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Minnesota State Quality Council



Disability Services Division

March 2013



Minnesota Department of **Human Services**

Legislative Report

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Table of Contents

TABLE OF CONTENTS	3
EXECUTIVE SUMMARY	5
State Quality Council's Vision	5
Key Goals	5
Recommendations.....	5
Response to Governor's Budget Recommendations	7
LEGISLATION	8
INTRODUCTION.....	12
History	12
Implementation	13
Approach	14
Organization of This Report	14
Impacting Real People: Nathan Bauer's Story	15
State Quality Council Analysis & Conclusions.....	17
State Quality Council's Purpose	17
Features of an Ideal System	17
Desired End Results	17
Guiding Values.....	18
Measurable Outcomes.....	19
Priority Outcomes	20
Setting Quality Improvement Priorities	21
Quality Improvement	21
Priority-Setting	21
Gathering and Disseminating Consumer Information	22
Participant Surveys.....	22

State Quality Council Legislative Report

Report Cards.....	23
Roles and Responsibilities in the System	23
Regional Quality Councils	25
Impacting Real People—VOICE Reviews	27
Impacting Real People—a Parent’s Perspective	29
Impacting Real People—a Case Manager’s Perspective	30
Region 10 Transition Plan and Variable License Provisions	31
Risk Issues.....	31
Assessing Funding Options.....	32
NEXT STEPS	34
TOWARD A COMPREHENSIVE SYSTEM FOR QUALITY.....	35
RECOMMENDATIONS	37
Funding Recommendations	38
STATE QUALITY COUNCIL MEMBERS	40
Appendix A Acknowledgements	41
Appendix B State Quality Council Desired End Results and Values	42

Executive Summary

State Quality Council's Vision

The Minnesota State Quality Council, in collaboration with the Minnesota Department of Human Services, exists to support a system of quality assurance and improvement of services for people with disabilities.

Key Goals

The State Quality Council is committed to a system that is

- Person-centered
- Outcomes-based
- Quality-driven
- Effective in its use of public funds

Recommendations

The Council recommends funding of its work on an ongoing basis. The State Quality Council plays an important role in working with the Department of Human Services and the Regional Quality Councils to improve quality for persons with disabilities. To do its work, the State Quality Council needs staff and funding for its meetings.

The Council recommends that Region 10 Quality Assurance Commission be funded to continue its work, and to enable them to provide training and technical assistance in the VOICE Review process. The VOICE (Value of Individual Choices and Experiences) Review process used by the Region 10 Quality Assurance Commission has produced positive, self-directed results for participants. The Council recommends therefore that the Region 10 Quality Assurance Commission be funded at a level to support their ongoing activities. Further, the State Quality Council strongly recommends that Region 10 Quality Assurance Commission and DHS licensing staff collaborate on how best to utilize VOICE Review data in the licensing process. The Council also recommends that DHS and Region 10 Quality Assurance Commission also work together to avoid creating additional layers in the system.

The Council recommends that new Regional Quality Councils be implemented in phases. Regional Quality Councils are envisioned as having significant role in the improvement of quality at a local level. While the State Quality Council will monitor quality at a statewide level, quality improvement and assurance priorities may vary from one part of the state to another. The Regional Council will identify priorities for their area, and assist providers in learning from each other what practices lead to high quality, and how to address areas where quality needs improvement. Recognizing the state's budget constraints, the State Quality Council is recommending a phased approach to full implementation of the Regional Quality Councils.

The VOICE Review process is one mechanism for addressing quality concerns for individuals. The VOICE Review can also provide information to DHS Licensing and inform the work of the SQC. However, careful planning and training is needed to determine how best to adapt this process to other areas of the state. The Metro Area poses the challenge of scaling VOICE reviews to much larger populations served, while other areas of Greater Minnesota pose the challenge of smaller populations served, with larger distances to be traveled to conduct these reviews. Also, in the Metro Area, there was concern that there were fewer of the connections among providers that form an important basis of the Region 10 Quality Assurance Commission's model. The State Quality Council therefore recommends that Regional Quality Councils (RQCs) be phased in. The Council recommends that one pilot project be funded in the Twin Cities Metro Area and another in Greater Minnesota, in addition to Region 10. In order for the new Regional Quality Council members to be trained in the VOICE Review process, the Council recommends funding Region 10 Quality Assurance Commission for the development of curriculum and training programs for the staff, members and volunteers of the two new Regional Quality Councils. The Council recommends that three additional new Regional Quality Councils be established in FY 16- 17. While the resulting process used in these pilot projects may look somewhat different than the process used by Region 10, the objectives are the same: the improvement of quality for the person served, and the generation of data on which to base quality assurance and improvement processes.

The Council recommends funding for outcomes and quality improvement data. Meaningful quality assurance and improvement processes must be data-driven, and not based on anecdotes or assumptions. The Council needs appropriate data through participant surveys and other sources to measure whether the system is producing the desired outcomes or not. Data is also a major component of the Council's quality improvement priority-setting process. The Council recommends using existing data sources in the initial phases of its work, so that the analysis of quality information can begin as soon as possible. As the State Quality Council, Department of Human Services and other agencies identify new data to support quality assurance and improvement efforts, these can be developed. New resources will be needed to expand these activities.

The Council recommends in-depth analysis and assessment of financial and personal risk issues. These are complex issues, and the Council would like to devote more time to studying them during this next year. The Council needs more time to examine the interplay among the Americans with Disabilities Act, the Vulnerable Adults Abuse Act and liability law, for example. The Department's Olmstead Plan, due in June 2013, will also bear on the Council's work in this area. The Council will report to the Legislature in January 2014. Further recommendations include:

- The new 245D licensing standards should be implemented before changing other aspects of licensing processes, including variable licensing standards or mandating the transition of new providers into the Region 10 Quality Assurance system.

State Quality Council Legislative Report

- Part of the new 245D process is integration of some home care licensing with Minnesota Department of Health (MDH) licensing standards. Minnesota Department of Health would value input from the State Quality Council and Region 10 Quality Assurance Commission. The State Quality Council would be pleased to provide such input.

The total cost of the State Quality Council's recommendations is:

FY 2014	\$2,021,482
FY 2015	\$2,271,482
FY 2016	\$3,211,858
FY 2017	\$3,211,858

The budget recommendations are described in more detail on page 37.

Response to Governor's Budget Recommendations

The State Quality Council is pleased that the Governor's Budget includes funding for a number of quality assurance activities that are consistent with the Council's recommendations. We appreciate the Governor's recommendation that funding be allocated to:

- The costs of State Quality Council meetings
- Support for Region 10 Quality Assurance Commission's current work
- Quality improvement priority-setting
- Training and technical assistance for licensed providers, especially regarding positive interventions rather than restrictive or aversive procedures
- Participant Experience Survey
- Monitoring and assuring quality in programs providing long-term support for the elderly and those serving people with disabilities, where appropriate

Funding these activities will provide some of the building blocks for a quality system recommended by the State Quality Council.

The public members of the State Quality Council are disappointed, however, that neither dedicated staff solely for the support of the State Quality Council nor any of the activities of the Regional Quality Councils was funded. The Council needs staff support to ensure that it can do its work without diverting Department staff from other important activities that support quality. Further, the Regional Quality Councils are intended to play a key role in working to integrate licensing, VOICE reviews and quality practices at a local level. Much of the funding was intended for the Region 10 Quality Assurance Commission to provide training to other Regional Quality Councils, and for those Regional Quality Councils to help adapt the VOICE review process to settings different from the Region 10 Quality Assurance system. The Council feels that without the local collaboration of the Regional Councils, it will be more difficult to identify problems and improve quality. Aggregate, statewide data is important in monitoring the performance of the overall system, but the ability to improve the lives of individuals receiving services requires regional efforts. We strongly urge the Minnesota Legislature to fund the State Quality Council's full set of recommendations.

Legislation

256B.097 STATE QUALITY ASSURANCE, QUALITY IMPROVEMENT AND LICENSING SYSTEM.

For Subd. 1 and Subd. 2, please see [Minn. Stat. Sect. 256B.097](#)

Subd. 3. State Quality Council. (a) There is hereby created a State Quality Council which must define regional quality councils, and carry out a community-based, person-directed quality review component, and a comprehensive system for effective incident reporting, investigation, analysis and follow-up.

(b) By August 1, 2011, the commissioner of human services shall appoint the members of the initial State Quality Council. Members shall include representatives from the following groups:

- (1) disability service recipients and their family members;
 - (2) during the first two years of the State Quality Council, there must be at least three members from the Region 10 stakeholders. As regional quality councils are formed under subdivision 4, each regional quality council shall appoint one member;
 - (3) disability service providers;
 - (4) disability advocacy groups; and
 - (5) county human services agencies and staff from the Department of Human Services and Ombudsman for Mental Health and Developmental Disabilities.
- (c) Members of the council who do not receive a salary or wages from an employer for time spent on council duties may receive a per diem payment when performing council duties and functions.

(d) The State Quality Council shall:

- (1) assist the Department of Human Services in fulfilling federally mandated obligations by monitoring disability service quality and quality assurance and improvement practices in Minnesota; ~~and~~
- (2) establish state quality improvement priorities with methods for achieving results and provide an annual report to the legislative committees with jurisdiction over policy and funding of disability services on the outcomes, improvement priorities, and activities undertaken by the commission during the previous state fiscal year;
- (3) identify issues pertaining to financial and personal risk that impede Minnesotans with disabilities from optimizing choice of community-based services; and
- (4) recommend to the chairs and ranking minority members of the legislative committees with jurisdiction over human services and civil law by January 15, 2013, statutory and rule changes related to the findings under clause (3) that promote individualized service and housing choices balanced with appropriate individualized protection.

(e) The State Quality Council, in partnership with the commissioner, shall:

- (1) approve and direct implementation of the community-based, person-directed system established in this section;
- (2) recommend an appropriate method of funding this system, and determine the

feasibility of the use of Medicaid, licensing fees, as well as other possible funding options;

(3) approve measurable outcomes in the areas of health and safety, consumer evaluation, education and training, providers, and systems;

(4) establish variable licensure periods not to exceed three years based on outcomes achieved; and

(5) in cooperation with the Quality Assurance Commission, design a transition plan for licensed providers from Region 10 into the alternative licensing system by July 1, 2013.

(f) The State Quality Council shall notify the commissioner of human services that a facility, program or service has been reviewed by quality assurance team members under subdivision 4, paragraph (b), clause (13), and qualifies for a license.

(g) The State Quality Council, in partnership with the commissioner, shall establish an ongoing review process for the system. The review shall take into account the comprehensive nature of the system which is designed to evaluate the broad spectrum of licensed and unlicensed entities that provide services to persons with disabilities. The review shall address efficiencies and effectiveness of the system.

(h) The State Quality Council may recommend to the commissioner certain variances from the standards governing licensure of programs for persons with disabilities in order to improve the quality of services so long as the recommended variances do not adversely affect the health or safety of persons being served or compromise the qualifications of staff to provide services.

(i) The safety standards, rights, or procedural protections referenced under subdivision 2, paragraph (c), shall not be varied. The State Quality Council may make recommendations to the commissioner or to the legislature in the report required under paragraph (c) regarding alternatives or modifications to the safety standards, rights or procedural protections referenced under subdivision 2, paragraph (c).

(j) The State Quality Council may hire staff to perform the duties assigned in this subdivision.

Subd. 4. Regional quality councils.

(a) The commissioner shall establish, as selected by the State Quality Council, regional quality councils of key stakeholders, including regional representatives of:

(1) disability service recipients and their family members;

(2) disability service providers;

(3) disability advocacy groups; and

(4) county human services agencies and staff from the Department of Human Services and Ombudsman for Mental Health and Developmental Disabilities.

(b) Each regional quality council shall:

(1) direct and monitor the community-based, person-directed quality assurance system in this section;

(2) approve a training program for quality assurance team members under clause (13);

(3) review summary reports from quality assurance team reviews and make recommendations to the State Quality Council regarding program licensure;

- (4) make recommendations to the State Quality Council regarding the system;
 - (5) resolve complaints between the quality assurance teams, counties, providers, persons receiving services, their families and legal representatives;
 - (6) analyze and review quality outcomes and critical incident data reporting incidents of life safety concerns immediately to the Department of Human Services licensing division;
 - (7) provide information and training programs for persons with disabilities and their families and legal representatives on service options and quality expectations;
 - (8) disseminate information and resources developed to other regional quality councils;
 - (9) respond to state-level priorities;
 - (10) establish regional priorities for quality improvement;
 - (11) submit an annual report to the State Quality Council on the status, outcomes, improvement priorities and activities in the region;
 - (12) choose a representative to participate on the State Quality Council and assume other responsibilities consistent with the priorities of the State Quality Council; and
 - (13) recruit, train, and assign duties to members of quality assurance teams, taking into account the size of the service provider, the number of services to be reviewed, the skills necessary for the team members to complete the process, and ensure that no team member has a financial, personal, or family relationship with the facility, program, or service being reviewed or with anyone served at the facility, program, or service. Quality assurance teams must be comprised of county staff, persons receiving services or the person's families, legal representatives, members of advocacy organizations, providers, and other involved community members. Team members must complete the training program approved by the regional quality council and must demonstrate performance-based competency. Team members may be paid a per diem and reimbursed for expenses related to their participation in the quality assurance process.
- (c) The commissioner shall monitor the safety standards, rights, and procedural protections for the monitoring of psychotropic medications and those identified under Minn. Stat. Sect. 245.825; Minn. Stat. Sect. 245.91 to 245.97; Minn. Stat. Sect. 245A.09, subdivision 2, paragraph (c), clauses (2) and (5); Minn. Stat. Sect. 245A.12; Minn. Stat. Sect. 245A.13; Minn. Stat. Sect. 252.41, subd. 9; Minn. Stat. Sect. 256B.092, subdivision 1b, clause (7); Minn. Stat. Sect. 626.556 and 626.557.
- (d) The regional quality councils may hire staff to perform the duties assigned in this subdivision.
- (e) The regional quality councils may charge fees for their services.
- (f) The quality assurance process undertaken by a regional quality council consists of an evaluation by a quality assurance team of the facility, program or service. The process must include an evaluation of a random sample of persons served. The sample must be representative of each service provided. The sample size must be at least five percent

but not less than two persons served. All persons must be given the opportunity to be included in the quality assurance process in addition to those chosen for the random sample.

(g) A facility, program or service may contest a licensing decision of the regional quality council as permitted under chapter 245A.

Subd. 5. Annual survey of service recipients.

The commissioner, in consultation with the State Quality Council, shall conduct an annual independent statewide survey of service recipients, randomly selected, to determine the effectiveness and quality of disability services. The survey must be consistent with the system performance expectations of the Centers for Medicare and Medicaid Services (CMS) Quality Framework. The survey must analyze whether desired outcomes for persons with different demographic, diagnostic, health and functional needs, who are receiving different types of services in different settings and with different costs, have been achieved. Annual statewide and regional reports of the results must be published and used to assist regions, counties and providers to plan and measure the impact of quality improvement activities.

Subd. 6. Mandated reporters.

Members of the State Quality Council under subdivision 3, the regional quality councils under subdivision 4, and quality assurance team members under subdivision 4, paragraph (b), clause (13), are mandated reporters as defined in sections Minn. Stat. Sect. 626.556, subdivision 3, and Minn. Stat. Sect. 626.5572, subdivision 16.

Introduction

History

In 2007, the Minnesota Quality Assurance Panel issued a report, *Quality Assurance 2007: Findings and Recommendations of the Legislatively-Mandated Quality Assurance Panel - Final Report*. This report made five recommendations for improving the quality of services provided to persons with disabilities:

- Establish a state quality commission
- Establish regional quality commissions
- Conduct an annual survey of a sample of program participants
- An outcome-based quality assessment program
- An effective system of incident reporting, investigation and analysis

These recommendations resulted in the 2011 legislation (see Appendix A for full text) which established the State Quality Council (SQC). The statute established a partnership between the Council and the Minnesota Department of Human Services (DHS) to carry out the recommendations contained in the 2007 report. The State Quality Council's overall objectives are to, "...define regional quality councils and carry out a community-based, person-directed quality review component, and a comprehensive system for effective incident reporting, investigation, analysis and follow-up." The specific programs the State Quality Council is to focus on are services provided under:

- The home and community-based services waiver programs for persons with developmental disabilities under section Minn. Stat. Sect. 256B.092, subdivision 4, or section Minn. Stat. Sect. 256B.49, including traumatic brain injuries and services for those who qualify for nursing facility level of care or hospital facility level of care;
- Home care services under section Minn. Stat. Sect. 256B.0651; (Note: this refers to Medicaid home care services, not those licensed by Minnesota Department of Health)
- Family support grants under section Minn. Stat. Sect. 252.32;
- Consumer support grants under Minn. Stat. Sect. 256.476;
- Semi-independent living services under section Minn. Stat. Sect. 252.275; and
- Services provided through an intermediate care facility for the developmentally disabled.

Key duties of the State Quality Council include:

- Monitoring disability service quality and quality assurance and improvement practices in Minnesota
- Establishing state quality improvement priorities with methods for achieving results and provide an annual report to the legislative committees with jurisdiction over policy and funding of disability services on the outcomes, improvement priorities, and activities undertaken by the commission during the previous state fiscal year
- Approving and directing implementation of the community-based, person-directed system established in this section

- Recommending an appropriate method of funding this system, and determine the feasibility of the use of Medicaid, licensing fees, as well as other possible funding options
- Approving measurable outcomes in the areas of health and safety, consumer evaluation, education and training, providers, and systems
- Establishing variable licensure periods not to exceed three years based on outcomes achieved
- In cooperation with the Quality Assurance Commission, designing a transition plan for licensed providers from Region 10 into the alternative licensing system by July 1, 2013
- Establishing an ongoing review process for the system. The review shall take into account the comprehensive nature of the system which is designed to evaluate the broad spectrum of licensed and unlicensed entities that provide services to persons with disabilities. The review shall address efficiencies and effectiveness of the system.
- Recommending to the commissioner certain variances from the standards governing licensure of programs for persons with disabilities

In 2012, the legislature added the following responsibilities:

- Identifying issues pertaining to financial and personal risk that impede Minnesotans with disabilities from optimizing choice of community-based services and
- Recommending to the chairs and ranking minority members of the legislative committees with jurisdiction over human services and civil law by January 15, 2013, statutory and rule changes related to the findings under clause (3) that promote individualized service and housing choices balanced with appropriate individualized protection

Implementation

The FY 12-13 appropriation was not sufficient to fully implement the State Quality Council's statutory responsibilities. The Commissioner of Human Services (Commissioner) determined that the limited funding would be best spent laying a firm foundation for the Council's future work. Department staff was assigned to support the Commission, and Advanced Strategies, Inc. was engaged to facilitate a "reasonable consensus" on key State Quality Council deliverables. These included:

- Developing measurable outcomes
- Developing a quality improvement priority-setting process
- Determining the role and number of Regional Quality Councils
- Developing a transition program for the alternative licensing system in Region 10
- Assessing funding options
- Making recommendations on an annual survey of participants
- Assessment of risk issues

The Commissioner appointed the members of the State Quality Council early in 2012. The Council's first meeting was held in March 2012 and the initial phase of its work was concluded in February 2013. Summaries of the State Quality Council meetings may be found on the DHS website at the [State Quality Council Web page](#).

Approach

The State Quality Council was comprised of a diverse group of stakeholders, including persons with disabilities who participate in quality programs, representatives from Region 10's Quality Assurance Commission, family members, advocates, service providers, counties, the Minnesota Department of Health, DHS policy and licensing staff and senior DHS managers. Everyone on the Council was committed to improving the quality of services provided to participants, and to the concept of a person-centered approach to services. Nonetheless, each of these 24 individuals came with a different sense of how such a system might be attained and the role of key players in the system. Advanced Strategies' responsibility was to facilitate a reasonable consensus among these varied stakeholders. Such a consensus would allow the Council to move forward on its agenda, set priorities, and to work together to support budget proposals. (Council members understand, and respect, the Department's need to support only what is proposed in the Governor's budget).

The consensus-building approach employed by Advanced Strategies, Inc. is a step-by-step process of first obtaining agreement on desired ends results and criteria for both conducting the work and for the features of the desired solution. Once consensus is achieved on those key elements, it is easier to identify solutions and to assess them against the objectives and criteria. The State Quality Council began its work by identifying the features of an ideal solution and identifying and ranking measurable outcomes. The Council used those features and outcomes in assessing other components of its work, including the development of its budget proposals (see Executive Summary and page 25).

Organization of This Report

Each section of this report described the State Quality Council's assessments and conclusions relating to key areas of its responsibility. Three areas relate to important deliverables:

- Recommendations on measurable outcomes,
- Quality improvement priority-setting processes, and
- Annual surveys of participants.

The establishment of Regional Quality Councils was a major area of discussion and is described in its own section of the report, with a special focus on Region 10 Quality Assurance Commission, and its VOICE Review process. Recommendations relating to risk issues are then presented. The report then presents the Council's assessment of funding sources and supporting details for its budget recommendations to the Commissioner for the FY14-15 budget. Finally, the report lays out next steps for the State Quality Council's ongoing work.

Impacting Real People: Nathan Bauer's Story

A foundational value for the State Quality Council is that people with disabilities should be in control of their lives to the greatest degree possible. This is a fundamental human rights issue, as well as a mandate under the federal Americans with Disabilities Act. Throughout this report, we include stories which illustrate how having choices about housing, employment, and freedom of movement affect the quality of life of several people with disabilities. The State Quality Council's recommendations should be assessed based on our goal of achieving real, positive outcomes in the lives of people like Nathan Bauer, Patrick Jordan and others. (Nathan's story used with permission).

Hello, my name is Nathan Bauer and this is my story.

This is about my journey as a self-advocate and my move from sheltered living and work to more independence.

I grew up in a small community north of Rochester where I was included in all of the activities and school like other young people. My parents expected me to help around the house and to be involved in things I liked to do in school, church, dance, theater and Boy Scouts.

My graduation from High School was in 1997 and I continued to live with my parents and work with a day program provider until I received a Waiver in 1999.

It was exciting to have the chance to move to a community where there were more opportunities for work and more activities.

After moving to my first group home in February of 2000 I soon realized that someone else chose my roommates and the living situation did not work well for me. Often times I felt that my staff was not interested in helping me reach my goals. This became very frustrating to me---I thought that was THEIR job!



The photo shows Nathan at his front door, with his hand on the doorknob.

Many times the jobs that I had didn't truly feel like mine. The first job program I worked for was in a workshop. My job was to stuff envelopes, sort paper for shredding and clean the bathrooms. Everyday my pockets, socks, shoes and underwear were searched for items such as money and headphones as these were not allowed. I honestly felt like I worked in a prison.

My second job program was with a small group and we cleaned fitness equipment. This job was much better than my first job but it still was not what I was looking for. I wanted a job where I could use my natural skills and abilities.

State Quality Council Legislative Report

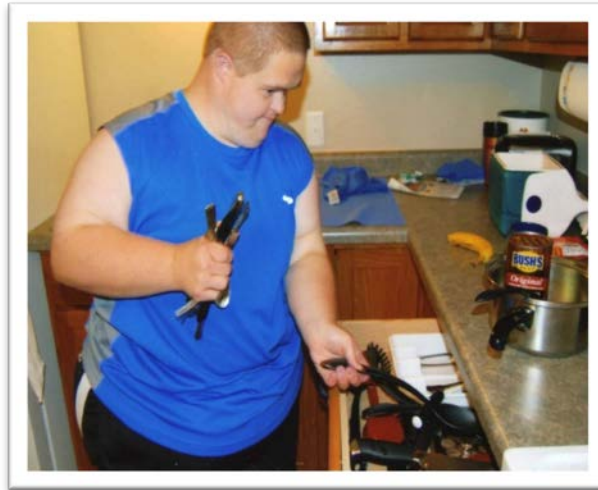
The Department of Human Services started a pilot program in 2009 called Housing Access Services and in April of 2010 my parents and I left our home in Southeastern Minnesota and moved to the metro area. My parents bought a duplex and I share one half of the duplex with them. It's great because I live on my own and my parents are my neighbors.

I no longer work in a workshop or enclave but now I work with a personal employment consultant who is working with me to find an independent job. Soon, I will be working just like anyone else in a REAL job that pays REAL wages.

It has been a long and frustrating journey but I made it!

I AM FINALLY LIVING MY LIFE THE WAY I WANT TO!

The photo below shows Nathan in his kitchen, preparing a meal.



State Quality Council Analysis & Conclusions

This section of the report describes in detail the State Quality Council's work. The Council discussed, assessed and developed:

- A purpose statement (in addition to the vision statement, above)
- Features of an Ideal System
- Measurable Outcomes
- Quality Improvement and Priority-Setting Process
- Gathering and Disseminating Consumer Information
- Roles and Responsibilities in the System
- Regional Quality Councils
- Region 10 Transition Plan
- Risk Issues
- Assessment of Funding Options

State Quality Council's Purpose

The Minnesota State Quality Council, guided by the needs and preferences of the persons we serve, and in collaboration with the Minnesota Department of Human Services, will work cooperatively with all affected parties to achieve measurable positive outcomes for individuals with disabilities. We will do this by implementing:

- A community-based, quality improvement and assurance component reflecting participants' priorities,
- Mechanisms that optimize individuals' choice of community-based services and
- A comprehensive system for effective incident reporting and response
- In a manner that is cost-effective and sustainable for individuals and the system.

Features of an Ideal System

Designing a system that will improve the lives of the people with disabilities who are served by state programs presumes a clear, shared vision of that system. At its first meeting, the State Quality Council identified these features of an ideal system. By "ideal," we mean the kind of system we could have if resources were unlimited. While the Council knows that in reality, constraints exist and tradeoffs must be made, the vision of an ideal system serves to guide our choices. A clear vision allows policymakers to determine which one among competing strategies best serves the people the system is intended to serve.

The features of an ideal system are so critical to the work of the State Quality Council that they are listed here in their entirety. (Note: As used in this report, "participant" means the person receiving services).

Desired End Results

An ideal system is one which produces these results:

- The participant determines the services they need, and whether the quality of services provided is satisfactory
- The participant's quality of life-as they determine it-is enhanced

- Services and supports are available over a participant's lifespan, and adaptable to their life stages
- The participant's health and safety are protected
- The participant is able to choose the right service, provider, professional, right amount etc. at the right time, based on information about services and quality
- Resources are available to meet needs and assure quality
- There is a demonstrated return on investment, from the perspective of the participant
- The overall performance of providers is enhanced

Guiding Values

An ideal system is guided by these principles:

- Relating to the participant
 - The system is person-directed and user-friendly
 - The system balances sustainability and flexibility
- Relating to quality
 - Outcomes-systemic and individual-are the primary indicator of quality
 - Information about services, service availability and service quality is
 - Understandable
 - Accessible
 - Proactively provided
 - Consistent
 - Actionable
 - Reliable
 - Enables "matching" of participants and providers/services
- Relating to funding
 - The system delivers what it promises, or doesn't promise it
 - The system is sustainable on a long-term basis
 - The system is adequately funded
 - Public dollars are viewed as an investment, not an entitlement
- Relating to providers
 - Regulations are based on the need to assure quality and protect health and safety
 - Service providers should be competent to work with
 - Diversity in participants' needs
 - Disabilities diversity (i.e., how disabilities differ)
 - Cultural diversity
- Overall
 - The system is accountable to key stakeholders
 - The system includes "natural" feedback mechanisms (e.g., market forces)
 - Collaboration guides the work of the stakeholders in the system

Measurable Outcomes

Specifying the desired end results and guiding values of the ideal system leads naturally to the identification of outcomes we wish to achieve. Outcomes can be thought of as a more concrete statement of the broad end results discussed above. Once outcomes are identified, they can then be measured, allowing all stakeholders to determine if the system is meeting its objectives. Identifying important outcomes is an important first step, so that we avoid the pitfall of focusing on what is measurable, regardless of its importance. In some cases, the outcomes will need work to develop measurable indicators; in others, indicator development will be more straightforward.

Developing indicators of outcomes requires technical expertise in measurement, data collection and analysis. DHS has this expertise, and can work with the State Quality Council to ensure that high priority areas are measured. In some cases, this data is already collected by DHS; in other cases, additional data collection would be required. Of special importance is assurance that data collection and analysis efforts relating to quality outcomes are integrated with the collection and analysis of data collected by the Licensing Division, and other agencies in state government that serve the same people of concern to the State Quality Council. In the next phase of its work, the State Quality Council and the Department can begin to review the outcomes data that exists, and then identify important gaps in what is collected and what is needed. Once data is collected and analyzed, quality improvement priorities can be set, and information shared with members of the public for use in choosing providers and programs.

Quality in the system must reflect multiple perspectives and components. First and foremost, individual participants, and/or those empowered to act on their behalf, determine the outcomes important to them, choose the services they believe will best meet their needs, and assess the quality of those services. A second level of quality improvement and assurance is at the level of the component of the system, e.g., providers, programs, counties or state agencies. These actors can and should be assessed on how well they perform their designated roles. A third level of quality is measured at the regional level. In different parts of the state, there are differences in needs, service availability or service accessibility. Community practice may also differ from region to region, and may bear on quality. Finally, there is the overall performance of the statewide system, which reflects how well the whole system is performing for the entire population served by state programs. System-level outcomes form the basis of accountability to participants, providers, and other key stakeholders, including the Minnesota Legislature, the federal government and taxpayers.

For the purposes of laying the foundation necessary to fully implement the State Quality Council's guiding legislation, it is sufficient to state the measurable outcomes in conceptual terms. Full implementation requires that these concepts be turned into refined indicators, and the necessary data collected, analyzed and interpreted. Ideally, all levels and components in the system would be appropriately measured and assessed. However, given that resources are scarce, the State Quality Council established priorities for outcomes the system should attain and that we therefore need to measure.

Priority Outcomes

1. Participant Quality of Life
 - Evaluation is based on participant's hopes, dreams, aspirations
 - Participants and/or their families are happy
 - Participants feel that they are able to satisfy a higher level of needs
 - Participants are healthy, well and safe
 - Participants also have opportunities to meet higher-level needs such as participating in the community, meeting their esteem needs
2. Self-Determination
 - Participants feel they have control/have self-determination, e.g.,
 - Participants are able to be in settings compatible with their life's goals
 - Participants and/or families feel they have control over
 - Dwelling space
 - Support staff
 - Participants feel they are active agents in their own lives
3. Information
 - Participants feel they have access to timely, accurate, understandable, useful information
 - Participants understand choices available to them
 - Participants know where the money comes from, where it goes
4. Providers deliver services they are supposed to on a consistent basis
5. Measure accountability on all levels, county, state, providers, participants
 - Responsible use of public funds
6. Competent services are available
 - Culturally
 - Diagnostically
7. Goals of specific services are being met; e.g., is homemaker services showing up, is home clean, are skills being kept up; is
8. Evaluation processes are efficient and focused on consumer-directed, qualitative factors
9. Participant's team communicates consistently and does not feel they are in competition
10. Relationships
 - Participants feel they are included in the community
 - Participants feel they have the opportunity to form relationships, friendships, don't feel isolated
11. Housing
 - Participants live in their own homes or other setting of their (or guardian's) choice
12. Employment
 - Participants are employed, as they prefer, in meaningful work
13. Participants and/or families feel they are free from intimidation or constraint in making choices
14. Education and Training
 - Participant is learning and keeping skills

Setting Quality Improvement Priorities

Quality Improvement priority-setting contains two facets: the improvement of quality, and the setting of priorities for quality improvement. The State Quality Council's recommendations take both into account. Quality improvement, like measurable outcomes, can take place at multiple levels in the system—individual, component, regional, and state.

Quality Improvement

A critical use of outcomes data is in benchmarking and improving services to people with disabilities. The State Quality Council recommends a holistic quality improvement process that accomplishes two objectives: identify problem areas and identify what is working well. Traditional quality improvement processes focus on problems to be fixed. While it is important to ensure that substandard quality is addressed, it is also important to understand what practices lead to good outcomes. Good practices, when shared, raise quality throughout the system.

Quality improvement takes outcomes measurement a step further by identifying benchmarks or standards for the outcome, and compares actual results to those benchmarks. Standards can be derived from a number of sources. Desired goals of participants are key benchmarks of the quality of services provided to individuals. Relevant literature can be surveyed for standards against which to measure programs, and professional associations often develop quality standards for their members. Performance of systems in other states is yet another source of standards. A major activity for the State Quality Council in its future work will be reviewing standards from all of these sources, and making recommendations on appropriate standards against which to measure quality.

Where quality is falling short, the State Quality Council, Regional Quality Councils, DHS, counties, providers or individuals can take steps to improve the quality in the system. Further, quality improvement is based on measurement over time. Repeated measurement allows all stakeholders to determine if and where the system is improving and how quickly. Consistent measurement over time is also efficient; once measurements are established, information suppliers will not need to change data collection practices. Data collected for quality improvement must be actionable (i.e., supportive of taking appropriate steps to improve quality) in addition to meeting standards of reliability and validity. It is actionable data that allows for improvement.

The State Quality Council also understands that resource constraints will limit the degree to which we can measure everything we might wish to measure. Further, the potential benefit from measurement needs to be balanced against the cost of data collection. The State Quality Council desires that the quality improvement system minimize administrative burdens on those who will be collecting and submitting data.

Priority-Setting

The State Quality Council is responsible not only for developing a quality improvement process, but also for developing a process for setting priorities for quality improvement activities. Quality improvement should be built on the individual's quality of life.

One priority area for State Quality Council and for Minnesota licensing agencies (DHS & MDH) is protection from harm. Since a participant cannot achieve a high quality of life if they are harmed, evidence of harm clearly demonstrates a lack of quality. Reducing harm is therefore a high priority area for quality improvement. Investigation and remediation of harm to an individual may be a cause for action under the licensing system or through consumer complaint processes such as the Ombudsman for Mental Health and Developmental Disabilities. The State Quality Council will be examining aggregate-level data in order to assess the system as a whole, and to identify trends and patterns. By working with licensing agencies, the State Quality Council can help the state determine what areas require more oversight, changes in regulation, and which areas are working well.

At a system level, there are two aspects to harm: the severity of harm and the extent of harm. The State Quality Council, in setting quality improvement priorities for the system, will examine data for both dimensions. Starting with serious instances of harm and/or widespread, but less serious harm ensures a level of protection for all participants in the system. A holistic examination of the factors that contribute to the harm is necessary to develop solutions that eliminate root causes rather than symptoms. Addressing root causes also prevents problems from re-emerging when attention is directed to other areas. A focus on severity and prevalence will alert the State Quality Council to the need to focus on emerging areas of harm when it is appropriate to do so.

The State Quality Council is committed to a quality improvement process that focuses on the positive as well as the negative. Outcomes data can also be used to identify “outliers” of exceptional quality and areas of widely prevalent quality. These data can be analyzed for best practices that can be shared throughout the system. Providing information about what is working can prevent harm from occurring, especially for new providers who are still learning and developing their processes. Further, the practices of high quality providers can be a source of remediation strategies when harm does occur.

Gathering and Disseminating Consumer Information

The need for information on which participants can make choices is the cornerstone of a system that both serves participants’ needs and is oriented toward continuous quality improvement. Based on information about the availability of providers, their specialties and their performance, participants can choose “the right provider at the right time.” Consumer information also motivates providers to improve their performance, so that they can attract and keep customers.

Participant Surveys

[Minn. Stat. Sect. 256B.097](#) Subd. 4 requires the Department to conduct a survey of a sample of participants. The Department was funded to conduct this survey (known as the Participant Experience Survey, or PES) in 2011. The State Quality Council reviewed the survey’s findings and provided feedback to the Department for future surveys. The findings can also inform the State Quality Council’s determination of quality improvement priorities when the Council resumes its work. More recently, the Department has learned that the federal Centers for Medicare and Medicaid will be requiring a new survey of core elements. The State Quality Council supports

the implementation of this survey, and will work collaboratively with the Department on the next iteration.

Report Cards

The State Quality Council explored the possibility of developing report cards that would disseminate quality ratings for providers of disabilities services. There was a great deal of interest in having a report card for consumers of disabilities services. Consumer report cards require not only the development of measures and data collection, but also careful presentation if they are not to be misleading. Report cards generally contain summary ratings of more detailed indicators, and the summaries need to reflect reasonable clustering of measures.

State Quality Council members were not of one mind on the value of such report cards, however. As the State Quality Council established its budget recommendations, this activity was rated as a lower priority. The State Quality Council strongly urges that quality information collected by the department (e.g., the results of any participant survey) is made available to the public in a manner that is easy to find and understand. With or without formal report cards, information from the Licensing Division also plays an important role in alerting participants to problematic providers, which they can then avoid.

Roles and Responsibilities in the System

In order for a quality assurance and improvement system to be effective, the roles and responsibilities of all components of the system need to have clearly defined roles and responsibilities. The State Quality Council identified the work needed to achieve the ideal system, and developed a consensus about where the work was best carried out. The Council then identified criteria for conducting the work. A summary of key criteria is listed below, beginning with those that would suggest the work would be better done at a statewide level, and moving toward work that is best done at a regional/local level and then at the level of the individual participant. These criteria guided the Council's understanding of its work, the Department's and the Regional Quality Councils. They will also assist in any future allocation of work among various levels in the system.

- Laws require activity be performed at a particular level
- Consistency state-wide is desirable
- Uniform data collection is desirable
- Health & safety of participants could be adversely impacted
- Liability considerations
- Economies of scale
- Severity of violation or sanction and severity of potential penalties
- Overlap with other waiver programs or service delivery mechanisms
- Geographic area served by provider and whether it crosses geographic boundaries
- Need for MOUs across counties/joint powers agreement
- Local conditions/cultures vary, and impact implementation
- Room for innovation is desirable
- Expertise or special knowledge required

- Work must be done at a particular location
- Urgency of response needed
- Comparable functions in other state or county agencies
- Geographic distance among participants in systems, e.g., counties up north
- Intimidation might affect quality or honesty of review
- Personal relationship is needed to perform activity
- Direct benefit to participant is the issue
- Cultural diversity is a factor
- Effect on individual

Criteria that would apply to all decisions include:

- Collaboration and seeking input from all stakeholders in the system in setting standards
- Authority must be granted along with responsibility; avoid “second guessing”
- Consumer choice is desirable
- Cost-benefit ratios of options
 - Relative cost favors one approach vs. another
- Availability of staff to do work

State Quality Council members support a strong licensing system to protect participants in the system, especially those who are vulnerable. Licensing is seen by the State Quality Council as establishing a floor, which quality assurance and quality improvement systems then build upon. The DHS and MDH, as agencies of the state, have powers to investigate and impose sanctions which private organizations do not have. Further, the federal government requires that the State apply the same standards to all providers. Achieving the required consistency can best be achieved by having one central authority establish entry and compliance standards. The State Quality Council recommends that state standards and processes be established with input from all stakeholders. One example of such collaboration is the participation by a number of State Quality Council members-at the Department’s invitation-in the development of the proposed 245D licensure standards.

Examples of roles and responsibilities include:

- State/DHS Has Primary Responsibility
 - Establish provider standards, rights and responsibilities
 - Establish participants’ rights and responsibilities
 - Develop & implement data collection systems
 - Develop & disseminate consumer information
 - Take enforcement actions for violations (e.g., fines, license suspensions or revocations)
 - Coordinate with other regulatory systems
 - “Train the Trainer” for statewide standards and processes
- Regional Quality Councils Have Primary Responsibility
 - Provide input on statewide standards

- Provide input on measurable outcomes data and quality improvement priority-setting for state and region
 - Conduct VOICE Reviews (Region 10, pilot projects)
 - Integrate VOICE Review and licensing audits/inspections (Region 10/DHS pilot project)
 - Provide QA training and technical assistance to providers in region
- Counties/Tribes
 - Provide input on measurable outcomes data and state and regional QA/QI processes and standards
 - Work with State Quality Council and Regional Quality Council on implementing quality assurance and improvement
 - Participate in VOICE Reviews (Region 10 and other Regional Quality Council pilot projects)
 - Respond to emergency/urgent complaints
- Participants
 - Participate in VOICE Reviews (Region 10 and other Regional Quality Council pilot projects)
 - Complete surveys sponsored by state, region, providers
 - File complaints to appropriate party
 - Provide input on measurable outcomes data and state and regional QA/QI processes and standards
- Advocates
 - Provide input on state and regional standards for licensure and QA/QI
 - Provide input on measurable outcomes data and QA/QI priority-setting

Regional Quality Councils

Regional Quality Councils will play a key role in improving quality. The Region Quality Councils will assist the SQC by generating outcomes data that will inform the statewide quality assurance and improvement priority-setting process. The Regional Councils will also identify region-specific quality issues that need attention, and set local priorities among those issues. These issues and priorities may vary from one region to another. Further, the Regional Quality Councils will coordinate with DHS Licensing to ensure that quality assurance and improvement data informs and is informed by the data generated by the Licensing Division.

Council members received a detailed briefing on the Region 10 Quality Assurance Commission's 10 VOICE Review process. A VOICE Review is based on a team approach to assessing a participant's goals and needs. Quality Circles include the participants, family members, all providers serving that participant, and the participant's case manager. The VOICE Review process has resulted in service plan changes to better serve participants, resulting in better outcomes.

The State Quality Council devoted a considerable amount of time and effort to developing recommendations relating to the establishment of Regional Quality Councils. A small subgroup

of the Council, comprised of participants, family members, county representatives, providers and Department staff met between August and November to determine how best to implement this part of the Council's charge. The subgroup was keenly aware that the value of Regional Quality Councils would need to be demonstrated in order to justify funding in a time of severe budget constraints. It was also clear to the subgroup that duplication of effort must be avoided, and that VOICE Reviews, the Regional Quality Councils, and the Department's licensing activities needed to be integrated. Subgroup members were favorably impressed by the depth of the VOICE Review process, and by the degree of volunteer support for this activity in Region 10. The subgroup discussed the need to adapt VOICE reviews to other settings, such as the Metro Area, as well as to a more geographically dispersed area. In addition, the Regional Quality Councils would need to work with the State Quality Council to identify quality outcomes and gather data on which to evaluate the success of these pilot projects. Ultimately, the subgroup recommended that Regional Quality Council's be phased in so that these key issues could be studied.

The full State Quality Council concurred with the subgroup's recommendations, as follows:

- Region 10 Quality Assurance Commission
 - Continue funding for Region 10 Quality Assurance Commission in its current configuration
 - Region 10 Quality Assurance Commission and DHS Licensing staff to work to determine how best to integrate licensing and VOICE Review information
 - Fund Region 10 Quality Assurance Commission to develop materials to be used to train new Regional Quality Councils in the VOICE Review process
 - Identify outcomes data on which to evaluate the impact of these efforts on quality
 - Use lessons learned to determine number of Regional Quality Councils needed, boundaries and to refine processes
- Fund two Regional Quality Council pilot projects during FY 14-15
 - One in the Twin Cities Metro Area
 - Determine how to scale VOICE Reviews for a larger population, e.g., modification of time spent on interview process
 - Start with a few counties at first
 - One in Greater Minnesota
 - Determine how to scale VOICE Reviews for a geographically dispersed population
 - Start with a few counties at first
 - Counties will participate on a voluntary basis
 - A Request for Information/Request for Proposals process will be used to select participants
 - July-December 2013 for planning
 - Begin the Regional Quality Council work in January 2014, at the same time as the new 245D standards take effect

- Identify outcomes data on which to evaluate the impact of these efforts on quality
- Use lessons learned to determine number of Regional Quality Councils needed, boundaries and to refine processes
- Fund three additional Regional Quality Councils during FY 16-17

Several examples and personal stories involving VOICE Reviews will illustrate the benefits the State Quality Council hopes to obtain by adapting this practice and expanding it beyond Region 10.

Impacting Real People—VOICE Reviews

There are multiple examples of how **VOICE** Reviews impact and are beneficial to the person receiving the review. Sometimes they can generate major changes such as change in providers or work. Most times they “fine tune” good support plans and make sure that the Quality Circle is focused on the person. Here are some examples.

Realizing choice and preventing crisis care:

Many times it is the everyday routine choices that bring quality to a person’s life. What to wear, what to eat and what to do. Having a say in those choices can be very important to a person. During one review, a person was having extreme difficulty controlling their anger and actions. Quality Circle members were discussing whether they were at the point of needing to use crisis facility support. During the **VOICE** review, the person said they were mad about not having Oreo cookies. The staff assured that they had Oreo’s when they were in fact a generic brand. When they got him Oreo’s as well as changed their support so the person could make more of the daily choices – their outlook changed. They became happier and did not require crisis care.

Quality Inclusion:

Being included in your community can be vital to a person’s quality of life. But different people can have different ideas on what they want. During a **VOICE** review, staff was working very hard providing 3 to 4 community opportunities per week for the individual. They felt that the quantity showed that they were giving was the best support possible. In speaking with the person, they did not enjoy some of the activities – one in particular that occurred weekly. They said that they were always just with house mates and that they wanted to make some new friends. In reviewing the planned activities – all of them were designed to do things and did not encourage interaction with other people (restaurants, movies, bowling). In fact – in speaking with staff – they saw themselves as protectors and would discourage “strangers” from interacting with the person. The **VOICE** review asked the Quality Circle to develop community opportunities where the person could meet others and develop friendships. They helped joining some social groups and decided that quantity does not always equal quality.

Families realizing their adult child can make decisions:

Sometimes **VOICE** Reviews can educate family – especially parents – on the person. It can be difficult for a parent to realize their child is now and adult and may have dreams, wants and needs that might be different than the parent’s. In one review a person was raised eating only organic food choices. Now out on their own, the parents insisted support staff follow those guidelines. The person did mostly prefer fresh organic foods – but also asked that sometimes

have a choice to go out and eat “fast food” with friends. Through the review her parents began to see them as able to make choices for themselves even if they needed to agree to disagree. Another review was for a person who just moved into their own apartment. While this was a milestone for them, they did not feel completely happy. When asked it was because their mother decorated the apartment rather than them.

VOICE Review expedites actions Quality Circles already talked about:

Because a **VOICE** Review includes all aspects of a person’s life: family, home, work and maybe school – it does see how Quality Circles coordinate their supports. On occasion **VOICE** reviews have seen different support plans being run at the home and at work. Family may not be receiving enough information or getting too much. Issues raised at meetings may have been discussed with no real action taken. Because the people conducting the review are objective and unbiased – there are times that **VOICE** reviews will show Quality Circles that they already know and have talked about what needs to be done. Sometimes they need that push to get going and the permission to start hold each other accountable.

Dignity of Risk and a positive impact without loss of independence:

Freedom vs. risks is a very real issue for people. Most people in society can take informed risks like smoking, skiing without helmets, or having excessive weight. Supporting people that make poor life choices (in our minds) can be difficult. VOICE reviews emphasize the role of staff to work to make choices informed so the person knows the consequences of their actions. In one review, the person had diabetes. They also enjoyed the freedom of going out on their own into the community unsupervised. Staff knew that on occasion they would not follow their rigid diet while out on their own. The person on return said they were embarrassed to tell staff if they ate something they should not and often lied directly to them. The VOICE review helped the person to see that doing two wrongs does not make one right. That they needed to let their staff know if they eat something that would affect their sugar level so the staff can help them adjust. The staff also learned that they should not judge the person harshly for making a poor choice but work to make sure that they are honest and letting them know important details.

Impacting Real People—a Parent's Perspective

My name is John Jordan and I am writing this in support of the Region 10 Quality Assurance Effort and VOICE Reviews. My son, Patrick, is a 34 year old man labeled developmentally disabled. He has multiple diagnoses of Autism, Epilepsy and Mental Retardation from infancy. He requires 24 hour awake care. He is intelligent and has many talents and skills. The Region 10 Quality Assurance Effort and VOICE Reviews have been key element in the evolution of his supports as an adult. Because of the new relationships and type of cooperation fostered in this person directed approach He has been able to move from a highly structured and fairly restrictive setting (ICFMR) into his own home in a town of his choice, where he hires his own staff. This has put him more and more in control of his own life, providing him with more options and opportunities to meet the ongoing challenges of his life. This alternative licensing/quality improvement system was essential to developing the new partnering and cooperation between him and the other key players in his life; family, county human services, DHS, service providers, advocates and his own board of Directors in his self-directed support corporation.

The photo below shows Patrick Jordan sitting on his sofa. His cat Archie sits nearby.



Impacting Real People—a Case Manager’s Perspective

My name is Barbara Zoelle-Johnson and I am a social worker employed by Fillmore County Social Services (we are located in the southeast corner of the State). I have been a Case Manager for individuals eligible for Rule 185 Case Management Services since 1988. I want to take a moment to share with you my thoughts regarding the VOICE review process that is provided via Region 10 Quality Assurance. I have found VOICE a highly helpful resource in the work that I do on behalf of the consumers I serve. The VOICE process brings together a wealth of human service experiences to the table to support the consumer in identifying personal goals and objectives. The process is more than just a support system for the consumer; it is a helpful and supportive tool for the case management process. I have always appreciated the opportunity for another avenue of opinion to assist in providing the best opportunity for quality service development for the people I serve. This is especially true in this day and age of shrinking public budgets. It is indeed true that county municipalities may not have the funding to meet and to address service requests from consumers. The VOICE process assists in documenting such issues which is helpful in identifying the ongoing needs of persons who request support services based on diagnosed disabilities. It is important information for the consumer, for the local county service agency, for the Department of Human Services and for the legislators who make the laws that govern the entire process. Quality assurance is an important and helpful part of the service planning and implementation process.

The photo below shows Barbara Zoelle-Johnson, smiling.



Region 10 Transition Plan and Variable License Provisions

As the State Quality Council was engaged in its work, the Department of Human Services was substantially revising its licensing standards for some of the providers who serve persons with disabilities. These revisions are intended to provide a simpler and more uniform set of standards that will apply to all providers. Members of the State Quality Council reviewed and provided feedback to the Department on these standards. Given the significant changes in the 245D licensing provisions from the current standards, and the desire to pilot the integration of VOICE Review and licensing activities, the State Quality Council is not recommending a plan to transition all Region 10 licensed providers into their alternative licensing process at this time.

The State Quality Council also reviewed the issue of variable license provisions, in which providers could have their license periods extended from two to three years if they met quality standards. The Department shared information from its previous experience with variable licensing provisions. The Department found that few providers took advantage of these provisions. Many preferred that inspections and audits be conducted every two years. The more frequent reviews gave providers an assurance that they were remaining in compliance with licensing standards. Once again, the significant changes in the licensing system itself suggested that action in this area be deferred.

Risk Issues

The State Quality Council received briefings from Chris Bell, Co-Chair of the Olmstead Committee, and Barbara Turner of ARRM related to issues of risk. Mr. Bell summarized the Americans with Disabilities Act's provisions relating to the rights of people with disabilities. Mr. Bell emphasized the need to permit participants to make choices for themselves, the way persons not participating in these programs do. These may include choices that carry a risk of harm to the participant. Mr. Bell expressed his concern that the system often is paternalistic, limiting the rights of participants unnecessarily. In arguing for the ability of participants to make their own choices, Mr. Bell was clear that he is not advocating for the elimination of standards that appropriate protect vulnerable persons.

Ms. Turner spoke to the concerns of providers. Providers are seeking a system that provides the appropriate balance between protections and maximum individual choice and freedom for persons receiving disability services. Several issues need consideration: risk, liability, choice, opportunity and accountability. If participants are able to make risky choices, providers need to be protected from any resulting liability from harm the participant may suffer.

The State Quality Council discussed the issue, and reaches the following conclusions:

- The State Quality Council notes that the proposed 245D standards include "risk" as a factor to be considered in the participant's service plan. That provision will allow for discussions among appropriate parties to address the ability of participants to make risky choices.
- Case managers will play an increasingly important role in this process. The State Quality Council is concerned about caseloads increasing concurrently with case managers having increased responsibilities.

- The State Quality Council needs more time to examine the relationship among the Americans with Disabilities Act, the Vulnerable Adults Abuse Act, and liability laws and insurance laws and practices.
- The State Quality Council will take up this issue again when it reconvenes, calling on legal expertise from county attorneys and trial lawyers, among others. The State Quality Council will report its findings and recommendations to the legislature in January 2014.

Assessing Funding Options

Quality assurance and quality improvement are essential to ensure that the participants served by HCBS and other waiver programs meet their goals and are well served. Achieving these results requires an investment, however. Improved quality may save money in the long run by avoiding payment for services that do not work for the individual or make good use of taxpayer dollars. However, it cannot be promised that reductions in expenditures will occur in the short term.

A preferred funding source is one which meets the following criteria (not in rank order):

- Adequate to do what is promised
- Sustainable
- Predictable
- Reasonable
- Holistic
- Proportional to service received
- Maximizes federal match
- Maximizes flexibility
- Tailored to goals/needs
- Doesn't take money away from delivery of services
- Doesn't impose burdens on participants

The State Quality Council developed criteria for assessing the relative merits of funding sources, and then assessed the funding sources based on those criteria. A summary of the State Quality Council's assessment is contained in the following table.

#	Item	Pro	Con
1.	State General Fund	<ul style="list-style-type: none">• More flexible• Simplicity• In – person access• Past support for QA• Open to major change	<ul style="list-style-type: none">• Not predictable• Inadequate• Volatile – support varies• Have to go to legislature every 2 years• State is running a deficit• Lack of match for some activities• Different players – must explain and re-educate
2.	Medical Assistance	<ul style="list-style-type: none">• Aligned with mandates• Potentially provide matching	<ul style="list-style-type: none">• Less flexible• Slower to change

State Quality Council Legislative Report

#	Item	Pro	Con
	(federal)	<ul style="list-style-type: none"> dollars Potentially can be more stable Embracing good person centered outcomes 	<ul style="list-style-type: none"> Not here Facing fiscal cliff Current limitations on what CMS will pay for Narrower focus – technology to support/measure outcomes are of interest Broad requests will be tough Can take them a long time to respond with an answer
3.	Grants	<ul style="list-style-type: none"> Opportunity to try new things Determine if grants based on outcome and how to measure outcomes are available 	<ul style="list-style-type: none"> More remote possibility MN is in defensive mode because of report card and payments issues.
4.	County	<ul style="list-style-type: none"> If fiscal relief is provided from another mandate 	<ul style="list-style-type: none"> Don't want added unfunded mandate Any savings could go elsewhere (i.e., not to quality) Lose consistency. Different counties = different priorities High resistance to funding QA requests – don't have the funding
5.	License fees	<ul style="list-style-type: none"> Easy arithmetic Could add QA to Licensing Division activities so license fees could fund QA This year legislature may be more amenable to fees 	<ul style="list-style-type: none"> Money that will come out of services Current licensing system has to be self-supporting and can only fund licensing activities There is opposition at legislature to more fees Difficult to convince providers to get support QA system – already being charged for licensing.
6.	Related Projects - Goals	<ul style="list-style-type: none"> Need to change how we do business, not find new money. Every nickel is currently accounted for. Use savings to fund QA. 	<ul style="list-style-type: none"> Problem is that savings don't always go where you want.
7.	Other	<ul style="list-style-type: none"> Federal funding for Anoka, and St. Peter, etc. gain money if you move people out Do Voice Review at the discharge 	<ul style="list-style-type: none"> One year only

The State Quality Council concludes that a variety of funding sources should be pursued, to maximize funds and to balance the downsides of the various funding sources.

Next Steps

The Council identified the following steps based on its initial budget recommendations. These will need to be adjusted based on the funding ultimately received. The Council added steps to begin acquainting itself with issues relating to aging, based on the Governor's budget recommendations.

High-Level Activity	Sub-Activities	Who	When (Start Date)
Arrange for Briefings on Aging Issues	-	-DHS Aging Division Staff	March 2013
Meet with Stakeholders Concerned with Aging Issues	-Select subset of State Quality Council members	-SQC	
Reconvene State Quality Council –July 2013	-Set regular meeting dates	DHS initiate	Late May 2013 for July 2013 meeting
Hire Staff for State Quality Council	- Identify Knowledge, Skills, and Abilities needed - Create position descriptions -Implement hiring process	--DHS with SQC input (consistent with privacy/ personnel rules)	June 2013
Develop Overall Plan for State Quality Council Work	-Review key quality initiatives, e.g., Olmstead Plan, Rule 40 modernization, legislative directives relating to quality -Develop candidate work plan -Establish working groups on key topics	--Staff, with SQC input	July 2013
Conduct Mandated Reporter Training for State Quality Council and Regional Quality Council members	-Arrange for training	-Staff engages trainer(s)	Before VOICE reviews are conducted by those not trained
Develop Process for Pilot Regional Quality Council Projects	- Develop criteria -Post notices in <i>State Register</i>	-Staff, with SQC input --Staff	Summer 2013
Develop Work plan for Region 10 QA/DHS Licensing Collaboration	-Select members of small group to work on issue -Identify issues to be resolved	-Region 10 QA & DHS Licensing with SQC input	Summer -Fall 2013

High-Level Activity	Sub-Activities	Who	When (Start Date)
Establish Measurable Outcomes	-Refine categories previously adopted -Review what data is currently available	SQC & DHS staff working on data	Summer/Fall 2013
Establish Quality Improvement Priorities	-Establish standards - Review data from multiple sources - Set priorities	SQC, RQC, staff, experts as needed	Fall 2013
Review Plans for Participant Survey	-Review content of federal core survey - Provide feedback - Review resulting data	SQC staff, DHS staff working on survey, SQC input	TBD
Develop Work plan for Studying Risk Issues	-Establish SQC subgroup -Recruit outside experts	-SQC	Summer 2013
Provide Input on Report Cards			TBD

Toward a Comprehensive System for Quality

This report closes with an overview of how the previous sections fit together to provide a comprehensive system for quality assurance and improvement for people with disabilities. The State Quality Council was charged with developing a comprehensive system for, “...effective incident reporting, investigation, analysis, and follow-up” ([Minn. Stat. Sect. 256B.097.](#))

In previous sections, we have discussed the various components of such a system. In this section, we will describe how these components can be integrated to form a comprehensive system. Collaboration and partnership are keys to integration of quality assurance and improvement processes across the multiple stakeholders and levels in the system. When people work together and share information, improvements can be made in the lives of those who participate in programs serving persons with disabilities.

The State Quality Council has identified two high-level elements that ensure quality in programs that serve persons with disabilities:

- Prevention and remediation of harm
- Quality assurance and improvement

Both elements must be present, and must be integrated, to ensure that persons with disabilities are well-served. The licensure/enforcement system traditionally deals with the prevention of harm through the setting of standards for providers, by conducting audits and inspections to ensure compliance with standards, by responding to complaints about harm to participants, and by working with providers to help them achieve and maintain compliance. As noted above, the State Quality Council strongly supports the state’s role in establishing this “floor,” which guarantees a minimum degree of quality for all participants.

Quality assurance and improvement above the legally required level is critical for benefit enhancing participants' quality of life and ability to meet their goals. The State Quality Council sees market forces as being a primary driver of this level of quality assurance and improvement. However, for market forces to work effectively, consumers must have information about quality which allows them to choose providers of higher quality. Providers need information about what quality improvement and assurance activities work, so they can adopt best practices.

In a mature quality assurance and improvement system, a variety of data is used to determine outcomes and measure quality. These sources, as discussed earlier, include outcomes measures, participant surveys, licensing data and VOICE review data. By surveying all of the available data, the State Quality Council, the Regional Quality Councils and the Department will be able to develop a comprehensive view of how well the system is serving individuals. Further, as the VOICE review process is scaled for a larger number of cases, more individuals will experience direct quality improvement in their programs and services.

DHS has expert staff that can develop indicators with input from the State Quality Council and Regional Quality Council's, design data collection systems, and provide the statistical analysis needed to interpret the data. The State Quality Council and Regional Quality Councils then discuss the data findings and determine where the system meets or falls short of desired standards. Based on that data, the State Quality Council can set priorities for improving quality on a statewide basis, while the Regional Quality Councils can focus on issues of particular concern to their region. At the Regional level, providers can share best practices and learn what works in their particular setting.

Such a complex undertaking cannot be launched all at once. The State Quality Council is recommending a phased approach, taken over a period of several years. Lessons learned along the way will lead to further refinements before the quality assurance and improvement activities are broadened to include more participants, counties and providers over a greater geographic area.

Recommendations

The Council recommends funding of its work on an ongoing basis. The State Quality Council plays an important role in working with the Department of Human Services and the Regional Quality Councils to improve quality for persons with disabilities. To do its work, the State Quality Council needs staff and funding for its meetings.

The Council recommends that Region 10 Quality Assurance Commission be funded to continue its work, and to enable them to provide training and technical assistance in the VOICE Review process. The VOICE (Value of Individual Choices and Experiences) Review process used in the Region 10 Quality Assurance system has produced positive, self-directed results for participants. The Council recommends therefore that Region 10 Quality Assurance Commission be funded at a level to support their ongoing activities. Further, the State Quality Council strongly recommends that Region 10 Quality Assurance Commission and DHS licensing staff collaborate on how best to utilize VOICE Review data in the licensing process. The Council also recommends that DHS and Region 10 Quality Assurance Commission also work together to avoid creating additional layers in the system.

The Council recommends that new Regional Quality Councils be implemented in phases. Recognizing the state's budget constraints, the State Quality Council is recommending a phased approach to full implementation of the Regional Quality Councils. Further, careful planning and training is needed to determine how best to adapt this process to other areas of the state. The Metro Area poses the challenge of scaling VOICE reviews to much larger populations served, while other areas of Greater Minnesota pose the challenge of smaller populations served, with larger distances to be traveled to conduct these reviews. Also, in the Metro Area, there are fewer of the connections among providers that form an important basis of Region 10 Quality Assurance Commission's model. The State Quality Council therefore recommends that Regional Quality Councils (RQCs) be phased in. The Council recommends that one pilot project be funded in the Twin Cities Metro Area and another in Greater Minnesota. In order for the new Regional Quality Council members to be trained in the VOICE Review process, the Council recommends funding Region 10 Quality Assurance Commission for the development of curriculum and training programs for the staff, members and volunteers of the two new Regional Quality Councils. The Council recommends that three new Regional Quality Councils be established in FY 16-17.

The Council recommends funding for outcomes and quality improvement data. The Council needs appropriate data through participant surveys and other sources to measure whether the system is producing the desired outcomes or not. Data is also a major component of the Council's quality improvement priority-setting process. The Council recommends using existing data sources in the initial phases of its work, rather than incur the costs of entirely new data sets.

The Council recommends in-depth analysis and assessment of financial and personal risk issues. These are complex issues, and the Council would like to devote more time to studying them during this next year. The Council needs more time to examine the interplay among the

Americans with Disabilities Act, the Vulnerable Adults Abuse Act and liability law, for example. The Department's Olmstead Plan, due in June 2013, will also bear on the Council's work in this area. The Council will report to the Legislature in January 2014. Further recommendations include

- The new 245D licensing standards should be implemented before changing other aspects of licensing processes, including variable licensing standards or mandating the transition of new providers into Region 10 quality assurance system
- Part of the new 245D process is integration of some home care licensing with Minnesota Department of Health (MDH) licensing standards. Minnesota Department of Health would value input from the State Quality Council and Region 10 Quality Assurance Commission. The State Quality Council would be pleased to provide such input.

Funding Recommendations

As the State Quality Council began to develop its budget recommendations in late October 2012, it was clear that the state was facing a significant revenue shortfall. While the Council would have preferred to fully implement Regional Quality Councils statewide, construct comprehensive, new data collection systems, produce report cards, and implement state-of-the-art quality assurance and quality improvement processes, members understood that a far more modest approach was needed. The Council reviewed recommendations for implementing its major responsibilities and assessed whether or not an activity was a high priority for achieving its objectives. Then, the Council determined if an activity could make meaningful progress towards the goal of quality assurance and improvement with less than full funding. The resulting budget recommendations are presented below:

Initiative	Detail	FY 14	FY 15	FY 16	FY 17
State Quality Council	-2 FTE -Meeting Costs (12 per year)	\$281,106	\$281,106	\$281,106	\$281,106
Measurable Outcomes	-0.5 FTE -Refine data currently collected by DHS	\$50,000	\$50,000	\$50,000	\$50,000
Quality Improvement Priority-Setting	-0.5 FTE -Develop information from multiple data sources for use by State Quality Council and RQCs in setting priorities	\$50,000	\$50,000	\$50,000	\$50,000
Regional Quality Councils	-2FTE per RQC -Continue Region 10 QA	\$1,290,376	\$1,540,376	\$2,480,752	2,480,752

State Quality Council Legislative Report

Initiative	Detail	FY 14	FY 15	FY 16	FY 17
	-Phase in two new RQCs starting Jan 2014 -Phase in 3 RQC in FY 16-17 -Grants for county participation Training & Technical Assistance for new RQCs, VOICE reviews, QA/QI processes				
Participant Experience Survey	Update and refine current PES or implement new federal CORE survey	\$350,000	\$350,000	\$350,000	\$350,000
Risk Issues	Part of SQC duties	\$0	\$0	\$0	\$0
TOTAL:		\$2,021,482	\$2,271,482	\$3,211,858	\$3,211,858

The State Quality Council notes that federal participation will be available for staff positions, reducing the impact on the State General Fund of these recommendations. The State Quality Council further notes that the cost of its recommendations amounts to only 0.1% of the total amount spent in FY 2012 on all programs serving persons with disabilities in Minnesota. (See, *Biennial Report on Long-Term Services and Supports for People with Disabilities*, Minnesota Department of Human Services, Disabilities Services Division, January 2013, p. 53, at [CCA 2012 Long-Term Care Services Report](#)). The State Quality Council feels that the ultimate benefit to participants and taxpayers from quality assurance and improvement will more than offset this relatively small investment.

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Minnesota Department of **Human Services**

Legislative Report

Appendix A Acknowledgements

The State Quality Council wishes to thank the following people for taking the time to provide briefings, answer questions or participate in small working groups. The support of these individuals assisted the Council in better understanding important issues, and in developing its recommendations.

Chris Bell, Co-Chair
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Appendix B State Quality Council Desired End Results and Values

The State Quality Council was guided in its work by the following statement of its desired End Results and Guiding Values.

Desired End Results:

- Achieve measurable outcomes in health and welfare positive and quality of life for Minnesotans with disabilities who receive services funded under MN Disability Services
- Effort Contribution: This project will contribute to the achievement of the above Intentions by developing
 - A master plan for implementing the legislation ([Minn. Stat. Sect. 256B.097](#)) including a timeline
 - Funding stream strategies that faithfully fulfills the requirements of the legislation
 - Coordination and consolidation of activities related to quality
 - Simplification of provider standards
 - Recommendations to the DHS Commissioner
 - Budget
 - Statutory Changes
 - Draft of legislative report
 - Recommendations for
 - Measurable Outcomes
 - Quality Improvement Initiatives
 - Statewide Survey
 - R10 Transition Plan
 - Regional Quality Councils
 - Funding strategies

Guiding Values:

- It is important the each Council member be heard
- We are seeking a “reasonable” consensus in support of the plan developed by the group
- We can be as innovative as we can be, if we get the results
- Meeting budget deadlines is critical; we will work toward proposals that move us toward our intentions, even if these are not perfect or optimal
- We need basic assurances for outcomes and standards, with flexibility in implementation
- The effort will be a collaboration and partnership between the State Quality Council and the department