Directional Statement

The Developmental Disabilities Administration:

- Provides a coordinated service delivery system for people with developmental disabilities
- Partners with people with developmental disabilities and their families to provide leadership and resources to enable these individuals in living fulfilling lives
- Is guided by the principle that people with developmental disabilities have the right to direct their lives and services

To enhance quality within the service delivery system, the DDA contracted with a certified Centers for Medicare and Medicaid Services (CMS) Quality Improvement Organization (QIO) to:
- (1) provide strategies that enhance the quality of life and help to ensure the health and wellbeing for people with intellectual and developmental disabilities;
- (2) develop audit standards for the DDA's services including case review and trends analysis;
- (3) conduct ongoing utilization reviews to safeguard against unnecessary utilization of care and services and to assure efficiency, economy and quality of care; and
- (4) administer the DDA’s National Core Indicators Surveys.

Liberty Healthcare Corporation has partnered with the DDA to fulfill the QIO contract and will be providing the following key services:

- Monitoring of Basic Waiver Assurances, including
  - Level of Care reviews and Service Plan reviews through a case review process
Health and welfare reviews focused on the critical incident review process, Medicaid data correlational reviews and the HRST process

Qualified provider reviews focused on adherence to Waiver and training standards that will include onsite assessment and technical assistance

CCS provider reviews focused on initial & annual assessments/screenings, PCP process, monitoring requirements and incident report follow-up

Financial accountability reviews to ensure consistent, accurate and supported payment of claims

- Conducting **Utilization Reviews** to verify that authorized and actual services are being provided to people receiving DDA funded services,
- Executing the collection of the **National Core Indicators** Surveys,
- Facilitating data collection for the Council for Quality and Leadership’s (CQL) **Network Accreditation** process,
- Ensuring CMS approval of the **enhanced funding match for QIO services**, and
- Creating a **data system for tracking reviews and provider performance.**

The goal of the QIO is to improve the effectiveness, efficiency, economy, and quality of services delivered to persons with I/DD. At its core, the QIO functions to:

- Improve the quality of DDA funded services;
- Protect the integrity of the Medicaid funds by ensuring that Medicaid pays only for services and goods that are reasonable and necessary and that are provided in the most appropriate setting; and
- Increase the overall Person/Individual’s satisfaction with services and supports received through the DDA.

**MD Quality Collaborative Workgroup Purpose and Goals**

The MD Quality Collaborative Workgroup will support the DDA’s efforts to expand beyond regulatory compliance to enhance person-centered quality activities. The overall aim is to improve the DDA’s service delivery system, through a collaborative effort among all stakeholders, resulting in enhanced outcomes for those with intellectual and developmental disabilities (I/DD) throughout Maryland.

The Collaborative Workgroup will establish this through assisting the DDA and the QIO during the implementation phase of the initiative to support the design of data collection tools, work flows and processes necessary to accomplish the QIO scope of work. This includes trouble-shooting and problem-solving the practical logistics of collecting, processing, and transmitting information across DDA, Maryland providers, people supported and their families.
This intensive short-term process will ensure multi-stakeholder feedback, reduce delays in implementation, and ensure that we are collectively building a strong quality framework in Maryland that is focused on improving outcomes for the people supported by the DDA.

The Collaborative workgroup will meet monthly during the implementation phase from approximately September 2022 through February 2023.

The DDA and the QIO will continue to provide opportunities for insight and feedback from all stakeholders through existing mechanisms but felt it important to pull together a short-term group to establish the overall processes being developed to support the QIO scope of work.

**Meetings**

The MD Quality Collaborative Workgroup will hold monthly meetings for approximately six months or as needed. The Chair will conduct the meetings with committee staff arranging for the recording of each meeting and distribution of meeting agendas and other materials prior to each meeting.

Meetings will be scheduled for two hours and will be conducted via Zoom. Meetings will be held the third week of each month on a recurring date and time beginning the 3rd week in September 2022.

Less than the full MD Quality Collaborative Workgroup may convene to gather and discuss information, conduct research, analyze relevant issues and facts, or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to the DDA and the QIO.

**Work Group Representation**

The MD Quality Collaborative Workgroup will consist of individuals selected by the DDA through an open invitation process held at the end of August 2022. The goal is to select a diverse group of stakeholders that represent or are self-advocates of the following groups:

- people supported by the DDA,
- family members of adults with I/DD,
- providers,
- CCS organizations,
- DDA staff and
- the QIO.
**Stakeholder Application Process**

Requests for participation on the MD Quality Collaborative Workgroup can be submitted through the following link by September 2, 2022. Selections will be announced September 9, 2022.

https://forms.gle/oXfZ4Er8yYdrV7MZ8

Please submit no more than one participant per stakeholder organization. Each stakeholder organization will be able to have an alternate person participate when the lead is unavailable to attend.

Please note that the workgroup member general expectations include:

- Commitment to attend all meetings
- 2 to 2 hours per month in meetings
- 1 to 2 hours per month in preparation work, and
- Expectation to engage with stakeholder constituents

If you have any questions, please email jennifer.mettrick@libertyhealth.com