DDRS Advisory Council

July 15, 2020

Welcome and Today's Agenda

- Welcome and Introductions
- All about BQIS
  - Who is BQIS?
  - Who is Liberty?
  - Data, Data and More Data!
  - Current Processes: Incident Reporting, Complaints, and Mortality Reviews
  - What's Coming: Quality On-Site Provider Reviews, Training/TA, Provider Portal
- FSW and CIH Waiver Renewals
- Next Meeting: August 19th

All people are empowered to
live, love, work,
learn, play and
pursue their dreams.

Who is BQIS?

- Bureau within DDRS.

- Monitors services provided to individuals with intellectual or developmental disabilities.

- Quality Assurance aspect (Incident Reporting, Complaints, Mortality) and Quality Improvement Aspect (NCI, Case Record Review, Quality On-Site Provider Review, Training/TA).

- DDRS Provider Services is also within BQIS.

VS

BQIS Vision, Mission & Core Values

- **Mission:** To ensure quality supports are aligned with person-centered principles by leading strategic change that empowers people to live their good life.

- **Vision:** All Hoosiers are supported in navigating the opportunities and challenges they encounter in pursuit of their good life.

- **Values:** Integrity, Innovation, Purposeful, Strength-Based, Person-Centered

Important For vs. Important To
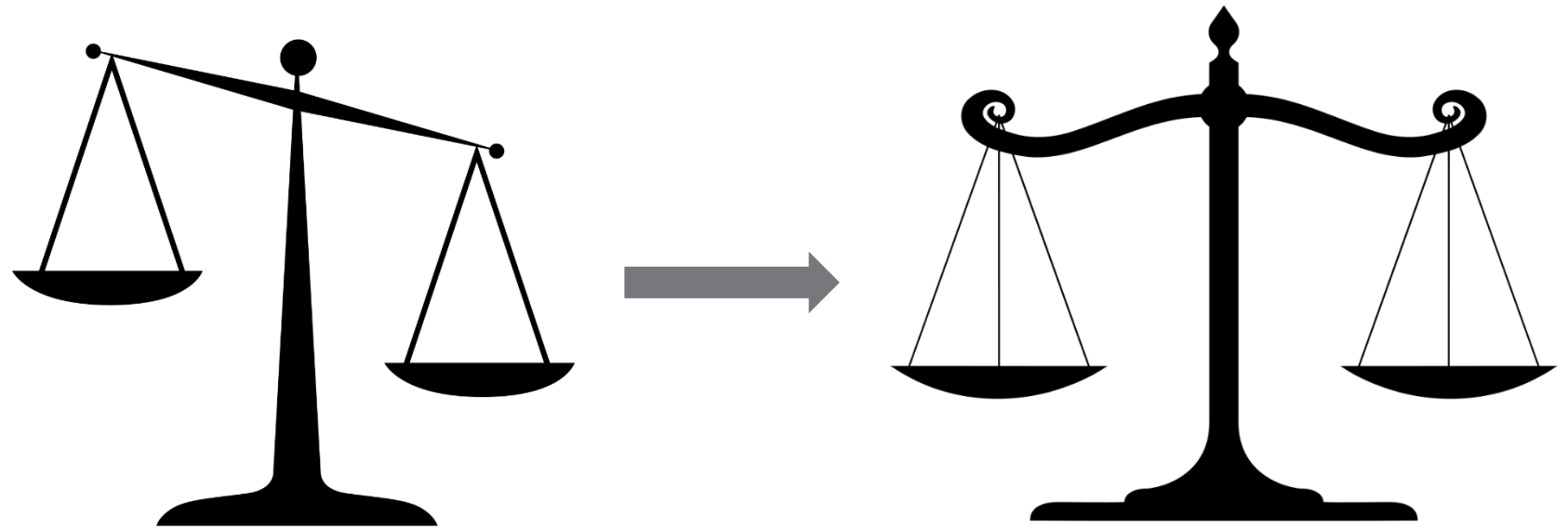
Important For vs. Important To

- We have made some strides to combine and balance what is important to AND important for an individual (PCISP).
- In the past our quality assurance initiatives have really focused on what is important FOR an individual with a high emphasis on health and safety.
- Important for is usually easier.

- We all know that people usually do not do what is important **for** them unless there is also a reason it is important **to** them and people with disabilities are no different.

Who is Liberty of Indiana?

Our Vision:

- Our vision is to give more and more people the freedom to succeed.

Our Mission:

- Our mission is to be a trustworthy and outcomes-driven partner that empowers customers to achieve their goals with flexible and intelligent healthcare services.

Liberty of Indiana Corporation
AN AFFILIATE OF LIBERTY HEALTHCARE CORPORATION

CARF Accreditation

Liberty achieves and maintains "first-ever" accreditations by the Commission on Accreditation of Rehabilitation Facilities (CARF) for three new types of programs: forensic rehab, dual diagnosis, and sexual abuse treatment.

What it means:

CARF accreditation signals a service provider's commitment to continually improving services, encouraging feedback, and serving the community.

- We are committed to quality improvement, focusing on the unique needs of each person the provider serves, and monitoring the results of services.
- We continue to meet CARF quality standards.

Joint Commission Certified

We are among the first to earn The Joint Commission's Gold Seal of Approval® for Health Care Staffing Services.

What it means:

Certification shows an organization's commitment to continuous performance improvement, providing high quality patient care and reducing patients' risk of harm.

- We hire health care professionals that are dedicated to patient safety and care

NADD Accredited

Liberty operates the first program in North America to be accredited by the National Association for the Dually Diagnosed.

What it means:

The goal of program accreditation by NADD is to improve the quality and effectiveness of services provided to individuals with a dual diagnosis through the development of program standards and through promoting ongoing development and improvement of service delivery.
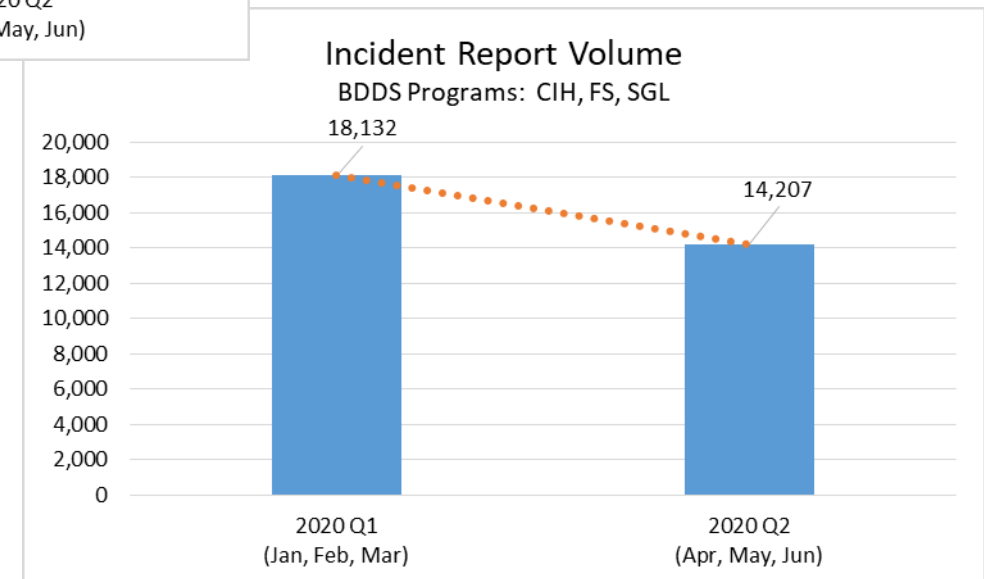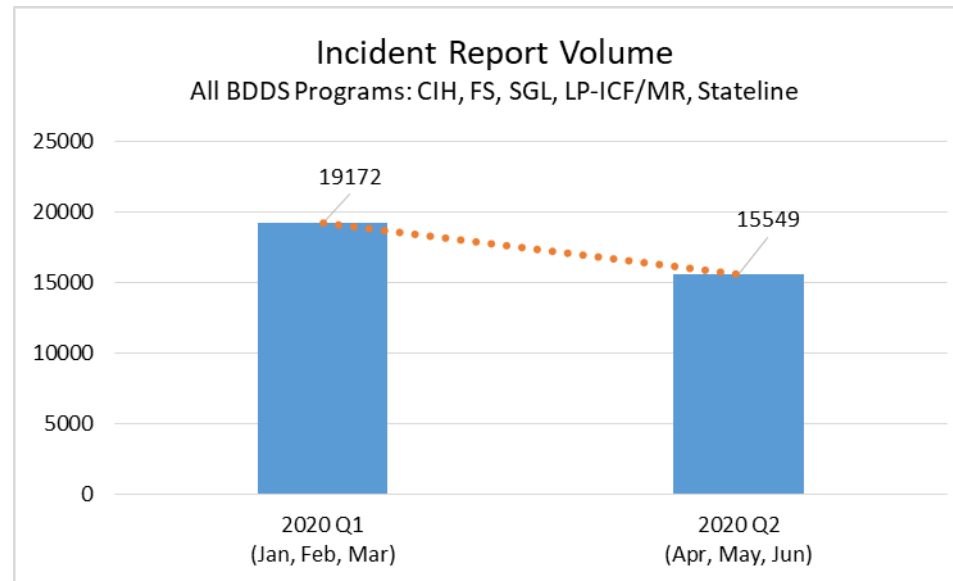
- We have quality services, programs, and supports for people with dual diagnosis and have "raised the bar".

Incident Report Volume

Incident Report Volume
All BDDS Programs: CIH, FS, SGL, LP-ICF/MR, Stateline

- 2020 Q1 (Jan, Feb, Mar): 19172
- 2020 Q2 (Apr, May, Jun): 15549

Incident Report Volume
BDDS Programs: CIH, FS, SGL

- 2020 Q1 (Jan, Feb, Mar): 18,132
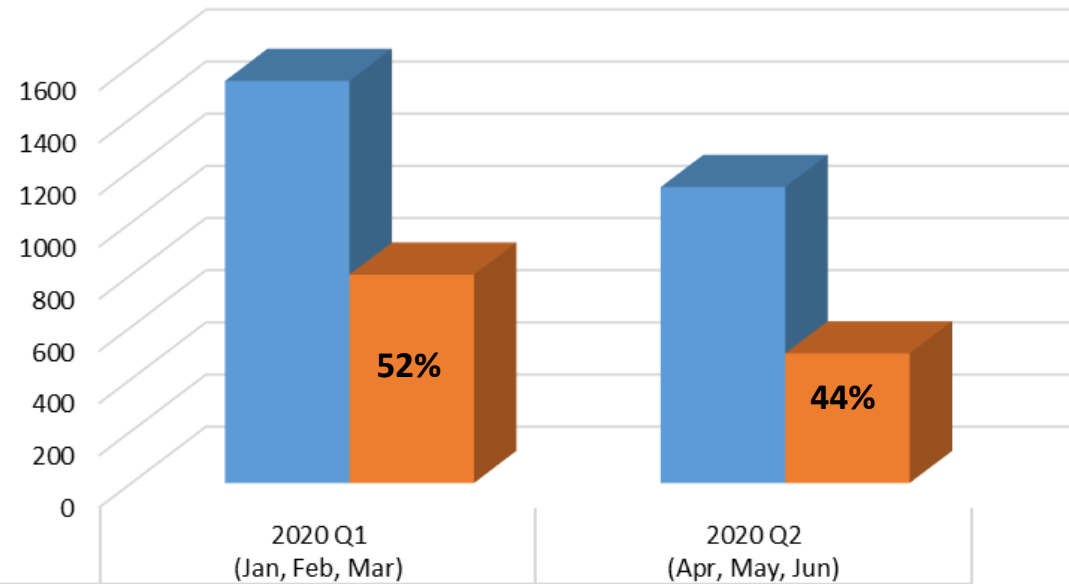- 2020 Q2 (Apr, May, Jun): 14,207

Incidents of Alleged ANE by Staff

Incidents of Alleged Abuse, Neglect, Exploitation
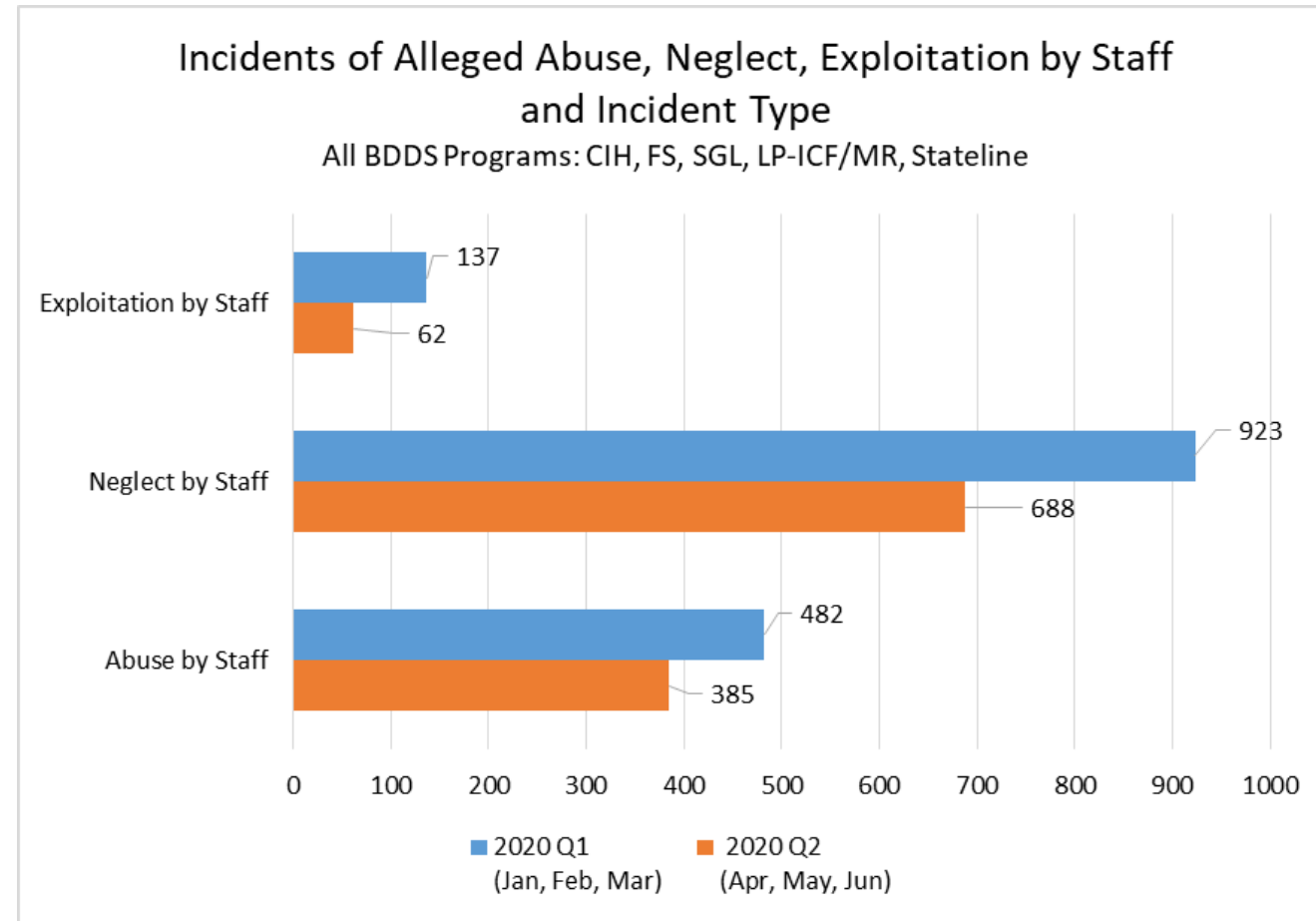by Staff
All BDDS Programs: CIH, FS, SGL, LP-ICF/MR, Stateline

	2020 Q1 (Jan, Feb, Mar)	2020 Q2 (Apr, May, Jun)
# Alleged ANE by Staff	1542	1135
Substantiated ANE by Staff	799	497

■ # Alleged ANE by Staff   ■ Substantiated ANE by Staff

Incidents of Alleged Abuse, Neglect, Exploitation by Staff
and Incident Type
All BDDS Programs: CIH, FS, SGL, LP-ICF/MR, Stateline

Complaint Allegations Volume

Complaint Allegations Volume

Complaint Allegations
of Abuse, Neglect, Exploitation by Staff
BDDS Programs: CIH and FS

2019 Q4
(Oct, Nov, Dec)

2020 Q1
(Jan, Feb, Mar)

■ # of ANE Allegations   ■ # Substantiated ANE Allegations
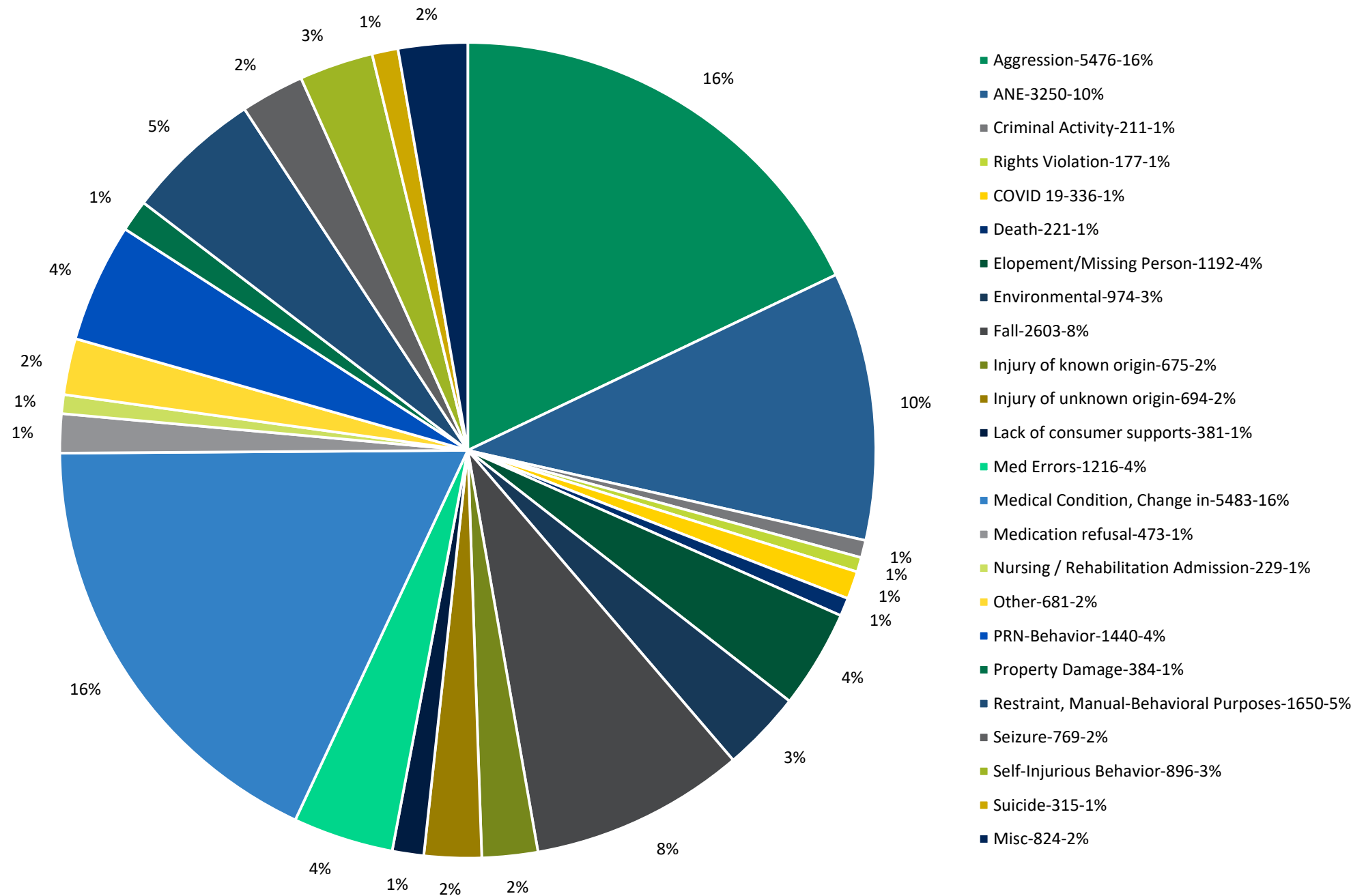
Incidents by Type
Jan. – June 2020

Includes Funding Types:
Caregiver Supports   CIH
FSW   LP/ICF
MFP   Nursing Home
SGL   SLI Residential

Source: BDDS DART Data System

Legend:
- Aggression-5476-16%
- ANE-3250-10%
- Criminal Activity-211-1%
- Rights Violation-177-1%
- COVID 19-336-1%
- Death-221-1%
- Elopement/Missing Person-1192-4%
- Environmental-974-3%
- Fall-2603-8%
- Injury of known origin-675-2%
- Injury of unknown origin-694-2%
- Lack of consumer supports-381-1%
- Med Errors-1216-4%
- Medical Condition, Change in-5483-16%
- Medication refusal-473-1%
- Nursing / Rehabilitation Admission-229-1%
- Other-681-2%
- PRN-Behavior-1440-4%
- Property Damage-384-1%
- Restraint, Manual-Behavioral Purposes-1650-5%
- Seizure-769-2%
- Self-Injurious Behavior-896-3%
- Suicide-315-1%
- Misc-824-2%

Discussion Topic

Data should be utilized to guide program and policy decisions.

As the DDRS Advisory Council, what data would assist the council in guiding program and policy decisions for BDDS/BQIS? In what ways would that data provide guidance (e.g. how could it be used)?
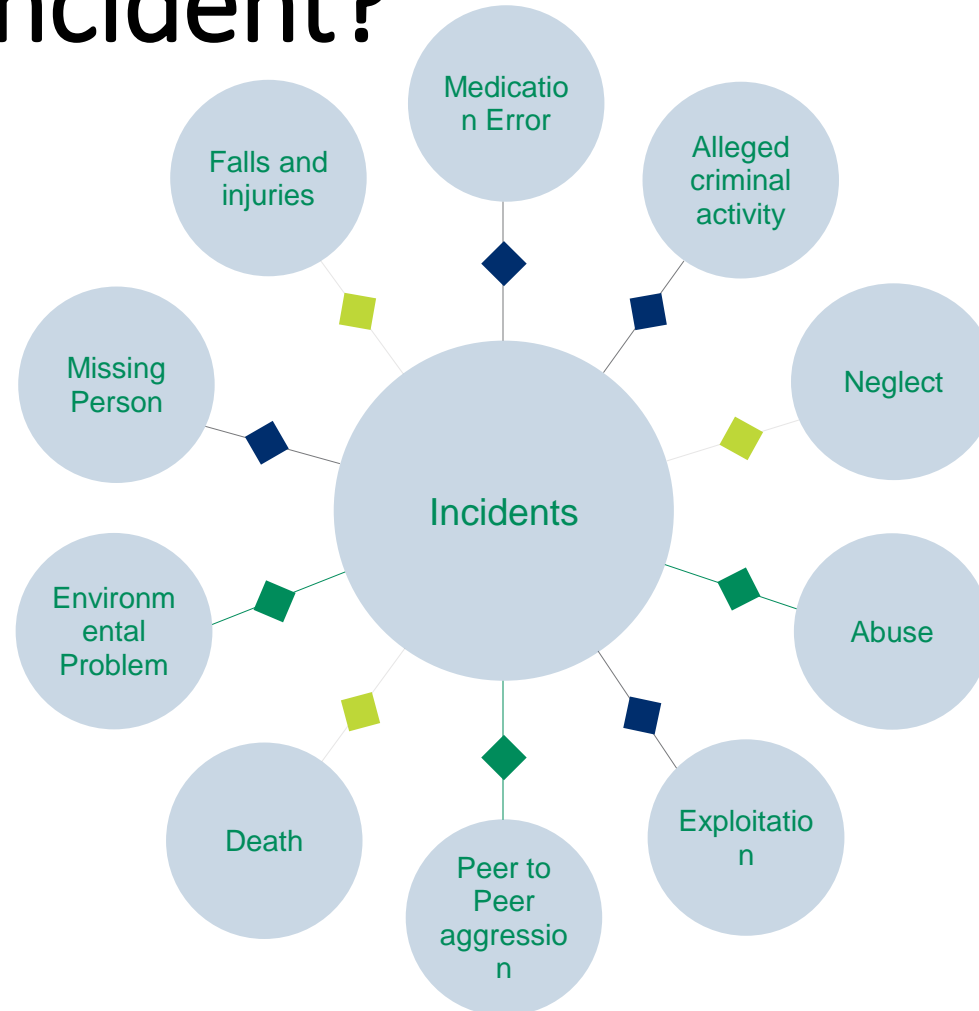
BQIS Current Processes

- Incident reporting
- Complaints
- Mortality reivews

What is a reportable incident?

Incident Report Life Cycle

Initial IR submitted and forwarded to applicable parties

BQIS reviews the IR, determines coding, and if follow-up is needed

If follow-up is required, BQIS sends an email to the residential provider, BDDS Service Coordinator, and Case manager, if applicable.

Until the IR is closed by BQIS, a follow-up report is to be submitted every 7 days until closed. The responsible party for submission of the follow-up report is: Case Manager for waiver; Residential provider for SGL, Stateline, and ICF/IDD facilities; and Service Coordinator for Nursing facilities.

Complaint Process

- Anyone one can file a complaint involving any individual receiving waiver services.

- A complaint can be submitted:
  - online (https://www.in.gov/fssa/ddrs/2635.htm);
  - By phone at (800) 545-7763;
  - By email BQIS.Help@fssa.in.gov; or
  - By mail.

Complaint Process

Initial Complaint
State Form 56584 (R / 12-18)
Family & Social Services Administration
Bureau of Developmental Disabilities Servic

A Complaint is a report alleging a provider's noncompliance with the requirements of India Administrative Code or Division of Disability and Rehabilitative Services policies.

INSTRUCTIONS: Form may be completed electronically. By clicking "Save Record", you are s your inquiry to the Bureau of Quality Improvement Services system for review and considera

If you provide an email, upon clicking Save at the top right of this page, you will receive an notification confirming receipt of your Complaint. If you do not provide an email, you will prompted that the form was saved and provided the option to print a copy of the form wit information that you entered.

Complaint Information ▼

COMPLAINANT INFORMATION

Complaint ID 🔒

*Date Complaint Entered

07/13/2020 📅

Complainant Email

customer_care@apricot.in

Complainant Name

First | Middle | Last

Complainant Phone Number

Complainants Relationship to

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*Regulation - Title of Regulation

IC 12-11-2.1-4 - Placement Authority ⌄

Findings

The person is not communicating well.

Found/ Not Found

--Please Select-- ⌄

State Requirements Not Met

The requirements are out of line.

CAP Required

Yes ⌄

CAP ▼

Recommendation

Enter New Text

Recommended Corrective Action Plan

Notes

Accept Recommendation

○ Yes
○ No

Alternate Corrective Action Plan (1)

Notes

Mortality Review

- Each death of each individual with intellectual and developmental disabilities receiving services administered by DDRS undergoes review for the purpose of:
  - identifying trends,
  - developing recommendations, and
  - affecting improvement in both provider specific and system wide service delivery.
- A provider is also required to do an internal review is conducted by the provider.

Mortality Review

OAR1-Community Setting ▼

C1.Prior to the Individual's death, did staff observe the Individual experiencing a change in condition and/or medical emergency (e.g., loss of consciousness, choking, breathing difficulties, no/slow pulse, traumatic injury, excessive bleeding, etc.)?

--Please Select-- ⌄

C1.1.Did the Individual receive emergency life-saving measures from staff (e.g., CPR, AED, Heimlich maneuver)?

--Please Select-- ⌄

C1.2.Prior to the Individual's death, did staff call 911?

--Please Select-- ⌄

C1.2.1.Did staff call 911 before contacting any other party (e.g., nurse, manager, supervisor, team lead, etc.)?

--Please Select-- ⌄

OAR02-Community Setting ▼

C2. Prior to the Individual's death, did staff observe changes in the Individual's physical condition or bodily functions (e.g., weight, skin condition or appearance, pain/discomfort, body temperature, pulse, breathing/respirations, blood pressure, oxygen saturation percentage, blood sugar, responsiveness, choking, aspiration, difficulty breathing, dehydration, bowel obstruction, constipation, GERD, seizures, etc.)?

--Please Select-- ⌄

C2.1. In response to the change in the Individual's health/ bodily functions, did staff help the Individual to receive medical care from a licensed medical professional (e.g., nurse, doctor)?

--Please Select-- ⌄

Mortality Process

The Mortality Review Committee (MRC) reviews and discusses information provided by the provider and prepared by Liberty following the death and develops recommendations to give the provider.

What's New!

- Onsite-Quality Provider Review

- Training and Technical Assistance

LifeCourse Framework as a core value for transformational change

Core Belief: All people have the right to live, love, work, play and pursue their life aspirations just as others do in their community.

supporting positive life trajectories

preventing negative life events

Achieving the Desired Balance

Achieving the desired balance between person-centered quality and provider compliance:

Quality Onsite Provider Review

Focus on assuring:

- person-centered practices,

- adequate health and safety,

- compliance with waiver requirements,

- adequate and well-trained employees, and

- quality of life satisfaction of individuals served.

Quality On-Site Provider Tool Design

- The tool is broken out using the CMS HCBS Quality Framework. It is also aligned with the LifeCourse Framework. Using this format, will allow Indiana to receive data on both compliance with the waiver assurances and analyze areas of strength and needs for providers regarding the Charting the LifeCourse.

Quality Onsite Provider Review Process

- The Quality On Site Provider Review is a process which will assess a provider using pre-defined indicators to measure both quality and compliance. There are person-centered indicators and organizational indicators. Person centered indicators are designed to focus on what is happening with the person. Organizational indicators are designed to measure provider capacity, compliance, and quality assurance.

Building Provider Capacity through Provider Training

Training and Technical Assistance

Liberty will emphasize the provision of technical assistance and provider training when on site, looking for opportunities to support provider growth in the implementation of person-centered and integrated services.

Liberty will use multiple modalities for delivering training and resources, including the following:

- Technical assistance with individual providers via telephone and face-to-face consultations;

- Statewide in-person training events to include a minimum of six (6) statewide training events each year, with a minimum of two (2) being in-person trainings;

- Webinar training events;

- Videoconference meetings;

- Online video library/archived webinars;

- Website resource library;

- Informational pieces for mailing, dissemination, and website downloads.

Contact BQIS

- Jessica Harlan-York, BQIS Director

  jessica.harlan-york@fssa.in.gov

- Shelly Thomas, BQIS Assistant Director

  shelly.thomas@fssa.in.gov

- Micca Stewart, Quality Assurance Manager

  micca.stewart@fssa.in.gov

Contacting Liberty

📞 Phone: 1-800-545-7763

📧 Email: BQIS.Help@fssa.IN.gov

🌐 440 North Meridian Street Building; 440 N. Meridian Street, Suite 220 Indianapolis, IN 46204

Waiver Renewals

Cathy Robinson

Director, BDDS

Renewals - Implementation

- Family Supports Waiver & Community Integration and Habilitation Waiver
  - CCB Conversions being completed
  - Communications related to major changes (fact sheets, documentation standards, etc.)
    - Utilization and emphasis on new options/allowances
    - Examples
  - Day Habilitation
    - Auto-conversion
    - Effective 8/1
  - 40 Hour Rule & Ongoing Monitoring

Application for a §1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waivers target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the state, service delivery system structure, state goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

Request for a Renewal to a §1915(c) Home and Community-Based Services Waiver
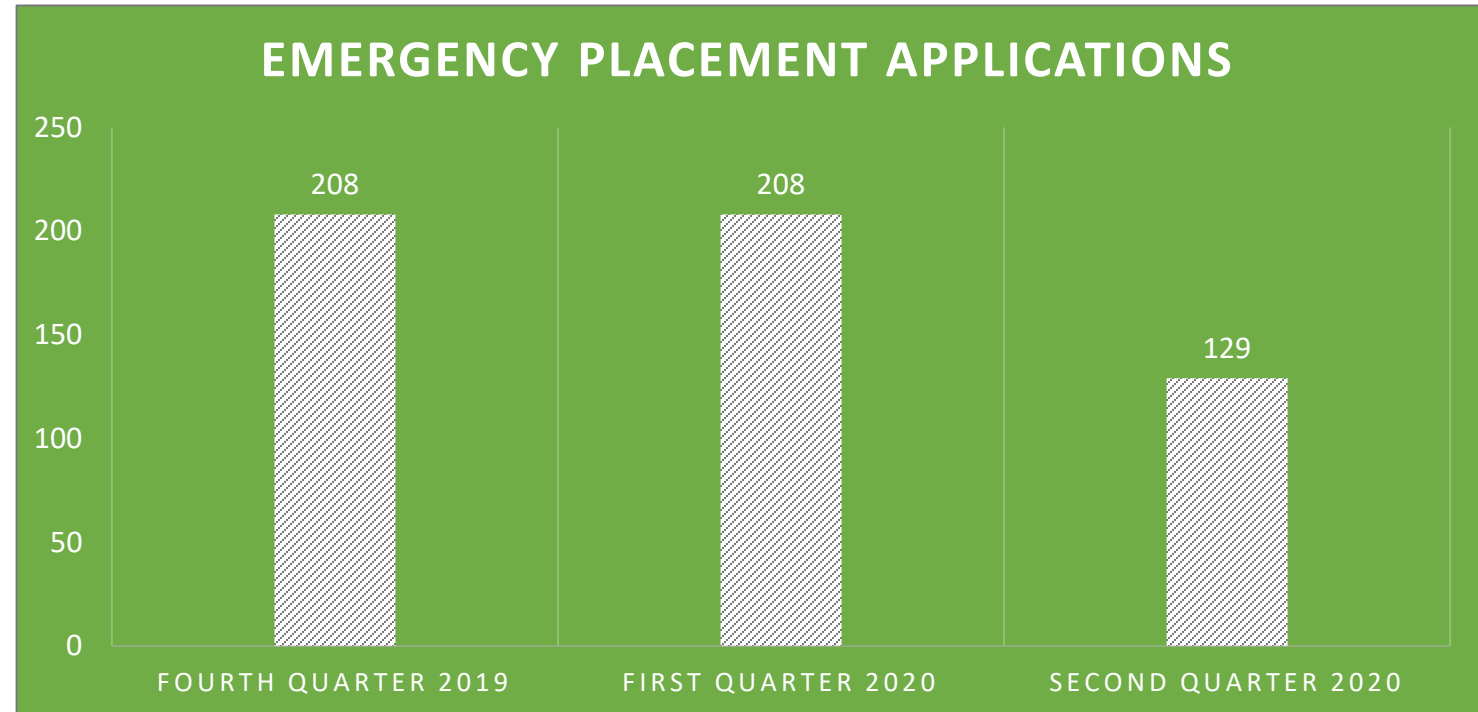
1. Major Changes

Describe any significant changes to the approved waiver that are being made in this renewal application:

Quarterly Data Report

Applications for Emergency Placement - Priority Waivers*
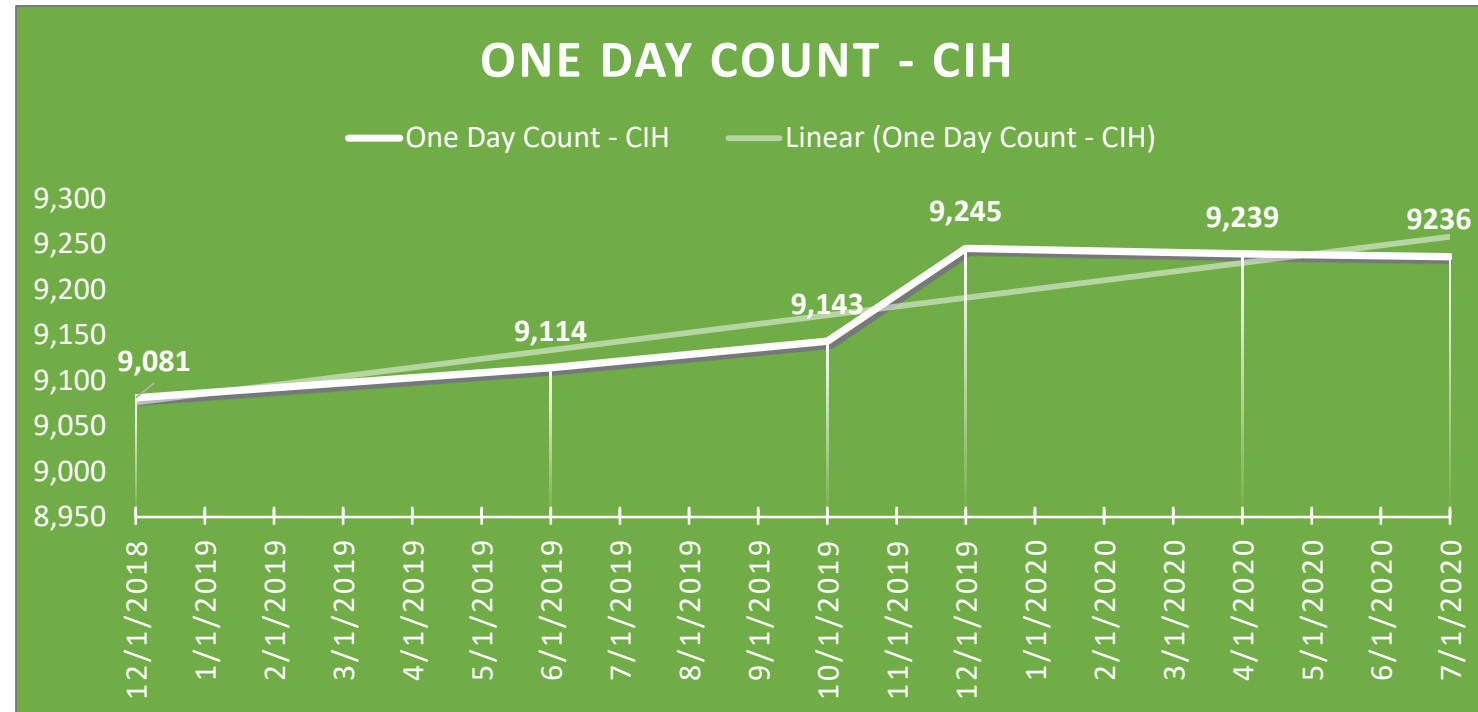
EMERGENCY PLACEMENT APPLICATIONS

Source: BDDS DART Data System

*All counts are unduplicated

Number of Individuals on BDDS Waivers – One-Day Count:

- Community Integration and Habilitation*:

ONE DAY COUNT - CIH

—— One Day Count - CIH   —— Linear (One Day Count - CIH)

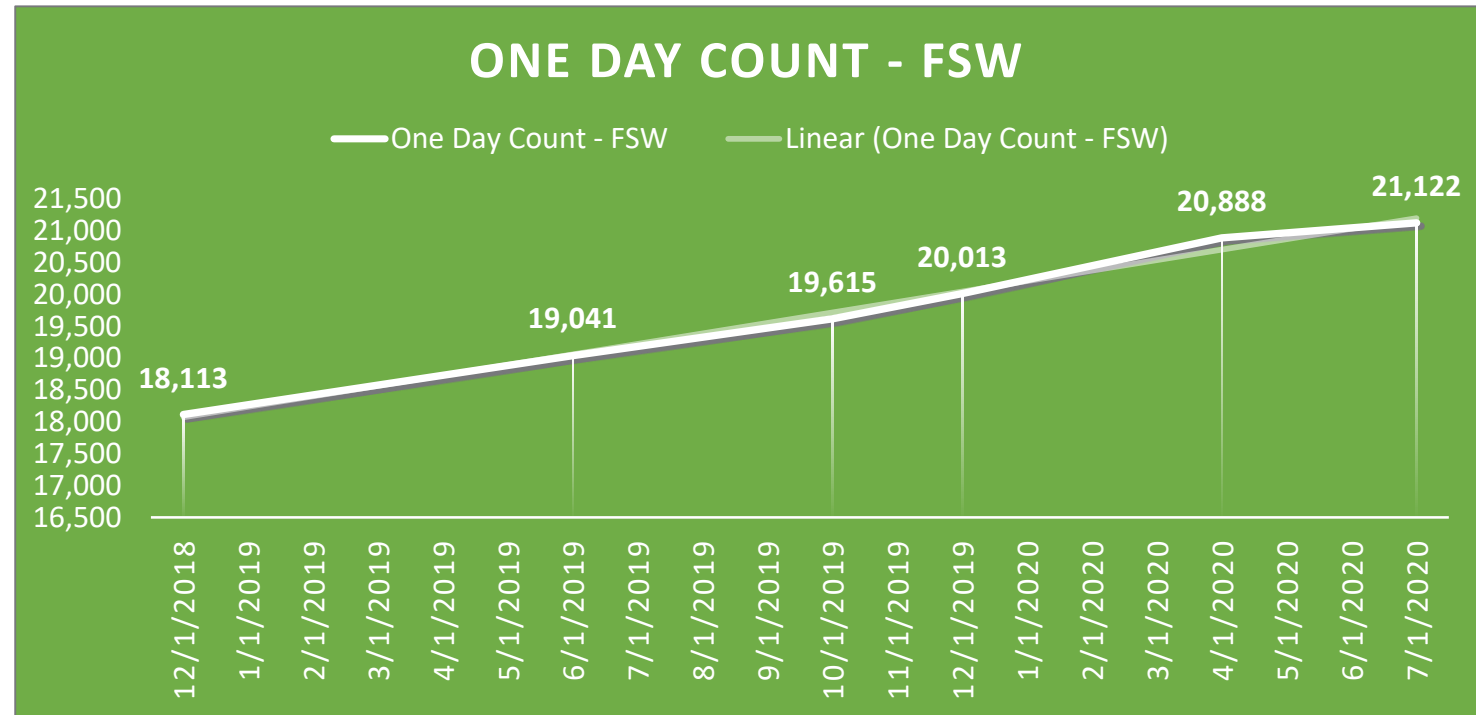| Date	Value
12/1/2018	9,081
6/1/2019	9,114
10/1/2019	9,143
12/1/2019	9,245
4/1/2020	9,239
7/1/2020	9236

Source: BDDS Portal

All counts are unduplicated

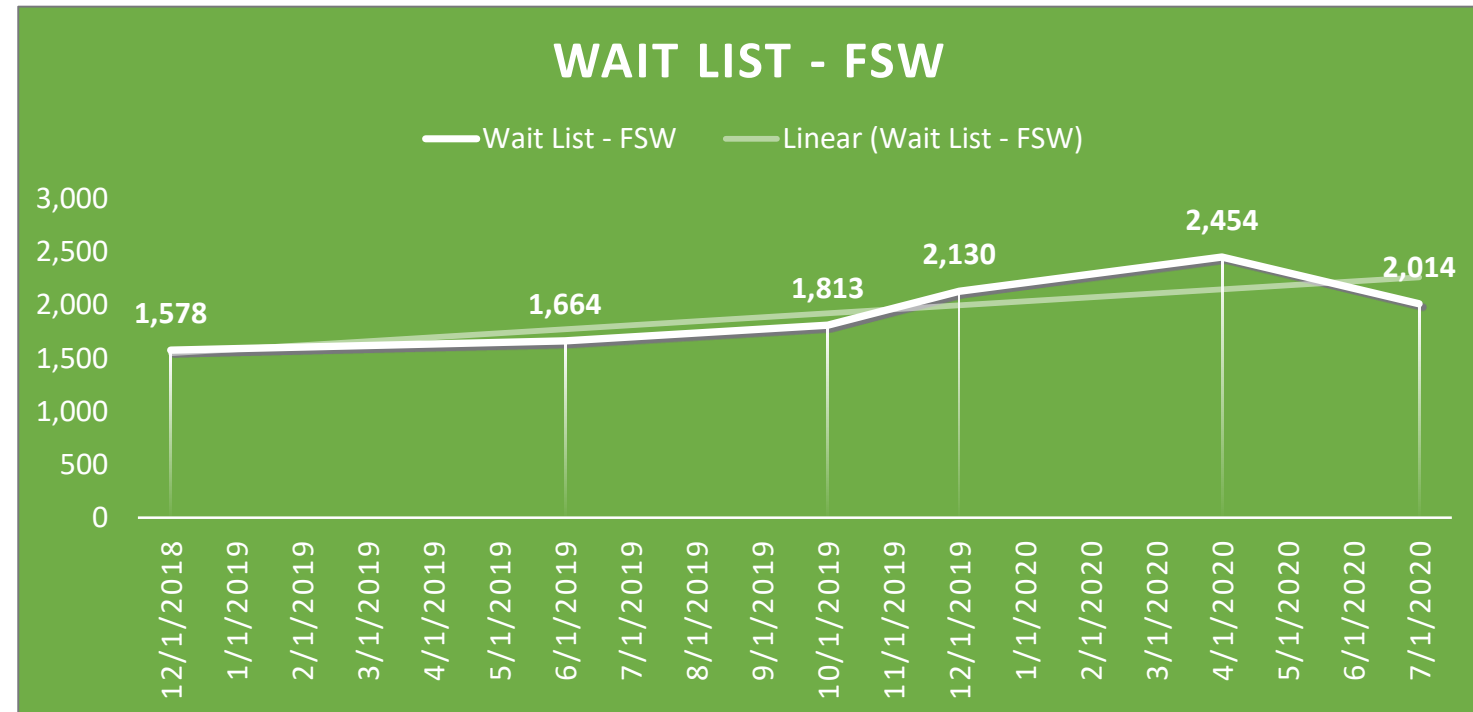- Number of Individuals on BDDS Waivers – One-Day Count:
  - Family Support Waiver*:
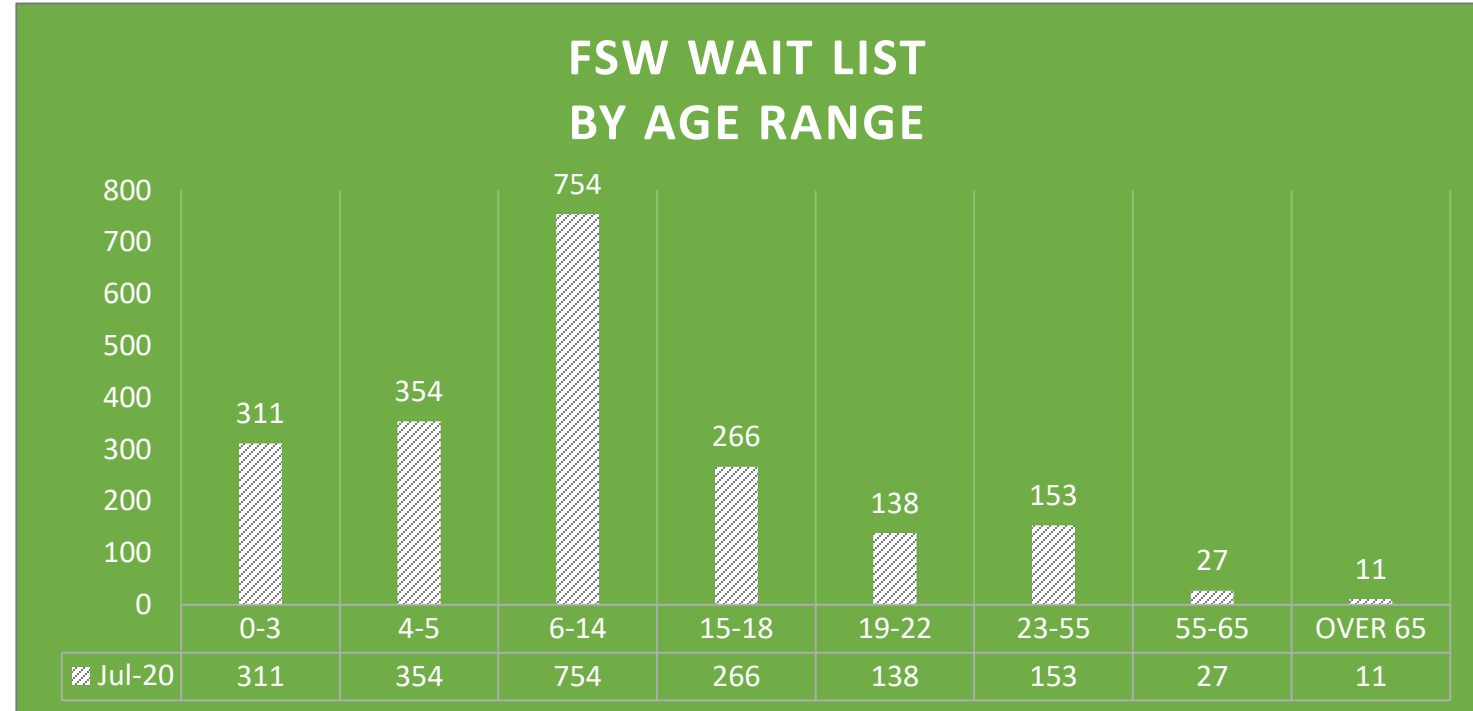

Source: BDDS Portal

*All counts are unduplicated

- Number of Individual on Family Supports Waiver Waiting List:

WAIT LIST - FSW

— Wait List - FSW   — Linear (Wait List - FSW)

1,578   1,664   1,813   2,130   2,454   2,014

Source: BDDS DART Data System

- FSW Wait List by Age Range

FSW WAIT LIST BY AGE RANGE

	0-3	4-5	6-14	15-18	19-22	23-55	55-65	OVER 65
Jul-20	311	354	754	266	138	153	27	11

Source: BDDS DART Data System

DDRS Advisory Next Meeting

- Next Meeting:
  - Wednesday, August 19th
  - 10 am - Noon
  - Location: TBD