Quality Improvement Committee (QIC) Meeting Minutes

Tuesday, April 2, 2019

In Attendance

Erin Leveton, Deputy Director, QAPMA	Larnique Sugick, Management Analyst, QAPMA
Yolanda Van Horn, Psychologist, QAPMA	Maryse Holly, Management Analyst, QAPMA
Chioma Nwachukwu, Supervisor, H&W, QAPMA	Matt Mason, Director, GUCCHD
Casey Nelson, Psychologist, DDA	Nanya Chiejine, Asst. Director, GUCCHD
Tasha Klusmann, Quality Resource Mgr, QAPMA	Miatta Thomas, Wholistic
Charlotte Roberts, Program Manager, DDA	Precious Myers-Brown, SJCS
Greg Banks, PAU Supervisor, QAPMA	Laura McGough, Pathfinder
Aman Sanghera, Program Manager, QAPMA	Ian Paregol, DD Coalition
Marc Clarke, MRC Coordinator, QAPMA	Jana Berhow, VOAC

Corey Neils, Program Specialist, QAPMA

Handouts during meeting
Agenda
Q1 Monitoring Tools Trends report presentation (on-screen)
NCI Deep Dive Data - Employment presentation (on-screen)
Health care Review Monitoring Trends Report presentation (on-screen)

Welcome and Introductions

Meeting facilitator, Corey Neils, Program Specialist in the Performance Management Unit of the Quality Assurance and Performance Management Administration (QAPMA) of DDS, welcomed the new and existing members to the reformatted Quality Improvement Committee. The expanded meeting allows for DDS staff, external stakeholders (like Project Action! and the DD Coalition), advocates, and I/DD providers to meet and discuss issues that have an impact on the quality of services provided.

Q1 Monitoring Tools Trends Report (SPCD)

Shasta Brown, Supervisory Service Coordinator, walked the committee through the PowerPoint presentation of the residential monitoring tool data for Q1. Shasta noted that the committee should be aware of the following change to the monitoring policy for SPCD: 1. For people who live in a waiver setting, service coordinators will be completing four monitoring tools; two in their residence and two in the day services they attend. SPCD will not conduct monitoring tools for people in a supported living setting because service coordinators do not monitor people where they work. Second, for people living in an ICF, service coordinators will now complete four monitoring tools (this was previously two per year). Third, for people living in Natural Homes and are not receiving any other waiver services, service coordinators will be completing two monitoring tools a year. SPCD will only complete monitoring tools for individuals who are in a residential waiver setting, a natural home, and an ICF. A new monitoring tool has been

developed specifically for the Natural Home to capture the differences in that setting and currently creating interpretive guidelines for that tool.

The trend reports highlight the most critical questions for satisfaction. Shasta explained that the report is divided into individuals receiving waiver residential settings and people residing in ICF. The purpose of the report is to identify areas of dissatisfaction and develop strategies to address them. The report is divided into seven areas: Satisfaction, Community Inclusion, Health & Well-being, Rights & Dignity, Safety & Security, Service Planning & Delivery, and Individual Financial Planning. Shasta noted that only one indicator regarding the nutritional status and nutritional goals was below 90%(87.1%, which is still above the 86% requirement).

The committee suggested that some questions (specifically, "Are the financial records in compliance with the DDS Personal Funds Policy?") are too broad and may need to be broken down into more specific categories. Shasta explained that the new tool that has been developed has broken down this area into more specific questions, but assured that SPCD would look into the question area further. The committee also asked about privacy issues under the rights and dignity section. Shasta noted that aspects of privacy are captured in the Home and Community Based Services Setting Rule monitoring tool (HCBS). Shasta also added that because ICFs do not receive the HCBS Setting Rule tool, privacy issues are not addressed in the ICF tool, SPCD will be adding that area to the new tool. Shasta explained that they are not in the current tool because of the way ICFs share bedrooms. Shasta shared that the monitoring tools can be found in MCIS. Miatta Thomas, Wholistic, mentioned that although providers can see the monitoring tools, the providers cannot see the follow-up questions to "no" responses."

NCI Deep Dive Data – Employment

Larnique Sugick, a Management Analyst in the Performance Management Unit, reviewed the presentation of the NCI (National Core Indicator) data on employment for the District. As previously discussed in the January QIC, data from NCI will be further analyzed and presented to the committee on subjects that the members voted on in January. Larnique explained that a report generated in 2017 by the Presidents Committee on People with Intellectual Disabilities, 85% of adults (18+) with developmental disabilities do not have a paid job in the community. Aman Sanghera, DDS, further clarified that NCI defines a Paid Community Job is employment in a place where most other workers do not have disabilities; Unpaid Community Activity is non-paid activities (volunteer) in a place where most people do not have disabilities; Paid Facility Based Jobs are paid employment in a place where the person receives provider services (residence or day program site) and where most people do have disabilities; and Unpaid Facility Activity is

task or objective based activities in a place where the person receives provider services (residential or day program site)where most people there have disabilities. These activities might include skill-training. Matt Mason, GUCCHD, noted that Maryland had eliminated a lot of the no pay jobs for people with disabilities, including eliminating "scaled pay" by paying down because people with disabilities are not considered as productive. Maryland has also put caps on how much time a person can spend in job training, which he believes is about six months before the person has to be hired and paid if they're working.

Larinque explained that for the District, of the 412 responses, 31% reported that they were engaged in an unpaid community activity; 63% were involved in an unpaid community activity; 1% were in a facility based job and that 93% reported that they did not have a paid facility based job. The District compares to the national average 13%, 21%, 28%, and 50% respectively. The committee asked if there was trending data for these results. Aman noted that this is the first year that DDS is reporting on these numbers, but there is five years worth of data and that a trending report could be developed. Greg Bans, DDS, questioned the makeup of the responding individuals and their demographics. As Charlotte Roberts, DDA clarified as the survey is voluntary with the assumption that the distribution will be random across ages or other factors. ,

Charlotte further explained that only 26% of people who didn't have a job and expressed interest in having a job had a goal that reflected in their ISPs. DC recognizes that there was a disparity between the number of people who were interested in employment, but wasn't employed. For this last round of data collection and 2017-2018 year, DDS added of questions to get at those barriers to employment asking questions like if the person was employed in the past? Do you need additional support from your family from your service coordinator? This will help hone in on the specific barriers to employment because, this tells a story in and of itself that many people have a goal, but they can't acquire jobs. We are trying to improve our data collection methods to get at that issue more accurately. This committee can delve into those data points and ask some more questions at a QIC later this year time is permitting. Aman made note that this could be done in conjunction with MCIS data which may be able to show a correlation to the NCI data.

Erin Leveton, QAPMA, noted that this was an area that the District had looked at a couple of years ago. Initially, DC was one of the lower states in terms of community employment not being an ISP goal, so DDA added questions to the ISP. The District became the number one state in the country in terms of people who wanted employment and then had a goal. Unfortunately, this measure then dropped again. The question is what happened and what were we doing to it that impacted it? Erin felt that in some cases the data might not be reflecting those who have a discovery question on employment as a goal. Some additional information may be necessary to

determine if some of the data (on a national level) include sheltered workshops (because the data is delayed by two years).

Charlotte clarified that because it is voluntary for the 412 people who responded, the results may not be a fair representation sample, and for the 2017-2018 data collection, DDS changed the sampling method to make it more strategic. Erin added that although employment or at least the opportunity may be happening it's helpful to know of those who responded were in an ICF because we know they have less chance for Community integration and less opportunity for employment. These factors impact the numbers, and when looking at it nationally, some states might just be reporting waiver, and so it's not necessarily an apple to apple comparison.

Erin noted that based on the Employment First policy there might be a reprisal of the workgroup to assess or validate where the District is in regards to employment initiatives. As Shasta added, the ISP does a reasonably good job at ascertaining a person situation for work or work readiness. RSA conducts specific evaluations to assess the area of interest employability for individuals.

Health Care Review Monitoring Trends

Dr. Chioma Nwachucku presented the Q1 data collected from the Health Care Review monitoring tool for which RNs complete 86% of their caseloads which roughly works out to about 120 people per RN. Chioma focused on the top ten areas generating issues from the tool. The purpose of the report is to identify trends in the type of problems that can be analyzed to develop strategies to address health-related problems. The committee questions the age distribution and whether it was compared to the general DDS population. Chioma clarified the age demographic is based on the ages of people whose tool generated issues. Aman noted that going forward that aspect can be taken into consideration Ian Paregol, DD Coalition, further question if the grouping is proportionate to the cumulation to the total of issues. Aman suggested looking at the number of unique individuals from month to month might give a clearer picture of the data.

Erin noted that the issues stratified by months reflect a lower number of issues and questioned if there is a correlation to less monitoring during that month. Chioma indicated that there were less monitoring visits in December. The committee asked what performance is being measured in the last slide (H&W Timely Closure Rate). As Chioma explained and Miatta emphasized, that the performance is reflective of both the Health and Wellness Unit and the provider community since it is the provider who is responsible for closing the issue (whereas the RN is accountable for ensuring that the issue is closed). Precious Meyer-Brown, SJCS brought up the point about the

timing of issues being posted and how that may impact closure rates especially around holiday time (Nov – Dec). Precious made the point that due to a rush to complete tools and post issues creates challenges to address them because it creates a backlog as people are out during that time. Chioma noted that anecdotally, she is only aware of one RN who may have done that, but typically, monitorings are scheduled. Tasha Klusmann, DDA, made note that providers can request extensions for due dates if they encounter challenges for closure. It is up to the provider to identify barriers to closing issues and request that extension.

CRISP Access Update

Erin updated the committee on DDS efforts to gain access to the CRISP system (provides Medicaid claims data). According to Erin, DDS will be getting access to CRISP and is working with NASDDDS to coordinate with other states (Virginia, Maryland, and possibly Pennsylvania and Delaware) using CRISP data with their quality management systems. DDS is meeting with CRISP team soon to walk through and understand the depth of data available with the system. Erin will continue to update the committee on DDS progress on this recommendation.

Announcements and Other Updates

- Quality Improvement Committee Meetings are the first Tuesday of each month. Each meeting will be accessible in person and via the internet using WebEx.
- Minutes to past QIC meetings are available on the DDS website (DDS.dc.gov).

Next Meeting: Tuesday, May 7, 2019, at DDS.