Assurance of due process • Compliance with Washington Administrative Code (WAC) • Assurance of constitutional rights
Medicaid Services verification	<ul style="list-style-type: none"> • Review of client self-reported receipt and satisfaction of services 	<ul style="list-style-type: none"> • Individual client support • Customer service improvement action plans
Training	<ul style="list-style-type: none"> • Review of new case managers' PCSP and PANs to ensure consistency • Targeted training based on monitoring data and review 	<ul style="list-style-type: none"> • Increased quality in service delivery • Compliance with Center for Medicaid and Medicare Services Code of Federal Regulation and state WAC

CONTINUED COVID-19 SUPPORT | What we do

- Develop new and innovative ways to provide services safely.
- Support providers and staff to be creative in how they deliver supports.
- Assist clients and providers with personal protective equipment needs.
- Communicate with clients, families, stakeholders and providers on COVID-19 resources, reporting and support.
- Ensure contracted residential providers have resources to safely serve individuals and staff.
- Work with providers regarding infection control protocols.
- Track and trend COVID-19 cases in clients and staff.

WORK	DETAILS	OUTCOME
Amended Home and Community Based Services "Appendix K"	<ul style="list-style-type: none"> • Remote services • Telephonic assessments • Emergency rule making • Provider rate increases to cover COVID-19 costs 	<ul style="list-style-type: none"> • Reduce spread of COVID-19 • Tailor supports to individual need • Distance-Based Observation and Reporting Assistive Technology service implemented and is showing promising outcomes for effectively increasing client independence in the home and community setting
Implemented Governor's proclamations	<ul style="list-style-type: none"> • Long-term care worker requirements • Visitor restrictions 	Reduce spread of COVID-19
DDA Area Command	<ul style="list-style-type: none"> • Report COVID-19 cases • Disseminate state guidance • Develop processes for Personal Protection Equipment (PPE) needs, testing and other infection-control needs 	<ul style="list-style-type: none"> • Consistent and transparent communication to staff, clients, families and stakeholders • Provider support
Online Resources and Communication	<ul style="list-style-type: none"> • COVID-19 information webpage • Residential provider COVID-19 client and staff counts • Regular messaging to clients, families and providers 	<ul style="list-style-type: none"> • Clients, families and providers are informed • Staff have information to do their jobs
Long-term Care Safe Start Plan	Provides guidance to community residential providers, state-operated residential programs, residential habilitation centers	<ul style="list-style-type: none"> • Consistent process • Reduce spread of infection
Continuing Education Training: Direct Support Professional's Guide to COVID-19	Compiles COVID-19 information on prevention, exposure risk/protocol, using person-centered service model to support individuals, direct service resilience tools and skills practice COVID-19 checklist developed by Residential Quality Assurance and Residential Care Services. All guided by peer coaches and trainers	Reduce the spread, react to exposure risks using evidence-based practices, provide internal coaching and support for COVID-19 safe protocol, increasing staff retention
Safe Start Reentry Training for DDA staff	<p>December 2020-Current: Ongoing training provided through onboarding academy programs sponsored by DDA Headquarters</p> <p>September 2021: Safe Start Reentry training provided by hiring managers, in addition to DDA Headquarters' onboarding academy</p>	<ul style="list-style-type: none"> • Increase client and staff safety • Training incorporated into required training for new case managers



ⁱ2021 Developmental Disabilities Caseload and Cost Report

ⁱⁱResidential Quality Assurance Evaluation Schedule Assignment

ⁱⁱⁱOPRS Survey Results, SharePoint

^{iv}Loss Report Data, SharePoint

^vData Community Inclusion and IISPs all samples (Jun 2021 Update), Sharepoint

^{vi}Incidents by Incident Type, Incident Reporting Application

^{vii}Mortality Review Log, SharePoint

^{viii}RCL Moves FY 2021 from CARE

^{ix}Mover's Survey Database

^xQMT 2020/2021 Site History Matrix

^{xi}QCC 2020/2021 Waiver CFC File Review SharePoint



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