

JUNE 2023

THE JOURNEY

Towards Person-Centered Excellence

MILESTONES

During the first year of implementation, Liberty developed, piloted and launched data collection processes designed to evaluate the Developmental Disabilities Administration's (DDA's) journey towards person-centered excellence. Data collection efforts have focused on System Quality & Participant Outcomes, System Compliance with Waiver standards and capturing participant and family voice regarding service delivery.

Below are a few highlights of what has been completed to date.

- Over 400 National Core Indicator (NCI) participant in-person surveys and over 400 Family/Guardian and Adult Family mailed surveys. The total completed were:
- 532 participant in-person surveys
- 755 Adult Family surveys
- 430 Family/Guardian surveys
- 10 CQL Basic Assurance Reviews and 30 Personal Outcome Interviews
- 863 Case File, Initial Level of Care and Targeted Case Management billing reviews
- 413 service claim reviews for financial accountability and staff qualification standards

Summary data from each of the reviews will be shared at the end of July 2023.

Evaluating Progress Towards Person-Centered Excellence



JUNE SPOTLIGHT

THANK YOU!

Liberty Healthcare's Maryland Quality Team would like to shout out **Optimal Health** and **Nilanjana Moulick** (Optimal Health's Director of Case Management), who received words of appreciation from a family who responded to our NCI survey! Way to go, Optimal and Nilanjana!



Liberty would like to thank People on the Go (POG) for their advocacy work and support on our journey towards Person-Centered Excellence!

QUALITY CORNER

This month, Liberty's team would like to share some key points about the Council on Quality and Leadership's (CQL) Basic Assurances® Second Factor: **Dignity and Respect**. This factor is especially important in ensuring interactions with people receiving services are respectful, uplifting, and meaningful. CQL's Basic Assurances® Manual states, "We refer to people as people, without the additional description of a disability, diagnosis or condition, or their role in the service delivery system. Rather than promoting the potentially stigmatizing nature of these terms, we are one "people", joined by our humanness, not separated by our differences." The bottom line is: as system professionals, it is our duty to provide those receiving human service supports with equal access to the community and the same respect we would treat any citizen with, regardless of ability/disability.

Indicator 2a: The First Indicator of an organization providing Rights Protection and Promotion is: **People are Treated as People First**. When thinking about this indicator, we may try and ask ourselves, Are people called by their preferred names? Does staff refrain from referring to people by their disability or diagnosis? Are support staff members trained in promoting dignity and respect to each unique individual?

Indicator 2b: Factor Two's Second Indicator of the Basic Assurances® model asks providers if **The Organization Respects People's Concerns and Responds Accordingly**. It is important to ensure people have the needed supports to report complaints, problems, and concerns. By reviewing these complaints annually, organizations can analyze areas of concern and areas of strength.

Indicator 2c: The Third Indicator of Factor Two is: **People Have Privacy**. It is important to consider: Do people have the space and the opportunity to speak on the phone, read mail, and visit with others privately? Do support staff demonstrate respect for people's privacy when providing supports for things like dressing and personal hygiene? Is personal information shared only with people's permission?

Indicator 2d: The fourth Indicator to consider when ensuring people's dignity and respect is, do these **Supports and Services Enhance Dignity and Respect?** While things such as taking care of personal cleanliness and appearance may seem like common practice, there are so many other aspects of respect and dignity that we may not have considered before. Things such as: being supported in decorating their homes as they choose, having autonomy over their own schedules and routines, and only having supports provided to the extent needed by the person. Though it may seem counterintuitive, it is important to ensure we are not providing too much support in a way that effects someone's sense of autonomy and dignity.

Indicator 2e: Factor Two's fifth and final Indicator asks us if **People Have Meaningful Work and Activity Choices**. This is a crucial part of Maryland's journey towards Person-Centered Excellence. Some great questions to utilize when wondering where your organization is in this journey are: Do personal preference assessments identify the kinds of work, activities, and hobbies people want to participate in? Are people actively supported to engage in community life? Are people actively supported to seek employment and work in competitive, integrated settings?

*To explore CQL, The Basic Assurances® and their factors, and other excellent resources, please visit CQL's website [here](#). Liberty and the Maryland DDA thanks CQL for their partnership and resources!



MARK IT ON THE CALENDAR

July 1st- Personal Outcome Measure Interviews and Basic Assurances go live!

*Look for the Recording of the New Training Matrix Webinar presented by DDA on **July 6th**



Reminder to all providers:
Please white-list Liberty Healthcare Corporation in your email system. This will allow Liberty to be an approved sender of encrypted emails when corresponding with your organization.

