

Developmental Disabilities Administration 2015 Quality Assurance Report

Message from Assistance Secretary Evelyn Perez



Dear Teammates and Stakeholders,

We are pleased to share the 2015 Annual Quality Assurance Report for the Developmental Disabilities Administration (DDA).

This report describes services we provide and how we measure outcomes in health, safety, and quality of life in 2015. It was created by using data gathered from a variety of DDA quality assurance systems. This report allows you to review services and supports DDA has provided and how we have performed.

At DDA, we promote continuous quality improvement to meet people's needs. We are proud of the quality of supports provided each day to thousands of individuals by state staff and contracted providers. Each year offers new challenges and opportunities.

DDA remains committed to a partnership with our stakeholders and staff in continuing 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 upon improvements.

Sincerely,



Evelyn Perez
Assistant Secretary
Developmental Disabilities Administration



Transforming lives

Executive Summary

The Developmental Disabilities Administration (DDA) is committed to providing quality programs and services. DDA makes it a priority to provide services that emphasize the following:

- Power and Choice;
- Relationships with families and friends;
- Status in the community and among peers;
- Inclusion within the community;
- Competence in completing tasks independently or with needed assistance; and
- The health and safety of each individual.

These guiding principles can be found in the [Residential](#) and [County Guidelines](#), which are located on the [DDA website](#).

The quality of supports and services for individuals with intellectual and developmental disabilities is monitored in many ways. Responsibility is shared throughout DDA. Quality begins with the Case Resource Manager's work and is reinforced by Regional Quality Assurance (QA) staff. Quality management systems and methods are designed and monitored by DDA's Central Office staff. Additionally, DDA is always looking for feedback from individuals, families, providers, and stakeholders to continuously improve programs and services.

The 2015 DDA Quality Assurance report is designed to provide a snapshot of the quality assurance efforts currently in place to ensure that services provided to individuals served by DDA are administered in a way that demonstrates compliance, competency, and quality. Throughout, you will find

- Brief descriptions of our programs and services;
- Information about the activities of the administration aimed at ensuring the quality of those programs and services; and
- Narratives and data that illustrate some examples of DDA's QA activities.

DDA Quality Assurance is Mission, Vision, and Value Driven

DDA Mission:

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

DDA Vision:

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

Continually improving supports to families of both children and adults;

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

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

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

DDA Values:

Respect gained through positive recognition of the importance of all individuals;

Person-Centered Planning to support each person to reach his or her full potential;

Partnerships between DDA and clients, families and providers in order to develop and sustain supports and services that are needed and desired;

Community Participation by empowering individuals with developmental disabilities to be part of the workforce of contributing members of society.

*Power &
Choice*

Relationships

Competence

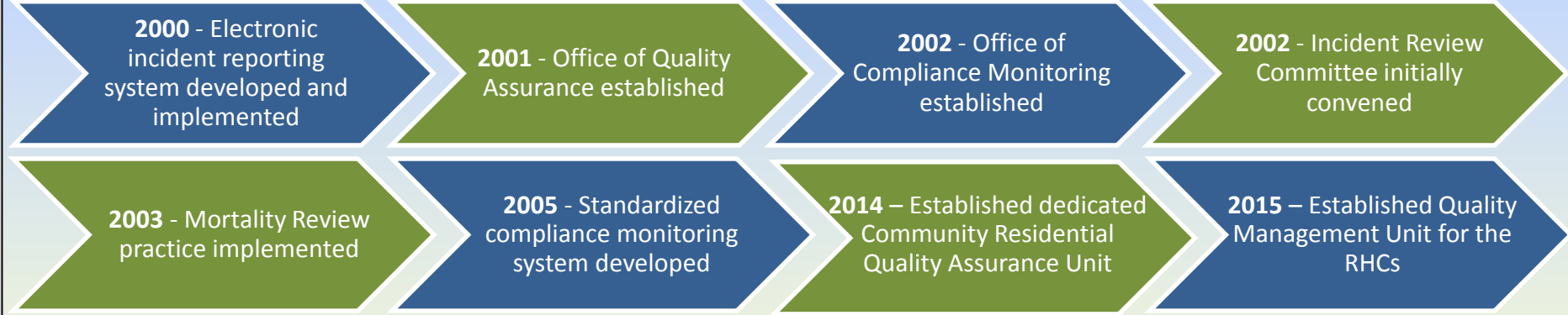
Integration

*Health &
Safety*

Status

DDA Quality Assurance Overview

DDA QA Systems History



DDA Strategy for QA

- Develop databases to gather information
- Identify individuals or committees to analyze data
- Develop remediation plan(s) as appropriate
- Implement remediation plan(s)
- Verify effectiveness of remediation plan(s)

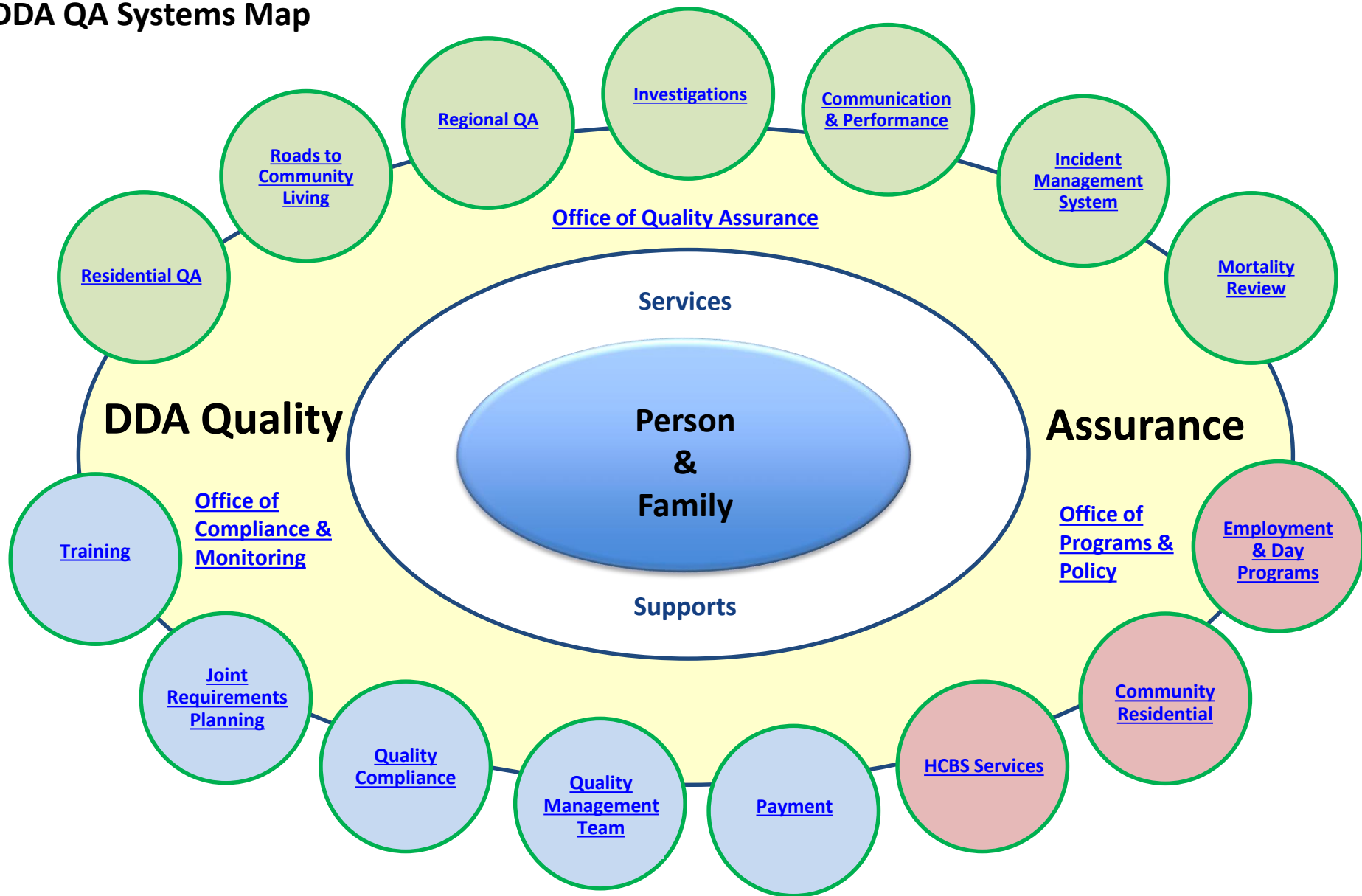
Quality Improvement Methods

- Continuously improve processes and strategies through various methods of evaluation and monitoring
- Work with individuals, families, advocates, and providers to identify areas for improvement
- Monitor the quality improvement system through the involvement of state staff, providers, and stakeholders
- Review performance improvement recommendations and identify the actions to be taken

Process for Improvement

- Proactively identify opportunities for quality improvement
- Assure policies, procedures, and practices comply with state and federal laws
- Use data to identify and quantify problems
- Develop and provide targeted training driven by critical incidents and trends

DDA QA Systems Map



The DDA QA systems map operates as an interactive table of contents. Simply click on the link within each of the QA bubbles to be taken to that section of this report. Each quality assurance (QA) system is outlined in the report with a one page summary that is followed by key information about 2015 QA activities. To get back to the systems map, just click on the home icon (🏠) located at the bottom right of each page.

Office of Quality Assurance Overview

The goal of the Quality Assurance Office is to enhance the lives of people with developmental disabilities in the following areas: Health and Safety, Power and Choice, Status, Integration, Relationships, and Competence.

What is the Quality Assurance System?

The quality of supports and services for individuals with developmental disabilities is monitored by many entities with responsibilities shared among:

- Developmental Disabilities Administration
- Residential Care Services Division
- Adult Protective Services
- Child Protective Services
- Service Providers
- Counties
- The individual and the family

Quality Assurance Outcomes

- People should be safe and free from harm
- Customer satisfaction is a top priority
- Cultural competency is valued
- Statewide system is in place to monitor and enforce quality



Quality Assurance Activities

- Monitor and manage an incident reporting system for serious and systemic issues
- Refer all serious issues to Adult Protective Services, Residential Care Services, or Child Protective Services
- Ensure response to individual and family concerns through a complaint system
- Analyze and act upon satisfaction surveys
- Review mortality and incident reports for system improvements
- Monitor background checks process
Require training of all providers
- Conduct Lean activities and training
- Create and analyze performance reports

Quality Assurance Systems

[Residential QA](#)

[Roads to
Community
Living](#)

[Regional QA](#)

[Investigations](#)

[Communication
& Performance](#)

[Incident
Management
System](#)

[Mortality
Review](#)

Residential Quality Assurance Overview

The Residential Quality Assurance team focuses on transforming lives by fostering relationships with residential agencies, providing effective tools and training, and ensuring delivery of quality services.

Quality Assurance Methods

- Complete 120-day follow up visits for 100% of Supported Living and Group Homes receiving citations from Residential Care Services (RCS)
- Monitor for trends
- Develop and provide training and technical assistance as needed
- Conduct targeted Quality Assurance visits
- Examine and promote best practices across the state
- Enhance quality of Supported Living services through good policy, training, and data review
- Complete targeted and random in-depth audits of client hours and client finances

Key Performance Indicators

- Evidence that individuals in Supported Living have an average of at least 60 community based activities per quarter
- 100% of sampled individuals will show documented, measurable activity toward an IISP* habilitation goal



QA Tools

- RCS Citation Follow-up Database
- Community Residential QA Tool
- Client Funds and ISS Hour Audit Database

Residential Quality Assurance Team

- Residential Quality Assurance Unit Manager
- Residential Quality Assurance Program Coordinator
- Residential Training Program Manager
- AFH Meaningful Day Program Manager
- ISS Hours and Client Funds Management Analyst
- 3 regionally located Residential Program Specialists



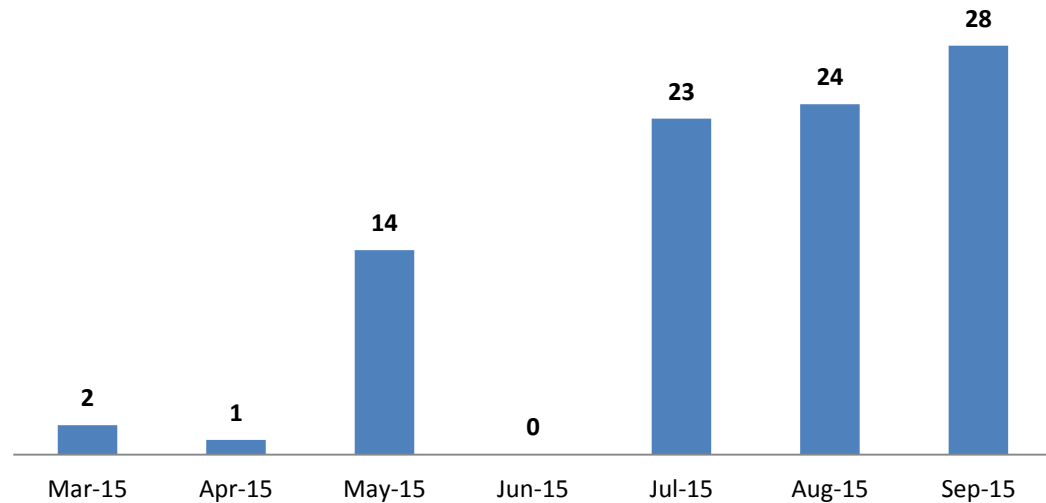
Residential Quality Assurance 2015

2015 QA Activities:

- 120-day follow up visits for 92 citations were completed by Residential Program Specialists with Supported Living (SL) and Group Home (GH) providers
- 212 people representing 38 different SL and GH agencies statewide have completed Individual Instruction and Support Plan (IISP) Training
- The Quality Assurance Review tool was piloted through a 100% review of SOLA homes and is now available to be utilized in targeted QA visits with residential providers
- Audits of 48 residential agencies were initiated to ensure that
 - Client hours are being billed appropriately, and
 - Client finances are being managed appropriately

Number of 120-Day Citation Follow Ups Per Month

Monitoring Example



QA Objectives for 2016:

Using a randomized sample, establish baseline data for the key performance indicators:

- Evidence that individuals in Supported Living have an average of at least 60 community based activities per quarter
- 100% of sampled individuals will show documented, measurable activity toward an Individual Instruction and Support Plan habilitation goal



Community Transition Unit Overview

Roads to Community Living Program Description: Roads to Community Living (RCL) supports people with developmental disabilities who want to move from an institutional setting to the community by exploring and establishing the services and supports that create a successful transition. RCL is a demonstration project that is federally funded through the Money Follows the Person grant which funds services and support for the person prior, during, and for one year after the transition to the community.

Quality Assurance Methods

- Conduct an outside satisfaction survey for 100% of individuals moving from Residential Habilitation Centers (RHCs) to the community. Surveys are conducted by the Developmental Disabilities Council (DDC), including self advocates
- Comprehensive visits for 100% of RCL clients at 30 days, 4-6 months, and 12 months are completed by regional Quality Assurance staff
- RCL Case Resource Managers complete quarterly visits and reviews to ensure that RCL enhancements are in place
- Complete in-depth reviews of critical incident reports for RCL clients
- Review pilot projects to ensure that capacity within the community is improving
- Nursing Care Consultants (NCCs) complete Medically Intensive Children's Program and Private Duty Nursing assessments as per law, helping these individuals stay in their homes

Key Performance Metrics

Increase opportunities for individuals who are institutionalized to have the option to move into the community and be supported as needed



Community Transition Unit Team

- Community Transition Unit Manger
- RCL Quality Improvement Manager
- RCL Behavior Analyst
- Nursing Care Consultants
- Regional RCL Case Managers

QA Tools

- Annual RCL Report
- Report to Centers for Medicare and Medicaid Services (CMS) every six months
- Movers survey
- DDC Satisfaction Survey and Report
- Project Reports

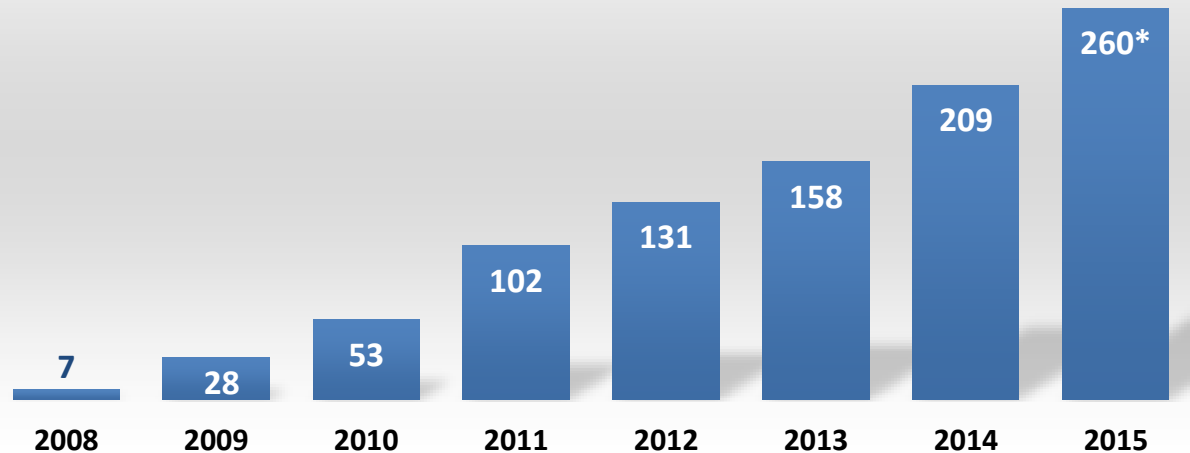
Community Transition Unit 2015

2015 QA Activities:

- Supported 100 individuals in the community through Roads to Community Living (RCL) Services
- Supported 51 individuals to transition into the community
- RCL family mentor made contact with 35 families
- Revised and piloted the Movers survey
- Piloted person centered transition plans and completed 4 plans
- Hosted 35 trainings and conferences, including the Assistive Technology Conference, Person Centered Planning 2-day Symposium, a conference for the leadership of 75 parent groups, and the Community Summit for approximately 900 people
- Hosted regular training opportunities for the development of Learning Communities on topics related to Assistive Technology, Autism, Community Inclusion, and Organizational Development
- Nursing Care Consultants have completed 219 nursing assessments throughout the state

Running Total of RCL Moves over the Life of the Grant by Calendar Year

Monitoring Example



QA Objectives for 2016:

- Continue to review, develop, and carry out RCL reinvestment projects based on an analysis of current effort
- Develop strategies to evaluate and identify community needs to support people who live at the RHCs and want to live in the community
- Continue to build statewide capacity and expertise in Person Centered Planning



Regional Quality Assurance Management Overview

Regional Quality Assurance managers and specialists ensure services are being provided in a way that meets regulatory and policy requirements by providing training, monitoring and oversight of residential settings and for individuals who live in the community, and overseeing vital incident management tasks.

Quality Assurance Methods

- Complete bi-annual NCI surveys of waiver participants
- Manage Incident Reporting system for regions
- Manage mortality review system for region
- Quarterly random targeted reviews for DDA clients enrolled in Regional Support Networks (RSNs)
- Complete surveys of movers from RHCs or Mental Hospitals (3 visits in first year)
- Annual QA of Licensed Staffed Residential settings
- Bi-annual reviews of Alternative Living providers
- Reviews of newly licensed Adult Family Homes with Developmental Disabilities (DD) specialty
- QA and follow up visits as needed and requested

Key Performance Indicator

100% of provided services will meet regulatory and policy requirements



QA Tools

- Incident Report database
- Mortality Review database
- Regional Quality Review Report

Regional Quality Management Team

- 3 Quality Assurance Managers
- 12 Performance and Quality Improvement Specialists (PQIS)

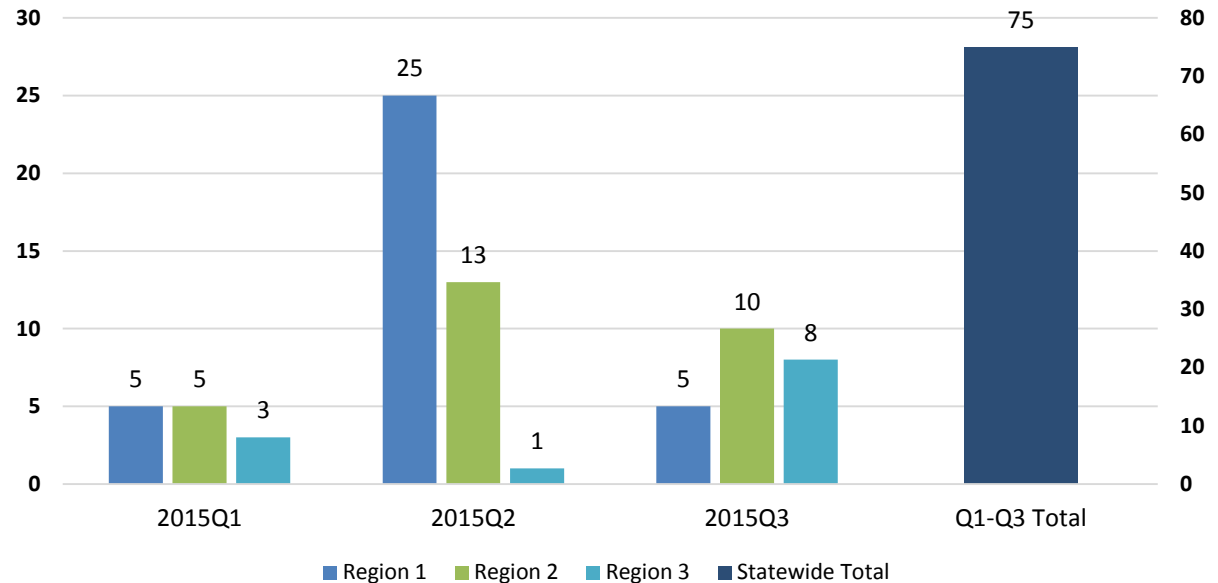
Regional Quality Assurance Management 2015

2015 QA Activities:

- Completed 75 initial visits for all prospective AFH providers following the Developmental Disabilities (DD) Specialty Training
- Reviewed 100% of all Incident Reports
- Reviewed 100% of Mortality Reviews for Field Services
- Provided on-going technical assistance and Quality Assurance in Supported Living programs
- Provided statewide Mandatory Reporter training for DDA staff
- Met with new Adult Family Home (AFH) providers to recruitment for persons with intellectual and/or developmental disabilities (IDD) and gained new providers

Number of Initial Visits to AFHs Completed by PQIS*

Monitoring Example



QA Objectives for 2016:

- Increase AFH placement options by recruiting new providers
- Increase compliance with 30 day Incident Report follow-ups

Statewide Investigative Unit Overview

The Statewide Investigation Unit (SIU) was established by the Developmental Disabilities Administration (DDA) in 2007 to respond to federal law that requires independent investigation of the most serious classifications of incidents that occur at the four Residential Habilitation Centers (RHCs), which are abuse, neglect, and exploitation. The unit maintains an incident tracking and data analysis system to assist in identifying patterns and trends of incidents.

Quality Assurance Methods

- Conduct independent, thorough, and timely investigations of serious incidents occurring within the RHCs
- Monitor the RHCs for compliance with plans of correction when required
- Complete 30 day plan of correction follow up as needed
- Provide training on incident investigations and on federal and state regulations and policies
- Analyze data to identify trends and patterns
- Complete QA reviews in Intermediate Care Facilities for people with intellectual and developmental disabilities (ICF/IIDs) and Nursing Facility compliance

Key Performance Indicator

100% of incidents assigned to SIU for investigation will be completed and closed quarterly



Statewide Investigative Team

- Statewide Investigative Unit Manager
- 6 Compliance and Investigation Managers, located within the RHCs

QA Tools

- Federal Centers for Medicare and Medicaid Services (CMS) regulations for ICF/IIDs and Nursing Facilities
- [RCW 71A](#)
- [DDA Policy 12.02](#)
- SIU Database
- Incident Report Database
- Desk Manual



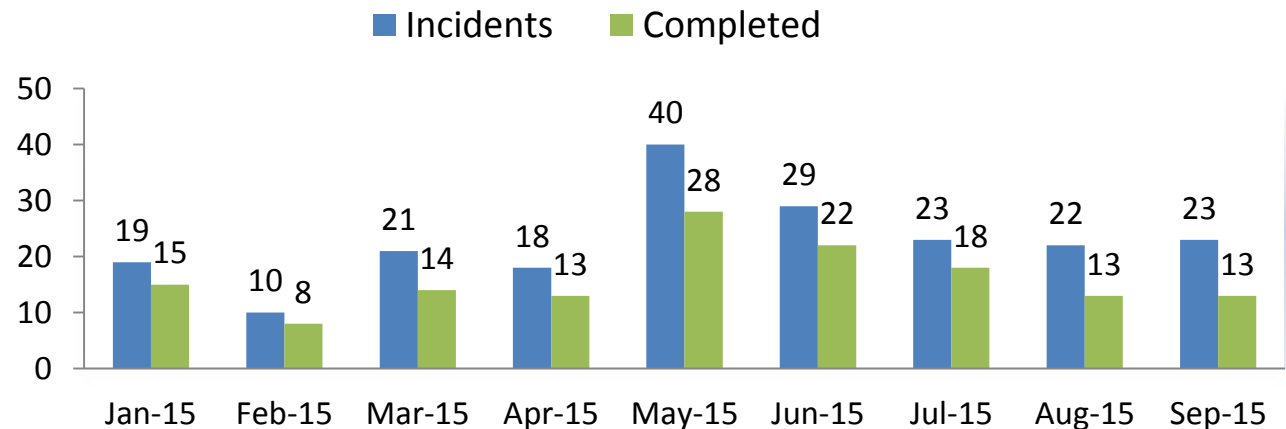
Statewide Investigative Unit 2015

2015 QA Activities:

- Completed 205 investigations involving abuse, neglect, and/or exploitation at the Residential Habilitation Centers (RHCs), Regional, and State Operated Living Alternatives (SOLAs)
- Developed a mission, vision and core value statement
- Training on conducting investigations and report writing has been ongoing at the RHCs, SOLAs, and community Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs)

Number of Investigations Abuse, Neglect, and/or Exploitation Completed by SUI January 1-September 30, 2015

Monitoring Example



QA Objectives for 2016:

- Conduct quarterly sample reviews of investigations completed by the RHCs, for QA purposes
- Provide training to RHC staff on the topics of conducting investigations, developing written investigation reports, and SIU overview at New Employee Orientation
- Perform weekly Quality Assurance reviews at the RHCs

Communications and Performance Unit Overview

The Communications and Performance Unit uses data, quality measures, and effective communication to proactively support DDA staff in transforming lives. This unit manages DDA's legislative role, internal and external communications, incident management system, mortality review process, strategic plan, performance metrics, quality improvement strategies, Lean projects, policy manual, management bulletins, research, and data analysis.

Quality Assurance Methods

Manage:

- DDA's Strategic Plan
- Quality Improvement System report for CMS, annual Mortality Review Report, Monthly Incident Report Data trends reports, and regional Quarterly reports
- DDA's special projects and Lean activities
- Incident and Mortality Reports, background checks, and high priority issues
- DDA's legislative process
- Survey research and analysis, including projects with National Core Indicators (NCI), University of Minnesota, and State of the States
- DDA polices and management bulletins
- DDA staff intranet and DDA public internet websites
- DDA Newsletter

Key Performance Indicator

Improve statewide performance and system quality through the application of Lean tools, data analysis, and effective communication



QA Tools

- DDA Strategic Plan
- Lean Tools
- NCI instruments, databases, and reports
- DDA Policy Manual
- DDA Management Bulletin site
- Incident Report database
- Leg.wa.gov and the BATS system
- Background Check Central Unit (BCCU)

Communications and Performance Team

- Communications and Performance Unit Manager
- Incident Management and Background Checks Program Manager
- Performance and Strategic Development Program Manager
- Research and Analysis Program Manager
- Project and Quality Improvement Manager

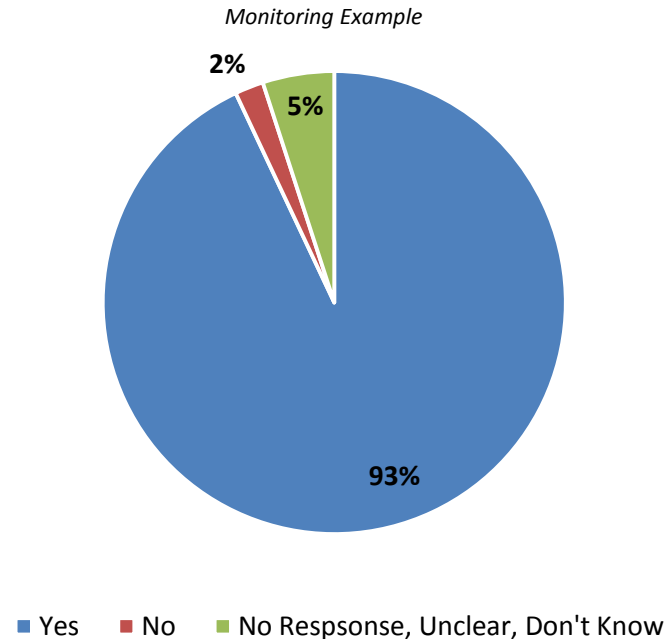


Communications and Performance Unit 2015

2015 QA Activities:

- Reviewed 100% of all Incident Reports
- Completed the Quality Improvement System (QIS) report for the Centers for Medicare and Medicaid Services (CMS)
- Revised and completed regional quarterly reports
- Trained approximately 40 central office staff on the legislative process
- Coordinated DDA's involvement with the 2015 Legislative Session
- Revised DDA's National Core Indicators process
- Collected 398 National Core Indicators Child Family Surveys and began collection of Adult Family and Consumer surveys
- Updated Beyond Mandatory Reporting training
- Managed background checks for all DDA and contracted staff
- Monitored Background Checks for compliance
- Attended ISO 9001 training
- Updated DDA Policy Manual
- Managed RHC Excellence project
- Coordinated DDA's participation with the DSHS employee survey
- Creates and distribute monthly DDA newsletter

Overall, are you satisfied with the services and supports you are currently receiving?*



QA Objectives for 2016:

- Monitor performance measures from the 2015-2017 DDA Strategic Plan
- Review National Core Indicators and present data to DDA staff
- Develop Incident Report Training for the Residential Habilitation Centers
- Train regional DDA staff and new central office staff on the legislative process
- Manage continuous and new DDA projects, to include Lean projects



Incident Review Overview

It is the policy of DDA that persons with developmental disabilities shall enjoy the same rights as other citizens, while at the same time being protected from abuse, neglect, and exploitation. DDA has an incident reporting and response system that promotes the health and safety of individuals with developmental disabilities.

Quality Assurance Methods

- Incident Reports (IR) are submitted regionally to management, RCS, APS, QA, and mental health staff
- Case/Resource Managers (CRM) complete 30 day follow-ups as required by policy
- The Incident Management Program Manager reviews 100% of all IRs
- A random selection of IRs, as well as incident trends, are reviewed monthly by a committee at Central Office
- The Incident Management Program Manager follows up with the regional Quality Assurance Managers (QAM) as needed regarding actions taken and incident follow-up.
- Higher level incidents are monitored by the IR Program Manager and reported to the DSHS Secretary's Office through the Assistant Secretary.

Key Performance Indicator

100% of incidents involving alleged abuse, neglect, abandonment, and/or financial exploitation will be reported to APS, CPS, and/or RCS by Case Management



QA Tools

- Incident Report (IR) system used by field staff
- Regular training provided by regional Quality Assurance Managers
- Monthly IR Committee
- CARE

Incident Review Team

- Incident Management Program Manager
- 3 Regional Quality Assurance Managers implement regional recommendations, training, and remediation plans
- Case Resource Managers complete incident reports and follow-ups as necessary



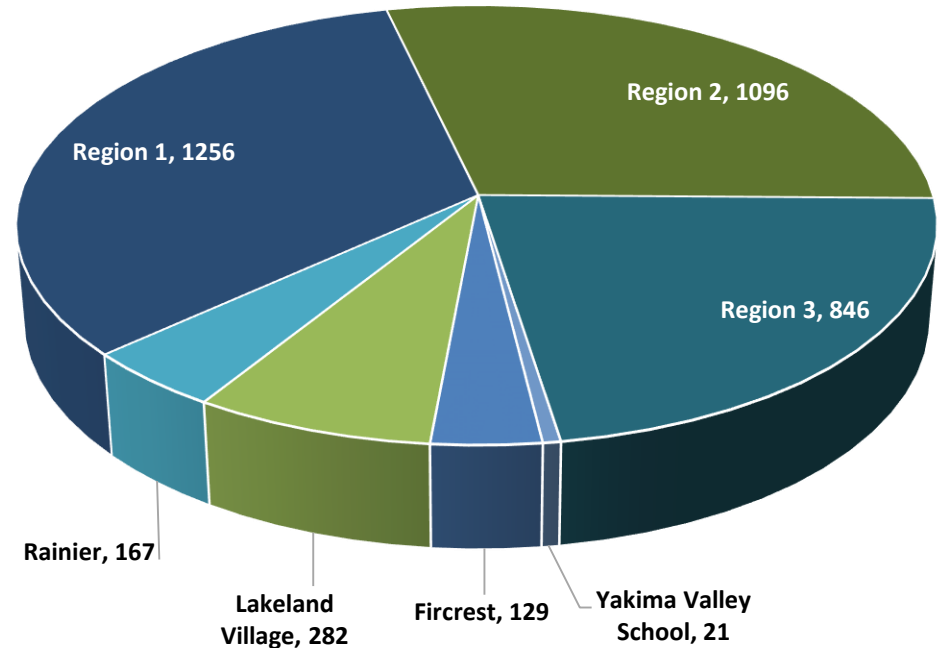
Incident Review 2015

2015 QA Activities:

- Developed a new statewide incident report training
- Developed a new beyond mandatory reporting training
- Updated incident reporting and mandatory reporting policies for providers and DDA staff and held webinars to train providers and DDA staff
- Provided regional staff training on incident reporting follow-up
- Updated paper incident report form for situations when the electronic system is down
- Held monthly Incident Reporting Committee meetings to review random sample of IRs and analyze trends
- Developed regional follow-up tracking tool for incidents reviewed by committee
- Prepared Assistant Secretary Reports for higher level incident reports
- Provided monthly reports to the regions regarding incidents needing closure and follow-up
- Created and sent quarterly reports to RHCs regarding incidents needing closure
- Provided monthly and quarterly reports for the Roads to Community Living (RCL) team regarding incidents involving RCL clients
- Reviewed 100% of submitted incident reports

Incident Count by DDA Site

Data Example



QA Objectives for 2016:

- Develop incident reporting training for the Residential Habilitation Centers
- Determine the possibility of improving the existing electronic incident reporting and/or explore other system development options



Mortality Review Overview

The DDA Mortality review committee is located in Central Office. The committee completes a review of every death of individuals receiving paid services in certain programs managed by the Developmental Disabilities Administration.

Quality Assurance Methods

- Deaths are reported to the regions and Mortality Review forms are completed as appropriate
- Residential Habilitation Centers (RHCs) and Quality Assurance Managers (QAMs) enter data into the Mortality Review database
- Mortality Review Team (MRT) meets monthly to review 100% of all deaths of individuals receiving paid services in certain programs from DDA to identify trends and patterns that inform rules, policy, training, policy, and caregiver alerts
- Annual report of mortalities compares DDA's mortality rates with the Center for Disease Control and the Washington State Department of Health (DOH)

Key Performance Indicator

To review Mortality Review information to ensure accuracy of system response and to identify system change needs



QA Tools

- Mortality Review Database
- CARE
- Incident Management reporting system
- Documents submitted by regional and RHC staff
- Caregiver alerts

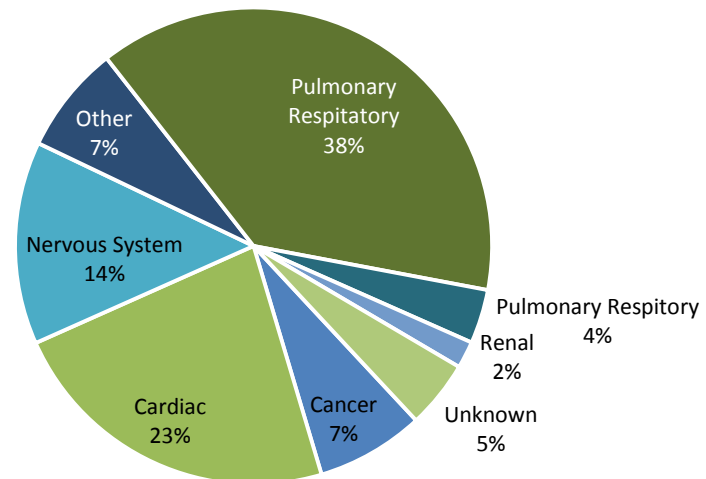
Mortality Review Team

- Incident Management Program Manager
- Central Office Mortality Review Committee consists of a consulting RN, DDA Office Chiefs, Unit Managers, and Program Managers
- The Mortality Review process is managed regionally by 3 Quality Assurance Managers

Mortality Review 2015

Primary Cause of DDA Client Deaths in 2014

Data Example



2015 QA Activities:

- Updated Mortality Review Provider Form
- Held monthly mortality review meetings to review deaths and analyze trends
- Worked with Quality Assurance Managers to ensure deaths are reviewed in compliance with policy

QA Objectives for 2016:

- Increase timeliness of all mortality reviews
- DDA will make changes to the Mortality Review process if “After Event” legislation is passed in 2016
- Care giver alert process will be formalized

Office of Compliance and Monitoring Overview

The Office of Compliance and Monitoring assures DDA policy, procedures, and practices are uniform and in compliance with DSHS rules and client needs. We also coordinate with other DDA programs and DSHS administrations.

Quality Assurance Methods

Compliance monitoring

Our office works to develop and implement a quality management system for DDA that includes the complementary functions of quality assurance, monitoring and performance improvement.

Training

Ensure DDA staff and contracted service providers receive quality training.

Assessment

Ensure DDA provides a standardized assessment process that promotes consistency and accuracy in evaluating client support needs.

Eligibility

Ensure that eligibility requirements and procedures for eligibility determination for Administration services are consistently implemented.

Compliance & Monitoring Outcomes

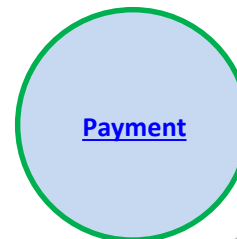
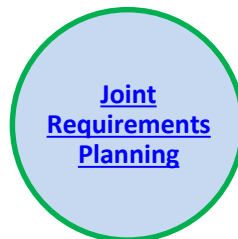
- Quality Training
- Accurate determination of eligibility for DDA
- Timely compliance monitoring
- Accurate Level of Care assessments



Compliance & Monitoring Activities

- DDA intake and eligibility
- Field services training
- DDA assessment
- CMS Home and Community Based Service compliance monitoring system
- Due process/administrative hearings
- Social service payment system
- Regulatory improvement
- Individual provider training compliance
- Legislative reviews
- Rule development
- Statewide compliance monitoring system

Compliance & Monitoring QA Systems



Training Unit Overview

Training encompasses responsibility for the development and implementation of a comprehensive system that promotes uniform application, delivery, and oversight of training that is consistent with the mission and vision of DDA while ensuring compliance with federal and state requirements.

Quality Assurance Methods

- Create, provide, evaluate, monitor, and/or approve training
- Create opportunities for stakeholders and trainers to provide input
- Review training attendee evaluations
- Review existing training curricula and research opportunities for continuous improvement
- Support the training needs of all DDA staff across field, headquarters, and RHCs

Key Performance Indicator

To ensure that all statewide curricula and training modules are current with best practices and consistent with federal and state requirements



Training Team

- Training Unit Manager
- Field Services Program Manager
- *Others to be filled in 2016*

QA Tools

- Learning Management System
- Agency Contracts Database
- Training Partnership Database
- Instructor and Curriculum Tracking System (ICTS)
- Reports from contracted Technical Assistance vendors



Training Unit 2015

2015 QA Activities:

- Began the development of the DDA training unit and identify vision and long range strategic plan for next three years
- Developed three training unit positions
- Implemented value-based forums in the regions
- Began reviewing existing required field training for consistency and efficiency
- Provided diverse training opportunities i.e. Supervisor Leadership Academy, Secrets of Effective Presenters, Beyond Mandatory Reporting, for DDA staff and providers and Leadership Development
- Began distribution of regular training updates in the DDA Newsletter

The DDA Training Unit formalized in August 2015. A project design is in place and tasks in the initial phase are expected to be completed 2016-2017. Training data will be displayed in quarterly reports.

QA Objectives for 2016:

- Complete hiring for the DDA Training Unit and begin to develop the unit's structure
- Complete process for obtaining additional evaluation and feedback options and develop consistent methods for online input
- Retrieve data from LMS and display training data quarterly
- Provide subject matter expertise and training associated with supporting parents with developmental disabilities
- Provide and/or facilitate training to employees who have responsibility for ongoing training in their respective offices/units
- Develop and/or revise orientation activities for all employees, RHC, Field and HQ
- Evaluate the Case Manager Online Training and recommend a process for changes to remain current
- Support HQ program managers in the process of infusing DDA values into their program trainings for their respective staff people



Joint Requirements Planners Overview

As subject matter experts for the CARE system and the Supports Intensity Scale (SIS) assessment, the Joint Requirement Planning (JRP) Unit supports field staff in the delivery of excellent, high quality assessments by providing training, technical assistance, and annual Inter-rater Reliability Reviews (IRR).

Quality Assurance Methods

- Conduct annual inter-rater reliability reviews (IRR aka “shadow visits”) for 100% of case managers
- Provide training for DDA case managers related to the CARE system and DDA Assessment
- Provide technical assistance and problem solving for field CARE users
- Serve all DDA Case/Resource Managers as subject matter experts for the Supports Intensity Scale Assessment (SIS) and for functionality of the CARE system and DDA Assessment

Key Performance Indicator

Ensure that 100% of Level of Care determinations are consistent with Level of Care criteria for all individuals assessed with the DDA assessment



Joint Requirement Planners Team

- Joint Requirements Unit Manager
- 6 regional JRPs

QA Tools

- IRR Database
- CARE
- Quality Improvement System



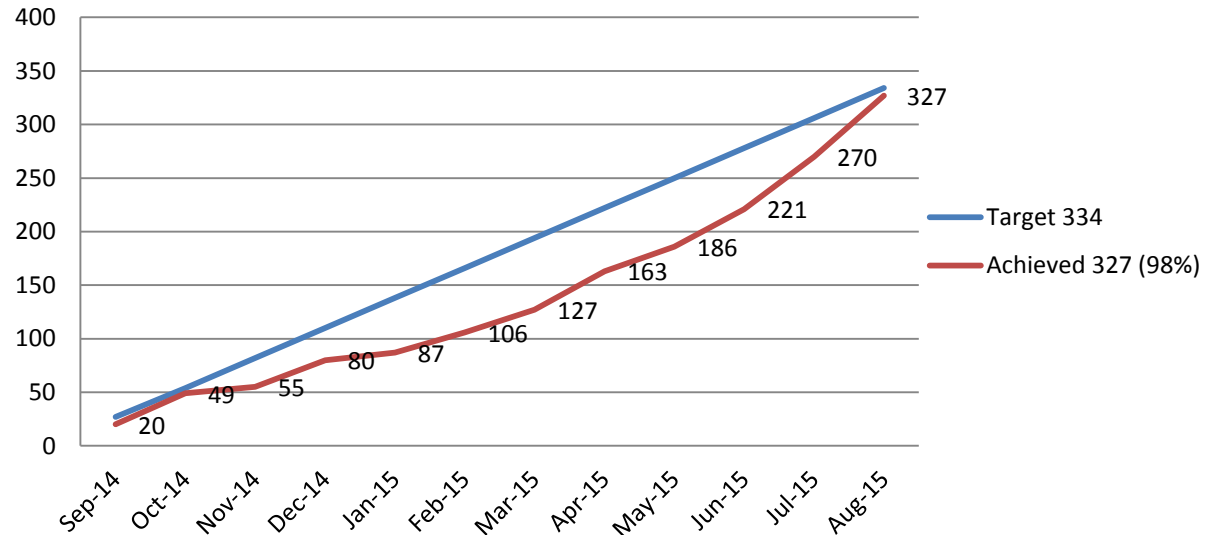
Joint Requirements Planners (JRPs) 2015

2015 QA Activities:

- 77 new Case Resource Managers (CRMs) trained through DDA Academy
- Conducted 327 inter-rater reliability (IRR) visits for a 98% completion rate. The IRR visits provide monitoring, support and feedback to all case managers who administer the DDA assessment
- Provided implementation and post implementation support to 391 DDA employees for the implementation of Community First Choice (CFC)
- The JRP team has taken the lead in providing training and support in the field in implementing person centered practices into the DDA assessment and service planning process.
 - A series of [5 Videos](#) addressing Person Centered Practices and the DDA assessment were produced
 - JRPs lead the person centered practices training that was held in conjunction with the Community First Choice trainings

DDA SIS IRR Shadow Visits Waiver Year 2015

Monitoring Example



QA Objectives for 2016:

- Complete Supports Intensity Scale (SIS) IRR review for all new case managers within 30 working days of their completion of DDA Academy CARE Application and Policy Training
- Complete annual SIS IRR shadow reviews on 100% of DDA Case Managers who administer the DDA Assessment

Quality Compliance Overview

The Quality Compliance Team was established in November 2002 in response to a series of federal and state audits in the early 2000's. This team conducts annual monitoring of DDA's five Home and Community Based Services (HCBS) Waivers as well as at least one other monitoring during the year.

Quality Assurance Methods

- Complete case file reviews using a randomized sample of individuals receiving Home and Community Based Services (HCBS)
- Complete case file reviews of 100% of Roads to Community Living clients
- Train all new DDA Case Resource Managers
- Provide 90 day refresher training for Individual Support Plans(ISP)/Person-Centered Service Planning (PCSP) and Planned Action Notices (PAN) to Case Resource Managers
- Review Case Resource Manager's first three ISP/PCSPs and PANs upon completion of Academy
- Monitor Residential Habilitation Center's RHC's compliance with Free and Appropriate Public Education (FAPE) for all children residing in RHCs ages 16-21
- Monitor a sample of Individual Provider timesheets and ensure timely compliance of corrections
- Present findings and recommendations to field and central office staff within two weeks of monitoring activities

Key Performance Indicator

Ensure compliance with DDA policies, state and federal rule, and due process



Quality Compliance Team

- Quality Compliance Coordination Unit Manager
- 6 regionally located Quality Compliance Coordinators (QCCs)

QA Tools

- CARE
- SSPS
- ProviderOne
- Hard file reviews
- Quality Improvement System for Centers for Medicare and Medicaid Services (CMS)
- ACES and Barcode
- SharePoint



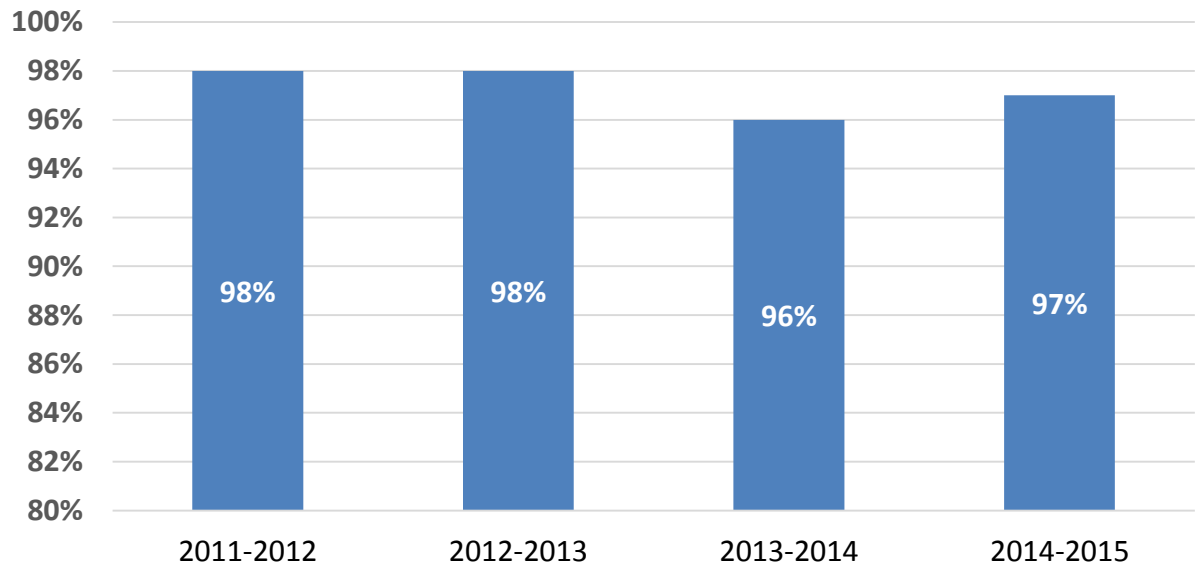
Quality Compliance Coordination 2015

2015 QA Activities:

- Completed 851 waiver and non-waiver file reviews using a series of 25 monitoring questions. The graph to the right illustrates the data gathered from one of those questions.
- 77 Case Resource Managers (CRMs) were trained 07/1/2014 through 06/30/2015
- All QCC Staff received Guila Muir’s “Enhancing Presenter Skills” training
- Completed Personal Care Monitoring in February 2015
- Free Appropriate Public Education (FAPE) training provided to all 4 Residential Habilitation Centers (RHCs)
- Provided Inventory for Client and Agency Planning (ICAP) training to 24 CRMs in January and April 2015
- Completed policy review revisions / Management Bulletins throughout the year

Have all identified waiver funded services been provided within 90 days of the annual ISP effective date?*

Monitoring Example



QA Objectives for 2016:

- Continue monitoring and QA activities from 2015
- Complete reviews of Planned Action Notices, 2 per Case Resource Manager
- Develop a monitoring tool for Intake and Eligibility and implement the tool by Spring 2016
- Develop and implement a monitoring tool for Individual Provider Time and Attendance time sheets

Quality Management Team Overview

Federal law requires quality services that promote resident choice, independence, and safety in the Residential Habilitation Centers (RHCs) and Nursing Facilities (NFs). To achieve this, the Quality Management Team (QMT) provides consistent, proactive support to staff in order to meet and exceed regulation requirements.

Quality Assurance Methods

Distribution

- Immediate feedback given related to QA findings;
- Outcome reports presented to Superintendents and other leadership
- Ongoing information provided to executive leadership

Connection to other DDA systems

- Review RHC incident and mortality reports

Training

- Staff provide technical assistance as needed

Future

- Incorporate relevant International Standards Organization (ISO) quality standards
- Continue to develop overall quality management system
- Create corrective action, prevention plan, and performance dashboard

Key Performance Indicators

- Evidence of meaningful activities that increase engagement and learning for individuals with Development Disabilities in RHCs and NFs
- Compliance with nursing facility and intermediate care facility federal regulations



Tools

- PASRR QA Tools
- 11 focused QA tools for review of RHC high priority quality issues
- Survey readiness assessments of RHCs
- Onsite monitoring and review of RHC compliance and quality management processes

Quality Management Team

- Quality Management Team Unit Manager
- 3 Nursing Facility QMT specialists doing PASSR QA for 220 nursing facilities that serve 600-800 individuals
- 4 RHC QMT specialists doing QA for 4 RHCs serving 780 individuals



Quality Management Team 2015

2015 QA Activities:

- Completed the hiring of seven Quality Management Team (QMT) members by 2/15/15.
- Quality Management System performance measures have been identified, and a performance dashboard is currently under development
- A “Quality Summit” was held in April 2015. This was an intensive training session that specifically focused on Quality Assurance (QA) and Quality Improvement (QI) methodology and tools, including team practice in using the tools
- All team members have helped to staff operational QA teams at Lakeland Village, Rainier, Fircrest, and Yakima Valley.
- Two PASRR QA tools have been developed, piloted, field-tested and implemented.
- Effective May 1, 2015, 100% of new PASRR Level II assessments receive a QA review
- The PASRR QMT conducted an on-site review of Specialized Service recommendations at Lakeland, Fircrest, and Yakima Valley.
- The PASRR QMT has begun to prioritize and make QA and Technical Assistance (TA) visits to community nursing homes in assigned regions
- The Residential Habilitation Center (RHC) QMT has drafted, developed, and implemented 11 monitoring tools focused on the proactive identification of potential system problems at each RHC
- QMT training was accomplished in July, 2015, for a newly developed survey-readiness quality assurance process
- A team Sharepoint site has been designed and implemented
- The team actively participated in weekly virtual “Huddles”

Data is currently under development at this time as this team has been developing QA review tools throughout 2015 for 2016 implementation.

QA Objectives for 2016:

- 100% of plans sampled by the QMT in the RHCs must demonstrate:
 - Meaningful active treatment is occurring by 6/30/17 for individuals in an ICF/IID
 - An ongoing program of activities designed to meet the interests and the physical, mental and psychosocial well-being of each resident in a state-operated NF
- Compliance with the Centers for Medicare and Medicaid Services (CMS) regulations in the Residential Habilitation Centers Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (RHC ICF/IIDs) and the state-operated Nursing Facilities (NF), with no enforcement penalties



Payment Program Description

Monitor DDA payment systems and processes to ensure payment integrity.

Quality Assurance Methods

- Oversee payment to providers, clients, and reimbursements to achieve payment integrity
- Auditing
- Fraud prevention and referral for investigation
- Collaborate with HCA and Optum to achieve payment system stability
- Review 100% of incorrect payments and process overpayments
- Conduct quarterly internal audit of payment system

Key Performance Indicator

Ensure that 100% of payment decisions adhere to rule.



Payment Team

Eligibility and SSPS Program Manager
6 Regional Payment Coordinators

QA Tools

- SSPS
- ProviderOne
- Client Contacts
- File Reviews

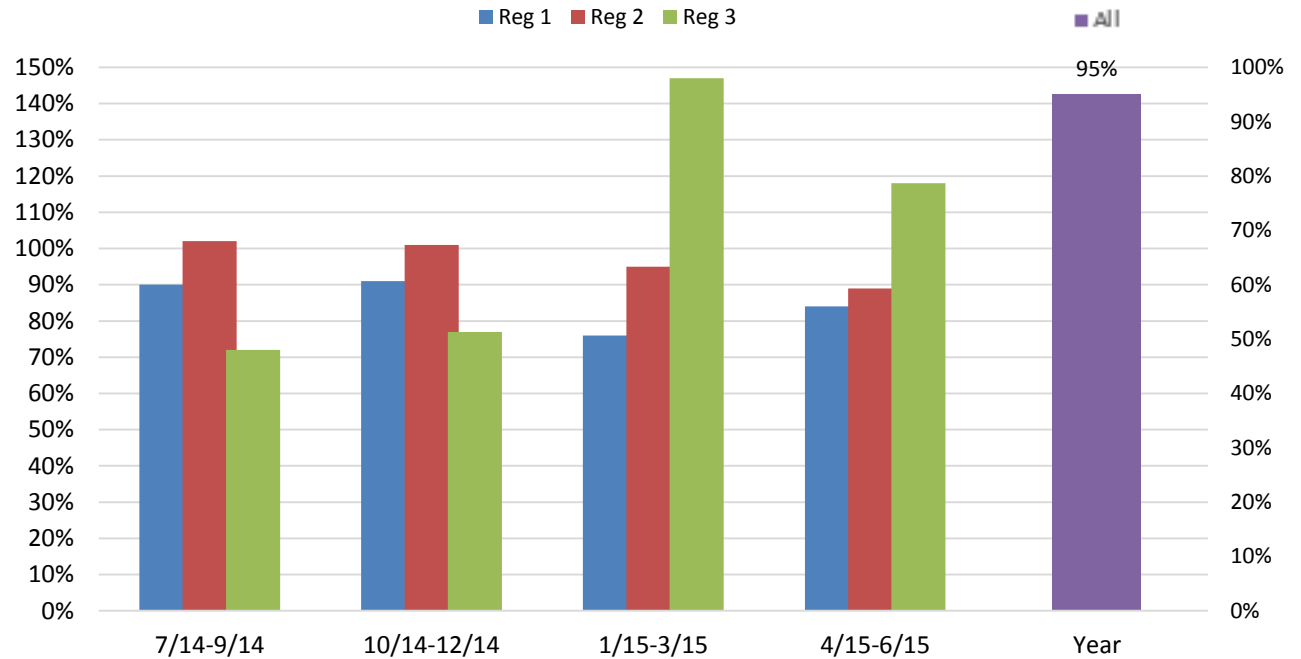
Payment Program 2015

2015 QA Activities:

- Contacted 95% of required clients to verify services are delivered as authorized (see graph)
- Implemented ProviderOne for 1099 providers providing automatic enforcement of payment integrity
- Implemented new policy on Medicaid Fraud reporting and trained all field staff
- Reviewed HCA and Optum reports monthly, began development of new payment review reports using new ProviderOne data
- Trained all field staff on overpayment processing

Client Contacts Quarterly 2014-2015

Monitoring Example



QA Objectives for 2016:

- Implement new payment review monitoring tools taking into account ProviderOne data
- Capture additional metrics through monthly Client Contacts

Office of Programs and Policy Overview

The Office of Policy and Programs manages all statewide programs, determines program design, and identifies outcomes.

What do we do?

Program Design

We design, implement, and analyze efficient and effective statewide programs

Policy development

- Develop program policy
- Provide consultation and training for field staff
- Provide technical assistance and resources to our stakeholders
- Resolve policy and programmatic issues

Monitoring

- Assure that programs are delivered in accordance with the Residential and County Guidelines, state and federal laws and regulations, and contractual obligations
- Identify and monitor programs and outcomes to ensure compliance and quality services

Budget and Contracts

- Ensure tax payer dollars are spent responsibly
- Participate in budget development, allocation, and oversight
- Develop contracts which are negotiated and issued for services to be delivered through providers in local communities

Programs & Policy Outcomes

- Quality programs and services
- Delivery of services that are cost effective, efficient and meet the needs of individuals
- Public accountability



Programs & Policy Activities

- Stakeholder involvement
- Comprehensive assessments
- Service determination
- Employment first
- Community integration
- Program direction, training, oversight
- Legislative proposals and bill analysis
- Plan, organize and direct statewide services
- Contract oversight
- Facilitate collaboration with the Centers for Medicaid and Medicare Services (CMS)
- Fiscal oversight
- Resource development
- Forecast committee
- Rule development
- Technical assistance
- Performance analysis
- On-site quality assurance reviews

Programs & Policy QA

[HCBS Services](#)

[Community Residential](#)

[Employment & Day Programs](#)

Home and Community Based Services Overview

DDA's Basic Plus, Core, Children's Intensive In-home Behavioral Support, Individual and Family Services, and Community Protection Waiver programs, along with state plan Medicaid services, support people who meet ICF/IID level of care to stay in the community.

Quality Assurance Methods

- Ensure each of the five DDA waivers meet all federal requirements
- Determine and monitor performance measures annually
- Assure all performance measures meet a threshold of 86% or better (100% for Health and Safety measures)
- Maintain annual Quality Improvement System (QIS) report for Centers for Medicare and Medicaid Services (CMS)
- Community First Choice Monitoring
- Manage DDA Home and Community Based Services Transition Plan

Key Performance Indicator

Ensure all performance measures identified in the Quality Improvement System (QIS) meet or exceed the identified threshold



Waiver Team

- Waiver Unit Manager
- CIIBS, IFS, and Waiver Requirements Program Managers
- Regionally located IFS Program Coordinators, CIIBS coordinators, 2 CIIBS Resource Managers, and Waiver Specialists

State Plan Medicaid Team

- Community First Choice Unit Manager
- Preadmission Screening Resident Review (PASRR) Program Manager
- PASRR Program Coordinator
- Advanced Home Care Aid Services Program Manager
- Exception to Rule Program Coordinator
- Personal Care Program Coordinator

QA Tools

- Quality Improvement System Report
- Complaint Database
- Case Management Information System
- DDA Incident Management System
- IR Database
- ISP Meeting Survey Database
- Inter-rater Reliability Database
- Quality Compliance Team monitoring Database
- CARE System
- Mortality Review Database



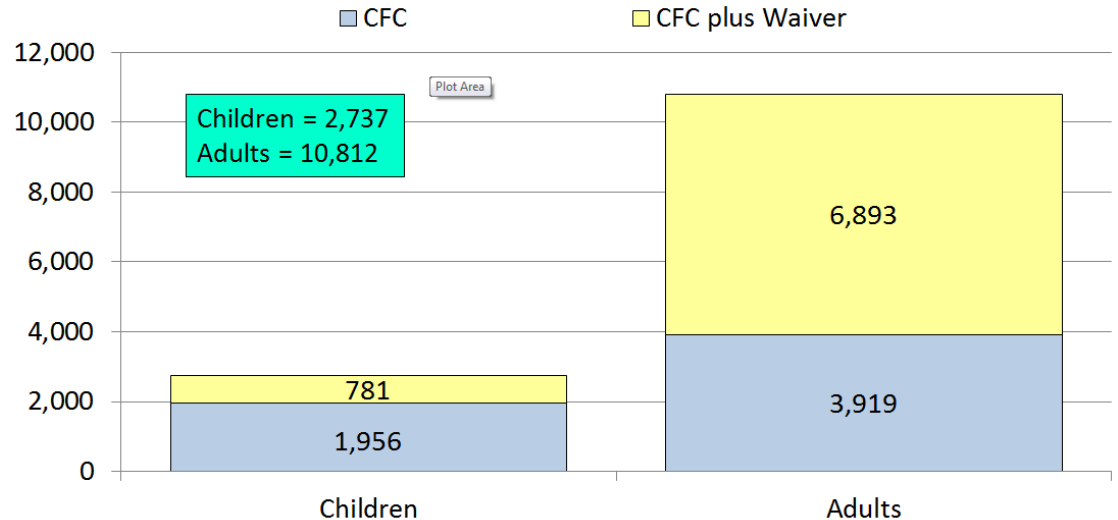
Home and Community Based Programs 2015

2015 QA Activities:

- Implemented Community First Choice July 1, 2015
- Implemented Individual and Family Services Waiver June 1, 2015
- IFS Waiver Report is updated monthly to track IFS waiver enrollment
- Individual Service Plans (ISPs) are reviewed annually. The current year's plan is reviewed prior to the next assessment
- Implemented the Assessment Meeting Wrap-up form, which is now required for all waiver and CFC participants
- Person Centered Service Plan Meeting survey was sent to 50% of CFC and waiver participants
- The National Core Indicators (NCI) Consumer Surveys are being conducted for 2015-2016 using a statistically valid random sample of waiver participants

Number of Persons Receiving Community First Choice (CFC) and CFC plus Waiver Services from DDA

Monitoring Example



QA Objectives for 2016:

- Medicaid Service Verification survey will be sent to a statistically valid random sample of the DDA caseload
- The NCI Consumer Survey will occur with individuals receiving CFC only in 2016-2017
- Expansion of the IFS waiver by 4,000 individuals and the Basic Plus waiver by 1,000 individuals

Community Residential Services Overview

The Community Residential Services team manages residential programs and services for children and adults in the least restrictive setting. This includes Supported Living, Group Homes, Group Training Homes, Adult Family Homes, Companion Homes, Alternative Living, Voluntary Placement Services, Assisted Living, Community Protection, Community Crisis Stabilization Services, and community Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICF/IIDs).

Quality Assurance Methods

- Contract evaluation of Community Residential, Children’s Residential, and Crisis Stabilization Services contracts
- Manage and revise community residential, licensed staffed residential, children’s respite services, community crisis stabilization services, voluntary placement services, and community protection program policies and management bulletins
- Maintain formal and informal partnerships within DSHS, with other state agencies, providers, and other stakeholders to ensure quality programs and services
- Technical assistance and follow-up as needed to community residential providers related to certification citations issued by Residential Care Services (RCS)
- Quarterly provider meetings to keep community residential providers informed and to identify training needs

Key Performance Indicator

Ensure individuals are living the lives they want in the community of their choice by providing quality residential, mental health, and crisis programs



QA Tools

- CARE
- Agency Contracts Database
- RCS Database
- Rate Capacity Report

Community Residential Services Team

- Community Residential Unit Manager
- Community Residential Program Manager
- Community Residential Business Requirements and Community Protection Manager
- Mental Health and Crisis Services Program Manager
- Voluntary Placement Services Program Manager
- 3 Resource Manager Administrator and 26 Regional Resource Managers
- Voluntary Placement Services Social Workers
- Community Protection Case Resource Managers

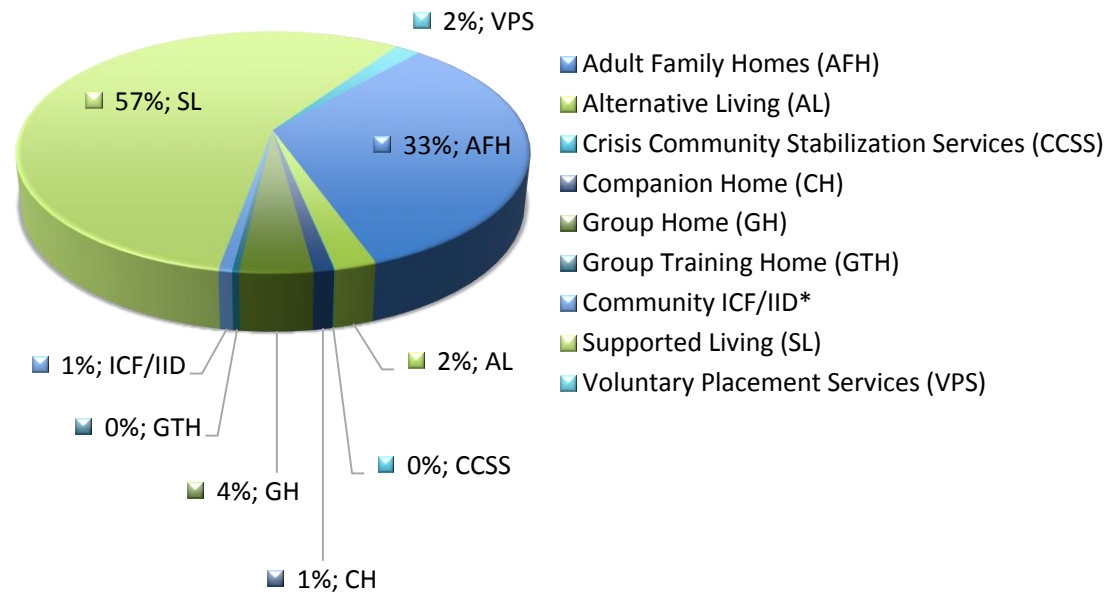
Community Residential Program 2015

2015 QA Activities:

- Negotiated 2015-2017 residential contracts
- Updated DDA Community Residential policies
- Conducted 22 webinars for providers and state staff to review policy updates
- Completed certification reviews related to citations issued by Residential Care Services (RCS)
- Quarterly client health and safety visits with Children’s Residential Providers
- Annual court oversight to ensure the placement is based upon the child’s disability and continues to be in the child’s best interest
- Quarterly Treatment Team meetings with Community Protection participants and their community support providers
- Completed pre-survey site observations for all 8 Community ICF/IID* sites
- Conducted first ever DDA-Community ICF/IID Semi-Annual Meeting
- Provided QA follow-up on 14 individuals who have exited the CCSS program at 30, 90 and 190-day intervals

Percentage of Individuals Served in the Community by Residence Type

Data Example



QA Objectives for 2016:

- Make revisions to Washington Administrative Code (WAC) to realign residential WACs with DDA WACs
- Implement Rate Integration in CARE
- Developed the DDA Office of Residential, Employment, and Day Services

*ICF/IID: Intermediate Care Facility for Individuals with Intellectual Disabilities



Employment and Day Services Overview

The Developmental Disabilities Administration (DDA) collaborates with counties, school districts, the Division of Vocational Rehabilitation (DVR), the Department of Early Learning (DEL), the Office of the Superintendent of Public Instruction (OSPI), the Workforce Board, and other state and local offices to ensure that people with developmental disabilities integrate into their local community through jobs or through participation in their local community.

Quality Assurance Methods

- Contract with 39 counties to provide and monitor services
- Conduct statewide on-site reviews of 100% of all county contracts, services, and outcomes
- Analyze data and track trends to evaluate program use and effectiveness
- Collaborate with partners, develop supports, provide statewide training, and share information with the community

Key Performance Indicator

Increase the percentage of working age adults with developmental disabilities in employment and day programs who are employed from 65.7% to 66% by 6/30/2017



Employment and Day Team

- Employment and Day Services Unit Manager
- Employment Partnership Program Manager
- Employment and Day Services Program Coordinator
- 3 regional Employment Specialists
- 33 County Coordinators
- 300 Service Providers

QA Tools

- ADS reports
- Outcomes reports
- Cost/Benefit analysis reports
- Transition Report
- Mismatch report
- RDA Reports
- Contract usage reports
- Provider look-up database (Public use)
- WA State Data (ICI) (Public use)
- ADSA Web Access
- Transition Conference

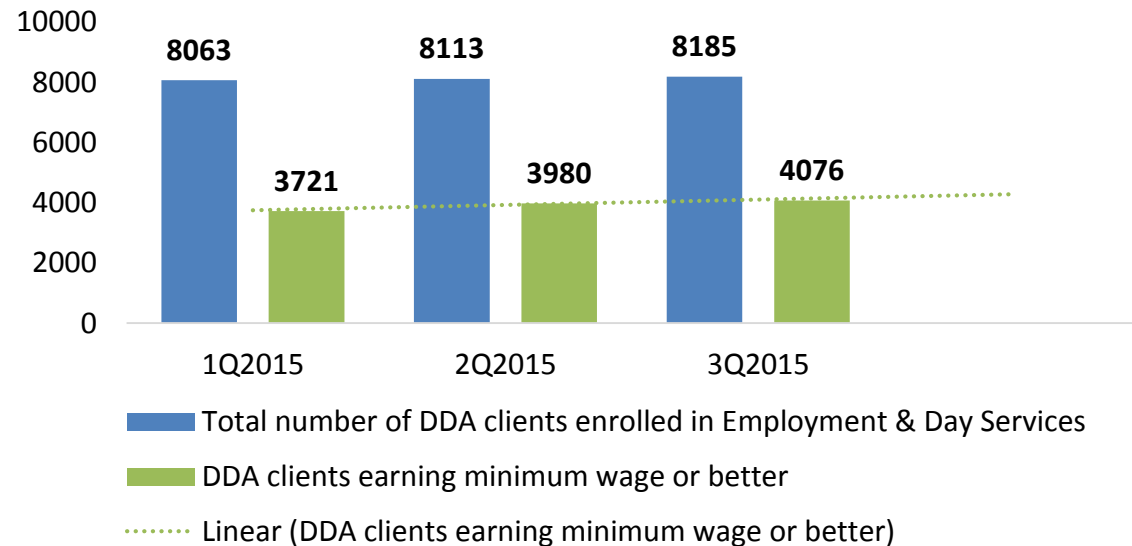
Employment and Day Program 2015

2015 QA Activities:

- Visited every county and completed 100% of county on-site reviews
- Provided 11 Basics of Employment Services Training to DDA field staff
- Decreased the total number of clients receiving prevocational services from 342 to 304
- Increased the percentage of individuals earning minimum wage or better by 4%
- Increased the percentage of high acuity clients earning minimum wage or better by 2%

Number of DDA Employment and Day Program Clients Earning Minimum Wage or Better

Monitoring Example



QA Objectives for 2016:

- Monitor the number of working age adults employed at minimum wage or better
- Monitor the number of individuals transitioning out of Prevocational Services
- Developed the DDA Office of Residential, Employment, and Day Services



For more information about Quality Assurance at the
Developmental Disabilities Administration, contact:

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