

Abstract

Quality Improvement Process (QIP) is a survey administered to program participants in Indiana's HCBS waiver and state-funded programs who are elderly or have a physical disability. The survey is automated and imbedded within INsite, Indiana's automated case management assessment and tracking system, and administered to program participants during annual reassessment. It provides information on various aspects of service delivery from the participant's perspective, including consumer choice, timeliness, respectfulness, consistency and task performance. Results of the QIP are used on an individual basis to identify and follow-up on serious incidents, as well as for providing feedback to providers on their performance.

PRODUCT HIGHLIGHTS

- The QIP is an automated program participant experience feedback survey used for quality assurance/quality improvement
- The QIP is a component of the state's automated case management assessment and tracking system
- The QIP surveys program participants in five domains regarding service provision:
 - Consumer choice
 - Timeliness
 - Respectfulness
 - Consistency
 - Task performance
- Development of the QIP
 - Indiana received a grant from the Robert Wood Johnson Foundation to support the system's development
 - The Center for Law and Health at the University of Indiana designed QIP and oversaw its pilot testing
 - A task force consisting of consumers, state agency officials, area agency on aging directors, case managers and service providers guided the system's design and implementation
 - QIP was pilot tested with four area agencies on aging prior to its adoption statewide
 - Case managers enter data into lap top computers during participant home visits
- Procedures
 - QIP survey administered in person in program participants' homes
 - Administered by case managers, usually at the time of the participant's annual reassessment
 - Each area agency on aging must administer the QIP survey to a sample of at least five percent of all program participants
 - ⊙ Participants from all programs/funding sources must be represented
 - ⊙ Most area agencies over-sample and a few administer QIP surveys to all participants
 - For each service received (e.g., Adult Day Care, Companion, Assisted Living, Attendant Care, Case Management, Homemaker, etc.) consumers are asked a series of questions in five domains about the provider's performance and their own satisfaction
 - ⊙ Program participants indicate whether they experience a situation: always, usually, half of the time, occasionally, never
 - ⊙ Additional participant comments can be recorded in a QIP "Notes" section
 - Case manager supervisors survey participants about their satisfaction with case managers



■ Use of the Data

- Special Review Cases are flagged when a serious incident is identified and/or when there are negative participant responses to trustworthiness questions
 - ⊙ Case management agency investigates
 - ⊙ Once resolved the Special Review Case flag is removed from the database by the case manager supervisor (case managers do not have flag-removal privileges within the system)
 - ⊙ Bureau of Aging and In-Home Services (BAIHS) administrators receive electronic reports on all special review cases
- QIP reports to providers
 - ⊙ Are provider-specific
 - ⊙ Are not shared with providers unless the results are based on five or more program participants. This feature seeks to protect participant confidentiality
 - ⊙ Program Participants' responses to each survey item are aggregated and summarized

■ Lessons Learned

- Build on existing and successful activities: the QIP survey was added to INsite, Indiana's case management assessment and tracking system for HCBS
- In developing a system or new product, involve a wide range of agencies, not just the innovators
- Obtain buy-in from the associations representing program providers and from advocacy groups representing program participants
- Create a climate that values program innovation
- Pay as much attention to program implementation as development
- Provide on going education and support to the field around the issues of quality improvement
- When developing a product or system, make sure it is sufficiently malleable to incorporate modifications—a custom product, not one off the shelf, so that modifications can be easily made

PROGRAM CONTEXT

Program:

Home and Community Based Services for Older People and Persons with Physical Disabilities. Administered by the Indiana Family and Social Service Administration (FSSA) and operated by Indiana Bureau of Aging and In-Home Services (BAIHS) under Medicaid 1915 (c) waiver authority as well as state-funded Choice program, and Older Americans Act, Social Services Block Grant.

Services Covered:

Traditional HCBS Services

Persons Enrolled:

108,000 Statewide



ADDITIONAL PROGRAM INFORMATION

- The Bureau of Aging and In-Home Services (BAIHS) in the Family and Social Services Administration (FSSA) operates four 1915 (c) waivers serving the following target groups:
 - Older people and adults with disabilities: 3800 persons
 - Traumatic Brain Injury: 200 persons
 - Medically Fragile Children: 150 persons
 - Assisted Living: 30 persons
- The state funded Choice program, administered by the BAIHS, provides HCBS to 12,338 older persons and persons with disabilities who are unable to perform two or more activities of daily living
- The Social Services Block Grant and the Older Americans Act, also administered by BAIHS provides in-home services to 55,480 persons and 35,000 persons respectively
- INsite, an automated information system, collects and maintains current program data about each enrolled participant enrolled in these programs
- The Bureau of Fiscal Services in FSSA administers two 1915 (c) waivers serving the following target groups:
 - Developmental Disabilities: 4343 persons
 - Autism: 200 persons
 - Support Services Waiver: 3263 persons
- The Office of Medicaid Policy and Planning in FSSA provides oversight of all of the waivers
- Area agencies on aging are the local entry point for persons seeking services funded by all of the above programs; their responsibilities include assessment, service plan development, and quality assurance. Persons seeking services through the MR/DD waiver and the Autism waiver may enter the HCBS system either through the area agencies on aging or through district offices of Bureau of Developmental Disabilities
- Indiana is undertaking an initiative to increase the number of persons served in the community and reduce the number served in institutions

QUALITY MANAGEMENT SYSTEM

On a day-to day basis the area agencies on aging, which serve as the state's case management agencies, monitor the provision of services. Every ninety days, case managers make home visits to determine whether participants' care plans continue to meet their needs and that they are receiving the services authorized. Reassessments are conducted annually.

Each area agency is required to propose quality assurance activities as part of their area plans submitted to the Indiana Bureau of Aging and In-Home Services (BAIHS). These activities include the area agency's plans for conducting Quality Improvement Program (QIP) surveys to gather consumer perspectives on provider performance and consumer satisfaction.

The BAIHS establishes standards for services funded under the Medicaid HCBS waivers that it administers, as well as the state general revenue funded program, Choice. Annually BAIHS conducts on-site reviews of case management agencies operations, including a random review of participant files and visits to participants' homes. In collaboration with BAIHS, the Bureau of Quality Improvement Services within the Indiana Family and Social Services Administration also conducts random home visits throughout the year.

As part of BAIHS' The Quality Improvement Program (QIP), the subject of this report, surveys are conducted of at least five percent of all program participants to obtain input on provider performance and participant satisfaction. Typically conducted in conjunction with a participant's annual reassessment, the survey asks questions in five domains: choice, timeliness, respectfulness, consistency, and task performance. The QIP survey is a component imbedded within BAIHS' automated case management assessment and tracking system.



Special review cases are flagged when a serious incident is identified through the survey process or when a participant provides negative answers to questions within the trustworthiness domain. Results of the survey are shared with providers in the form of provider-specific reports where information from consumers using the provider's services are aggregated and summarized.

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