

DDA Provider Applicant Quality Assurance / Improvement Plan Template

Provider Applicant Name: _____

Region Servicing: _____

Quality Assurance Plan: Self-assessment plan to document, evaluate, and monitor performance of the agency. A working agency document used to remediate challenges and deficiencies in order to create systemic improvements. The plan is a system of internal quality assurance which focuses on the individual's choices, preferences and satisfaction.

Mission Statement: (Please include a statement that defines your agency's mission. Make sure that it is consistent with DDA's mission and vision (<http://dda.dhmh.maryland.gov>) and focus' on individual choice and preferences. It must also include personal contact with the individuals.

Development Process: (State how the plan was developed. Include input from individuals with intellectual and developmental disabilities and advocates. Focus on choices and preferences. This is an opportunity to cite staff skills and expertise.)

Standing Committee: (Refer to COMAR 10.22.02.14E 1-7) Include membership composition and ratio; chairperson's name and contact information; and member names and affiliation. Be sure to indicate the frequency of the committee meetings and all of the functions that are required. There is a Standing Committee training curriculum posted on the DDA website (<http://dda.dhmh.maryland.gov>)

Action Plan: Refer to COMAR 10.22.02.14(4-5). Describe how the agency will collect, evaluate data and analyze trends. The plan should track the use and timeframes for behavior plans that employ medications, restrictive procedures or right restrictions, and provide prompt and appropriate response to health/safety risks. **Proactive strategies:** Include strategies that demonstrate preventative measures to help improve quality of services, including health and safety. Describe objective data sources that will be used.

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Goals: Establish goals and standards that measure the quality of services being delivered and define how the standards are measured. Outcomes and results should be measurable, and maybe incorporated into future IP's and used for systemic changes. The agency will use this information to implement changes based on the results of the evaluated data.

Goals are statements about general aims or purposes of the program that are **broad, long-range intended outcomes** and concepts. **Objectives** are **brief, clear statements** that describe the desired outcomes. **Goals express intended outcomes in general terms and objectives are measurable and express them in specific terms. Outcomes are achieved results.**

Performance Measures: The core standard performance measures which apply to all DDA Licensed providers have been incorporated within this provider Quality Assurance Report format. Providers should further enhance each goal assessment area by including goals they feel directly affect and drive their quality improvement.

Providers who have identified additional quality measures in their Quality Assurance Plans shall add and report on those specific measures with their annual report. For each the report must include the Provider's analysis, remediation in relation to areas of non-compliance, and associated systems improvements.

Area to be Assessed: Individual Plans

Performance Measure 1: Proportion of IP's containing required information per COMAR 10.22.02.14

Goal 1.1: 100% of all individuals being supported have IP's containing all of the required information.

Discovery Results					
Time Period					
% of individuals with IP's containing required information.					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	FY Aggregate
Compliance					
Non-Compliance					
Total					

PROVIDER'S ANALYSIS:

Remediation:

SYSTEMS IMPROVEMENTS:

Performance Measure 2: Excluding initial IP's, the proportion of IP's that document progress toward the individual's specific goals.

Goal 1: All IP's will document supports necessary and progress, 100% of the time.

Goal 2:

Discovery Results		
Time Period _____		
% of IP's that document progress toward the individual's specific goals.		
	Rate (%)	# in the Sample
Compliance		
Non-Compliance		
Total		

PROVIDER'S ANALYSIS:

Remediation:

SYSTEMS IMPROVEMENTS:

Performance Measure 3: Proportion of IP's that were reviewed by the team within 365 days.

Goal 1: All IP's will be reviewed within 365 days, 100% of the time.

Goal 2:

Discovery Results		
Time Period _____		
% of IP's that were reviewed by the team within 365 days.		
	Rate (%)	# in the Sample
Compliance		
Non-Compliance		
Total		

PROVIDER'S ANALYSIS:

Remediation:

SYSTEMS IMPROVEMENTS:

Performance Measure 4: Proportion of individuals receiving services specified on their IP.

Goal 1: All individuals are provided the services specified on their IP's, 100% of the time.

Goal 2:

Discovery Results		
Time Period _____		
% of individuals receiving services specified on their IP.		
	Rate (%)	# in the Sample
Compliance		
Non-Compliance		
Total		

PROVIDER'S ANALYSIS:

Remediation:

SYSTEMS IMPROVEMENTS:

Area to be Assessed: Qualified Providers (Training)

Performance Measure 1: Proportion of licensed providers that offer all required direct care staff training to their employees.

Goal 1: 100% of all direct care staff will be offered training by their employers.

Goal 2:

Discovery Results		
Time Period _____		
% of direct care staff offered training by their employer.		
	Rate (%)	# in the Sample
Compliance		
Non-Compliance		
Total		

PROVIDER'S ANALYSIS:

Remediation:

SYSTEMS IMPROVEMENTS:

Area to be Assessed: Health & Welfare of Waiver Participants

Performance Measure 1: Number of people that receive medical services as recommended by their physicians.

Goal 1: All individuals supported by the agency will receive medical services as recommended by their physicians, 100% of the time.

Goal 2:

Discovery Results		
Time Period _____		
Number of people that receive medical services as recommended by their physicians.		
	Rate (%)	# in the Sample
Compliance		
Non-Compliance		
Total		

PROVIDER'S ANALYSIS:

Remediation:

SYSTEMS IMPROVEMENTS:

Performance Measure 2: Individuals are free from abuse, neglect, and exploitation.

Goal 1: All individuals supported by the agency reported they were free from mistreatment, 100% of the time.

Agency Consumer Satisfaction Survey						
Time Period _____						
Survey Tool	Question	Yes	No	Family - Yes	Family - No	
	In the past year, did you report abuse or neglect?					
	In the past year, did any consumers report abuse or neglect?					

PROVIDER'S ANALYSIS:

Remediation:

SYSTEMS IMPROVEMENTS:

Performance Measure 3: Number of incident reports involving unauthorized or inappropriate use of restraints.

Goal 1: Baseline number of incident reports involving unauthorized or inappropriate use of restraints will be reduced by ___% by the following reporting period.

Goal 2:

Discovery Results		
Time Period _____		
Number of incident reports involving unauthorized or inappropriate use of restraints.		
	Rate (%)	# in the Sample
Compliance - Authorized		
Non-Compliance - Unauthorized		
Total		

PROVIDER'S ANALYSIS:

Remediation:

SYSTEMS IMPROVEMENTS:

Area to be Assessed: Financial Accountability

Performance Measure 1: Number of rate based DDA licensed providers with complete annual independent audits.

Goal 1: Agency will conduct annual, independent audits, 100% of the time.

Goal 2:

Annual Independent Audits		
Discovery Results		
Time Period _____		
Annual independent audit completed.	Yes	No

PROVIDER'S ANALYSIS:

Remediation:

SYSTEMS IMPROVEMENTS:

Satisfaction Survey: COMAR 10.22.02.14. B. (1) Please develop an individual satisfaction survey tool including questions focusing on individuals' self-determination, choices, preferences, and overall satisfaction of services. Discuss survey procedures and frequency in the plan. The survey should seek feedback directly from the individuals receiving services or families and be used for agency wide quality improvement. The survey should be designed to provide the agency with useful responses, such as a rating scale of satisfaction versus "yes" / "no." Consider providing an area for comment to encourage additional, helpful information from individuals and families. Please attach the survey form.

Goal 1: Provided with the satisfaction survey and supports necessary to complete, all of the individuals supported will be ___% satisfied with their services provided.

Goal 2: Baseline individual satisfaction will improve by ___%, by the following reporting period.

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PROVIDER'S ANALYSIS:

Remediation:

SYSTEMS IMPROVEMENTS: