Washington State Department of Social and Health Services

DEVELOPMENTAL DISABILITIES
ADMINISTRATION

Quality Assurance Report

FISCAL YEAR 2020

Washington State
Department of Social & Health Services

Transforming lives

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.

Message from the Assistant Secretary

Dear Teammates and Stakeholders,

We are pleased to share the Annual Quality Assurance Report for the Department of Social and Health Services' Developmental Disabilities Administration for fiscal year 2020: July 1, 2019 to June 30, 2020.

This report describes services we provide and how we measured outcomes in health, safety, and quality-of-life. It was created using data gathered from a variety of DDA quality assurance systems. This report allows you to review services and supports DDA provided and how we performed.

DDA promotes continuous quality improvement to meet the needs of those we serve and those who support them every day. We are proud of the quality of supports provided to thousands of individuals by our contracted providers and state staff. Each year offers new challenges and opportunities.

You will find much of DDA's quality assurance work is organized to ensure DDA's Guiding Values (Inclusion, Status and Contribution, Relationships, Power and Choice, Health and Safety, and Competency) are an integral part of our service-delivery system. The Guiding Values publication resulted from a committee representing self-advocates, families, residential service providers, county staff, employment providers, advocates, and DDA staff.

DDA remains committed to a partnership with stakeholders and staff to provide supports and services to the people we serve. The intent of this report is to further our shared goals and open a candid dialogue to focus on improvements.

Sincerely,

Evelyn Perez, Assistant Secretary
Developmental Disabilities Administration

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Who we are

In early 2021, DDA began a new initiative called the **Pillars of Quality**. This quality framework, as illustrated below, 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.

Individuals we serve

Mission: Transforming lives by providing support and fostering partnerships that empower people to live the lives they want.

Vision: Supporting individuals to live in, contribute to, and participate in their communities; Continually improving supports to families of children and adults; Individualizing supports that empower individuals with developmental disabilities to realize their greatest potential; Building support plans based on needs and strengths of the individual and family; and Engaging individuals, families, local service providers, communities, governmental partners and other stakeholders to continually improve our system of supports.

People	Systems	Accountability	Organizational Health	Culture

Values: Respect, Person-Centered Service Planning, Partnerships, Community Participation

Guiding Values: Inclusion, Status and Contribution, Relationships, Power and Choice, Health and Safety, Competence

Who is Responsible?

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

Why DDA has established this framework?

This also ensures DDA maintains a healthy organization-wide posture to ensure we are 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/or developmental disabilities. This framework also can be used as 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 listen 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 environment with full recognition of impacts to pillars and proactively planning
- Promote cohesion and collaborations within DDA

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

Who we support[i]

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

49,282
Individuals

26,500
Receive in-home services and supports

630
Live in a residential habilitation center

Of those ...
4,586
Receive community residential services

Of those ...
246
Receive state-operated community residential services

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

- Increasing the number of individuals who have jobs
- Increasing the about of time individuals spend in the community doing things they enjoy
- Increasing provider tools and resources to support individuals to live the lives they want

Continually improving supports to families of both children and adults

- Satisfaction surveys
- Individual assessments and check-ins
- Resource development
- Services and supports to meet different needs
- Enhanced case management program

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

Person-centered assessments and goal development

Provider and staff training
- Direct trainings for staff at all levels
- Train-the-Trainer opportunities to support leadership and development within provider organizations
- Trainings both for and by self-advocates

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 Supported 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 system

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, and Overnight Planned Respite Services
- Develop and provide targeted residential provider direct 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 going out into their community each week
- Review community residential providers systems for protecting and managing funds of people they support
- Review financial losses to individuals supported and confirm reimbursement
- Develop provider tools and resources for monitoring compliance and improving quality
- Monitor background check process and practices

WORK	DETAILS	OUTCOME
Provider certifications	71 providers certified 0 providers decertified[ii]	Client safety Corrective action plans Provider training Quality providers
New provider trainers	130 New provider trainers	Train provider staff: • *Community Residential Services 40-hour CORE training* • *Continuing Education courses* • *Population-specific courses* • *DDA Orientation and Safety*
Provider training and technical assistance	1,500 residential providers and staff received technical assistance	Clear expectations Provider training and technical assistance Provider resources Training requirements during COVID-19 Virtual presentations and trainings
Provider training and Train-the-Trainer courses	187 Courses completed	CE Course Train-the-Trainer (10 courses) CE direct training (12 courses) Community Protection Orientation 40-hour CORE Train-the-Trainer Residential Seminar Series RHC and SOLA New Employee Orientations RHC and SOLA ACM Academy RHC HPA Academy
Client and guardian satisfaction surveys	9[iii] Satisfaction surveys received	Program and provider improvements
Loss reports	Reviewed 12 client losses to confirm reimbursement[iv]	Reduced financial exploitation Provider training Case manager training
Community inclusion surveys	Results found individuals spent time in their community at least 3.91 days/week[v] (down 18% from 2019)	Activities of choice Community involvement Follow-up with providers where clients fell below norm

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 when incidents involving suspected abuse or neglect do occur
- Review deaths to monitor support systems and program operations, and verify if reasonable medical, educational, or psychological interventions were provided
- Conduct thorough facility investigations of alleged violations at the RHCs to ensure that clients are not subjected to abuse

WORK	DETAILS	OUTCOME
7122 critical incidents reported[vi]	Top three areas: • *Hospitalizations - Medical emergencies* • *Natural disaster or environmental conditions threatening client safety or operation (largely due to COVID-19)* • *Client-to-client physical abuse*	Provider monitoring Incident prevention Follow-up with client, legal rep, provider
Provider training and communication	Mandatory reporting incident reporting COVID-19	Clear expectations Provider training
Mortality reviews conducted[vii]	Adult Family Homes: 29 Group Homes: 12 Residential Habilitation Centers: 20 Supported Living (including SOLA): 87 Other: 30	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 the voices 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 plan
- Sample community residential providers documentation to determine evidence of support given to client towards achieving personal goals

WORK	DETAILS	OUTCOME
Person-centered service plans	Annual assessments Periodic reviews Reassess individuals with change in needs	Individual choice Goal planning Provider instruction
Person Centered Service Planning Surveys	Surveys sent to clients and families after assessment meeting Responses indicate[viii]: • *Highest response: 95.7% of survey respondents reported personal goals were discussed in developing their plan* • *Lowest responses: 86.1% of survey respondents reported they chose where and how services were provided* • *86.1% of survey respondents reported they received information about resources and services available to meet their goals*	Improved quality Staff training

HEALTHY AND SAFE TRANSITIONS | What we do

- Ensure individuals moving from institutional 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, and nursing facilities
- Complete Movers Surveys to ensure quality care and services are provided

WORK	DETAILS	OUTCOME
118[ix] Clients supported to move into the community through Roads to Community Living	118 moves from institutions to the community: • *51 - RHCs* • *28 - Nursing facilities* • *29 - Medical hospitals* • *10 - Other institutions*	Clients live where they want Choice of providers
Movers Surveys completed at 30 days (initial), from 90-180 days, and at 11 months[x]	• *98 initial surveys* • *87 from up to 6 months after the move* • *57 from 11 months after the move*	Of the 98 Movers Surveys received back from client and families, responses indicate a high degree of satisfaction with the community residential service provider throughout the first year: • *100% indicated they were satisfied with their residential provider* • *At the initial survey and at 6 months 100% reported the client received all the help they require, while 98% said they got all the help they required at the 11 months survey*

GETTING IT RIGHT | What we do

- Survey individuals and families about satisfaction with services, choices provided, and other standards 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, and accurate level-of-care assessments
- 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	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	Compare Washington responses to national average System improvements
Monitor level-of-care assessments	Review staff performance and provide feedback	Staff training Consistent assessments

QUALITY MANAGEMENT TEAM | What we do

Guided by our values we collaborate with our customers to maximize organization learning to deliver person-centered services. Through strategic planning the Quality Management Team (QMT) applies best practices to achieve positive and sustainable outcomes for our customers.

WORK	DETAILS	OUTCOME
Survey-readiness for the Residential Habilitation Centers (RHCs) • Site visits • Monitoring sessions • Customer requested QI sessions	• *11 site visits that include pre-survey reviews and quality improvement (QI) approaches* • *34 monitoring sessions targeting specific areas* • *Examples of QI sessions include mentoring, coaching, interviews and case reviews*	• *Improved services* • *Facility awareness of gaps* • *Building capacity; promote person-centered planning and increased service coordination*
Pre-Admission Screening and Resident Review (PASRR) for Nursing Facilities	• *400 quality assurance reviews of assessments* • *24 onsite visits to Community Nursing Facilities who serve DDA PASRR clients*	• *DDA PASRR program successfully able to meet Dunakin Settlement* • *Oversight of federal regulations and technical assistance provided to community nursing facilities to promote person-centered services planning*

QUALITY ASSURANCE AT THE RHCs │ What we do

- Oversee the QA program, ensuring that all standards for resident programs and services are met. This includes professional standards, Intermediate Care Facility and Nursing Facility regulations, safety standards, etc.

WORK	DETAILS	OUTCOME
COVID 19 support	• Ensure reporting requirements are met • Oversee infection control compliance • Maintain up-to-date knowledge related to COVID-19	Client health and safety Maintain certifications and licensure
Process improvement	• Identify opportunities for improvement • Utilizing Plan Do Check Adjust cycle to ensure intended outcomes are met • Implement Quality Assurance Performance Improvement Plans at State-Operated Nursing Facilities and Lakeland Village ICF	Increase quality-of-life Increase skill development and level of independence
Monitoring	Collect and analyze data based on observations and interviews; record reviews	Identify opportunities for improvement Ensure that system improvements are sustained
Develop, implement and evaluate Plan of Corrections	Respond to: • Incidents • Statement of deficiencies	Client health and safety Maintain certifications and licensure
Inter-department liaison/facilitator	• Act as a liaison/facilitator for complex situations • Participate as regulatory subject matter-expert and ensure alignment with overarching policies	Unified and collaborative approach Increase odds of success Diverse groups are engaged and contributing to problem-solving

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
- Perform annual regional and statewide monitoring to ensure policies and procedures are uniformly followed statewide
- 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 PCSP 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	• 3 regions visited • 592 client files reviewed[xiv] • Randomly selected sample size of clients that ensures a 95% confidence level of findings	Corrective action plans Improved services Targeted trainings
Due process and administrative hearing support	• Monthly staffing with statewide AAGs and regional AHC • Regional support on Planned Action Notices	Assurance of due process Compliance with State WAC assurance of constitutional rights
Medicaid Services verification	• Review of client self-reported receipt and satisfaction of service	Individual client support Customer service Improvement action plans
Training	• Review of new case managers' PCSP and PANs to ensure consistency • Targeted training based on monitoring data and review	• Increased quality in service delivery • Compliance with CMS CFR and state WAC

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 COVID-19 cases and trends in clients and staff

WORK	DETAILS	OUTCOME
Amended Home and Community Based Services "Appendix K	Remote services Telephonic assessments Emergency rule making Provider rate increases to coverCOVID-19 costs	Reduce spread of COVID-19 Tailor supports to individual need Supporting client-service access in home to address support needs and reduce isolation
Implemented Governor's proclamations	Long-term care worker requirements Visitor restrictions	Reduce spread of COVID-19
Established DDA Area Command	Report COVID-19 cases Disseminate state guidance Develop processes for PPE needs, testing, and other infection-control needs	Consistent and transparent communication to staff, clients, families, and stakeholders Provider support
Online resources and communication	COVID-19 information webpage Residential provider COVID-19 client and staff counts Town Halls for clients, families and providers Regular messaging to clients, families, and providers	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	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 the person-centered service model to support individuals, direct service resilience tools, and the skills practice COVID-19 checklist developed by Residential QA and RCS. 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 safe protocol, increasing staff retention
Universal Precautions Training by DDA Nursing Unit Manager	All providers were offered 10 different, novel opportunities to be retrained in Universal Precaution and reducing the spread of infection. Trainees received CEs. Over 1,000 people trained statewide.	Reduce the spread
Safe Start Training for DDA staff	Trained field staff on safely resuming in-person visits 14 trainings in five weeks, to train 676 staff	Increase client and staff safety Training incorporated into required training for new case managers

"We are proud of the quality of supports provided to thousands of individuals by our contracted providers and state staff."

– Assistant Secretary Evelyn Perez

[i]2020 Developmental Disabilities Caseload and Cost Report
[ii]Residential Quality Assurance Evaluation Schedule Assignment
[iii]OPRS Survey Results, Sharepoint
[iv]Loss Report Data, SharePoint
[v]Data Community Inclusion and IISPs all samples (Jun 2020 Update), Sharepoint
[vi]Incidents by Incident Type, Incident Reporting Application
[vii]Mortality Review Log, SharePoint
[viii]Person Centered Service Plan Meeting Survey Report FY2020
[ix]RCL Moves FY 2020 from CARE
[x]Mover's Survey Database
[xi]QMT 2019/2020 Site History Matrix
[xii]QMT RHC Monitoring Session Matrix
[xiii]QMT PASRR Monitoring Matrix
[xiv]QCC 2019/2020 Waiver CFC File Review SharePoint