DOJ SETTLEMENT AGREEMENT – PROCESS DOCUMENT
Provider Reporting Measures

DATE CREATED	CREATED BY
12/29/2022	Heather Norton

VERSION NO.	PROCESS OWNER
002	Heather Norton

DATE OF LAST REVISION	LAST UPDATED BY
9/7/2023	Heather Norton

INSTRUCTIONS

1. **'I. INTRODUCTION'** – This section is utilized to provide detailed information about the document and the contents that is contained within the document. Information referenced in this document will provide details needed to understand the documented process and its deliverables.
   a. **Purpose:** Provide the purpose of the document to include specific detail about what is being addressed with the development of this process
   b. **Scope:** This section should outline the deliverables and/or objectives of this process to provide a method to measure success
   c. **Document Management:** Describe how the document will be tracked, stored, and distributed.
   d. **Compliance:** Provide all DOJ Provision and Compliance ID #s that are relevant or will be addressed by implementing the process on this document including language.
   e. **Roles & Responsibilities:** Identify the role of all individuals involved in the process and define their responsibilities of each individual.
2. **'II. CHANGE CONTROL'** – This section will provide a description of the systematic approach to managing changes made to the process as well as ensuring that no unnecessary change or revisions are made that disrupt services or compliance.
   a. **Process Description** – Provide a detailed description about the process and what the process will address (i.e. developed as a monitoring tool, lower budget expenses, etc.)
   b. **Input/Trigger** – A process input/trigger describes what initiates the start of the process. Provide detailed information about what input is needed to start the process (i.e. intake process is initiated, a new service is begun, payment is received, etc.). The input/trigger should provide an explanation for the necessary tasks/steps identified in the process.
   c. **Outputs/Measures of Success** – A process output/measure of success describes the expected end product of a process (i.e. report, improved performance metrics, etc.). Provide a statement that describes what the expected outputs/measure of success of the process should be. The description of this output should allow for the development or tracking of measures of success.
   d. **Boundaries** – Process boundaries identify where the process starts and when it ends, it also identifies what is included and what is not included in the process. Boundaries also identify areas of intersect with other processes and activities. Provide any identified boundaries (i.e. initiation, closure, reporting cadence, frequency of process, etc.) in this section. Boundaries could include the intersection of where the process ends and the reporting process begins that includes the findings of the process.

     e. **Points of Control** – Points of Control within a process identifies any action or event that could "block" the implementation of the process. Provide any foreseen obstacles that may impact successfully implementing the documented process

     f. **Version Control** – Version Control will be utilized to track changes and guide naming conventions of process documents. Documents should follow the below nomenclature:

     Program Area_Purpose_Ver_Version# (DS_DOJ DQ Assessment_Ver_001)

3. **'III. Reporting'** – List of reports that are generated utilizing the data from this process.
4. **'IV. Process'** – Provide detailed step-by-step instructions for implementation/execution of process.
5. **'V. Measure Documentation'** – Description of the measure for reporting documentation
     a. **Measure Language** – Written in plain language, the measurable outcome is described here. This presents what the team wants to see happen at the individual, provider, or state level.
     b. **KPA PMI**? – A yes or no indicator to show whether this measure is a Performance Measure Indicator (PMI) that will be monitored in the Key Performance Area Workgroups (KPAs).
     c. **Numerator** – Numerator is described here, representing a subset of the same number described in the denominator.
     d. **Denominator** – Denominator is described here, representing the total number of applicable cases.
     e. **Target** – The goal, such as a count or percentage, for which the results should fall at or above.
     f. **Target Date** – The date or timeframe by which the target should be met (e.g., based on annual state fiscal year).
     g. **Baseline** – A period of benchmark data available prior to monitoring.
     h. **Population** – A description of the counts in the denominator (e.g., individuals on the DD waivers, all service providers).
     i. **Regional Breakdown**? – A yes or no indicator to show whether a regional breakdown of the data is possible for this measure.
     j. **Office of Clinical Quality Management Recommendation** – Language from the Office of Clinical Quality Management that provides guidance for actions needed.
     k. **Recommendation Mitigation & Timeline** – The time period and actions that will be taken to address the recommendation.
6. **'VI. Verification'** – Provide all verification or validation process that needs to take place to ensure that the process is valid.
7. **'VII. Continuous Quality Improvement (CQI)'** – Provide a detailed step-by-step process describing what will be done to monitor and improve process as time progresses.
8. **'VIII. Glossary of Terms'** – Contains definitions of terms used to describe process activities and requirements

I. INTRODUCTION

PURPOSE	Provider Reporting Measures were established to assess and improve the quality of services provided by providers including Community Services Boards to individuals on one of the home- and community-based services waivers (HCBS Waivers). The results of the provider reporting measures are designed to help determine if providers are assessing both positive and negative aspects of community integration as part of their quality improvement program.
SCOPE	HSAG administers the questions as part of the Quality Service Review (QSR) process adhering to all requirements of staff training and inter-rater reliability processes. DBHDS creates a summary of this data and then compares this data with data reported from providers and shows trend over time. DBHDS generates a final report at the end of the completion of the QSR Process.

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DOCUMENT MANAGEMENT	All process documents will need to utilize approved process templates provided by DBHDS. Process documents will be saved as .pdf documents before distributed. All process documents will be stored in a centralized document library. Any revisions or updates to the document will need to be approved and documented for effective revision and/or document management. Naming conventions for versioning will be strictly enforced.	
PROVISION	V.E.3: The Commonwealth shall use Quality Service Reviews and other mechanisms to assess the adequacy of providers' quality improvement strategies and shall provide technical assistance and other oversight to providers whose quality improvement strategies the Commonwealth determines to be inadequate.	
COMPLIANCE INDICATORS	44.1	1. In addition to monitoring provider compliance with the DBHDS Licensing Regulations governing quality improvement programs (see indicators for V.E.1), the Commonwealth assesses and makes a determination of the adequacy of providers' quality improvement programs through the findings from Quality Service Reviews, which will assess the adequacy of providers' quality improvement programs to include: a. Development and monitoring of goals and objectives, including review of performance data. b. Effectiveness in either meeting goals and objectives or development of improvement plans when goals are not met. c. Use of root cause analysis and other QI tools and implementation of improvement plans.
	44.2	2. Using information collected from licensing reviews and Quality Service Reviews, the Commonwealth identifies providers that have been unable to demonstrate adequate quality improvement programs and offers technical assistance as necessary. Technical assistance may include informing the provider of the specific areas in which their quality improvement program is not adequate and offering resources (e.g., links to on-line training material) and other assistance to assist the provider in improving its performance.

ROLES AND RESPONSIBILITIES	
ROLE	**RESPONSIBILITY**
Assistant Commissioner, Developmental Services	Reviews QSR data, updates QSR tools based on findings, provides subject matter expertise related to evaluation criteria for reviewers and examples for reviewers to consider.
QSR Reviewers	Review providers Quality Improvement Programs and make recommendations for systemic and provider specific improvement

RMRC	Reviews data from Licensing inspections and QSR reviews to identify quality improvement initiative needed.

II. CHANGE CONTROL

PROCESS DESCRIPTION	This process describes the methodology used to calculate provider reporting measures assessed through the Quality Service Review implemented by the Health Services Advisory Group. Specifically, DBHDS uses this data to determine the positive and negative aspects of community integration in relation to a provider's quality improvement program. The provider reporting measure questions were developed by the Director of Provider Development in conjunction with the Office of Data Quality & Visualization (DQV). Input was also solicited from the Office of Community Quality Improvement (CQI). Questions were written to assess compliance with expectations around community inclusion and employment.
INPUT/TRIGGER	Completion of the Quality Service Review round for the Fiscal year.
	86% of providers demonstrate a commitment to community inclusion by demonstrating actions that lead to participation in community integration activities. This construct is measured through either "Yes" or "No" responses to the following PQR questions: • Does the provider promote individual participation in what the individual considers to be meaningful work activities?; and • Does the provider promote individual participation in non-large group activities?; and • Does the provider encourage individual participation in community outings with people other than those with whom they live?

	"Yes" responses indicate that the provider is able to demonstrate or verbalize methods or strategies related to the specific question. "No" responses indicate that the provider is not able to demonstrate or verbalize methods or strategies related to the specific question. Additionally, DBHDS reviews PCR questions: • Individual Interview o Do you have a job? o Is your support Coordinator addressing your employment goals ? o Would you prefer to do something else during the day • Family Interview o Did the support coordinator discuss employment goals and options with the individual o Did the support coordinator discuss integrated day opportunities with the individual
BOUNDARIES	Process starts with the review of providers through the Quality Service Review process. The process ends once the data from the PCR/PQR review for all participants is completed and HSAG provides both the raw aggregated data for the PCR/ PQR.
POINTS OF CONTROL	The following are potential factors that could intersect with and/or impact implementation of this process: • Provider lack of participation in the QSR process. • Vendor does not complete the reviews or the reports timely. • DBHDS needs to reprocure existing or future vendor

VERSION	DATE	DESCRIPTION OF CHANGE IMPLEMENTED	COMPLETED BY
001	12/29/2022	Initial Documentation	Heather Norton
002	9/7/2023	Transferred to new template and filled in missing narrative. No changes made to the numerator or denominator. No changes to the process, methodology, or calculations.	Heather Norton

III. REPORTING

REPORTING TOOL/MECHANISMS			
Report Name		**Data Source**	VA_QSR_R() PQR All Data_MMDDYYYY.xlsx
Report Name		**Data Source**	
Report Name		**Data Source**	

IV. PROCESS

OVERVIEW

STEP#	PROCESS STEPS	SOURCE OF RECORD	APPROVAL REQUIRED	APPROVER
1	The Quality Service reviews for all providers/participants for the round is completed **Performed by: QSR Vendor**	VA_QSR_R() PQR Aggregate Data File.xlsx VA_QSR_R()PCR Aggregate Data File.xlsx	Yes	OCQM Sr. Director
2	DBHDS receives the files with all PQR/PCR data **Performed by: QSR Vendor**	VA_QSR_R() PQR Aggregate Data File.xlsx VA_QSR_R()PCR Aggregate Data File.xlsx	Yes	OCQM Sr. Director
3	DBHDS calculates the PQR data by: 1. First clear all filters. 2. Filter "Status" column to complete and record the number of PQR's completed			

	3. Next Filter yes responses to the question- Does the provider promote individual participation in what the individual considers to be meaningful work activities? Record the number. Reset the filter to all responses for this question. 4. Next Filter yes responses on the question Does the provider promote individual participation in non-large group activities? Record the number. Reset the filter to all responses for this question. 5. Next filter yes responses on the question Does the provider encourage individual participation in community outings with people other than those with whom they live? Record the number. Reset the Filter to all responses.			
	Performed by: Assistant Commissioner, Developmental Services			
4	DBHDS calculates the PCR data by 1. First Clear All Filters 2. Sort on Column "Record Status" to Completed 3. Filter on Yes for the Column "Can and does the individual choose to participate in the interview process?" Record this number. This is the denominator for individual responses. 4. Next Filter Yes on Would you like to do something else during the day? And			

	record this number. Reset the filter to all responses 5. Next Filter No on "Do you have a job?" Record this number. 6. While still on the no filter for Do you have a job, Filter No on " Is your support coordinator currently addressing your employment goals?" and record this number. 7. Clear all Filters; Sort on Column "Record Status" to Completed 8. Filter on yes for "Can the SDM or family member participate in the interview process?" Record the number this is the denominator for family reported measures 9. Filter on yes for "Did the SC discuss employment goals and options with the individual?" Record the number and reset the filter to all responses for this question. 10. Filter on yes for "Did the SC discuss community involvement opportunities with the individual?" Record the number.			
	Performed by: Assistant Commissioner, Developmental Services			
	DBHDS documents all the findings from the review completed in Step 3 and Step 4 and develops a report of the information and the findings			
	Performed by: Assistant Commissioner, Developmental Services, or designee			

	The information is reviewed as part of the KPA Workgroup.			
	Performed by: Assistant Commissioner, Developmental Services, or Designee			
	Performed by:			
	Performed by:			

V. MEASURE DOCUMENTATION

Measure language	Providers demonstrate a commitment to community inclusion by demonstrating actions that lead to participation in community integration activities (meaningful work)
KPA PMI?	Yes
Numerator	The total number of providers reviewed who promote meaningful work
Denominator	The total number of providers reviewed during the QSR period
Target	86%
Target Date	Annual state fiscal year
Baseline	98% during Round 3
Population	DD Waiver Providers
Regional Breakdown?	No
Office of Clinical Quality Management Recommendation	QSR review indicated concerns where DBHDS did not provide sufficient detail to determine reviewer criteria
Recommendation Mitigation & Timeline	This was not an issue for this question

Measure language	86% of providers demonstrate a commitment to community inclusion by demonstrating actions that lead to participation in community integration activities (participation in non-large group activities)
KPA PMI?	Yes

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Numerator	The total number of providers who promote individual participation in non-large group activities (Question 48)
Denominator	The total number of providers reviewed during the QSR round
Target	86%
Target Date	Annual state fiscal year
Baseline	96% during round 3
Population	DD Waiver Providers
Regional Breakdown?	No
Office of Clinical Quality Management Recommendation	QSR review indicated concerns where DBHDS did not provide sufficient detail to determine reviewer criteria
Recommendation Mitigation & Timeline	This was not an issue for this question

Measure language	**N/A**
KPA PMI?	No
Numerator	Support Coordinator is not working on employment goals
Denominator	Number of individuals who do not have a job
Target	Less than 10%
Target Date	Annual state fiscal year
Baseline	14% Round 4
Population	Individuals with DD on the waiver
Regional Breakdown?	No
Office of Clinical Quality Management Recommendation	QSR review indicated concerns where DBHDS did not provide sufficient detail to determine reviewer criteria
Recommendation Mitigation & Timeline	This was not an issue for this question

Measure language	**N/A**
KPA PMI?	No
Numerator	Number of people who would like to do something else during the day
Denominator	Total number of individuals interviewed during the round of QSR
Target	Less than 25%
Target Date	Annual state fiscal year

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Provider Reporting Measures

Baseline	31% during round 3
Population	Individuals with DD on the waiver
Regional Breakdown?	No
Office of Clinical Quality Management Recommendation	QSR review indicated concerns where DBHDS did not provide sufficient detail to determine reviewer criteria
Recommendation Mitigation & Timeline	This was not an issue for this question

VI. VERIFICATION

VERIFICATION, VALIDATION, AND TESTING PROCESS

Data analyst received the process document and the data from the SME. Data analyst imported data to excel for validation. Reports used were VA_QSR_R4_PCR Aggregate Data File.xlsx & VA_QSR_R4_PQR Aggregate Data File.xlsx for validation. Data Analyst tested each step from the process document, did live validations and completed detailed cross checks. Each and every numerator, denominator and percentage value were checked, cross checked and confirmed. No defects or errors were found.

Mitigation related to this data was related to determination that the reviewer had sufficient notes to make a determination. The reviewer notes for this element are detailed with regards to thoroughness and completeness. This along with the inter-rater reliability process the vendor has in place is sufficient to assert this data is reliable and valid.

Therefore the data and processes are reliable and valid for the identification of quality improvements and risk mitigation. See attestation dated 9/27/2023 (PMI_Provider_Reporting_Measures_CII_Attachment_B.9.27.2023.docx).

VII. CONTINUOUS QUALITY IMPROVEMENT (CQI)

CQI PROCESS

STEP#	PROCESS STEPS	PERFORMED BY

#	(Describe the step required to perform action)	(Identify the role/job title of individual performing this task)	
1	DBHDS gathers data from the Person Centered Review- Individual Interview to confirm finding.	Asst. Commissioner, Developmental Services	
2	DBHDS gather data from the Person Centered Review- Family Interview to confirm findings	Asst. Commissioner, Developmental Services	
3	DBHDS utilizes NCI data, ISP data and the Semi-Annual Employment Data report as surveillance data to these findings.	Asst. Commissioner, Developmental Services	

VIII. GLOSSARY OF TERMS

Term	Definition
PQR	Provider Quality Review
PCR	Person-Centered Review
KPA	Key Performance Area
QSR	Quality Service Review