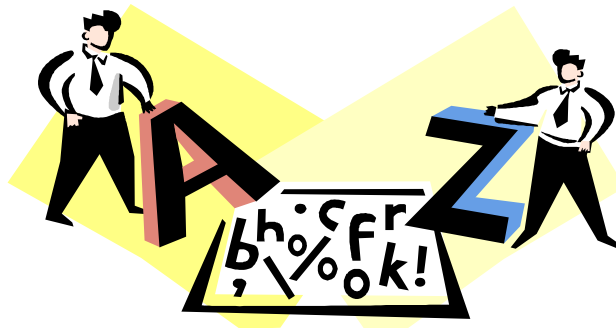


The Quality Services Review Process From A to Z

A Guide to Coordinating a Review for Reviewers



April 2017

**Quality Management Team
Developmental Disabilities Services Division**

The DDSD Quality Management Team, through its quality management activities, in partnership with providers, improves the lives of the people we serve, and promotes the continuing contribution of people with disabilities within our Vermont communities.

COORDINATING A REVIEW

The approximate date of the agency review should not be a surprise. Discuss this with the program director and others, as appropriate, even prior to the following.

ABOUT 4 to 6 WEEKS PRIOR TO THE REVIEW:

- Send written notice via e-mail or letter to agency program director with copy to executive director notifying them of the review approximately 45 days prior to the start of the review.
- Set up a **meeting to schedule** the review. We usually meet with the agency about 30 days prior to the start of the review to provide them time to set up the schedule, visits, records, etc. The contact person and nurse usually both meet with agency but each agency handles scheduling the review differently. You may find it helpful to have the **agency send you a current caseload list prior** to meeting with them.
- Send an **e-mail or memo to DDSD including OPG asking for names of individuals** to be reviewed.
- Obtain a copy of the Agency **spreadsheet** and lists of previous review samples.
- Plan** enough time to review the info before meeting with agency. Give copy to the nurse contact on the team.
- Obtain input from DDSD central office, including OPG** about the agency prior to the review. If appropriate **send an email notifying DDSD of the need for input.**

BEFORE MEETING WITH THE AGENCY:

- ❑ **Determine number of people to be reviewed:**
 - **The sample size** depends on number of individuals served through DDSD funding; i.e., Home and Community Based Services (HCBS), ICF. Do not include TCM (targeted case management), FFF (Flexible Family Funding) or Bridge Program Funding.
 - When determining the number of people to review also consider the number of days scheduled for review and number of QMRs available. Prior to review double-check availability of team members. The number of days planned for review and the number of QMRs available is determined by the team when we plan our schedule. In winter, you may want to add a snow day or two. If the review also includes gathering designation information, allow extra days or time off the review schedule to meet with people that need to be interviewed.
We are generally using a fifteen percent (15%) sample for all agency except Howard Center where we use a ten percent (10%) sample due to their size and reviewer resources.

- ❑ **Identify preliminary sample to be reviewed** based on review of agency caseload list, spreadsheet information, DDSD requests for individuals to be reviewed, waiver approval memos, etc. Determine the date of last review by comparing whatever review lists you or the previous contact kept. As much as possible, identify who needs to be reviewed based on the info you have and the criteria listed below. Try to get a good cross section of services, service coordinators, etc. Our sample is not truly random.

- ❑ **Selection criteria for people to be reviewed:**
 - People new to services/new to this agency;
 - People whose services have significantly changed since the last review;
 - People who DDSD or the agency has requested;
 - People who have not been reviewed or were reviewed 10 or more years ago.
 - People with significant issues identified at the last review or since the last review.
 - People with “high-end” budgets (budgets of \$150,000 or more).
 - People with minimal services
 - People who represent the full spectrum of services provided by the agency

- ❑ The sample should try to include all services the agency provides that are DS funded (e.g., Home supports: DHs, GHs, ICF, supervised apt, supported apt, staffed apt; Community/social supports: staffed services, companion/contracted services; HCBS funded work supports; Family supports: respite, staffed and shared parenting. *We do not review VR grant funded work supports, FFF or Personal Care Services funded through DDAIL.*

AT THE SCHEDULING MEETING WITH THE AGENCY:

- Review **sample size**, identify **who** will be reviewed, and **the services** these individuals receive. **The agency may want to add some names to the sample in order to get some outside feedback for specific individuals and their services. This is fine, but the sample should be a blend of individuals we select and individuals selected by the agency.** One option may be to allocate a certain percentage or number of individuals for the agency to choose, say ten percent or less.
- Specifically **identify people the nurse should review** and who she should visit. Only one individual requiring a medical review and visit should be scheduled per day.
- Go over the **review dates**, the **number of QMRs** available each day, and **scheduling Guidelines** (see below). The review sample size may need to be modified due to the number of days allotted, number of QMRs available, and the amount of services individuals receive.
- It is the agency's responsibility to notify individuals being reviewed, their family/guardian and staff about the review.

Some Scheduling Guidelines

- ⌘ Each reviewer reviews one individual who receives "full or double services" (e.g., both home and community supports), or may review up to two individuals who receive one primary service (e.g., the person receives only non-24-hour in home supports, or only community supports, or only work supports, or only respite.)
- ⌘ All visits should occur on the same day to the extent possible. People who receive home supports (along with other supports) will be visited at home. To the extent possible it would be helpful if the community support or other support staff can be there. For people who receive other supports, but not residential supports, we should strive to meet with them and their support staff in a convenient location that allows for conversation. We usually do not visit with family respite workers, but do visit or call the family. If the respite services appear to actually be contracted community services, you may need to discuss with the service coordinator and potentially visit with the respite provider.
- ⌘ As the contact person, plan to interview the managing directors/team leaders and Agency Director, particularly if this is a designation review.
- ⌘ Remind the agency we need the service coordinator to be available to discuss the person with us the day she/he is being reviewed, but doesn't necessarily have to accompany us on visits, although this is appreciated. If the service coordinator is not going to accompany us on a visit, a trip by the service coordinator to the meeting location to introduce us is expected.
- ⌘ It's up to the individual consumer if s/he visits with us, but home providers and staff need to meet with us. Often the reluctant individual is reassured when their service coordinator explains that we are here to review the agency, we are not reviewing them.
- ⌘ The individual may pick a location where they are comfortable to meet with us, but we do need to visit the developmental home.

- 🔗 We like to see the interactions between the providers and staff and the person supported.
- 🔗 If someone is working, we visit on site **ONLY** if it is not intrusive, is ok with the person, and with the employer.
- 🔗 We do not visit natural families as a rule but do what makes sense, a phone call is usually sufficient (especially if services are limited).
- 🔗 The agency puts together the **schedule** based on our “guidelines”. The schedule should include the **dates**, **names** of the individuals, and **times** of the visits. The location of the visit is also helpful, especially for agencies geographically widespread so we can plan our travel time. Some agencies provide more info such as the types of services and name of the service coordinator.

- At the meeting **ask the agency to send you the schedule at least two weeks before the review** starts so you have time to review it, request changes if necessary, and assign QMRs. Some individuals request certain reviewers and that’s ok; sometimes the agency assigns reviewers but we make the final decision.
- Some agencies like to **schedule a kick off meeting** at the start of the review to discuss what’s been going on at the agency, for individuals, etc. If this is the case, be sure to allow time for the meeting.
- Also at the scheduling meeting, ask the agency to complete the **Consumer Information Sheets for each individual** in the review sample including the date and time of the review, name and contact information for the guardian, shared living provider and other information the reviewer should know. They should send these sheets in with the review schedule **via the GlobalSCAPE SFTP site** at least **two weeks prior** to the start of the review.
- Pass out and review the Electronic Submission of Documents for the QSR document with the staff at the agency responsible to ensure information is available to the reviewers. Be clear that all required documents need to be uploaded to the GlobalSCAPE SFTP site or available through remote access to the agency’s electronic records within 5 business days of the meeting. Remind the agency we need “home books” (if any) and CIRs forms if filed separately from the records.
- Schedule the feedback date and time.** Discuss the feedback date with the Executive Director. Also discuss with the program director having a separate feedback meeting, just before or after the regular one, to provide feedback to other interested persons (private guardians, consumers, families, standing committee members, etc).
- Remind agency staff, that if there are concerns during the review about how the review is being conducted, that they should address these concerns to the team lead during the review (as soon as these issues arise).

- Ask the agency to send a **current organizational chart** prior to the start of the review.

AFTER THE MEETING:

- Set up a folder for the review in the shared review folders on the I: Drive. Download the individual specific documents from the SFTP site once you know the Agency has uploaded them, or provide each reviewer with the necessary log in and access procedure to the agency's electronic record. Save the documents by individual to the review folder you created. Organize the files by assigned reviewers and notify reviewers when the file is ready.**
- Create and save in the Agency review file on the I: Drive the following Master Documents:**
 - Original Excel Data Sheet**
 - Master copy of Attachment A**
 - Individual Comment Sheets for each person being reviewed**
- You may want to note people who are new to services, have recently moved to a new home where a Housing Safety Inspection was done, people receiving public safety/Act 248 supports and people with Critical Incident Reports.
- Make sure the Executive Director** of the agency, is aware of the upcoming review, the dates of the review, and the feedback date.
- Confirm scheduled discussion meeting for the review team.**

BEFORE THE REVIEW make sure you have:

- Created an individual packet with completed Consumer Information sheets, blank copies of Attachment A, copy of the review schedule and a copy of the Agency spreadsheet showing the budget for the individuals being reviewed** for each member of the review team
- Housing Safety and Accessibility Inspections** – Check to see that inspections for the DHs in the review have been done and identified areas addressed. This is helpful in following up with the service coordinator/home provider if the person has recently moved to a new developmental home.
- Relevant **Critical Incident Reports**
- A copy of the **last review, QSR Report and POC (Plan of Correction)** for the agency, if applicable.
- Copies of the schedule** with QMR assignments for the team and the agency (they like to know who's reviewing whom, so the service coordinator knows whom to contact with changes, etc.)

- Copies of the **caseload list** and **organizational chart** for the agency.
- Designation questions**, if this is a designation review.

DURING THE REVIEW:

- Touch base with fellow reviewers on status of the review. If there are problems that need to be addressed, coordinate who will follow-up.
- It is critical that each team member discusses findings and recommendations with service coordinators.
- Some program directors want feedback during the review (half time report). If so, and you have feedback to share from other team members, do so.
- An effort needs to be made for the lead to check in with the director or other key staff at the end of each day, especially if there are areas of concern identified.
- If this is a designation review, coordinate the review team's interviews.
- Things to check on during the review:
 - Last review for issues that should be re-checked.
 - Are written notifications of budget changes being provided?
 - Is there a periodic review of needs with the person or family?
 - Have people seen their budgets?
 - Are guardianship papers in the file?
 - All required information on the Emergency Fact Sheet (check only if the Team Nurse isn't doing a Medical Review of the EFS & File).
 - Has the ISA been signed off on by a QDDP? Are progress notes and the ISA reviewed by a QDDP?
 - Has the person's story been updated?
 - Are individuals given the opportunity to register to vote?

Each reviewer will use the consumer outcomes and ISA checklist to guide them.

The Team Nurse has her own list of items to check during the review. She will use the Consumer Outcomes and Medical Guidelines Quality Review Findings (Attachment B) to guide her.

AFTER THE REVIEW:

- Each reviewer should complete their data using the Excel data sheet and Individual Comment sheets as soon after the individual review as possible. Note that only one reviewer at a time can access the spreadsheet, so there may need to be some coordination between reviewers in order to access the file. The reviewer completes their data noting EPPs, recommendations, NCs, etc. Please review the data for each consumer you reviewed and check data for changes you want to make before you let the lead know you have finished.
- If you're the lead reviewer, review the completed spreadsheet that has the **compiled data and percentage scores** for the outcomes. Review and **adjust so the total percentage for each outcome = 100%**, and displays an accurate count of individuals in each category.

- ❑ The team meets to **discuss** the **review**. It helps to identify the “themes” in an agency if all team members' data is complete and compiled prior to this meeting, but this is not always possible. It is also helpful to have discussion about possible areas of importance, if any.
- ❑ The lead reviewer and team nurse then **prepare the feedback**. The feedback is a brief verbal overview of how the agency is doing. It is not intended to be a comprehensive report.
- ❑ **At the feedback** meeting we provide the agency with a general verbal summary of the review and our findings, including progress on areas of importance from the last review and any areas of importance identified through this review. Feedback is primarily presented by the lead reviewer and team nurse; There are usually no surprises for the agency at the feedback meeting because we provide feedback throughout the review. The lead reviewer should have conversations with the director about our major findings and get their perspective prior to feedback.

THE REPORT:

- ❑ **Use the newly updated report format.** Parts of the report are standard and only need to be individualized for the agency (e.g., letter, Intro, etc.)
- ❑ If the agency has ongoing issues or areas of importance from year to year, be specific about our follow-up in the report (e.g nurse will provide training on Medical Guidelines; QMR Team will provide ISA training; Meet with service coordinators monthly and do record reviews).
- ❑ **Reports are due out 45 days from date of feedback, earlier if possible.** The lead reviewer, team nurse and each member of the review team **proofread** and provide edits of the report to the lead reviewer. The lead reviewer will go over these edits and check to make sure the report “flows” when all the parts are merged. The lead reviewer also sends the report to the rest of the team for proofreading and editing when it has been completed. Once all revisions have been made the report returns to the lead reviewer for review and signatures. **The report is then given to the Division Director for review.** The Division Director will review any edits or revisions s/he has with the lead reviewer to make final changes. The report is then sent to the agency.
- ❑ If the agency is asked to change services (e.g. community supports to work supports), e-mail this information to the DAIL business office, attention Joanne Herring or Jim Euber, so that they can make sure that the changes are made in the following spreadsheet.

AGENCY RESPONSE TO REPORT and OUR FOLLOWUP:

- ❑ The agency needs to submit a Plan of Correction (POC) addressing the Areas for Importance, Necessary Changes identified in the report and all areas marked with an “X” on the Medical Guidelines Quality Review Findings (Attachment B)

and ISA Guidelines Quality Services Review Findings (Attachment A) within 45 calendar days' receipt of the report.

- The lead reviewer and team nurse review the POC. Follow-up with agency if more information is needed. Send letter accepting POC and/or describing what more is needed.
- Further follow-up with the agency, monitoring, and/or technical assistance is individualized to the agency.
- The lead reviewer will save an original copy and a redacted copy of the QSR report, the agency's POC and letter of acceptance along with any other pertinent documents to the Agency's review folder in the I: Drive.

Additional Coordination for a Designation Review

General Timeline & Duties

- The re-designation process begins when the Department of Mental Health (DMH) sends a letter to each Designated Agency approximately ten (10) months prior to the expiration of their Designation notifying them that they need to submit a new application for Designation. The letter goes out from the commissioners of both DMH & DAIL and includes contact numbers and information for quality team leaders responsible for the designation process at Adult & Children's mental health & ADAP services for DMH and DDS services for DAIL.
- DAIL sends out a similar letter with the same time frame for DDS specific Specialized Service Agencies. A sample can be found in the attachments section of this document.
- The Agency needs to submit a Letter of Intent requesting to be re-designated within 30 days of receiving the Notification Letter.
- Upon receiving the Letter of Intent, DMH will send out the Application for Designation to the DA that includes a link to the ADA checklist. DAIL will send out the application to the DS SSAs. A copy of the application can be found in the attachment section of this document.
- The Agency has Thirty (30) days to return the completed application and all information requested. They may request and be given an additional 30 days if necessary to provide all or additional information. All required documents and information must be received from the Agency within 60 days of their receipt of the application for designation.
- DMH will post a notice in newspapers covering the geographic area for each DA informing the public about the Agency's application for Designation and to seek input. DAIL will do the same for each DS SSA. These notices should run for a two (2) week period. Public input concerning DS services is to be sent to the QM Team Leader.
- Within sixty (60) days of receiving the Agency's application for Designation, DMH will send out a survey to the Agency's Board of Directors seeking their input around the running of the agency, specifically their duties and responsibilities as Board members. DAIL will do the same for each DS SSA. A sample of the SSA Board/Standing Committee Survey can be found in the attachment section of this document.
- Information is gathered during the Quality Services Review and from sources listed above. The Lead QM Reviewer drafts the DS portion of the Designation Report for the DA and submits it to DMH for inclusion in the Unified Designation Report. The Lead QM Reviewer drafts the entire Designation Report for the SSAs. One (1) week prior to the SPSC meeting the Lead QM Reviewer sends a copy of the

completed Designation Report to the DDSD Executive Staff Assistant to send out to the members of the SPSC.

- The Lead QM and Nurse Reviewers will present the completed report to the DS State Program Standing Committee (DS SPSC) for review and Recommendation within six (6) months of the Initial Notification letter from DMD/DAIL.
- The Lead QM Reviewer informs the DAIL Commissioner of the recommendation from the DS SPSC. The Commissioner makes a final decision concerning the Agency's Designation status within 30 days of receipt of the DS SPSC's recommendation and sends formal notice to the Agency. The Commissioner can grant re-designation, provisional designation or decide the agency needs to be De-designated or give the Agency an additional sixty (60) days to provide additional information before making a final decision.
- A certificate granting the Agency Designation is sent to the Agency once the Commissioner approves re-designation of the Agency.

DS QSR/Designation Review Specifics

- The QM Reviewer for the DA/SSA will inform the DS Director and other key staff at the Agency that the team will be performing a Designation review and data gathering process when s/he schedules the Quality Services Review. S/he will review and leave with the Agency the following list of documents and meetings that need to be provided as part of the designation review. The Agency has thirty (30) days to provide these documents to the QM Reviewer. They can be uploaded to GlobalSCAPE along with the QSR schedule.

DOCUMENTS REVIEWED DURING THE DESIGNATION REVIEW:

- List of current standing committee members. (4.2.5.2)
- The agency's Reimbursement Policy (4.2.5.5)
- Standing Committee meeting minutes. (4.2.6)
- The agency's organization chart. (4.3.7)
- Reports documenting consumer and family satisfaction discussions and dissemination of information/use of findings by the Standing Committee & other agency groups. (4.4.1)
- A sample of contracts between the agency and shared living providers and/or individuals or families that shared managed services. (4.7.7.1)
- The agency's internal QI/QA Plan & annual updates. (4.8.1)
- A copy of the agency's personnel policies (4.10)

- The agency's Training Plan. (4.11.2) Documentation of staff training, especially new staff training and orientation (4.11.3)
- The agency's written policy regarding consumers/guardians changing staff (4.12.3)
- The agency's written policy for making accommodations for communication and understanding of information by consumers based upon the needs of each individual consumer. (4.12.4)
- The agency's Rights policy. (4.13) *(Note: Needs to reflect all of 4.13 and DD Act Rights).*
- The agency's written policy and procedure for complaints, grievances and appeals. Also look for confidentiality to public re a complaint statement. (4.15)

APPOINTMENTS/INTERVIEWS TO SCHEDULE:

- DS Director or representatives
 - Intake Coordinator or equivalent
 - Agency QA/QI person
 - Agency DS standing committee (a survey is available as an alternate means of collecting this information)
 - Distribute Board of Directors or Local Program standing Committee Surveys, collect completed surveys and send to the QM Lead Reviewer.
 - Review Team Nurse Reviewer will want to meet with the agency nurse(s) during the review
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- The Lead QM Reviewer will provide each team member with a copy of the Designation Questions for Consumers, Family/Guardians and Agency Staff. The QM Reviewers will ask the questions and record responses as part of the quality services review interview with the appropriate people.
 - The Lead QM reviewer will hold meetings with the DS Director, Intake Coordinator and Local Program Standing Committee if invited to and ask the appropriate Designation Questions to each person/group.
 - The Lead QM Reviewer will hold a Designation Discussion meeting with the full QM Review Team to go over information gather from the Designation Questions, interviews, document review. Together they will go through each section of the Designation Report and decide is the Agency meets the standards as defined for each area or if there are deficiencies. If there are deficiencies, the team will identify the information that will be entered into the report along with steps the Agency needs to take to resolve them.
 - The lead QM Reviewer will draft the DS portion of the Unified Designation Report for a DA and the entire Designation Report for a SSA using the information from the meeting described above and making sure to incorporate the information from the following checklist.

REPORT CHECKLIST – Internal reviewer tool - Reminders of issues to check on in order to get an overview of agency functioning as it relates to designation.

- Is there an internal quality plan, committees to evaluate resource availability and use, good internal communication and shared decision making at all levels? (4.3.1)
- Use by the agency of the consumer and family satisfaction information? (4.4.1)
- Involvement of consumers and families in the ISA process. (4.9.2)
- Are families and consumers included in program design? (4.4.2)
- Does the agency provide services it is designated to provide? (4.7.1) Does service capacity meet demand? (4.7)
- Does the agency provide a timely review of applications for services and supports; information and referrals; ISA's; education about service options; periodic review of outcomes, ISA's, and budget needs. (4.8.6)
- Do records meet DDSD guidelines? (4.9.7)
- What are the collaborative efforts with the community; human services agencies in the area (schools, DCF, VNA?) (4.7.6 and 4.7.7)
- Comment on the agency's internal written QI Plan and its implementation. (4.8.1)
- Comment re: quality of consumer records and documentation. (4.9.2)
- Comment on the agency's response to the last quality services review (timely and effective). Does the agency respond to the QI process in a timely manner? (4.8.2)
- All ISA's present? Did they describe services to be provided? Were signatures present? (4.9) Are they reviewed as indicated? (4.9.8)
- Does the agency have a written training plan which includes; assessment of needs; activities designed to meet needs; involvement of consumers/family members and all other DDSD requirements? (4.11.2) Do staff have the necessary training and experience needed for their position? (4.11.3)
- Does the agency adhere to physical accessibility standards in the ADA? (4.12.1) Note how the agency communicates with consumers (accessible?) (4.12.4)
- Note if there is a "rights policy". (4.13)
- Does the agency provide services that safeguard the health and safety of consumers? (4.9.9)
- Are there CIR procedures, APS reporting guidelines, and med sheets? (4.9.9)

- The Lead QM Reviewer sends a copy of the completed Designation Report to the DDSD Executive Staff Assistant to send out to the members of the SPSC at least one (1) week prior to the SPSC meeting where the report will be presented.
- The Lead QM and Nurse Reviewers will present the completed report to the DS State Program Standing Committee (DS SPSC) for review and Recommendation within six (6) months of the Initial Notification letter from DMH/DAIL. Representative from the DS portion of the Agency are invited to participate and answer questions from the SPSC.
- The Lead QM Reviewer drafts a letter informing the DAIL Commissioner of the recommendation from the DS SPSC. The Commissioner makes a final decision concerning the Agency's Designation status within 30 days of receipt of the DS SPSC's recommendation and sends formal notice to the Agency. The Commissioner can grant re-designation, provisional designation or decide the agency needs to be De-designated or give the Agency an additional sixty (60) days to provide additional information before making a final decision. Sample letter can be found in the Attachments section of this document.
- The lead QM reviewer prepare a certificate granting the Agency Designation and sends it to the Commissioner for approval and signing. It is then sent to the Agency to complete the process.

Attachments for Quality Services Review

Outcomes with Indicators to keep in mind while on review and scoring data

1.1 Services respect and encourage the civil and human rights of individuals.

- Individual's privacy is respected (*the individual has his/her own space in the home that is clearly his/her space where no one enters without permission, information about the individual is not shared without permission*)
- Individuals have the right to change service staff without fear of retaliation.
- Individuals are supported to express their spirituality
- Individuals are supported to find satisfying ways of expressing their sexuality.

1.2 Interactions and services are respectful to individuals at all times.

- Services and environments are respectful of individual differences and are physically, culturally and linguistically accessible.

(Respectful tone of comments about the individual verbally and in all paper work, activities and interactions are "age appropriate", person is part of family/household-included in activities, individual not talked about in his/her presence as if not there)

1.3 Positive behavioral supports are used when needed.

- An individual's choice that present risks are addressed to promote a balance of autonomy and safety.

(Is Behavior Support Plan/restriction of rights clearly defined, reasonable, describes and addresses observable behavior, positive in approach, individualized with thoughtful follow-up plan)

2.1 Individuals make the decisions that affect their lives.

- Individuals are presented with sufficient information and realistic opportunities to broaden their understanding of their choices.
- If no guardian, are individual's decisions honored
- Individuals live and receive services where they choose within appropriate resources. (If person lives with an SLP were they involved in the interviews and selection of the SLP, who had final say? If person wants to live in his/her own apartment what attempts are being made to work on this and how are options being explored?)

2.2 Individuals receive assistance in accepting responsibility for their own decisions.

- Individuals are given opportunities to make decisions unconditionally (Dignity of risk)
- Individuals are held to the same standards as the general public (as appropriate)
- Individuals are supported to accept consequences of decisions made and learn from them.

2.3. Individuals have the opportunity to manage services and choose how resources are used.

(Has the option of managing services been discussed with the person? Have generic and community resources available to the person been discussed with options explored?)

3.1 Individuals direct the development of their service plans which reflect their strengths, needs and goals

- Individuals are supported to develop and achieve their goals.
 - Service plans reflect and are changed based on an individual's strengths and needs.
 - Individuals are asked about their satisfaction and are satisfied with their services.

3.2 Services are developed with the family/guardian's input.

(This should reflect the signature/participation of the individual, guardian and other team members, It can also reflect when the person and or guardian state they weren't asked what they thought needed to be worked on in the ISA or their thoughts and ideas/input wasn't taken seriously)

4.1 Individuals receive support to foster personal growth and encourage the development of practical life skills.

- Individuals receive information about and are encouraged to access generic community resources that will enhance their skills and independence.
- Individuals are provided with opportunities to grow

4.2 Individuals live in settings that promote independence and skill development.

- Individuals are provided with the necessary supports to live with their family, in their own homes and in the neighborhood of their choice. (*Homes of their choosing*)

4.3 Individuals live in settings that are safe, accessible, and meet their needs.

- (Housing Safety Guidelines, Offender policy, Community Notification policy, Peggy's Law and Mandatory Disclosure Policy are all followed).

4.4 Individuals that choose to work have meaningful jobs that are suited to their interests and have the supports necessary to maintain those jobs.

- Individuals are informed of options available to them and given the knowledge they need to guide their job search.
- Given available resources, individuals receive effective job development from qualified, trained employment staff

5.1 Individuals are encouraged and receive guidance to develop and maintain relationships that are meaningful to them.

- Families are valued for their expertise regarding the family needs.
- Individuals are provided with the supports to maintain contact and relationship with their family as desired.
- Individuals are supported to spend time with the people important to them.
- Individuals are supported to have safe, healthy intimate relationships of their choosing.

6.1 Individuals have a sense of belonging, inclusion and membership in their community.

- Individuals are supported to find ways of actively participating in their communities and are valued members of those communities.
- Individuals have support to exercise their civic responsibilities.
- Individuals have the support and opportunity for community service/volunteering as desired.
- Individuals are encouraged to participate in recreational activities when appropriate.

(*An EPP=individuals participating in the above activities through their own choosing and direction*)

7.1 Individuals have their medical and health needs met in accordance with the Health & Wellness Guidelines and are consistent with those available to all community members.

7.2 All medical documentation is timely, accurate and in compliance with the Health & Wellness Guidelines. (Attachment B)

7.3 Individuals are encouraged/supported to maintain healthy lifestyles and habits

8.1 Individuals are able to communicate effectively in their preferred mode.

- Communication is in a format and language that the individual can understand.
- Opportunities to enhance and expand communication skills are offered.
 - Individuals have access to the necessary supports and technology to communicate in their preferred method(s).

8.2 People the individual communicates with the most frequently have the ability to understand, interpret and support the individual in his/her communication.

9.1 Individuals have timely assessments and service plans. (*Needs Assessments/Periodic Reviews, ISAs, ISA Reviews, Special Care Procedures, Behavior Support Plans, Work Plans, Communication Plans, etc....*) Items on Attachment A for compliance purposes, is it there or not and was it done on time including necessary signs of approval.

9.2 ISAs are personalized, of quality and developed in accordance to the ISA Guidelines.

(*The quality of the ISA, in particular the Outcomes, Support Strategies and Tracking are scored here.*)

9.3 Individual critical incidents are reported in a timely fashion to DDSD and are in compliance with DDSD policy.

9.4 Individuals have trained and responsive staff.

- Individuals have staff that have received pre-service, in-service and individualized training to best meet the ongoing needs of the individual.
- Service providers receive training relevant to their responsibilities with additional training to meet changing needs.

9.5 Individuals have staff that receive adequate supervision.

9.6 Individuals participate in the selection and training of their individual support staff.

9.7 Services reflect innovation and best practices within allocated resources.

9.8 Individuals' services are managed in a fiscally responsible manner.

- Services make use of generic resources, settings and activities without duplicating existing resources.
- Individuals benefit from collaboration among multiple service providers.
- Budgets/AFL match services being provided to the individual.

When scoring a review keep the following Outcomes in mind for comments:

1.1 for respect, privacy; 1.3 for positive, individualized behavior supports; 2.1 for real, informed choice making; 3.1 for active participation of the person in the planning process, services reviewed and changed as needs change. 4.2 for person having his/her own space in the home that is clearly his/her space where no one enters without permission, person living in home of his/her choosing, person "fitting" into the home and family, belonging; 4.4 for people working in jobs of their choosing including type of work, work schedules that match their needs and preferences; 7.1 QM Nurse Reviewer only comment here; 8.1 for giving the person the ability to communicate in a manner that is effective and meaningful to him/her; 9.1 for addressing issues from Attachment A; 9.2 for the quality of the ISA, Person's Story & other plans/ attachments to the ISA.

Possible Questions for Reviews

- [1] How comfortable do you feel with your case manager, your support worker?
- [1, 4] What are the rules in this house? How do you feel about them?
- [1,4] Do you have a space in the home that is truly yours where you can have privacy and a say in who can come and go?
- [1] Do you know about a local peer support group?
- [1] Do you know about Green Mountain Self Advocates and the kind of things they do? (Individual and CM)
- [1] Does the person have any behaviors that challenge you? How do you handle that?
- [2] What do you like about the help you are getting? Dislike?
- [2,3] If you could change anything that is happening now, what would it be?
- [2,6] Where do you go in the community?
- [3] What is your typical day like? (choices) (Individual and support staff)
- [3] Are you satisfied with how things are going?
- [3] How do you plan the day? Does anyone help you? How do they help you? (Individual)
- [3] Do you get to choose the people who help you?
- [3] Were you part of the ISA planning? (DH/Individual/CIS/Guardian)
- [3] Are you involved in planning services? Are you satisfied? (Family/Guardian)
- [3] What are you learning? How is that important to you?
- [3] What do you see as different three years from now? (CM, DH)
- [3,6] What do you do for fun?
- [4] How do you like living here? [DH]
- [4] Were you involved in choosing to live here? Did you have more than one home to choose from?
- [4] Do you mind if I check your smoke detector?

[4] Are you interested in working, looking for work? Are you satisfied with your work? Do you get the support you would like from an employment specialist?

[5] Do you see your friends/family often? As often as you would like to? Why not? (if No).

[5] Who do you get together with? Who makes this happen?

[6] Did (Do) you vote? Are you interested in learning about voting?

[7] What information do you get about staying healthy? What kind of support do you get in visiting doctors, dentists, etc.?

[8] Do people communicate with you in a manner that is easily understood by both you and them?

[8] Do you feel people make the effort to listen and understand when you talk to them?

[8] What have you done to improve the person's communication abilities?

[9] How much do you know about your budget? (Does it match what the person is funded for? (Individual/Family)

[9] What kind of training have you received? (All) What kind of information did you get when you started? (New staff)

[9] Do you feel that there is any area that you need training in?

[9] What kind of support do you get from the agency? (DH, CIS)

[0] What do you think went really well this year? - All

[0] What would you likely contact the DH about? (CM)

[0] Anything surprise you? (DH - looking for positives).

Attachments for Designation



State of Vermont
Agency of Human Services
Monica Caserta Hutt, Commissioner
Department of Disabilities, Aging and Independent Living
HC 2 South, 280 State Drive
Waterbury, VT 05671-2020
802-241-2401
www.dail.vermont.gov

_____, 20__

_____, Board President
_____, Executive Director

Agency Name.
Address
Town, VT 05__

Dear _____ and _____:

The Department of Disabilities, Aging and Independent Living (DAIL) is writing to notify you that DAIL will formally assess agency compliance with the **Administrative Rules on Agency Designation** effective June 1, 2003. This letter serves as official notification of the start of the re-designation process for Agency Name.

On or before _____, _____, Agency Name should submit a Letter of Intent to apply for re-designation. There is not a prescribed format for the letter of intent. The letter should state that the agency is applying to be re-designated as a Specialized Service Agency for:

- ❖ Individuals with Developmental Disabilities

The letter of intent may be addressed to the _____, Commissioner, Department of Disabilities, Aging and Independent Living and sent to the attention of:

_____, Quality Management Team Leader
Developmental Disabilities Services Division
Department of Disabilities, Aging and Independent Living
HC 2 South; 280 State Drive
Waterbury, VT 05671-2030.

Also enclosed you will find the "Application for Re-Designation as a Specialized Service Agency" which lists the information that you need to submit to DAIL. This application, along with the information requested, needs to be sent to DAIL no later than _____, _____.

The application has been shortened by eliminating information already available to DAIL or available in other forums in the designation process.

_____, 20____
Page 2

If you have any questions, please contact Quality Management Team Leader, at (802)

Sincerely,

_____, Commissioner
Department of Disabilities, Aging, and Independent Living

Enclosure

cc: _____, DDSD Director
_____, DDSD Quality Management Team Leader
_____, DAIL Business

APPLICATION FOR RE-DESIGNATION AS A Specialized Services Agency

Agency:

Address:

Re-Designation requested for: (Check *Yes* or *No* for the applicable population/s)

❖ Individuals with Developmental Disabilities Yes No

Regulation Citation	Designation Standard	Evidence	Included with Application (X)
4.1	Incorporation as a Non-Profit	Copy of Current State of Vermont License	
4.1	501 (c) 3 Status	Copy of IRS Notification	
4.3.7	Organizational Chart	Current Organizational Chart (identifies reporting and supervision relationships by position titles)	
4.14	Accessibility	Submit completed ADA checklists	
Other Information to be included with the Application:			
Current Accreditation Report by a consultation body (<i>e.g.</i> , CARF, JCAHO) and Plan of Correction/Annual Updates (as applicable)			

The application has been shortened by eliminating information already available to DAIL or available in other forums in the designation process.

Please fill out an ADA checklist for each building from which the agency provides services and send the completed checklist in with the other required information.

The ADA checklist site is located at <http://www.usdoj.gov/crt/ada/racheck.pdf>

Please send this signed Application Form, along with the information listed above, no later than **XXXXXXXXXXXX** to:

Tammi Provencher
Developmental Disabilities Services Division
280 State Drive HC2 South
Waterbury, VT 05671-2030
tammi.provencher@vermont.gov

Signed: _____ Date: _____

Board President

Standing Committee Survey

1. Do you have a role in Evaluating the DS Director for Developmental Services' job performance?
2. Are you involved in development of Local System of Care Plan? If so, how?
3. Do you review information &/or reports from the agency and comment on Resource Allocation, budgets, ways to best handle shortfalls and reductions from the state?
4. Do you review and have the opportunity to comment on Agency Policies
5. Do you review Grievances brought by consumers, guardians and others against the agency and discuss the frequency, type and resolution of these grievances?
6. What involvement do you and the Standing Committee have in the agency's Quality Improvement and Assurance system?
7. Does the agency share with you consumer and family satisfaction information from both the agency's survey and the survey done by the state through UVM, and if so, how do you use that information?
8. Do you know how the agency has included families and consumers in the design and review of specific services at the agency and what is the involvement of the Standing Committee?
9. Has the Standing Committee received information on how well the agency collaborates with other human service agencies in your area?
10. Have you been involved in the design, delivery and evaluation of training for agency staff, shared living providers, Board members and yourselves?
11. Has the agency asked you about your training needs and if so, has it been provided?
12. Do you believe the agency has a consistent mission and vision and the structures to support these?



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

**Commissioner's Office
280 State Drive HC 2 South
Waterbury VT 05671-2020
Voice (802) 241-2401
Fax (802) 241-0386**

Date

Name, Board President

Agency name

Address

Town, VT 05XXX

Name, Executive Director

Agency name

Address

Town, VT 05XXX

Dear Names:

The Department of Disabilities, Aging and Independent Living (DAIL) has completed the re-designation process of your agency for Developmental Services. As you are aware, the requirements for re-designation are outlined in the Administrative Rules on Agency Designation, which were revised in 2003. These processes were intended to ensure efficient and high quality services, and to promote and assist a continuous quality improvement process within our designated agencies and statewide system of care.

The Process in Brief

Over the past few months, the Department gathered information from a variety of sources to assess your agency's adherence to these criteria, including documentation you submitted with your application; documents and reports at DAIL; on-site records reviews; interviews with consumers, staff, board, standing committees; and general public comments. Developmental Disabilities Services Division (DDSD) staff compiled this information, and the designation report was shared with your agency for initial feedback and to assure accuracy of the information. The report was then given to the Developmental Disabilities State Program Standing Committee for their use in developing a recommendation regarding your agency's re-designation. The State Program Standing Committee spent a substantial amount of time reviewing the designation report and information related to your agency's operations. Based on these activities and the information gathered, the Standing Committee submitted a recommendation to me regarding the re-designation of your agency. After reviewing the Standing Committee's recommendation, I met with the DDSD Director and the DDSD Quality Management Reviewer

Vocational Rehabilitation

to review the findings and recommendations. Based on all of the information provided to me as a result of the above processes, my determination regarding the re-designation of your agency is outlined below.

Designation Determination for Developmental Disabilities

- Re-designate - no further action required by the agency.
- Re-designate - minor deficiencies requiring action plan for corrections.
- Provisional Re-designation, no de-designation intent - multiple minor deficiencies requiring action plan.
- Provisional Re-designation with intent to de-designate - major deficiencies requiring action plan to meet essential elements of designation requirements/responsibilities.
- De-Designate

Overall Summary of Review

First, I would like to take this opportunity to acknowledge your Board of Directors, agency staff, consumers and families for their participation in the designation process. It was clear to the staff conducting the designation review that the Agency Name staff work hard to meet the need of the people they serve. We congratulate you on your re-designation.

The agency has an active Board which meets regularly and makes positive contributions to the program. Service coordinators are knowledgeable and responsive to consumers and their families. The agency has a pool of talented and dedicated staff at all levels within the organization.

It was noted during the Quality Service Review that the agency strengths include: short statement about positive findings from the QSR

The re-designation process revealed that all areas reviewed met requirements. All of these factors combined resulted in the status of Re-designation for Developmental Disabilities. No further action is required of the agency. As always, DDSD staff are available for technical assistance should any needs arise.

Enclosed are the final report of designation findings and your certificate of agency designation. We appreciate the hard work and dedication of the staff within your agency. We would like to express our sincere appreciation to your agency and for your demonstrated commitment to improving the lives of individuals with developmental disabilities served by Agency Name.

Sincerely,

Name, Commissioner

Enclosures

Name, DDS Division Director

Jim Euber, DAIL Business Office

Tela Torrey, DAIL IT

Developmental Disabilities State Standing Committee

Revised 7/20/17

