Maryland
DEPARTMENT OF HEALTH

**Developmental Disabilities Administration
CQL | The Council on Quality and Leadership: Basic Assurances® and
Personal Outcome Measures®
Standard Operating Procedure**

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PURPOSE

The State of Maryland, through the direction of the Maryland Department of Health's Developmental Disabilities Administration (DDA), is pursuing the achievement of Person-Centered Excellence Network Accreditation from CQL | The Council on Quality and Leadership. This initiative is focused on enhancing human services in Maryland to improve the quality of support and the quality of life for people receiving services. Due to the demands of Network Accreditation, it is crucial that all stakeholders are invested in the process, embracing Network Accreditation and its impact on people's lives.

Network Accreditation supports the Maryland Department of Health's Developmental Disabilities Administration (DDA) vision that people with developmental disabilities will have full lives in the communities of their choice where they are included, participate, and are active citizens. This vision is pursued through their mission to create a flexible, person-centered, family-oriented system of support so people can have full lives.

To help reinforce and advance these efforts, DDA has partnered with CQL | The Council on Quality and Leadership to pursue CQL Network Accreditation. This offers people supported and support providers a proven framework for quality monitoring and enhancement, encompassing a meaningful partnership for deep-rooted and results-focused transformation, by exploring the impact that services are having on people unlocking full lives.

DEFINITIONS

A. "Basic Assurances® Review" or "BA Review" are an evaluation of the essential, fundamental, and non-negotiable requirements for all organizations, involving issues of health, safety, and human security, looking at the provision of safeguards from the person's

perspective. These are not statements of intent but demonstrations of successful operations, where the effectiveness of systems or policies are determined in practice, person by person.

B. "The Council on Quality and Leadership" or "CQL" works to improve the quality of life for people with intellectual, developmental, and psychiatric disabilities. CQL is dedicated to the definition, measurement, and improvement of personal quality of life.

C. "Data collection and analysis" means collection and analysis of outcomes and supports data

D. "Focus groups" are separate discussions with staff and people supported

E. "LibertyTRAKs" is the data system designed to track QIO data collection for Maryland, including tracking of Basic Assurances® Reviews and Personal Outcome Measures® Interviews

F. "On-site Visits" means CQL or CQL certified Liberty or DDA staff visit sites where DDA services are provided

G. "Organizational Self-Assessments" are organizations evaluating its operations, validated by CQL

H. "Personal Outcome Measures® Interview" or "POM Interviews" are a powerful tool to explore quality of life areas involving choices, relationships, rights, goals, dreams, employment, and more. In a Personal Outcome Measures® interview, people receiving services share information about the presence, importance, and achievement of outcomes.

I. "Person-Centered Excellence" assesses quality improvement initiatives, including how the organization can implement or enhance those associated practices. The findings from this process can then facilitate strategic discussions about aligning the organization's mission to make an organizational transformation.

J. "The CQL PORTAL Data System" or "PORTAL" is a secure online data system, powered by MediSked, that incorporates CQL's internationally-recognized Personal Outcome Measures® and Basic Assurances®, to collect and evaluate data about individually-defined outcomes and organizational supports. The data can be analyzed at the individual, organizational, and national level across hundreds of different data elements, including

disability, residential setting, race, gender, geographical location, decision-making authority, age, and more.

K. "Pre-Accreditation Planning Meetings" are conference calls covering the accreditation process.

L. "Shared Values' ' represent an alignment in culture and philosophies between CQL and the organization's values. These values influence management decisions, organizational priorities, and the character of the workforce. Most organizational decisions related to budget, human resources, or regulatory matters are ultimately decisions about values – what people and organizations believe are important.

OVERVIEW

In Maryland's pursuit of CQL Network Accreditation, CQL will be working directly with DDA and members of the Quality Improvement Organization (QIO) in capacity-building, quality monitoring, and quality enhancement. At the provider-level, human service organizations will be working directly with DDA and the QIO on the specific assessments and integration of standards. Provider-level Accreditation is not a requirement, however human service organizations in Maryland can also pursue provider-level CQL Accreditation if desired.

CQL Network Accreditation offers states, provider organizations, people receiving services, and other stakeholders' guidance, support, and partnership in improving quality through proprietary tools and internationally-recognized person-centered approaches. It encompasses training, workshops, planning meetings, agency assessments, on-site visits, interviews of people receiving support, policy reviews, focus groups, and more.

The four stages of Network Accreditation:

1. **Capacity-Building & Certification**
   CQL will build DDA and QIO staff capacity in information-gathering, outcome measurement, training, certification in reviewing Basic Assurances®, certification in Personal Outcomes Measures® interviews, and data analysis. This initial investment will have benefits before, during, and after the accreditation.

2. **Network Evaluation & Analysis**

   Leading up to Network Accreditation visits, CQL-Certified DDA and the Liberty Healthcare staff will gather data at the level of people receiving support, provider operations, and regional and statewide network management.

3. **During The Accreditation**

   The content of CQL Network Accreditation is grounded in decades of CQL leadership and peer-reviewed research and based on four important tools including Personal Outcome Measures®, Basic Assurances®, Network Measures, Person-Centered Excellence Indicators.

4. **Infrastructure & Engagement**

   To ensure success and stakeholder investment and engagement, the process will need to be transparent from the beginning and involve a wide variety of people from across the state and regions.

Capacity-Building & Certification

CQL will build DDA and Liberty Healthcare staff capacity in information-gathering, outcome measurement, training, and data analysis. This initial investment will have benefits before, during, and after the accreditation.

Certified Personal Outcome Measures® (POM) Interviewers - This certifies reviewers to reliably collect data through POM interviews about participant personal quality of life and supports in place related to their prioritized outcomes.

Certified POM Workshop Trainers - Certified POM Workshop trainers are a resource to Maryland, providing POM Workshops at no cost for self-advocates, families, provider staff, and DDA staff. POM Workshops teach participants how to conduct POM interviews, a tool that is used in Person-Centered Planning.

Certified Basic Assurances® Reviewers – This certifies reviewers to reliably collect data and provide technical assistance through Basic Assurances® Reviews with providers, resulting in a strengths and opportunities report, including recommendations that the provider chooses how to use within the organization.

Sample Selection Process

A. Liberty conducts Basic Assurances® Reviews on a sample of DDA providers each year with a 95% confidence level (approximately 57 reviews annually). The data analyst selects a proportionate number of active providers from each region. A list of selected providers are shared with the DDA Director of Provider Services and Regional Office staff.

B. Of the providers selected in the sample, a sample of participants for POM interviews are selected from the population of participants they support. Criteria for participants sampled are as follows:

   a. Participants who have a high level of medical need based on their HRST score;

   b. Participants who have a restriction and/or behavior plan documented in their PCP;

   c. Participants who receive a variety of services including Employment services, Day Habilitation and/or Community Development services, or Residential services.

C. The number of POM interviews conducted are aligned with the size of provider selected for the BA Review:

   ● Small Provider (<30 participants): Conduct 2-3 POM;

   ● Medium Provider (30-700 participants): Conduct 4-5 POM;

   ● Large Provider (>700 participants): Conduct 6-7 POM.

D. The Reviewer finds provider and participant samples in LibertyTRAKs. If a participant from the sample declines participation in the POM interview, the Reviewer moves on to the next participant in the sample with similar criteria.

E. Liberty conducts approximately 250 POM interviews annually. The number of POM interviews associated with a BA review will be subtracted from 250. A random sample of participants will be selected for the remaining POM interviews. The data analyst will oversample to account for participants who decline or are unable to contact.

Network Evaluation & Analysis

Data captured through Basic Assurances® Reviews and Personal Outcome Measures® interviews are provided in aggregate to DDA and used to evaluate Maryland's systems and practices to determine if services support the achievement of individual outcomes for those supported by DDA and its programs. The collection of data and resulting reports available through the PORTAL Data System, will assist DDA in making sound decisions to improve the quality of supports and quality of people's lives.The Basic Assurances® Review process is outlined below:

Step 1: Coordination of the Basic Assurances® Review

Assignments for selected providers are made within LibertyTRAKs, flagging the assigned lead reviewer and secondary reviewer. Regional Supervisors review assignments in LibertyTRAKs, adjust assignments as needed and finalize. For small providers, assignments may be adjusted to one reviewer. The Lead Reviewer then accesses the case and builds the record in preparation for the review. For all cases, this will include demographics of the participant and provider(s) that we have captured from data imports (e.g., imports from PCIS2 or LTSS*Maryland*) or from previous reviews.

Provider notification is sent by Lead Reviewer up to 90 days in advance of the onsite review. This notification initiates coordination and scheduling of the planning meeting, (to be held 60-75 days prior to onsite review).

Step 2: Basic Assurances® Planning Meeting

The assigned reviewer(s) schedule and conduct a planning meeting with the provider organization. The meeting includes introduction, process overview, expectations, document sharing, and schedule development. The lead reviewer and provider communicate frequently between the planning meeting and the start of the review to coordinate document sharing and finalize the schedule. The lead reviewer may schedule and complete check-in meetings with the organization to ensure successful preparation for the on-site review.

Step 3: Personal Outcome Measures® (POM) Interviews

Assigned reviewer(s) coordinate and complete POM interviews between 90 and 3 business days of the on-site Basic Assurances® Review. The number of interviews completed is dependent on

the size of the organization (see sample selection process above). Site locations of POM interviews are included as a site visit for the Basic Assurances® Review at the discretion of the reviewer. An overview of POM interviews is provided by the reviewer and written informed consent is received from the participant prior to the completion of interviews. Participants may decline participation.

POM interviews are a two-part process. Part 1 of a POM interview is conducted with the person receiving supports. Part 2 of a POM interview is conducted with a paid staff member <u>who knows the person well</u> (this could be a DSP, supervisor, manager, etc…). CQL best practices are used while conducting the interview. POM data are captured in PORTAL and presented to the provider in aggregate during the BA Review.

<u>Step 4:</u> **On-site Basic Assurances® Review**

Systems Review - The systems review component includes review of written materials. This can include the review of policies and procedures, committee meeting minutes, completed assessments, staff training records, participant files and records (with permission), support plans and outcome data, etc. This allows evaluation of the extent to which the provider communicates their intent to deliver person-centered excellence in the services they provide. These documents also serve as the foundation from which staff actions should emanate. The reviewer will request documents that have not been collected or shared prior to the review. The reviewer will share document access with all reviewers that need the information for various reviews (including the Qualified Provider Review).

Practice Review - While the Systems Review focuses on written material describing what should happen, the Practice Review evaluates what is happening – i.e., the actions performed by the provider and their staff. This is primarily accomplished through the following discovery mechanisms: interviews and targeted conversations, observation and visits, focus group meetings and discussion of aggregate POM data.

> *Interviews and Targeted Conversations* - Discussions with people, including direct support staff, administrative staff, and others who are key to understanding the provider's practices (i.e., what they do). Discussions may be prompted by review of additional information or information shared during site visits and focus groups. Reviewer(s) may

conduct non-scheduled targeted conversations while on-site. Interviews and targeted conversations may happen based on a segmentation of the people receiving services. For example, a number of people with BehaviorPlans, a number of people with closed incidents related to allegations of ANE, a number of people with rights restrictions, etc.

Observation and Site Visits - Present to observe what staff and participants say and do and how they interact. Provider Site Visits will be determined by the type and frequency of services provided. Example considerations: Do people move freely? Do they have access to their personal possessions? Are there any obvious rights restrictions such as locked doors? Evaluate access and rules.

Focus Group Meetings - Meeting with groups of people helps to uncover organizational dynamics and is a way to capture information from multiple people at one time. This format also helps people see that others have different perspectives. Small group meetings include people receiving support, their families, direct support professionals and at least first-level management. Additional focus groups may be requested or scheduled based on services provided and/or groups of people supported.

Step 5: **Closing meeting to review provider strengths and opportunities**

On the last day of the Basic Assurances® review, the lead reviewer conducts a closing meeting summarizing the review and presenting the Provider Summary Report including identified strengths, opportunities for improvement and targeted guidance to help the provider achieve alignment between their practices, systems, and CQL expectations for Person-Centered Excellence.

Step 6: **Quality Assurance Review**
Regional Supervisors conduct quality control checks on 100% of POM Interviews and Basic Assurance Reviews initially and once a reviewer meets competency quality control checks fade to 10% of POM Interviews and Basic Assurances Reviews. This ensures each step of the review was conducted as outlined in the instructional guide. Additionally, trends in Liberty's data collection are compared to CQL's data collection and analyzed, determining areas of reviewer follow-up coaching and re-training provided by Liberty and CQL. Findings are adjusted accordingly to accurately reflect the correct finding and evidence.

Step 7: Data Analysis and Recommendations

Together, by CQL and Liberty, aggregate data is analyzed and compared against other agencies locally, statewide, or nationally. Provider level reports are not shared with DDA Maryland. DDA Maryland receives aggregate data and recommendations from Basic Assurances®.

During the Accreditation

CQL Network Accreditation is grounded in decades of CQL leadership and peer-reviewed research and based on four important tools including Personal Outcome Measures®, Basic Assurances®, Network Measures, Person-Centered Excellence Indicators.

Year 1	Year 2	Year 3	Year 4
• Network Accreditation Kick Off • One Day Basic Assurances® Overview • Consultation/Support, Quarterly Meetings • Communication Kick-Off, Webinars, Materials Development • Self-Advocacy Meetings, Training Material Developed	• Consultation/Support, Quarterly Meetings • Webinars, Material Development • Self-Advocacy Meetings, Training Material Developed	• Consultation/Support, Quarterly Meetings • Six Town Halls/Trainings • Webinars, Material Development • Self-Advocacy Meetings, Training Material Developed	• Network Person Centered Excellence Plan Stakeholder Meeting • Webinars, Material Development • Self-Advocacy Meetings, Training Material Developed

Standards:

A. Develop an initial plan to implement CQL best practice. This provides insight and allows for collective planning among DDA, CQL, Liberty and other stakeholders. This plan would result in a series of actions consistent with a Continuous Quality Improvement Loop including, collecting information during the annual period, analyzing the data and then utilizing this information at the end of each year to plan for the upcoming year's improvement initiatives.

B. Create a crosswalk between CQL's Basic Assurances® Factors, as well as, the HCBS Provider Manual(s). These activities will provide the foundation for an environmental scan that will serve to identify gaps in Maryland's current system, providing an opportunity for enhancement during the accreditation process. This will result in recommended updates to policies and procedures in alignment with Person-Centered Excellence. Updated documents can be shared during public meetings and posted for public comment. Once finalized, Liberty can compare provider policies during BA

Reviews against the CQL and DDA aligned policies. This will inform enhancements for Qualified Provider Requirements.

C. Completion of a state-wide self-assessment tool provided by CQL. The self-assessment is informed by data collected in the Basic Assurances® and Personal Outcome Measures®. Self-assessment includes a review of DDA's system including department policies and procedures to determine if gaps exist between Maryland's documented approach and CQL best practices.

Infrastructure & Engagement

To ensure success and stakeholder investment and engagement, the Network Accreditation process will involve a wide variety of people from across Maryland.

Standards:

A. Kick-off to signal the start-up of Network Accreditation activities.

B. Basic Assurances® "Refresher" training for providers targeted toward what providers will need to understand and implement to be prepared and participate fully with Network Accreditation activities. This includes five customized Basic Assurances® trainings with recordings that are available on the QIO page on DDA's website.

C. An Accreditation Advisory Council will be established to coordinate the ongoing collaboration needed between Liberty, CQL, DDA and the DD community. The council will be made up of appointed self-advocates, family members, providers, funders, state officials and staff, and community members. CQL will assist the Council with planning and structuring regional and statewide meetings.

D. Targeted Topics for Training and Education of Providers and other Stakeholders will: (1) infuse the values and principles of the Basic Assurances® and person-centeredness into the service delivery system and (2) help providers to understand and apply these principles in the context of service delivery and support. The following topics will be essential:

- Basic Assurances® and the 9 Associated Factors;
- Personal Outcome Measures® and the 21 Associated Indicators (i.e., Outcomes);
- Best Practices and Resulting Eight Quality Improvement Initiatives.

E. Multiple Modalities for Training and Education: At the same time, Liberty and CQL will use multiple modalities for delivering training and resources, including the following:

- Technical assistance with individual providers via telephone and face-to-face consultations;

- Planned facilitation of Town Hall meetings and/or other desired trainings to include DDA staff, providers, people receiving supports, families, and others depending on the status of activities and the identified needs of DDA;

- Informational website, including ongoing updates as new information is made available;

- Webinars;

- Development of visual materials to show the proposed activities of the upcoming activities (i.e., a step-by-step diagram of what providers and other stakeholders can expect from the CQL Network Accreditation preparation activities;

- Facilitation of self-advocacy education/support activities including meetings with self-advocates, training, and development of supporting materials. This will include two meetings per year with DDA-identified self-advocate group(s) along with two self-advocates trainings per year to include specially designed POM and Basic Assurances® reviews.