

## PENNSYLVANIA'S INDEPENDENT MONITORING FOR QUALITY (IM4Q)

### Abstract

*Independent Monitoring for Quality (IM4Q) is one of Pennsylvania's quality management strategies in its Developmental Disability programs and consists of an independent review team that is composed of individuals with disabilities, family members, and other concerned citizens who are independent of the services being reviewed. A standardized tool is used for collecting information on program participant satisfaction, dignity, respect and rights, choice and control, relationships, and inclusion. IM4Q data are entered into the Home and Community Services Information System (HCSIS), the web-based information system for Pennsylvania's home and community-based services. Data are used by Pennsylvania's Regional Offices of Mental Retardation (OMR) to monitor county performance in service provision, as well as to develop projects to improve program quality. Aggregate reports are made available on a state-wide and county basis.*

### PRODUCT HIGHLIGHTS

- Independent review teams interview individuals receiving services and their families about the
  - quality of service
- The teams consist of individuals with disabilities, family members and other concerned citizens who are independent of the services being reviewed (i.e., not employed by a provider of the person's services)
- The review teams are trained and supported through local independent monitoring programs. Team members are reimbursed for expenses; some teams provide a stipend for each interview
- County departments of Mental Health and Mental Retardation (MHMR) contract with an independent organization to lead the local program
- The interview tool, called Essential Data Elements, was developed with assistance from The Institute on Disabilities at Temple University. The tool includes all questions from the National Core Indicators project interview tool, developed by the Human Services Research Institute in collaboration with the National Association of State Directors of Developmental Disabilities Services
- The 105-item instrument is divided into eight sections:
  - Satisfaction (only participants can answer these questions)
  - Dignity, Respect and Rights (only participants can answer these questions)
  - Choice and Control
  - Relationships
  - Inclusion
  - Monitor's Impressions (completed by the interview team)
  - Major Concerns, completed by the interview team when they discover an issue related to physical danger or evidence of abuse or neglect
  - Family/Friend/Guardian Survey (a telephone survey conducted with a family if the participant approves)
- The monitoring teams enter data into the Home and Community Services Information System (HCSIS), the web-based information system for Pennsylvania's home and community-based services. The Institute on Disabilities analyzes the data



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## ■ Sampling

- OMR set a goal to interview people in licensed community residential programs once every three years. Three-fourths of people interviewed live in licensed community residences
- OMR added people in their own homes, people living with family members, and people in institutions as part of a random sample for the National Core Indicators project. The sample included at least 30 people served by each county MHMR department
- Monitoring teams interviewed 5,298 people and 4,218 families between September 2000 and June 2001

## ■ Reports

- The Institute on Disabilities publishes a statewide report. Each county department of MHMR receives a report about people in its county
- OMR publishes a report combining data from IM4Q and National Core Indicators annually. The report compares Pennsylvania's results to the average results of other states that participate in the National Core Indicators project
- Reports include a wide range of outcomes, including the percentage of respondents who:
  - ⊙ Were satisfied with where they work and live
  - ⊙ Were satisfied with their direct support professionals
  - ⊙ Reported happiness and/or loneliness
  - ⊙ Said they chose how to spend their money
  - ⊙ Chose where they live, what they do during the day, and with whom they live
  - ⊙ Have privacy to make phone calls
  - ⊙ Were able to see friends when they wanted
  - ⊙ Were able to participate in particular community activities

## ■ Use of Data

- OMR Regional Offices use county-level IM4Q data when monitoring county performance. This monitoring evaluates the degree to which the county departments of MHMR comply with state and federal requirements
- OMR established an annual process to identify continuous quality improvement initiatives based on IM4Q and other tools the state uses to measure quality
- OMR determines interventions with input from The Institute on Disabilities, Human Services Research Institute, and the state's Planning and Advisory Committee which includes participants, family members, providers, and counties
- OMR developed draft interventions in September 2002 based on IM4Q. Examples of interventions include:
  - ⊙ Ensuring the annual training of support coordinators emphasizes the right of people to choose where they live
  - ⊙ Development of brochures for participants and families informing them about available employment assistance
  - ⊙ Convening regional focus groups to develop information on best practices to ensure peoples' rights are protected, such as privacy rights

## ■ Lessons Learned

- Develop a vision of the support system that is clear to everyone involved
- Pursue system-wide reform, since all components of the system are interconnected
- Do not let the advantages of information systems distract people from a person-centered focus
- Change the support system and the information systems concurrently. If the information system is changed first, it will support the old system
- Create a communication structure that involves stakeholders and meets the needs of all layers in the state organization



- Perform on-going evaluation of the quality management system to assess the integration of quality management functions into the support system
- Identify individual and organizational champions to lead particular parts of the system change, so someone has a sense of ownership of the issue
- Continually assess the changes using a continuous quality improvement process

## PROGRAM CONTEXT

### Program:

*ICF/MR, Medicaid HCBS Waivers, Early Intervention services authorized by Part H of the Individuals with Disabilities Education Act (IDEA), and state and county-funded supports.* Administered by the Pennsylvania Department of Public Welfare and operated by the Office of Mental Retardation.

### Services Covered:

ICF/MR. Traditional HCBS waiver supports in the Consolidated Waiver. Self-directed or family-directed supports in the Person/Family Directed Supports Waiver. Early Intervention services under IDEA with the Infants, Toddlers and Families Waiver.

### Persons Enrolled:

- 80,000 statewide for all services, including:
  - 4,500 in ICF/MRs
  - 13,200 on the Consolidated Waiver
  - 5,000 on the Person/Family Directed Supports Waiver
  - 2,700 on the Early Intervention Waiver

## ADDITIONAL PROGRAM INFORMATION

- The Consolidated Waiver is Pennsylvania's oldest waiver, operating statewide since 1987. It combined three earlier waivers that served particular regions of the state. The Infants, Toddlers and Families Waiver started in 1997 and the Person/Family Directed Supports Waiver started in 1999.
- OMR sits within the Medicaid agency, the Department of Public Welfare.

- OMR serves people with mental retardation, but does not serve all people with developmental disabilities, which the state defines as physical disabilities that manifest before age 21. The Office of Social Programs, a separate office in the Department of Public Welfare, administers supports for people with disabilities other than mental retardation, including other developmental disabilities.
- OMR is currently implementing a broad reform of its supports called The Transformation Project. The Transformation Project entails a redesign of the enrollment processes and includes development of a web-based information system for home and community-based services called the Home and Community Services Information System (HCSIS).
- Some components of the quality management system were the first elements of the Transformation Project to be implemented, due to concerns raised in a review of Pennsylvania's waivers by the Centers for Medicare & Medicaid Services in 2000. The components of the quality management system were designed to meet expectations outlined in the CMS Home and Community-Based Services (HCBS) Waiver Quality Protocol.
- County Departments of Mental Health and Mental Retardation (MHMR) administer the waivers and other publicly funded supports for people with mental retardation. Pennsylvania's 67 counties formed 46 departments of MHMR, including several that serve multiple counties. The Pennsylvania Office of Mental Retardation (OMR) oversees the counties.
- Counties provide support coordination, either by directly employing support coordinators or by contracting with a support coordination agency.
- The Consolidated and Person/Family Directed Supports waivers have a waiting list. One waiting list is maintained for both waivers. For people who are eligible for waivers, support coordinators complete an assessment called Priority of Urgency of Need for Services. Using this assessment, support coordinators identify the level of support a person needs and the urgency of a person's need for supports. People receive supports based on the urgency of their need, and may receive waiver supports immediately if they have emergency needs. People who must

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wait for waiver supports often receive state or county funded supports while waiting for waiver supports.

## QUALITY MANAGEMENT SYSTEM

Pennsylvania's Office of Mental Retardation (OMR) developed its quality management system as part of a comprehensive reform of its system to support people with mental retardation, called The Transformation Project. Throughout The Transformation Project, OMR and its consultant — Braxton (formerly Deloitte Consulting) — have worked with participants, family members, providers, and county departments of MHMR to meet the project's goals of increasing participants' choice and control and improving the quality of supports. Many components of The Transformation Project are still in a pilot stage, or are not yet part of Pennsylvania's practice. The focus of this report, Independent Monitoring for Quality, is one of several quality initiatives that were the first parts of the project to be implemented.

Another initiative Pennsylvania has already implemented is a new Incident Management System. The state replaced its county-based reporting system with a central, statewide reporting system. The system applies to all facilities licensed by OMR and all providers who receive funding from OMR. Under the new system, providers report all reportable incidents into HCSIS. Collecting all reports in a centralized system allows OMR staff, including licensing staff and quality review staff, to run reports on a providers' incident history. Providers have access to their own data and summary reports, and can enter additional incidents into HCSIS that do not require a report, if they choose to use the system as part of their risk management. OMR also established a certification program for people who investigate these incidents. All investigators must be certified by OMR and must receive the investigation training offered through an OMR contract with Labor Relations Alternatives, Inc.

To improve the health status of people with mental retardation, Pennsylvania established regional organizations called Health Care Quality Units (HCQUs). These organizations employ physical and behavioral health professionals who provide training, technical assistance, health care

advocacy, and other assistance to program participants, providers, and counties. County departments of MHMR determined the HCQU boundaries and contract with the HCQUs. OMR mandated the formation of HCQUs, provided funding to all counties, and provided technical assistance to counties with difficulty forming these organizations.

The HCQUs also complete a health assessment, the Health Risk Profile, for a sample of people receiving OMR-funded residential services. Once data analysis is complete, the Health Risk Profile will provide population-level data for people receiving residential services in the state and in the eight HCQU regions. In subsequent years, the Health Risk Profile will enable OMR and the HCQUs to track health trends and identify ways to improve participants' physical and behavioral health.

Pennsylvania is implementing a new Individual Support Plan based on person-centered planning principles. In addition, a standard tool has been designed for support coordinators to use when monitoring a person's Individual Support Plan. Support coordinators use this tool when reviewing whether the person is receiving supports according to the support plan and whether the person needs additional supports or a change in how supports are delivered. The questions cover subjects such as health, safety, medical information, service delivery, and participant satisfaction. The tool has been piloted in four counties and OMR is expanding its use statewide in 2003.

In counties that use this tool, support coordinators enter results into OMR's web-based information system (the Home and Community Services Information System or HCSIS). HCSIS enables support coordinators to record the ISP and case notes and to have ready access to the person's medical needs, history, incidents, and monitoring notes as well as emergency contact information. The information system includes alerts to support coordinators when service reviews and ISP annual meetings are due. It also issues automatic notices to inform participants/families about eligibility, approved services or service changes, their appeal rights, and scheduled appointments.

Pennsylvania is preparing to implement two related initiatives to standardize provider qualification criteria and provider review processes. When these initiatives are implemented, providers that receive

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OMR funds will need to complete an Invitation to Qualify (ITQ) form before providing waiver services. ITQ will apply to all providers, except providers employed by participants and families under self-direction. To show they meet ITQ standards, providers will complete a series of questions on the web-based HCSIS information system and send hard copies of documents (e.g., financial statements and quality improvement plans) that verify that they have met certain requirements.

In addition to establishing minimum quality standards, OMR will also use ITQ to increase participants' provider choices. Currently, county MHMR departments contract with providers and can choose which providers receive OMR funding. When ITQ is implemented, counties must contract with providers who meet ITQ criteria, who choose to operate in that county, and who are chosen by a participant or family to provide services.

At the same time ITQ is implemented, OMR will establish a standard provider review process to ensure providers meet the ITQ requirements. Each year after they first qualify under ITQ, providers will submit an update of changes to the ITQ questionnaire and hard copies of new documents for preparation for an annual review by OMR. Counties will send OMR comprehensive feedback with respect to each ITQ qualification section. Every four years, counties will conduct an on-site review in addition to their annual review to verify the provider meets the ITQ criteria. Counties also will conduct focused reviews if serious problems are identified.

The above initiatives provide or will provide much data about participants and providers. Pennsylvania has two processes for bringing the data together for quality assurance and improvement. The first process is the monitoring of county MHMR departments. OMR Regional Offices review county MHMR departments to ensure counties follow state and federal requirements. Before going to the county for an on-site review, OMR reviewers learn more about the county and its providers using information from HCSIS about Independent Monitoring for Quality, Incident Management, the Health Risk Profile, and Support Coordinator Monitoring. OMR has implemented an OMR Monitoring of Counties component for HCSIS to provide a consistent monitoring tool and to store

the results of the reviews. After the on-site review, OMR reviewers report findings to the OMR Central Office and to the county. OMR reviewers may require the county to implement a corrective action plan, depending on the degree of non-compliance with requirements.

OMR also draws upon data from its Independent Monitoring for Quality (IM4Q) initiative in developing an annual quality improvement action plan. OMR relies upon two outside organizations (Temple University Institute on Disabilities and the Human Services Research Institute) to analyze its IM4Q data and provide initial recommendations for incorporation into its annual plan. OMR's Quality Management Subcommittee of its Planning and Advisory Committee reviews these recommendations and makes revisions as necessary prior to presenting the recommendations to its entire Planning and Advisory Committee for additional input before the plan is finalized. The Planning and Advisory Committee includes program participants, providers, family members, and county representatives. Typically the action plan identifies and prioritizes specific interventions to improve program supports, such as: additions to annual support coordinator training, additional information or training for participants and families, and providing examples of best practices on a given topic to counties, providers, and participants.

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