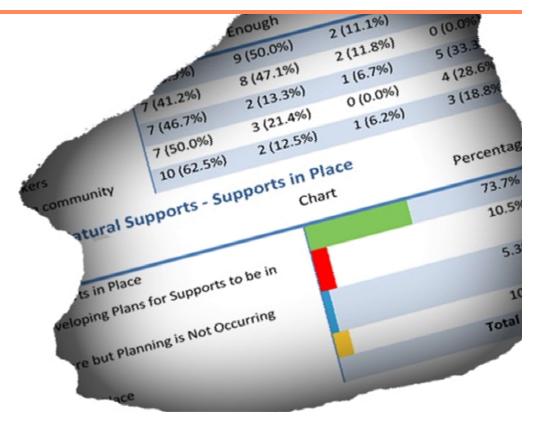


### **USING OUTCOMES-BASED DATA** TO IMPROVE SERVICE QUALITY AND MONITORING

MARY KAY RIZZOLO PRESIDENT & CEO mkrizzolo@thecouncil.org

DREW SMITH CHIEF OPERATING OFFICER dsmith@thecouncil.org





#### ACCREDITATION • TRAINING • CONSULTATION

- Accreditation for organizations across the U.S. and in 4 other countries
- **Trainings** on Personal Outcome Measures<sup>®</sup>, person-centered planning, person-centered thinking, rights and self advocacy, supported decision-making, defining community, compliance with the HCBS final rule
- Consultation with state systems on quality enhancement and staff development activities to improve services for people receiving human services



Mission

CQL is dedicated to the definition, measurement and improvement of **personal** quality of life.

Vision

A world of dignity, opportunity and community for all people.



#### MEASURING OUTCOMES CQL TOOLS

#### **Personal Outcome Measures®**

- Developed in 1993
- Values-based, individualized quality of life measurement tool
- Valid and reliable assessment
- 21 factors measuring outcomes and presence of supports
- Used in accreditation, person-centered planning, ISPs, organizational learning, state reporting

#### **Basic Assurances®**

- Provider level regulatory review
- Person-centered approaches intertwined with regulation
- 10 Factors and 46 sub-factors
- Indicators evaluated using two measures: System in Place and System in Practice
- Used in accreditation and state reporting

#### **Person-Centered Excellence**

- Multi-stakeholder assessment of provider level performance
- Used in provider level strategic planning
- 8 key factors and 34 success indicators focused on Person-Centered Excellence
- All indicators meant to drive better accountability in services, greater choice and community inclusion

### PERSONAL OUTCOME MEASURES® ASSESSMENT TOOL

- Developed as a result of thousands of interviews conducted by CQL staff
- The interviews were -and continue to be- aggregated
- The data from the interviews was used to identify 21 "themes" or outcomes that contribute to or hinder a person's quality of life
- Encourages us to focus on things that otherwise may be missed



### CQL PERSONAL OUTCOME MEASURES®



## **MY SELF** | Who I am as a result of my unique heredity, life experiences and decisions.



#### **MY SELF**

- People are connected to natural support networks
- People have intimate relationships
- People are safe
- People have the best possible health
- People exercise rights
- People are treated fairly
- People are free from abuse and neglect
- People experience continuity and security
- People decide when to share personal information

### **CQL** PERSONAL OUTCOME MEASURES®



## **MY WORLD** | Where I work, live, socialize, belong or connect.



#### MY WORLD

- People choose where and with whom they live
- People choose where they work
- People use their environments
- People live in integrated environments
- People interact with other members of the community
- People perform different social roles
- People choose services

### CQL PERSONAL OUTCOME MEASURES®



MY DREAMSDiscovery, choice and self-determinationHow people want their lives<br/>(self and world) to be



#### **MY DREAMS**

- People choose personal goals
- People realize personal goals
- People participate in the life of the community
- People have friends
- People are respected

# **CQL** PERSONAL OUTCOME MEASURES®



## **MY FOCUS** | What is most important to me right now



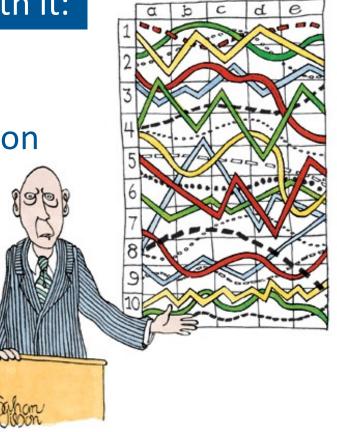
# FAMILY ------ SUCCESS ----- HOMF ----MONEY ---- WORK ---SPIRITUALITY---------- HEALTH ---- FRIENDS



### DATA COLLECTION DATA OVERLOAD

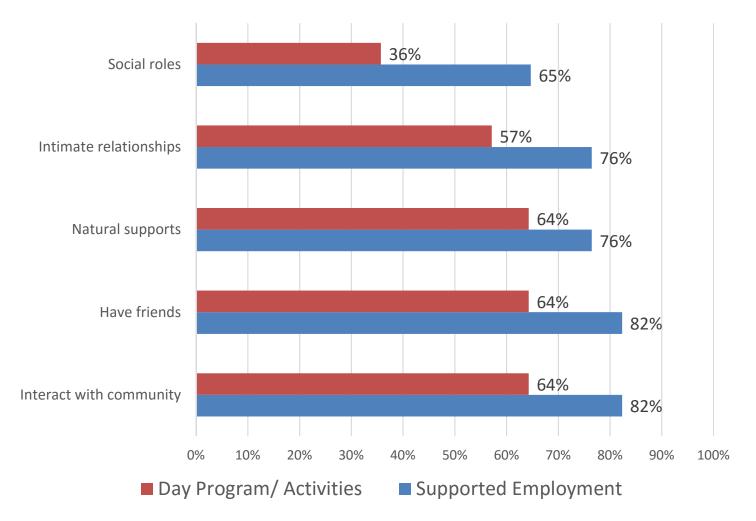
Collecting data is only valuable if you do something meaningful with it:

- Guide individual plan
- Provide agencies with information to make data-based decisions
- Give states the information they need to demonstrate compliance, set priorities, and focus limited resources





#### USING DATA AT THE ORGANIZATIONAL LEVEL



# ONE ORGANIZATON'S JOURNEY

	TEST	RETEST	+ OR -
People Choose Services	47%	87%	+40%
People Realize Goals	63%	100%	+37%
Connected to Natural Sup.	<b>52%</b>	81%	+29%
<b>Different Social Roles</b>	21%	50%	+29%
People Have Friends	58%	81%	+23%
Use their Environment	78%	100%	+22%



#### CHANGE CAN BE DIFFICULT BUT CQL TOOLS CAN HELP





#### USING DATA AT THE STATE LEVEL (NEW CMS REGS)

- Enhancement/Expansion of Rights
   Same as everyone else –
- Requirements for demonstrated/evidence-based individualized and person-directed service delivery
- People must be supported to have maximum control over their lives and day-to-day decision making
- Quality monitoring using outcomes rather than outputs



#### A NATURAL FIT CQL & CMS HCBS REGULATIONS

#### HCBS settings requirements measure the process





# POMs measure the outcomes from the process



#### **CMS REPORTING**

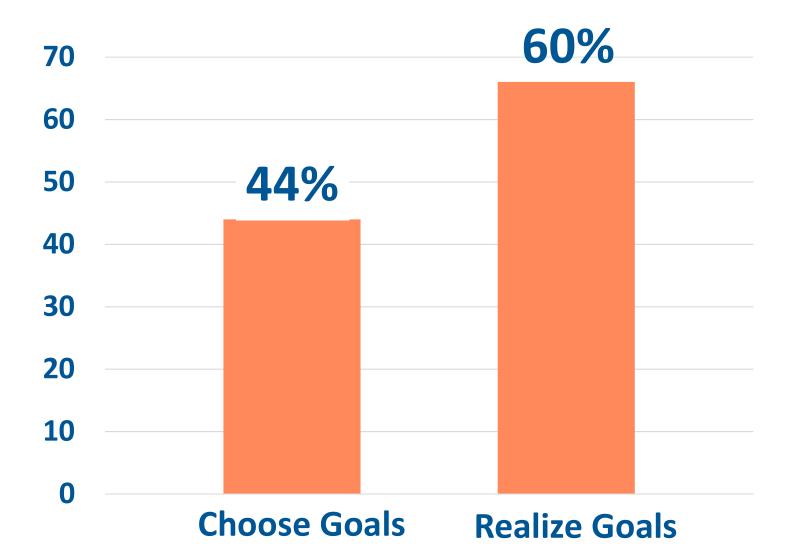
New Requirements for Home and Community-Based Settings	CQL Basic Assurances*: Organization Level Data Available	CQL Personal Outcom Measures <sup>e</sup> : Individual Level Data Available
REQUIREMENT 1: The setting is integrated in and supports fu to the greater community, including opportunities to seek em settings, engage in community life, control personal resource: the same degree of access as individuals not receiving Medica	ployment and work in s, and receive services	competitive integrated
The setting is integrated in and supports full access to the greater community.	Yes	Yes
There are opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	Yes	Yes
The individual receives services in the community with the same degree of access as individuals not receiving Medicaid HCBS.	Yes	Yes
setting options are identified and documented in the person-		
setting options are identified and documented in the person-	entered service plan a esources available for i	room and board.
setting options are identified and documented in the person-option of the individual's needs, preferences, and, for residential settings, representing is selected by the individual from among residential and day options that include generic settings. The setting provides the participants an option to choose a	entered service plan a esources available for Yes	nd are based on the
etting options are identified and documented in the person-o individual's needs, preferences, and, for residential settings, r The setting is selected by the individual from among residential and day options that include generic settings.	entered service plan a esources available for Yes	nd are based on the coom and board. Yes
etting options are identified and documented in the person-on individual's needs, preferences, and, for residential settings, re- The setting is selected by the individual from among residential and day options that include generic settings. The setting provides the participants an option to choose a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	entered service plan a esources available for i Yes Yes Yes	nd are based on the boom and board. Yes Yes Yes
etting options are identified and documented in the person- ondividual's needs, preferences, and, for residential settings, r The setting is selected by the individual from among residential and day options that include generic settings. The setting provides the participants an option to choose a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	entered service plan a esources available for i Yes Yes Yes	nd are based on the noom and board. Yes Yes Yes
<ul> <li>The setting options are identified and documented in the person-ondividual's needs, preferences, and, for residential settings, residential and day options that include generic settings.</li> <li>The setting provides the participants an option to choose a private unit in a residential setting.</li> <li>The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings.</li> <li>REQUIREMENT 3: Ensures right to privacy, dignity and respect</li> </ul>	entered service plan a esources available for Yes Yes Yes	nd are based on the noom and board. Yes Yes Yes oercion and restraint.
etting options are identified and documented in the person-on- ndividual's needs, preferences, and, for residential settings, r The setting is selected by the individual from among residential and day options that include generic settings. The setting provides the participants an option to choose a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. REQUIREMENT 3: Ensures right to privacy, dignity and respec- Right to Privacy	entered service plan a esources available for Yes Yes Yes t, and freedom from c Yes	nd are based on the room and board. Yes Yes Yes oercian and restraint. Yes
setting options are identified and documented in the person-option of the individual's needs, preferences, and, for residential settings, residential and day options that include generic settings. The setting provides the participants an option to choose a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. REQUIREMENT 3: Ensures right to privacy, dignity and respect Right to Dignity and Respect	entered service plan a esources available for Yes Yes Yes t, and freedom from c Yes Yes	nd are based on the room and board. Yes Yes Yes oercion and restraint. Yes Yes



### CMS REPORTING PERSON-CENTERED PLAN

- Plan directed by the person
   with others the person chooses involved –
- Reflects his/her meaningful preferences and goals
- Will assist the individual in achieving personally-defined outcomes in the most integrated community setting







#### NEW CMS REGULATIONS RELATIONSHIPS

#### **KEY INTERPRETATION CRITERIA:**

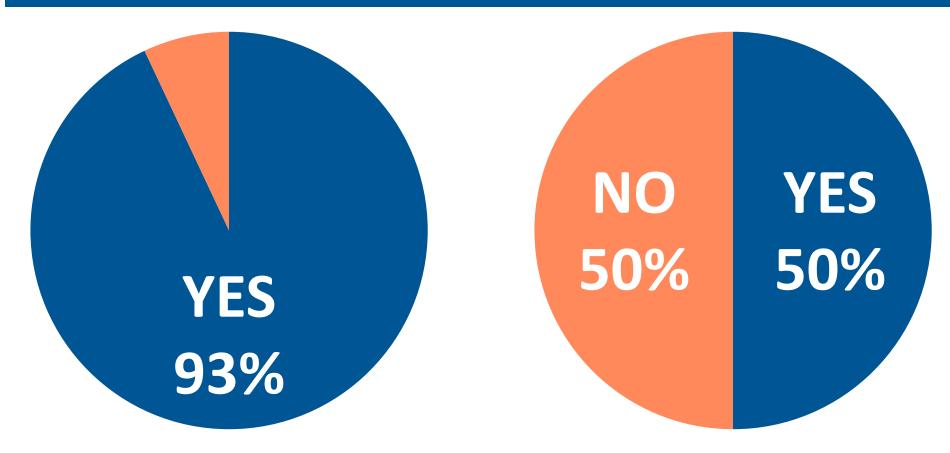
- Ongoing and consistent support to foster and maintain relationships
- Evidence that the person regularly interacts with people who are important to him/her
- The person is satisfied with number/type of relationships and frequency of interaction
- Visitors



### NATURAL SUPPORTS IS IT ENOUGH? (US, N=868)

NATURAL SUPPORTS ARE PRESENT?

#### DO YOU HAVE ENOUGH CONTACT WITH FAMILY?

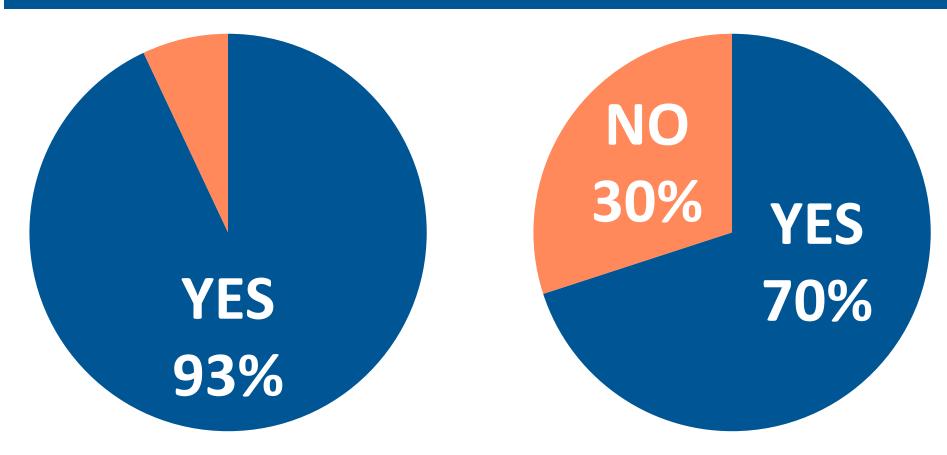




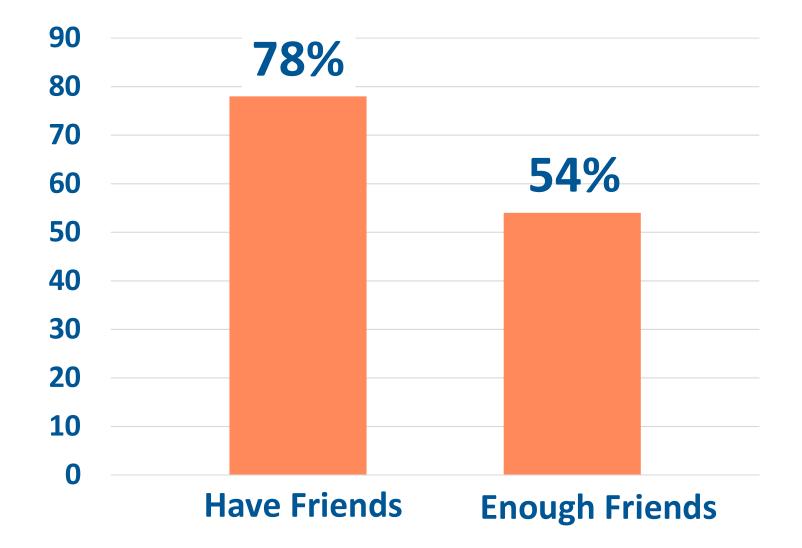
### NATURAL SUPPORTS IS IT ENOUGH? (US, N=868)

NATURAL SUPPORTS ARE PRESENT?

#### DO YOU HAVE ENOUGH CONTACT WITH FRIENDS?



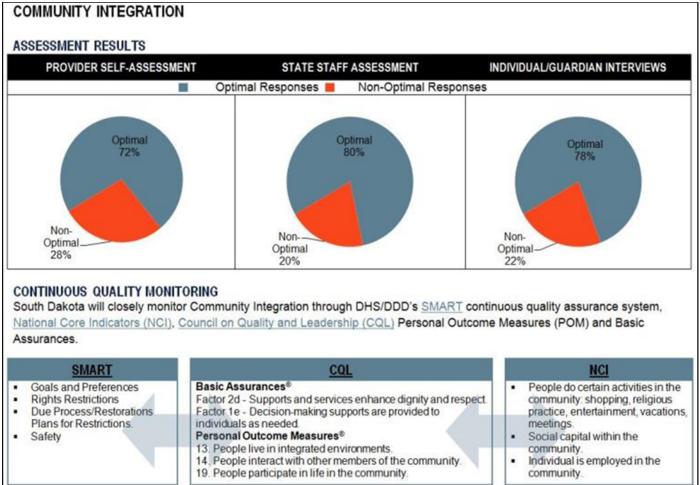
### GOALS HAVE FRIENDS / ENOUGH FRIENDS (US, N=821 /803)





### A STATE EXAMPLE

#### SOUTH DAKOTA



Source: Dan Lusk, Director, South Dakota, Division of Developmental Disabilities.



il services SERVICES

CMS is granting Tennessee both initial and final approval of its to bring settings into compliance with the federal home and ) regulations found at 42 CFR Section 441.301(c)(4)(5) and al is granted because the state completed its systemic S of this assessment in the STP, and clearly outlined ues that the systemic assessment uncovered, such as ontracts, and is actively working on those steps. In d its site-specific assessment, included the outcomes of emediation strategies to rectify issues that the siteid out its heightened scrutiny, ongoing monitoring and I out a comprehensive validation process for the site. Care organizations, the Department of Intellectual and nal Administrative Agency for the state's waivers), and a summary of the outcomes of the site-specific line for, the plans for site-specific remediation. identifying settings that are presumed to have ating and applying for heightened scrutiny, a plan a setting cannot or will not come into compliance ongoing monitoring of continued compliance.

ate must provide quarterly written updates and the CMS team to review the state's progress in st work collaboratively with CMS to identify ect to the state's remediation, relocation, and nents each of these key elements of the ites will focus on four key areas: <sup>state's</sup> completion of its proposed

**"CQL's Network Accreditation** process has perfectly positioned us to be successful in full compliance with the CMS Settings rules." - TN DIDD





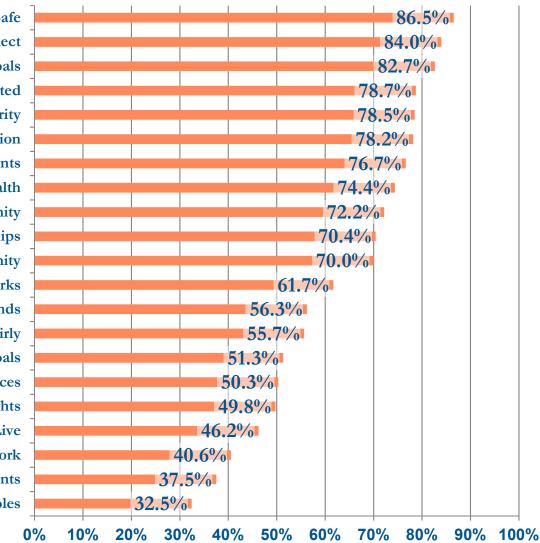
### CMS REPORTING CLOSING REMARKS

- The new HCBS Setting regulations solidify CMS' vision of person-centered supports
- The systemic shift will be slow at first, but the hope is that the expectations of services will shift...
  - provider and systems accountability will increase -
- Most agencies will need to implement **significant** shifts to fully align with the new regulations
- There is ample data available to show compliance
   don't recreate the wheel -
- Think Quality Enhancement **NOT** Quality Monitoring



#### 20 YEARS OF DATA POMs JANUARY 2010 (N=7,879)

People are Safe People are Free From Abuse and Neglect **People Realize Personal Goals** People are Respected **People Experience Continuity and Security** People Decide When to Share Personal Information **People Use Their Environments** People have the Best Possible Health People Interact with Other Members of the Community **People have Intimate Relationships** People Participate in the Life of the Community People Remain Connected to Natural Support Networks **People have Friends People are Treated Fairly People Choose Personal Goals People Choose Services People Exercise Rights** People Choose Where and With Whom they Live **People Choose Where they Work People Live in Integrated Environments People Perform Different Social Roles** 

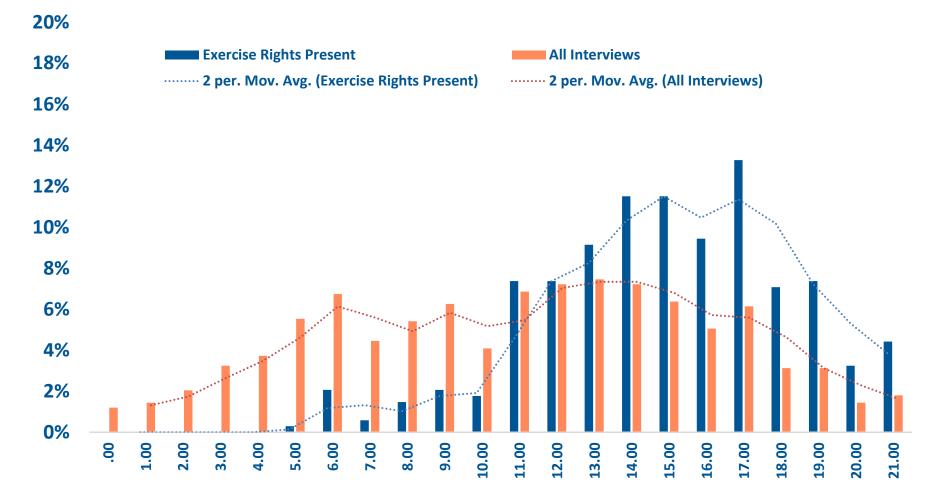




#### SPECIFIC OUTCOMES CORRELATED WITH TOTAL OUTCOMES

HIGHEST (US)		
Exercise Rights	.537	
Are Treated Fairly	.523	
Choose where and with whom they live	.517	
Interact with members of the community	.501	
Choose where they work	.499	
LOWEST		
Decide when to share information	.337	
Have the best possible health	.310	
Free from abuse and neglect	.284	
Experience continuity and security	.276	
Are safe	.192	



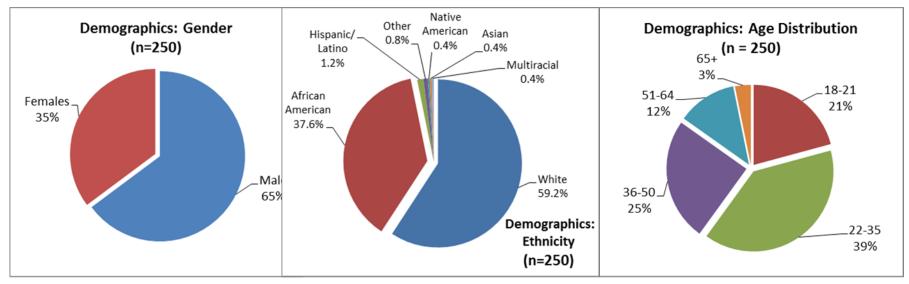


# MEASURING OUTCOMES A FEW KEY FINDINGS FROM MANAGED CARE

- Individuals without a formal guardian achieved greater outcomes across the age spectrum (18-65+) ... except those 51-64
- Individuals participating in integrated community employment had the highest average outcomes when also paired with residential type
- Unlicensed family living arrangements had the highest outcomes present regardless of day activity

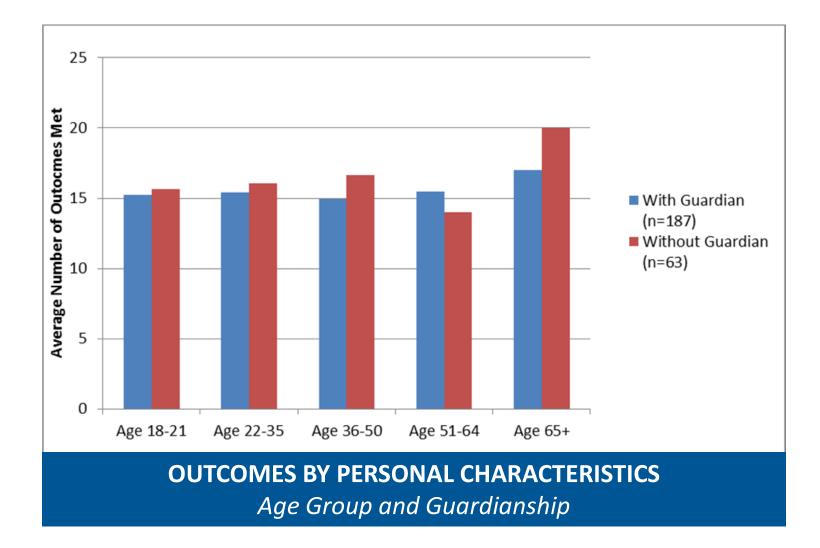
The data indicates that – as expected – individuals in more integrated community settings engaged in integrated community employment achieve greater outcomes



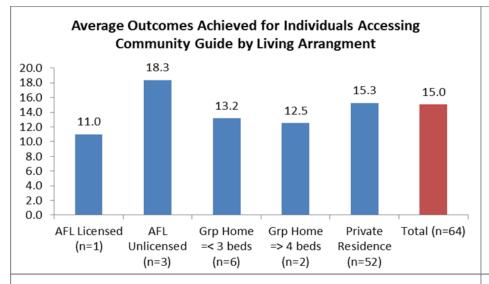


Demographics		
Diagnosis	n	
Intellectual Disability	240	
Developmental	143	
Disability		
I/DD and Mental Illness	80	
	n = 250	

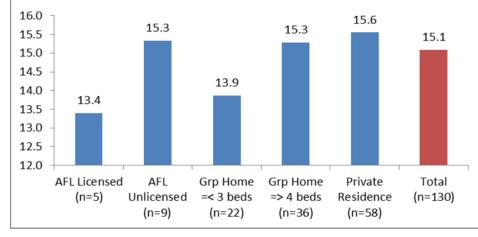


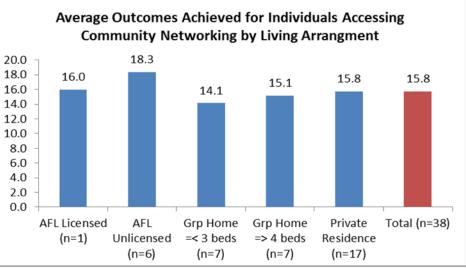




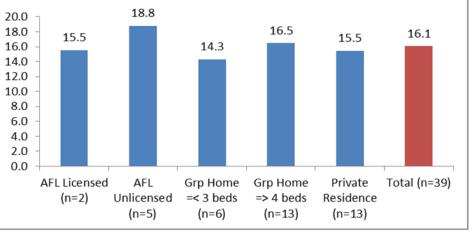


#### Average Outcomes Achieved for Individuals Accessing Day Supports by Living Arrangment

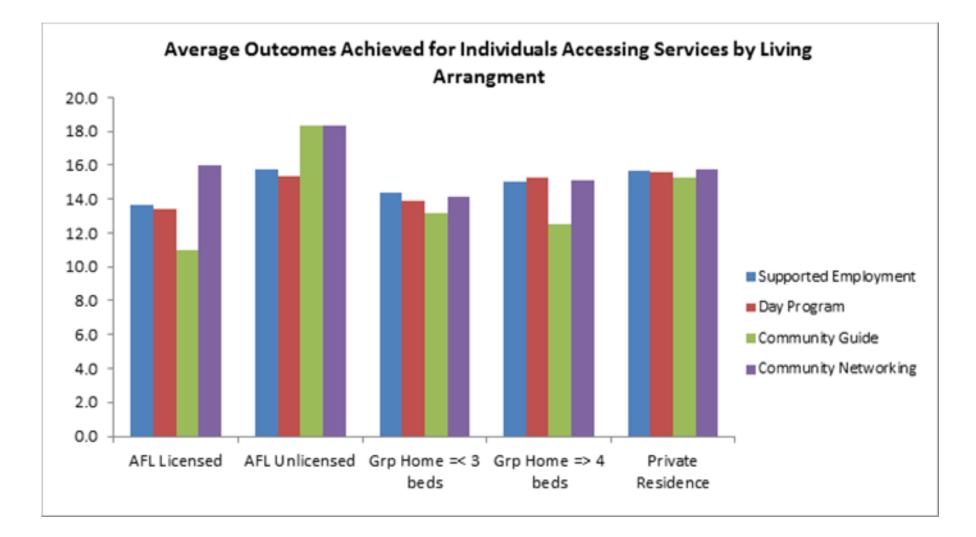




#### Average Outcomes Achieved for Individuals Accessing Supported Employment by Living Arrangment









#### MEASURING OUTCOMES ADDITIONAL RESOURCES

#### **CQL Toolkit for States – CMS Reporting**

www.c-q-l.org/cmstoolkit





#### **20 Years of Personal Outcome Measures®**

www.c-q-l.org/resource-library/publications

#### **CQL's New Online Data Tool**

www.c-q-l.org/data





### www.c-q-l.org

CQL is dedicated to the definition, measurement and improvement of personal quality of life.

MARY KAY RIZZOLO PRESIDENT & CEO mkrizzolo@thecouncil.org DREW SMITH CHIEF OPERATING OFFICER dsmith@thecouncil.org