

Convene.  
Strategize.  
**Activate.**

**TRANSFORMATION**  
TODAY & TOMORROW

# Driving Success with I/DD Populations

Quality Outcomes, Program Design, and Payment Innovations



CENTER *for*  
INTEGRATIVE  
HEALTH

insight to innovation

**i2iCENTER.org**



# Value Based Payments: Where Dollars Make More Sense



Mary Kay Rizzolo, PhD | President & CEO

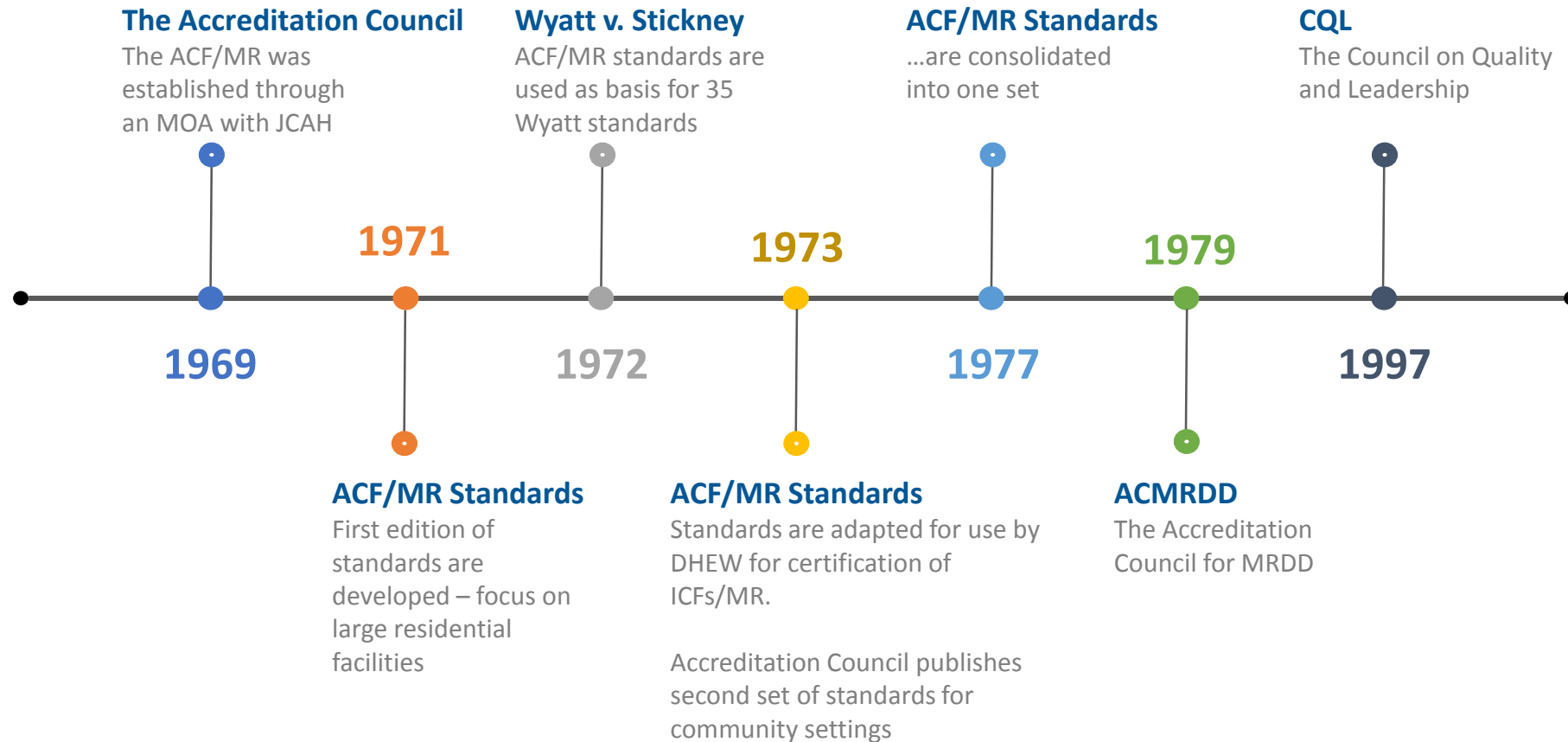




A world of dignity,  
opportunity, and  
community  
for all people

CQL is dedicated to the definition, measurement,  
and improvement of personal quality of life.

# CQL HISTORY



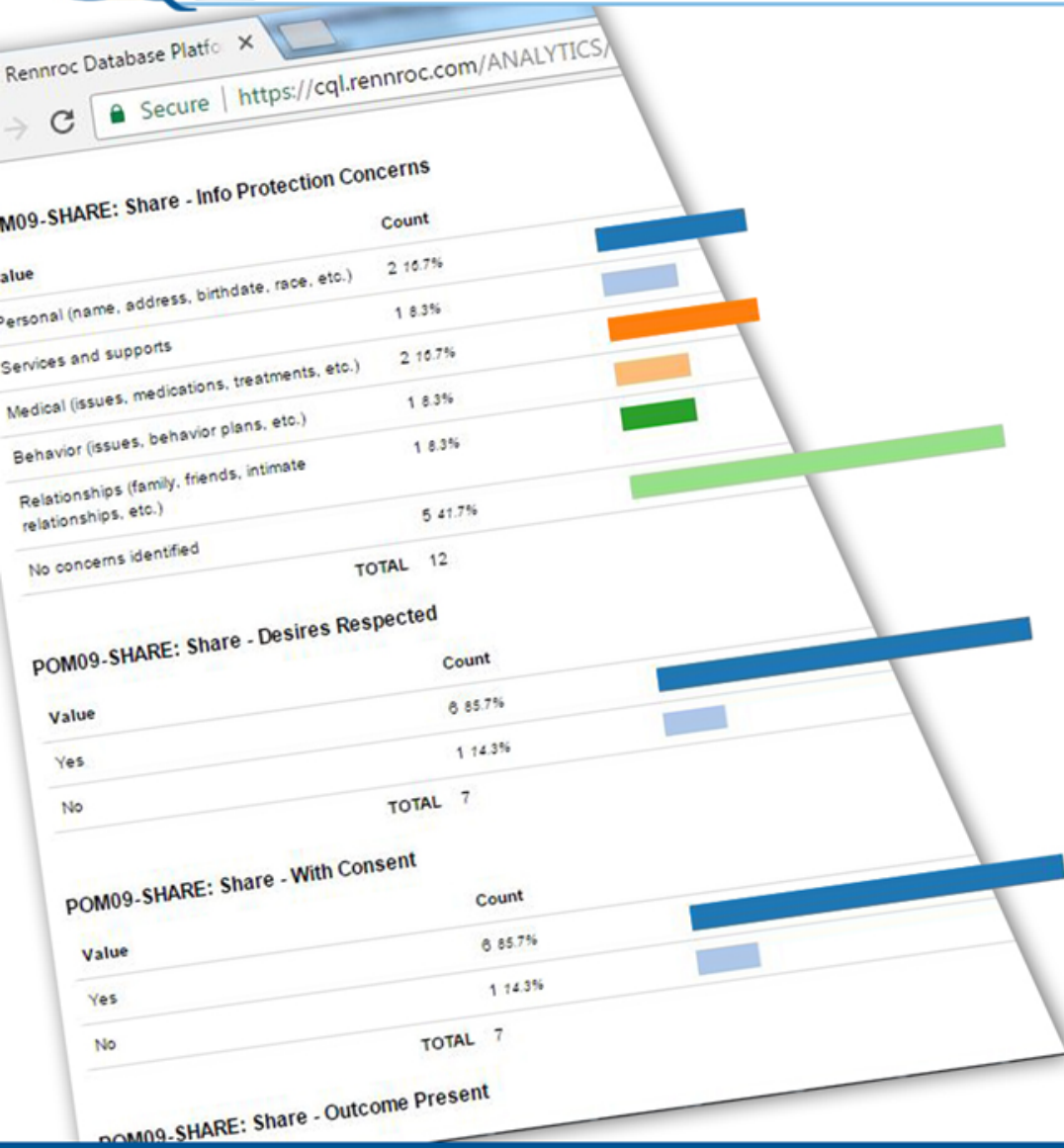
# CQL PERSONAL OUTCOMES MEASURES<sup>®</sup>



More than 1,000  
organizations  
utilize the Personal  
Outcome  
Measures<sup>®</sup>



# CQL PORTAL DATA SYSTEM & RESEARCH

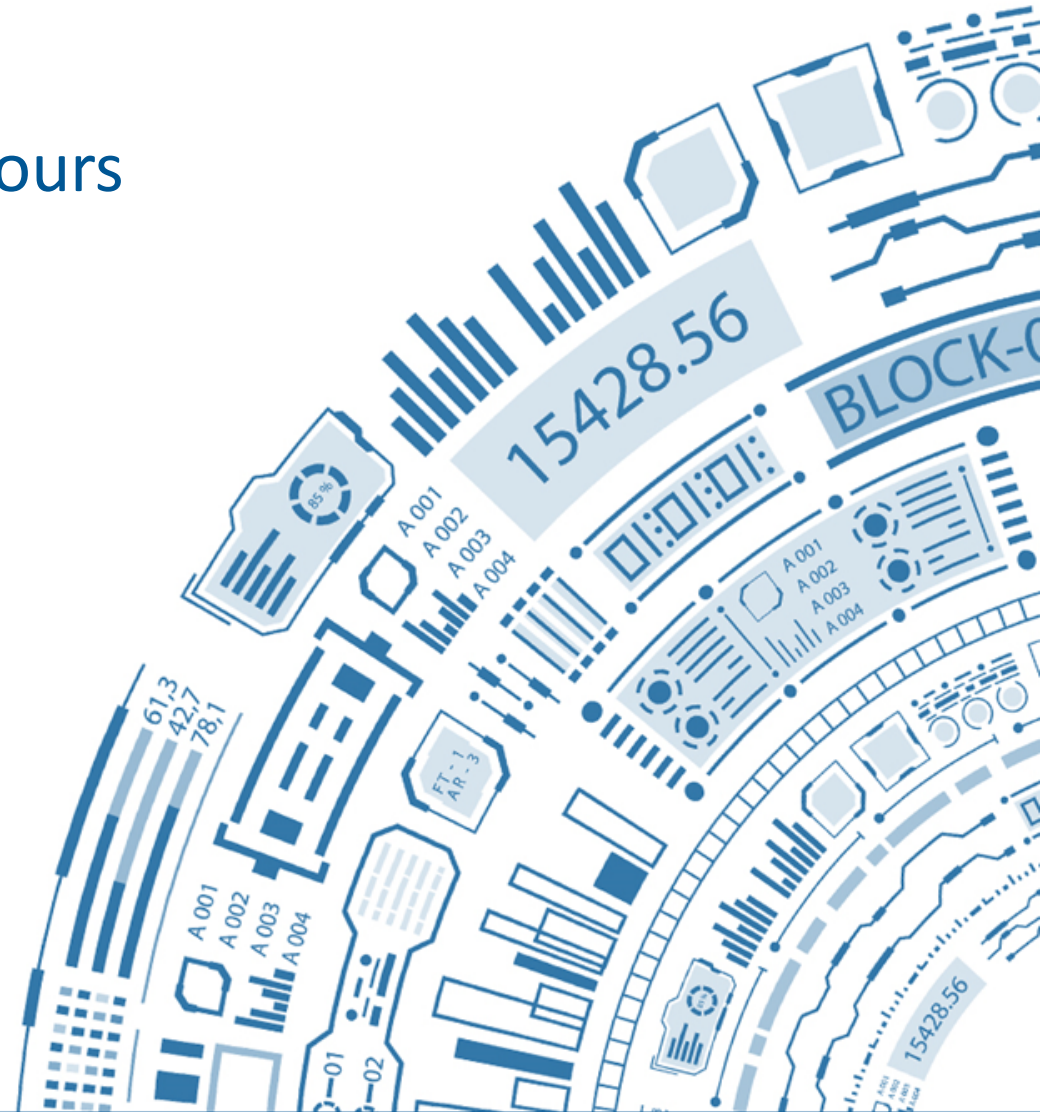


- 14,000 Personal Outcome Measures® individual interviews entered
- 450+ Basic Assurances® organizational Self-Assessments entered
- 850+ Agency Accounts
- 3,400 + User Licenses
- Dozens of publications in peer-reviewed journals



# VALUE BASED THINKING

- Shift from focus on number of services or hours to emphasizing and incentivizing quality
- Need for new “metrics”
- Some reasons for shift in focus:
  - Improve outcomes
  - Reduce administrative complexity
  - Reduce health care spending




# VALUE BASED PAYMENTS

- How do you think about quality?
- Who defines the outcomes?
- What does it mean for payment?
- Who determines the definition of the V in VBP?







The right way to  
measure quality ...

“Quality is not measuring  
things because they are  
easy to measure.  
Measure what we value,  
not value what we  
measure.”





Health and Safety are the building  
blocks, but they are not enough



Looking at things from  
person's perspective ...



# DO OUTCOMES MATTER?



# PERSONAL OUTCOMES MEASURES®





# PERSONAL OUTCOMES MEASURES®

## MY HUMAN SECURITY

- People are safe
- People are free from abuse and neglect
- People have the best possible health
- People experience continuity and security
- People exercise rights
- People are treated fairly
- People are respected



# PERSONAL OUTCOMES MEASURES®

## MY COMMUNITY

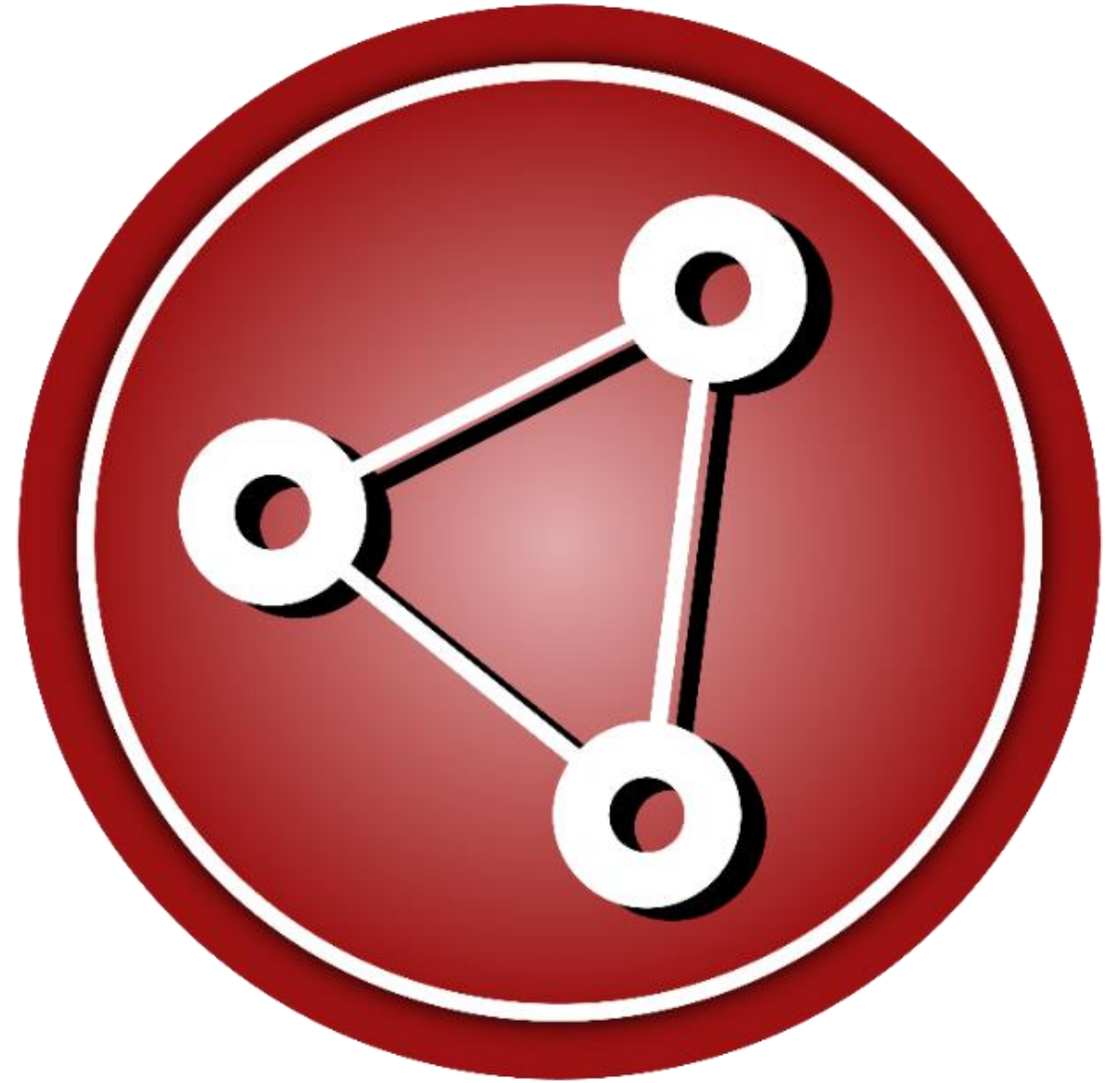
- People use their environments
- People live in integrated environments
- People interact with other members of the community
- People participate in the life of the community



# PERSONAL OUTCOMES MEASURES®

## MY RELATIONSHIPS

- People are connected to natural support networks
- People have friends
- People have intimate relationships
- People decide when to share personal information
- People perform different social roles





# PERSONAL OUTCOMES MEASURES®

## MY CHOICES

- People choose where and with whom they live
- People choose where they work
- People choose services



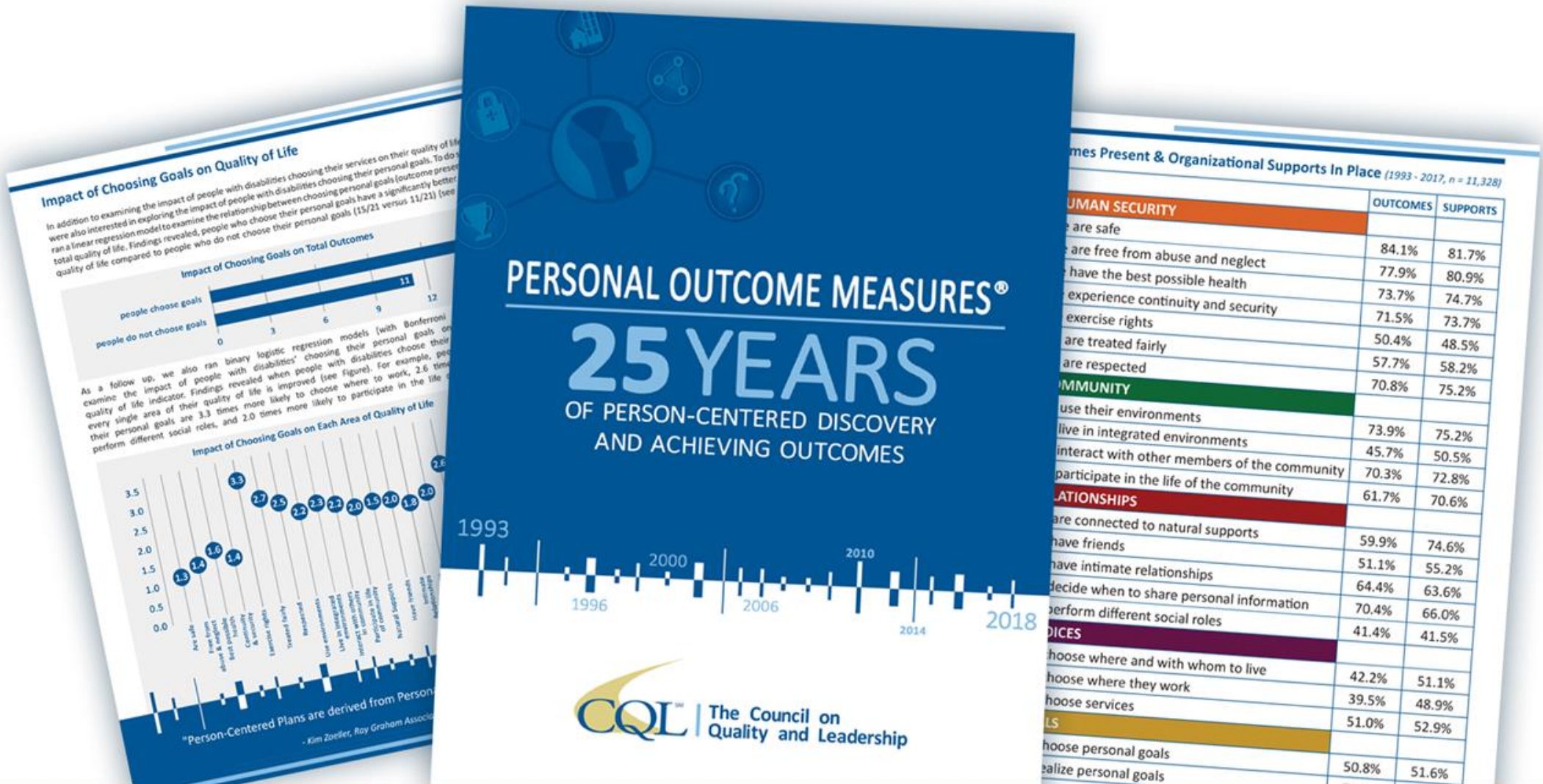
# PERSONAL OUTCOMES MEASURES®

## MY GOALS

- People choose personal goals
- People realize personal goals



# PERSONAL OUTCOMES MEASURES®





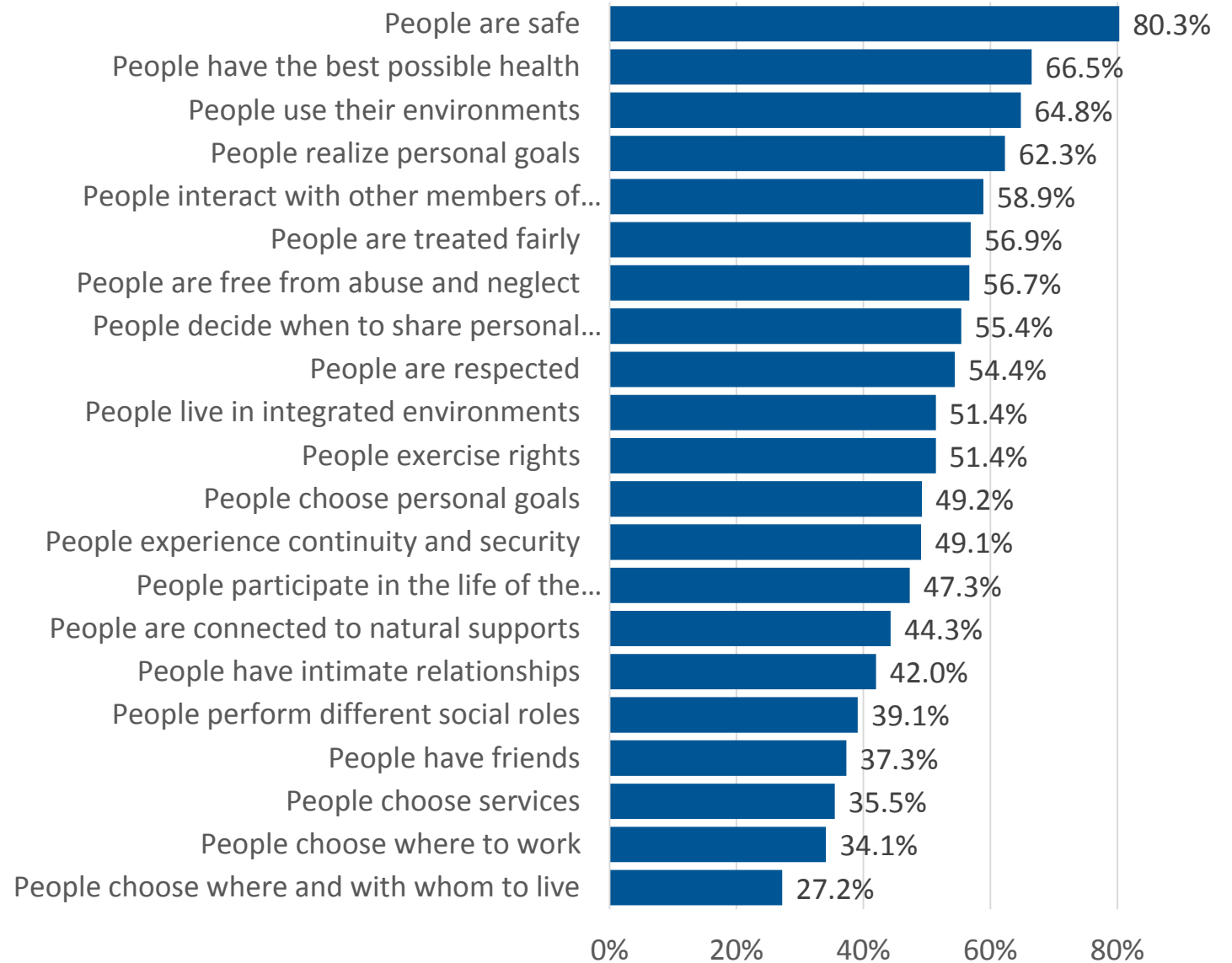


# PERSONAL OUTCOMES MEASURES®

## WHAT WE'VE LEARNED



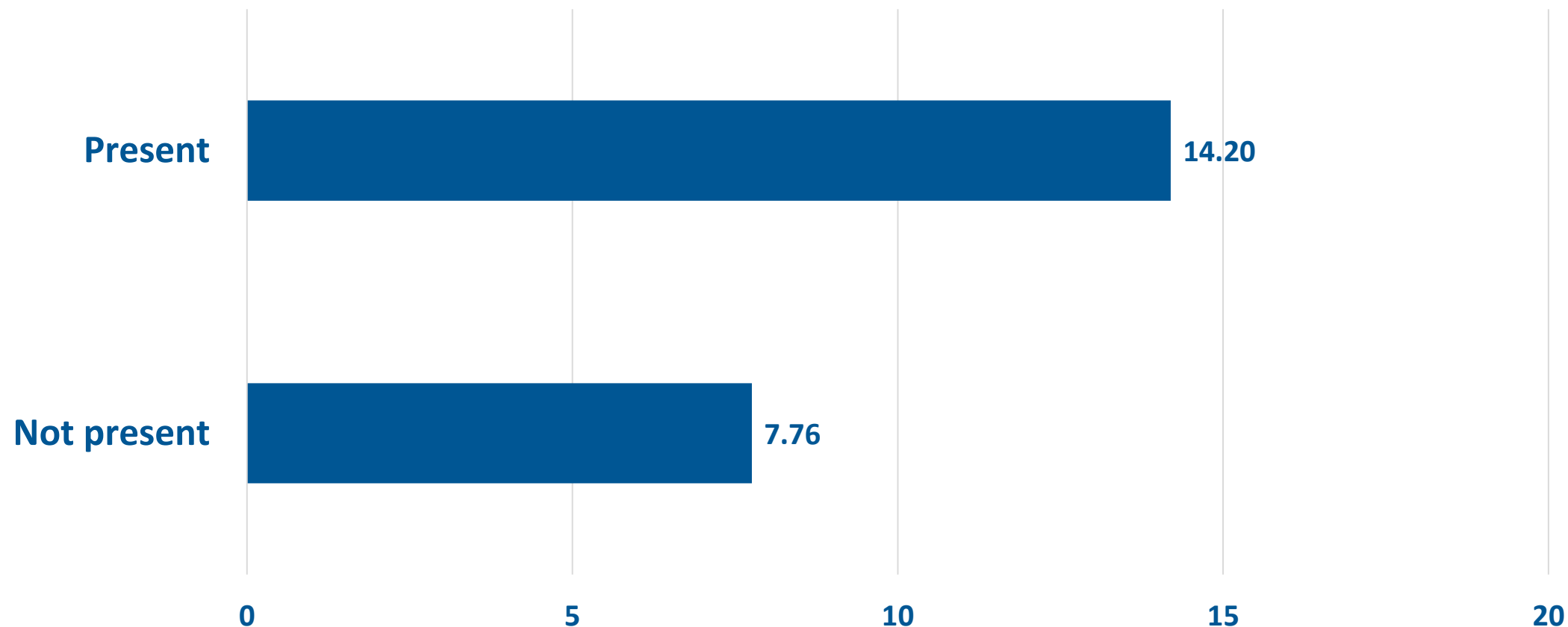
# PERSONAL OUTCOMES MEASURES® WHAT WE'VE LEARNED





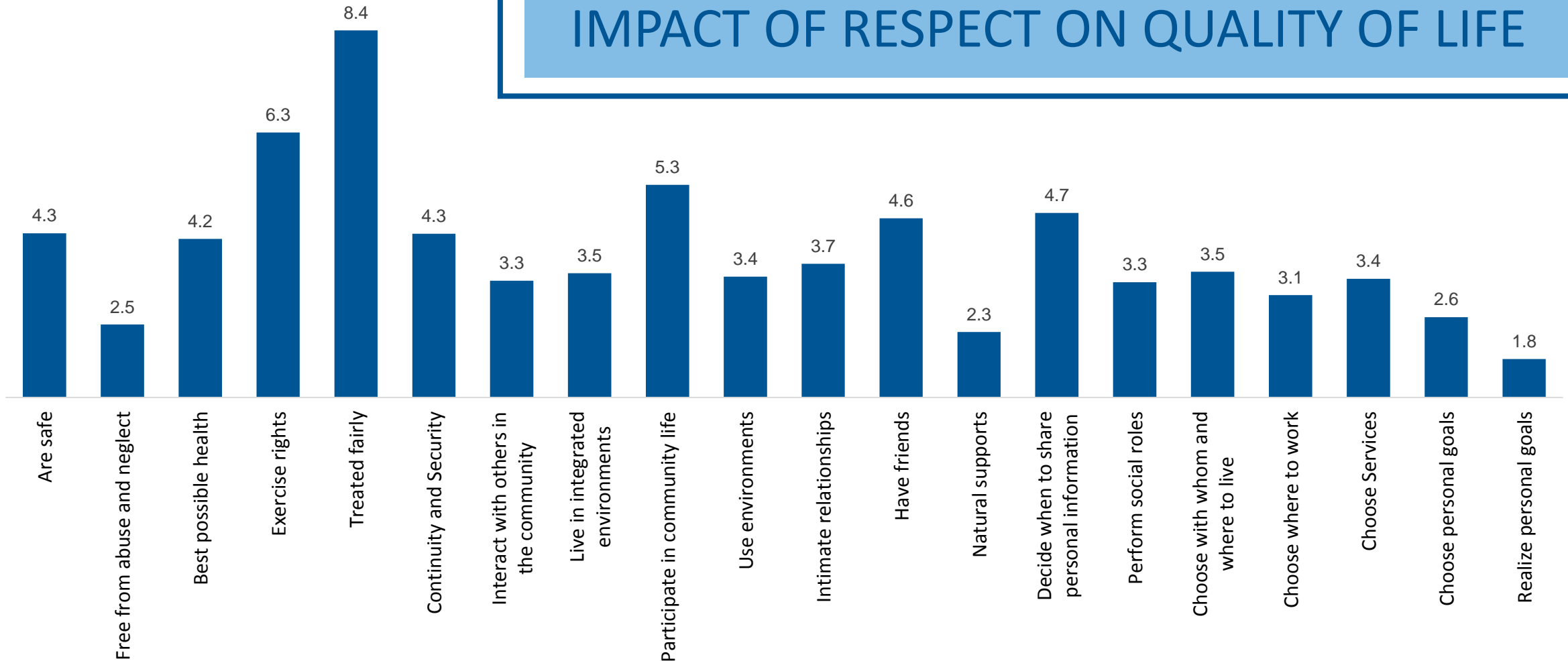
# PERSONAL OUTCOMES MEASURES®

## OUTCOMES BASED ON WHETHER EXERCISE RIGHTS IS PRESENT



# PERSONAL OUTCOMES MEASURES®

## IMPACT OF RESPECT ON QUALITY OF LIFE







# PERSONAL OUTCOMES MEASURES®

## Measuring Outcomes: Predictors

SPECIFIC  
OUTCOMES  
CORRELATED  
WITH TOTAL  
OUTCOMES

HIGHEST	
Exercise Rights	.555
Are Treated Fairly	.535
Choose where and with whom they live	.527
Choose services	.511
Interact with members of the community	.511
LOWEST	
Experience continuity and security	.370
Realize personal goals	.370
Have best possible health	.339
Are free from abuse and neglect	.331
Are safe	.235

n = 10,250

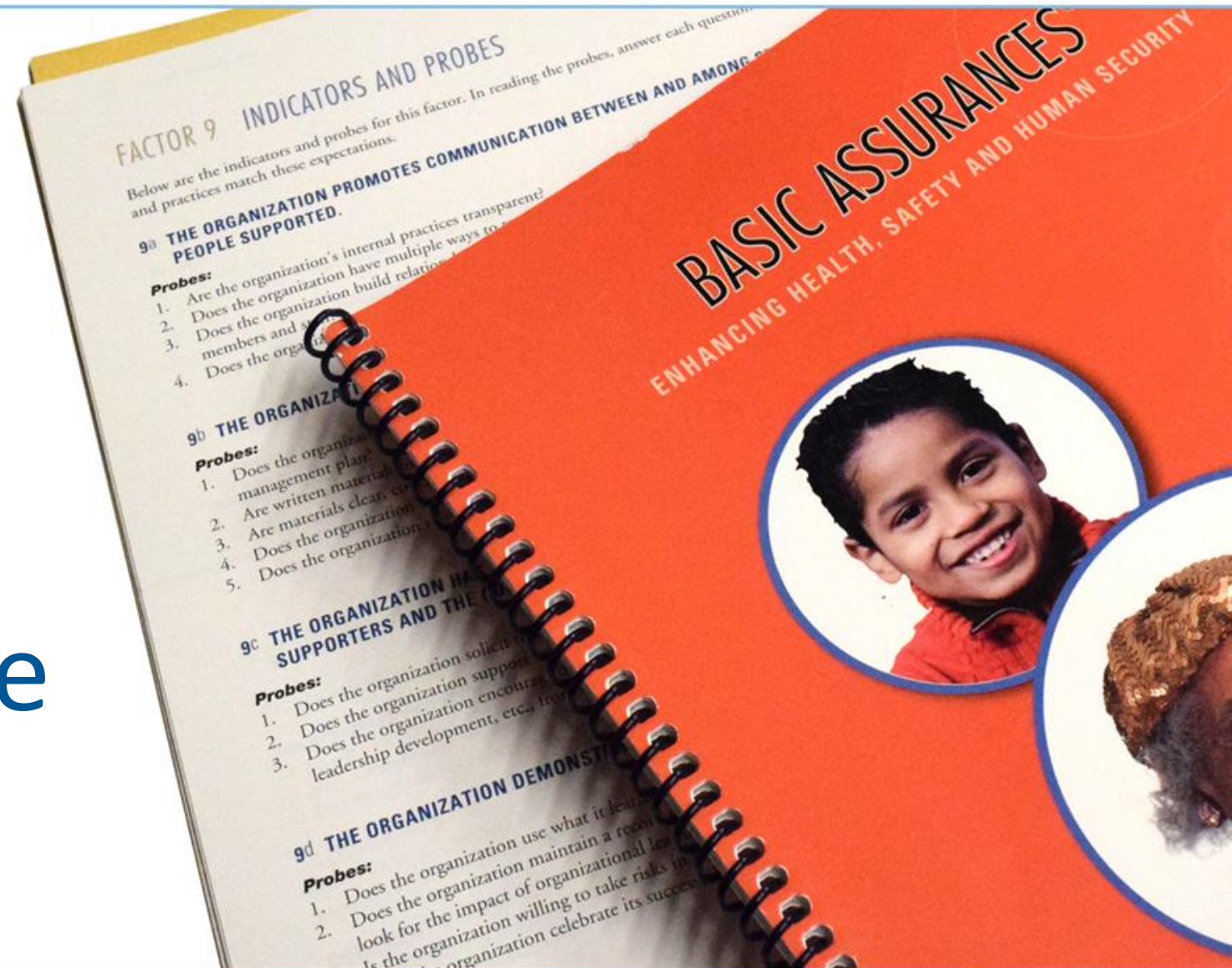
\* All correlations are significant at the 0.05 level (2-tailed)



# MEASURING OUTCOMES AND QUALITY ORGANIZATIONALLY PERSON-CENTERED



- Essential
- Fundamental
- Non-Negotiable





# BASIC ASSURANCES<sup>®</sup>



## System

Organizational supports that provide the structure for organizational practice. These can be policies and procedures, staff training, or other types of systems – ensure sustainability.

## Practice

What is observed in daily operations?  
This demonstrates how an organization's supports are put into action.





1. Rights Protection and Promotion
2. Dignity and Respect
3. Natural Support Networks
4. Protection from Abuse, Neglect, Mistreatment, and Exploitation
5. Best Possible Health
6. Safe Environments
7. Staff Resources and Supports
8. Positive Services and Supports
9. Continuity and Personal Security
10. Basic Assurances® System



# BASIC ASSURANCES®

## RIGHTS PROTECTION AND PROMOTION

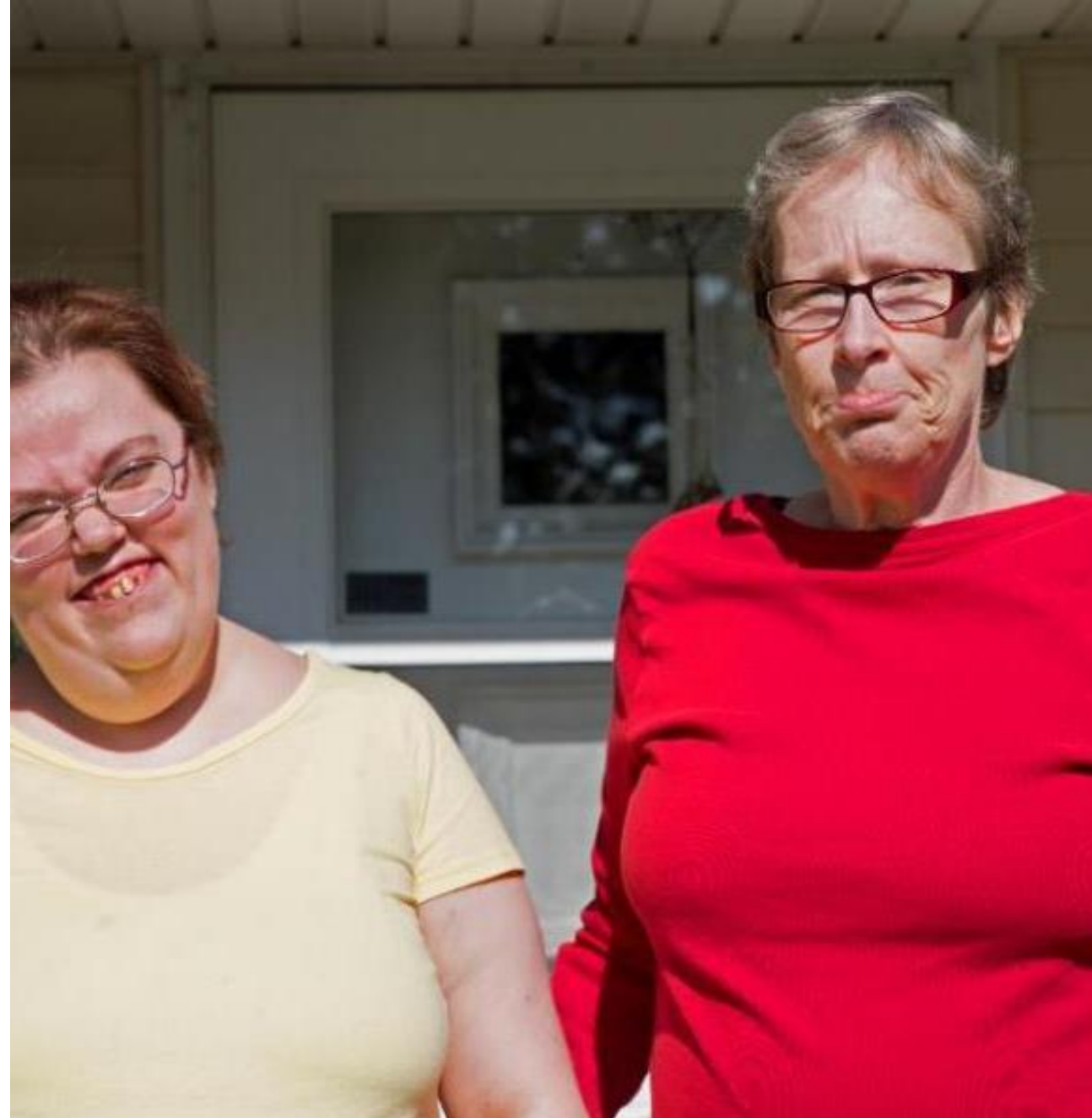
- The organization implements policies and procedures that promote people's rights.
- **The organization supports people to exercise their rights and responsibilities.**
- Staff recognize and honor people's rights.
- The organization upholds **due process** requirements.
- **Decision-making supports are provided to people as needed.**



# BASIC ASSURANCES®

## DIGNITY AND RESPECT

- People are treated as people first.
- The organization respects people's concerns and responds accordingly.
- People have privacy.
- Supports and services enhance dignity and respect.
- **People have meaningful work and activity choices.**







## BASIC ASSURANCES®

### NATURAL SUPPORT NETWORKS

- Policies and practices facilitate continuity of natural support systems.
- The organization recognizes emerging support networks.
- Communication occurs among people, their support staff and their families.
- The organization facilitates each person's desire for natural supports.



# BASIC ASSURANCES®

## PROTECTION FROM A-N-M-E

- The organization implements policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment, and exploitation.
- **People are free from abuse, neglect, mistreatment, and exploitation.**
- The organization implements systems for reviewing and analyzing trends, potential risks and sentinel events including allegations of abuse, neglect, mistreatment, and exploitation, and injuries of unknown origin and deaths.



# BASIC ASSURANCES® PROTECTION FROM A-N-M-E

- Support staff know how to prevent, detect, and report allegations of abuse, neglect, mistreatment, and exploitation.
- The organization ensures objective, prompt, and thorough investigations of each allegation of abuse, neglect, mistreatment, and exploitation, and of each injury, particularly injuries of unknown origin.
- The organization ensures thorough, appropriate, and prompt responses to substantiated cases of abuse, neglect, mistreatment, and exploitation, and to other associated issues identified in the investigation.

# BASIC ASSURANCES®

## BEST POSSIBLE HEALTH

- **People have supports to manage their own health care.**
- People access quality health care.
- Data and documentation support evaluation of health care objectives, and promote continuity of services and supports.
- Acute health needs are addressed in a timely manner.
- People receive medications and treatments safely and effectively.
- Staff immediately recognize and respond to medical emergencies.



# BASIC ASSURANCES®

## SAFE ENVIRONMENTS

- **The organization provides individualized safety supports.**
- The physical environment promotes people's health, safety, and independence.
- **The organization has individualized emergency plans.**
- Routine inspections ensure that environments are sanitary and hazard free.





# BASIC ASSURANCES®

## STAFF RESOURCES AND SUPPORTS

- The organization implements a system for staff recruitment and retention.
- The organization implements an ongoing staff development program.
- **The support needs of individuals shape the hiring, training, and assignment of all staff.**



# BASIC ASSURANCES®

## STAFF RESOURCES AND SUPPORTS

- **The organization implements systems that promote continuity and consistency of direct support professionals.**
- The organization treats its employees with dignity, respect, and fairness.



# BASIC ASSURANCES®

## POSITIVE SERVICES AND SUPPORTS

- **People's individual plans lead to person-centered and person-directed services and supports.**
- The organization provides continuous and consistent services and supports for each person.
- The organization provides positive behavioral supports to people.



# BASIC ASSURANCES®

## POSITIVE SERVICES AND SUPPORTS

- The organization treats people with psychoactive medications for mental health needs consistent with national standards of care.
- **People are free from unnecessary, intrusive interventions.**





# BASIC ASSURANCES®

## CONTINUITY & PERSONAL SECURITY

- The organization's mission, vision, and values promote attainment of personal outcomes
- The organization implements sound fiscal practices
- Business, administrative, and support functions promote personal outcomes
- The cumulative record of personal information promotes continuity of services



# BASIC ASSURANCES®

## BASIC ASSURANCES® SYSTEM

- **The organization monitors the Basic Assurances®.**
- **A comprehensive plan describes the methods and procedures for monitoring the Basic Assurances®.**



# DATA CHANGES BEHAVIOR



DATA → KNOWLEDGE → ACTION



use the

# Right Data

in the

# Right Way





# Defining Quality through the Social Determinants Of Health



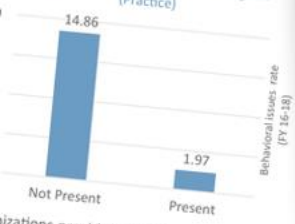


# Building The Framework For IDD Quality Measures

When organizations ensured thorough, appropriate use, neglect, mistreatment and exploitation, investigation, the behavioral issues rate dropped (period), to 2.70 for every 1 person served (Figure 21).

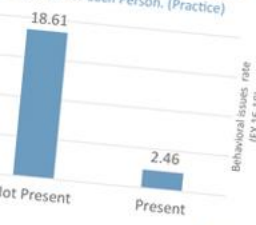
of the findings have examined how how different impact health, but there were additional findings. When organizations implemented ongoing staff development amongst the people they supported dropped (period) (Figure 21). Similarly, when organizations implemented ongoing staff development, the behavioral issues rate dropped (period) (Figure 22). For example, an organization that serves people with dignity and respect is expected to have a behavioral issues rate of less than 1,000 behavioral issues, indicating the behaviors of the people supported.

Figure 21. The Organization Implements An Ongoing Staff Development Program (Practice)



Organizations provided continuous and consistent services and supports for each person, the behavioral issues rate dropped from 18.61 to 2.46 per person (Figure 23).

Figure 23. The Organization Provides Continuous and Consistent Services and Supports For Each Person. (Practice)



Models include at least some portion of the managed care models and supports (MLTSS) (see Figure 1).

Value-based reimbursement models, such as capitated payments, shift the financial risk from payers, federal government, to providers. The success of 'some' Accountable Care Organization (ACO) rate initiative, and pressure on health plans to move from fee-for-service to managed value-based care, is likely to result in a number of managed care models (HCBS) program, 'service coordination and service planning (social services), and value-based reimbursement levels of care."

Transitioning from fee-for-service to managed value-based care, a greater data-driven culture, and the availability of value-based reimbursement (and their health plans) will pay for the competitive advantage, and how technology can be used to support these goals.

MLTSS models and services included under managed care



## The Move to Managed Care for Intellectual and Developmental Disability Services: Guidance for State Medicaid and DD Directors, and Payers

When made, a wide variety of people need to be at the same page. Stakeholders, including community-based organizations (CBOs), need to be involved in conversations about quality. MCOs can also achieve valuable outcomes.

Quality starts and ends with what's the goal of the state. The goal of the state has to be the goal of managed care, state agencies also need to change much on process if they are expecting to move not only move from a medical model to a more person-centered model.

Transitioning on savings to the mutual agendas at the state level, such as the managed care model (DD) and MCOs with more flexibility. There cannot be a one-size-fits-all model as certain requirements provide dynamic and have as much flexibility as possible.

There needs to be buy-in from providers. Moreover, to ensure they have a role in the future and do not get left behind as they did with deinstitutionalization efforts.





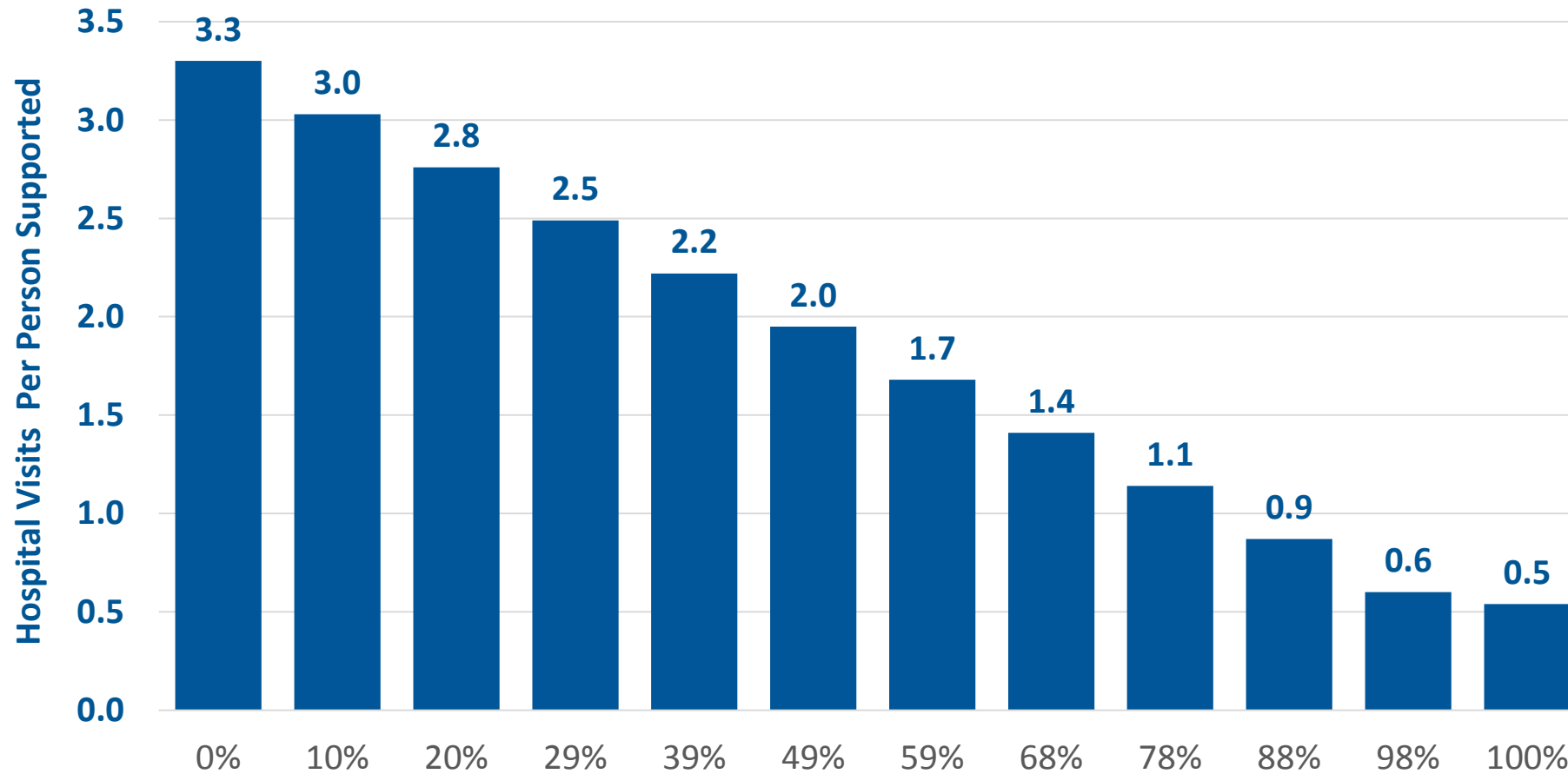
# VALUE METRICS

- CQL **Basic Assurances**® and Mosaic data
- 28 Mosaic agencies who support 3,000 people (FY 16-18)
  - **Hospitalizations** – all visits to the hospital, both admitted and not admitted
  - **Medication errors** – all medication errors
  - **Injuries** – all types of injury events
  - **Behavioral Issues** – anytime there was a behavioral event/issue
  - **Agency size** – number of people supported (control; built in)
- “Rate” = 1 event for every 1 person the agency supports



# HOSPITAL VISITS *WITHOUT ADMISSION*

*(per person, over a 3-year period)*



Basic Assurances Indicators Present (out of 92)

$F(1,27) = 5.02, p = .034, R^2 = 0.16$

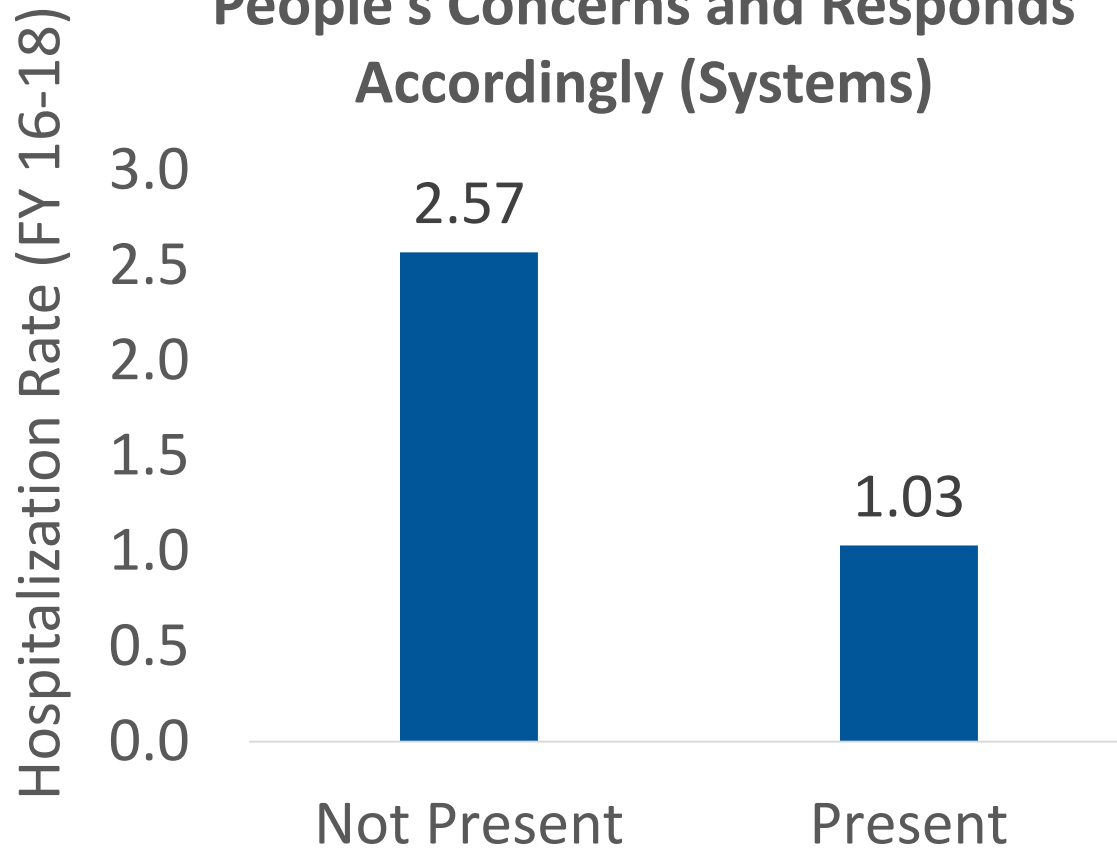




# HOSPITALIZATION RATE

(Per person, over a three-year period)

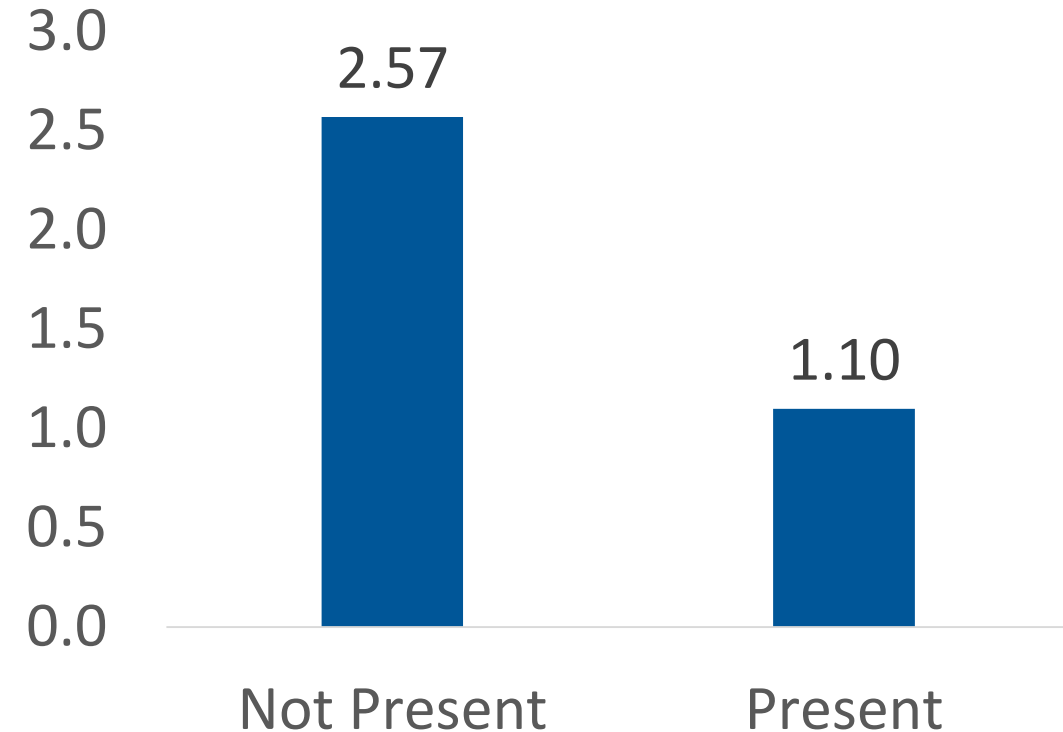
**The Organization Respects  
People's Concerns and Responds  
Accordingly (Systems)**



$U = 6, p \text{ (exact)} = .01$

**Supports and Services Enhance  
Dignity and Respect (Systems)**

Hospitalization Rate (FY 16-18)

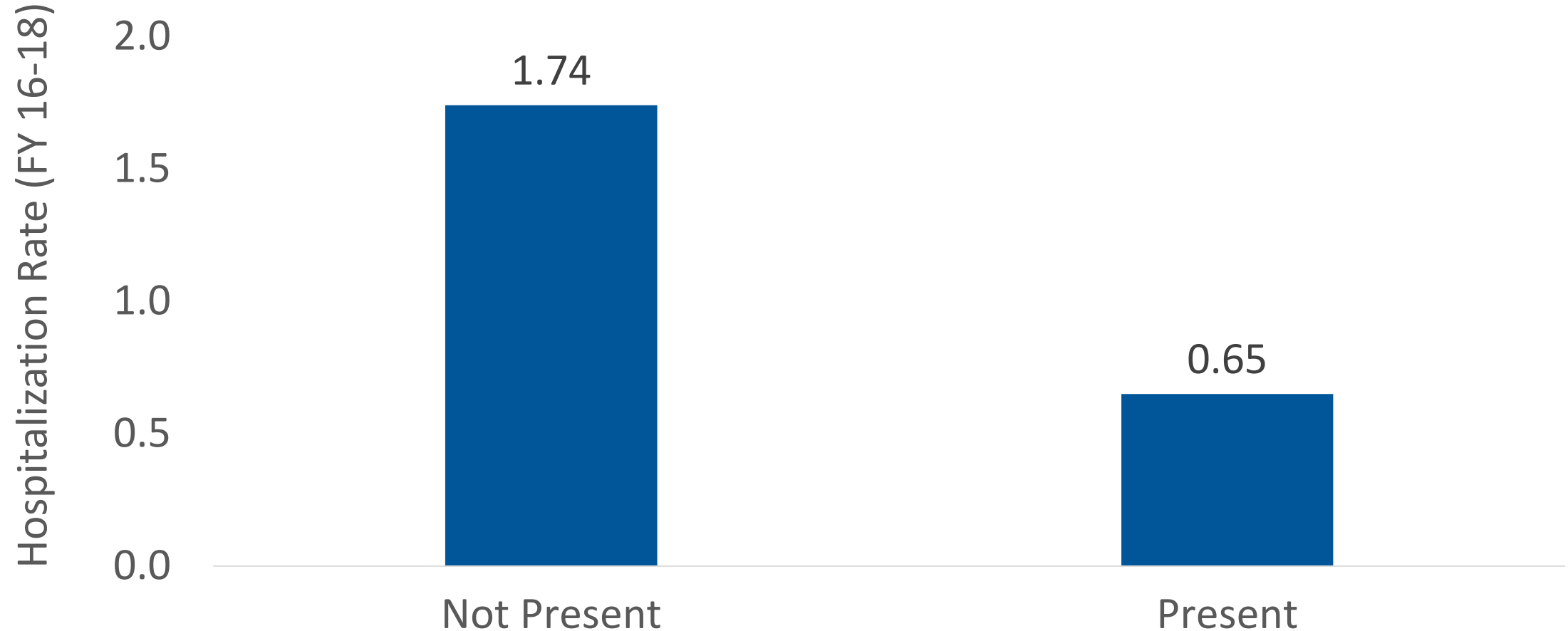


$U = 6, p \text{ (exact)} = .01$

# HOSPITALIZATION RATE

(Per person, over a three-year period)

## People Have Meaningful Work And Activity Choices (Systems)

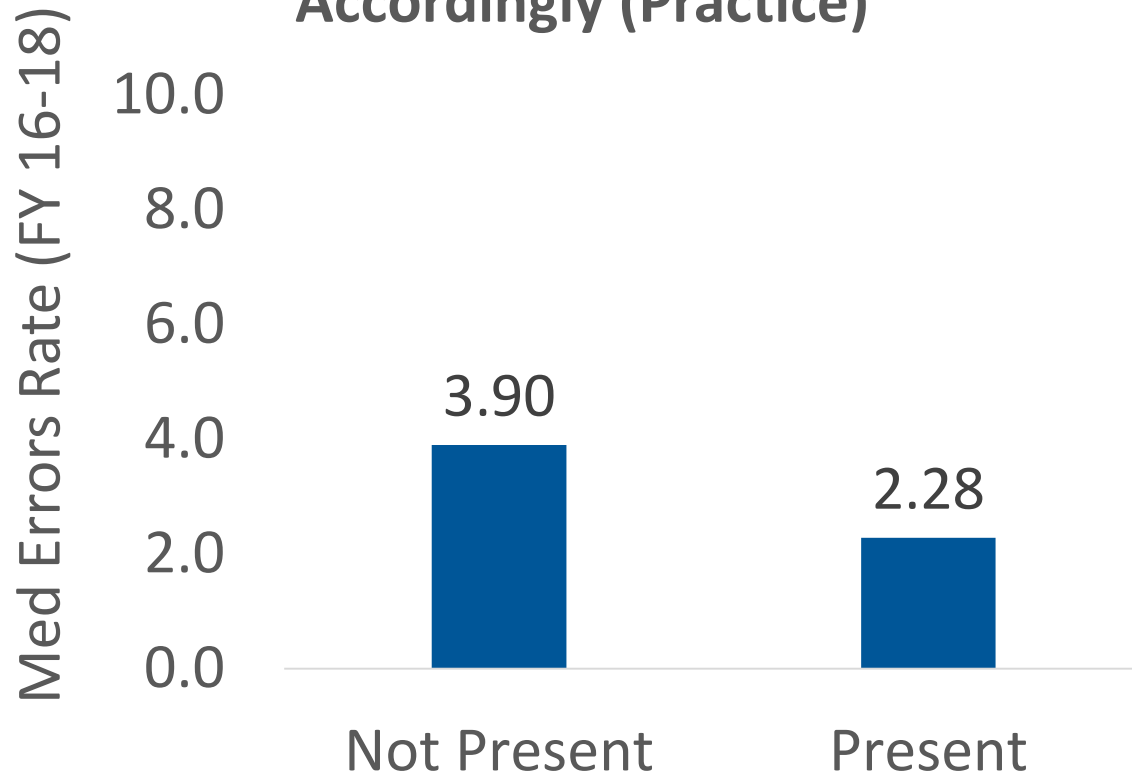


$U = 36, p \text{ (exact)} = .003$

# MEDICATION ERRORS RATE

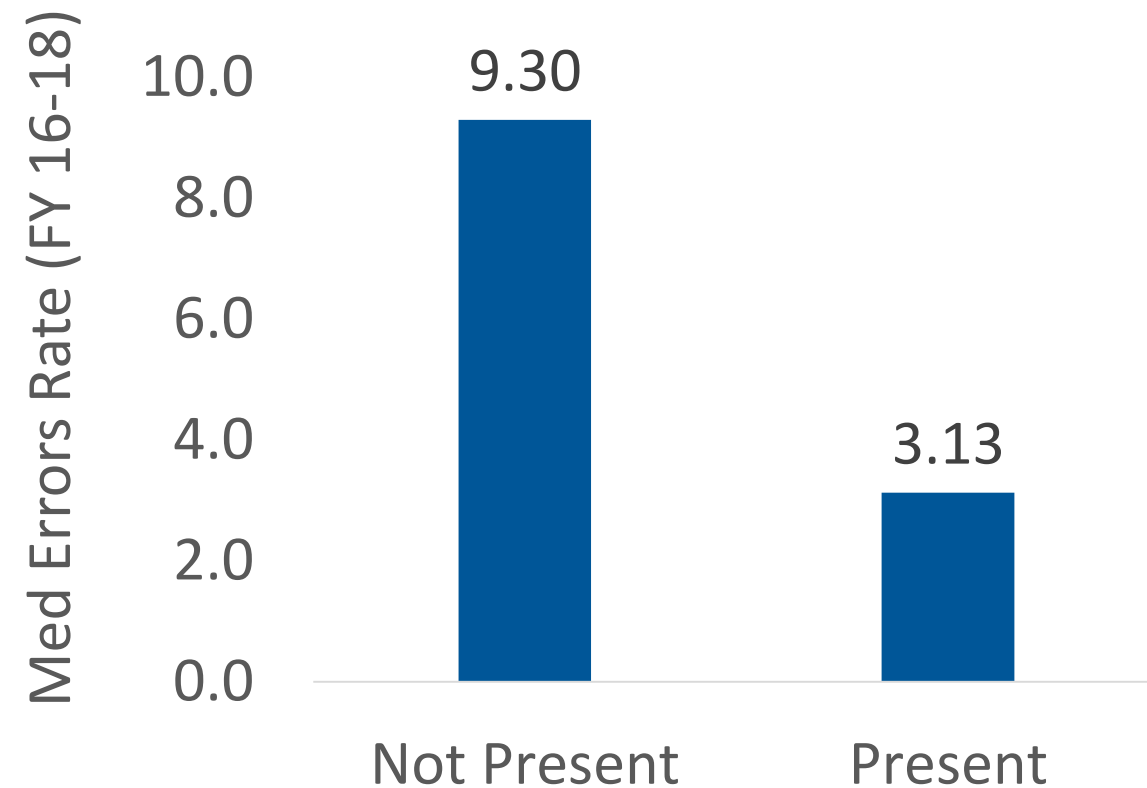
(Per person, over a three-year period)

**The Organization Respects  
People's Concerns and Responds  
Accordingly (Practice)**



$U = 36, p \text{ (exact)} = .02$

**Supports and Services Enhance  
Dignity and Respect (Systems)**

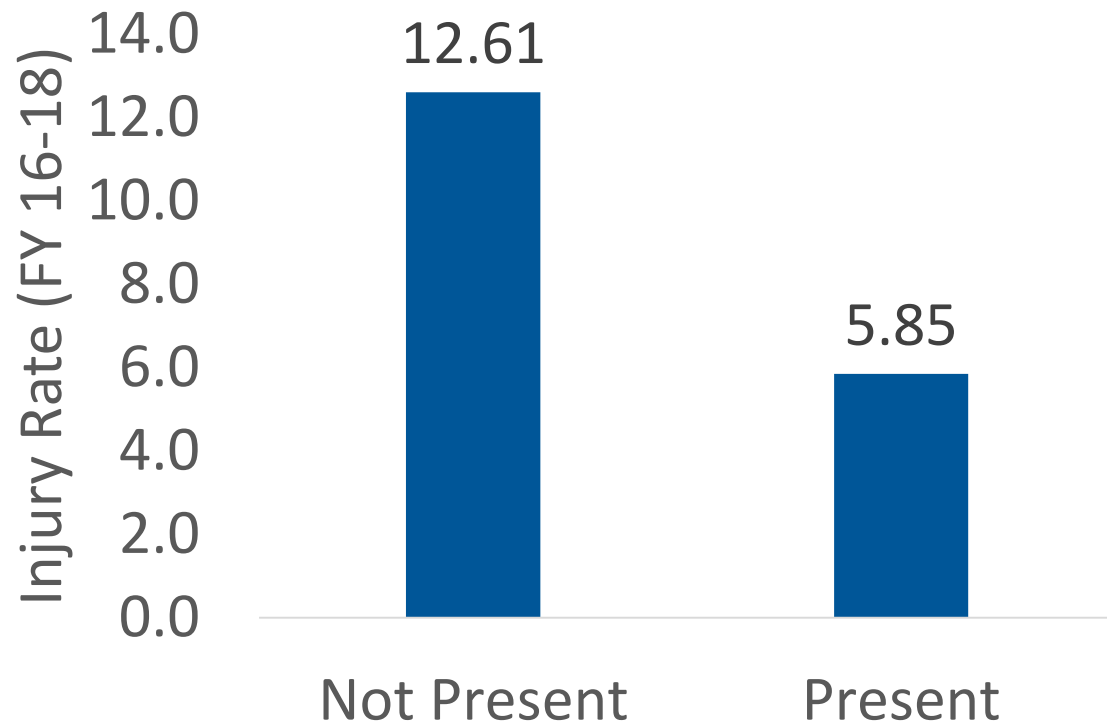


$U = 14, p \text{ (exact)} = .045$

# INJURY RATE

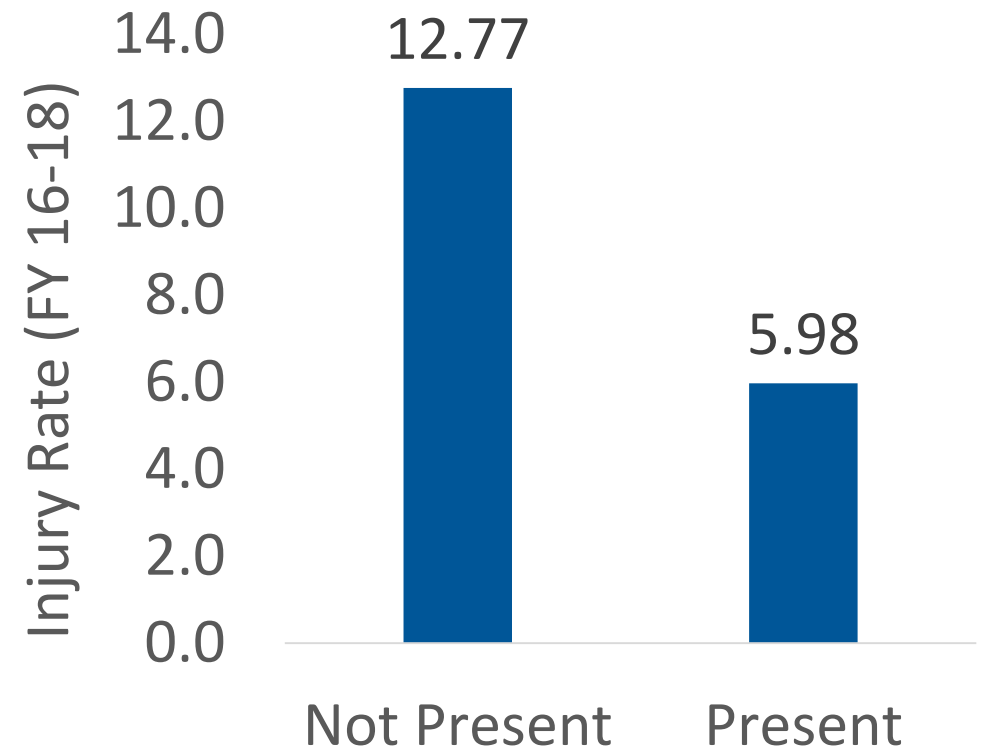
(Per person, over a three-year period)

**The Organization Respects  
People's Concerns and Responds  
Accordingly (System & Practice)**



$U = 18, p \text{ (exact)} = .008$

**Supports and Services Enhance  
Dignity and Respect (Practice)**



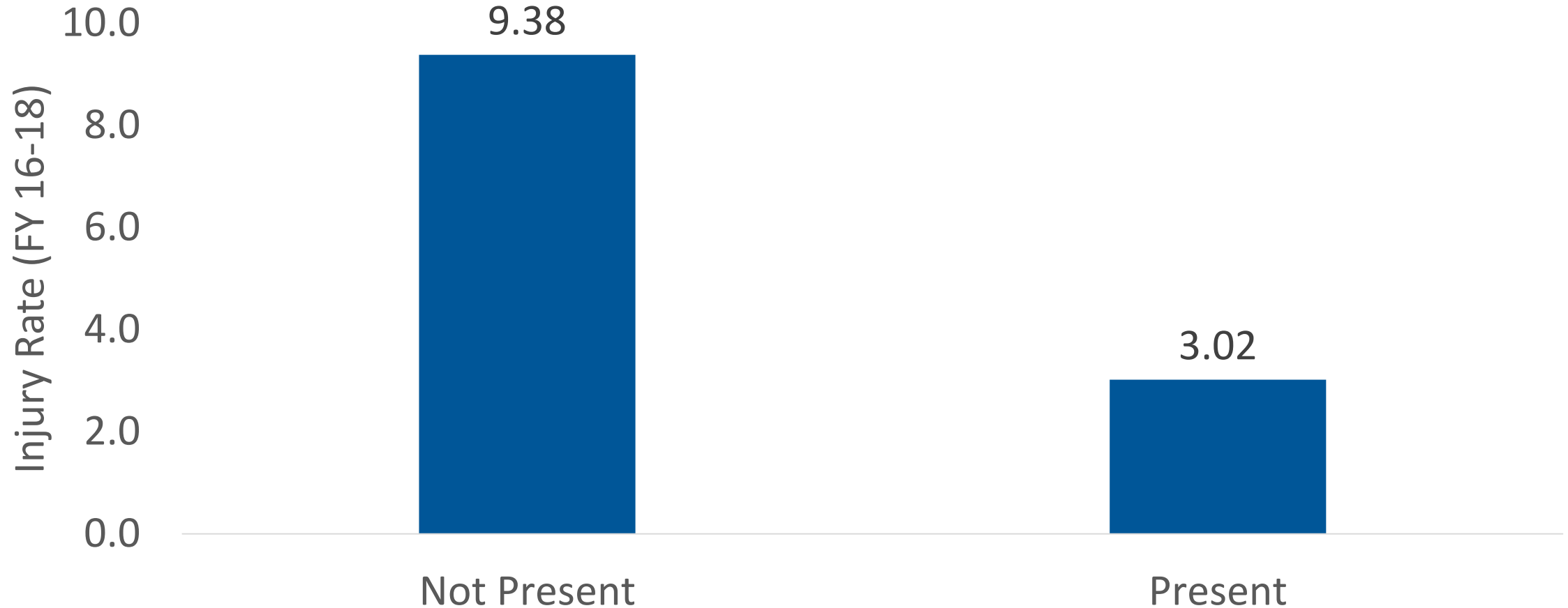
$U = 20, p \text{ (exact)} = .035$



# INJURY RATE

(Per person, over a three-year period)

People Have Meaningful Work And Activity Choices (System)

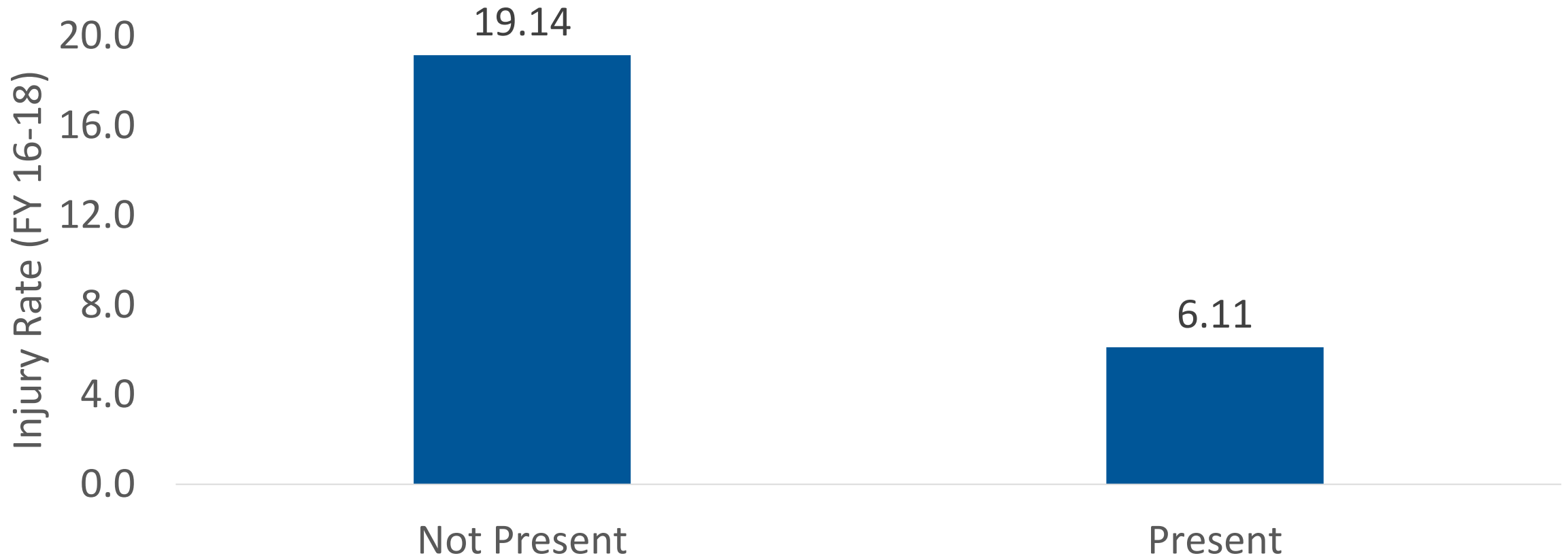


$U = 38, p \text{ (exact)} = .04$

# INJURY RATE

(Per person, over a three-year period)

The Organization Facilitates Each Person's Desire For Natural Supports  
(Systems)



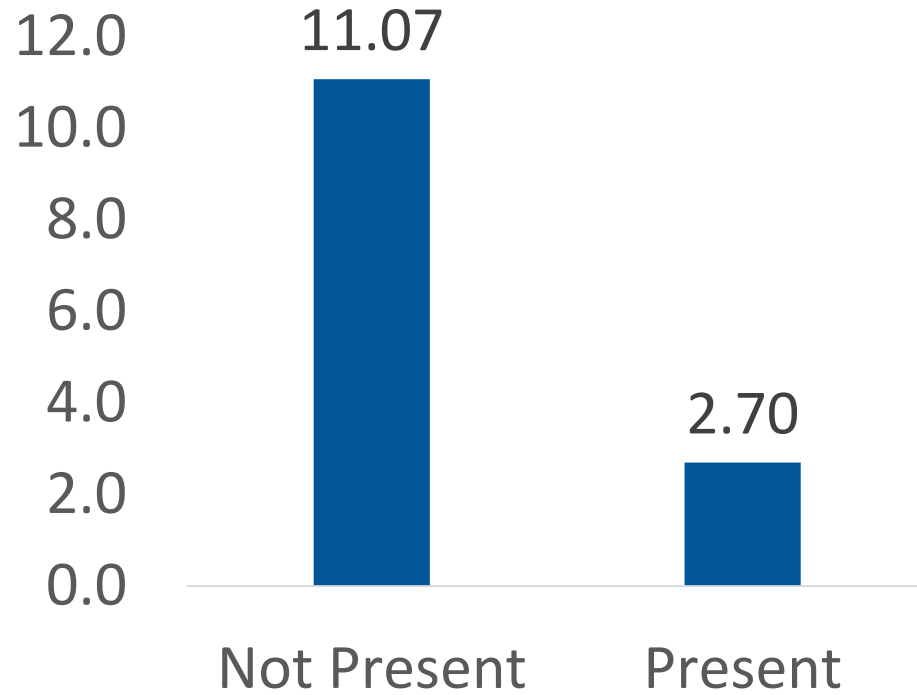
$U = 5, p \text{ (exact)} = .03$

# BEHAVIORAL ISSUE RATE

(Per person, over a three-year period)

**The Organization Respects  
People's Concerns and Responds  
Accordingly (Practice)**

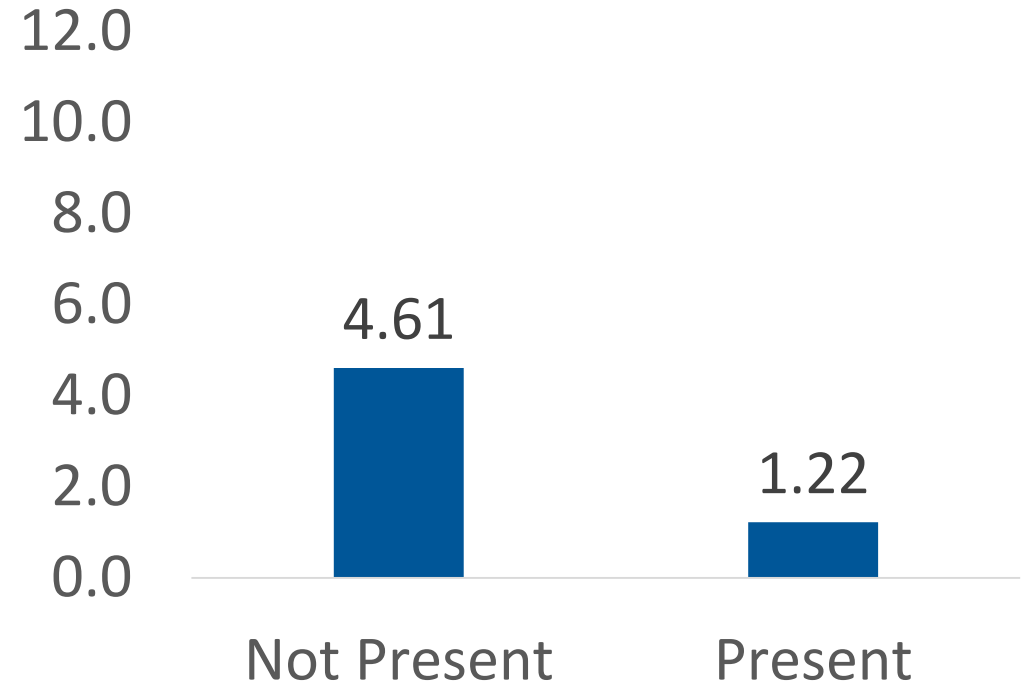
Behavioral Issues Rate (16-18)



$U = 35, p \text{ (exact)} = .02$

**People Have Meaningful Work  
and Activity Choices (Practice)**

Behavioral Issues Rate (16-18)

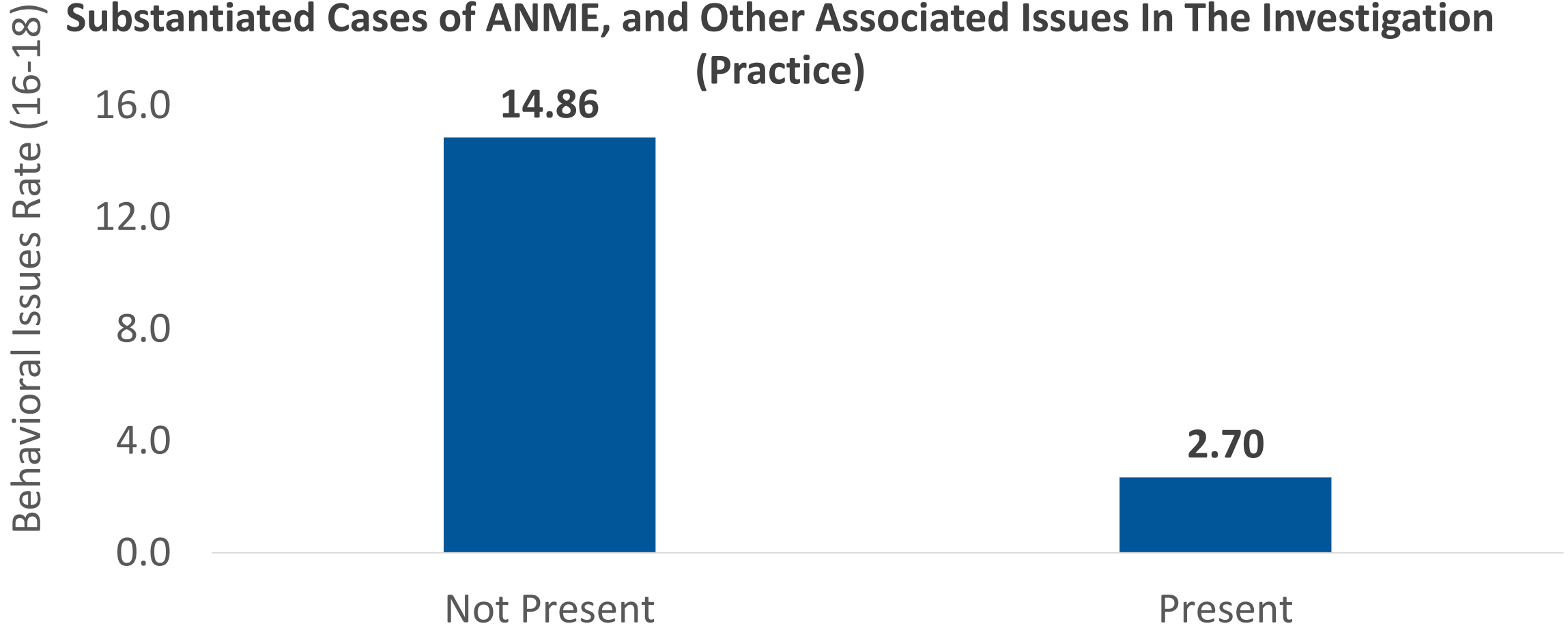


$U = 14, p \text{ (exact)} = .05$

# BEHAVIORAL ISSUE RATE

(Per person, over a three-year period)

The Organization Ensures Thorough, Appropriate and Prompt Responses To Substantiated Cases of ANME, and Other Associated Issues In The Investigation (Practice)



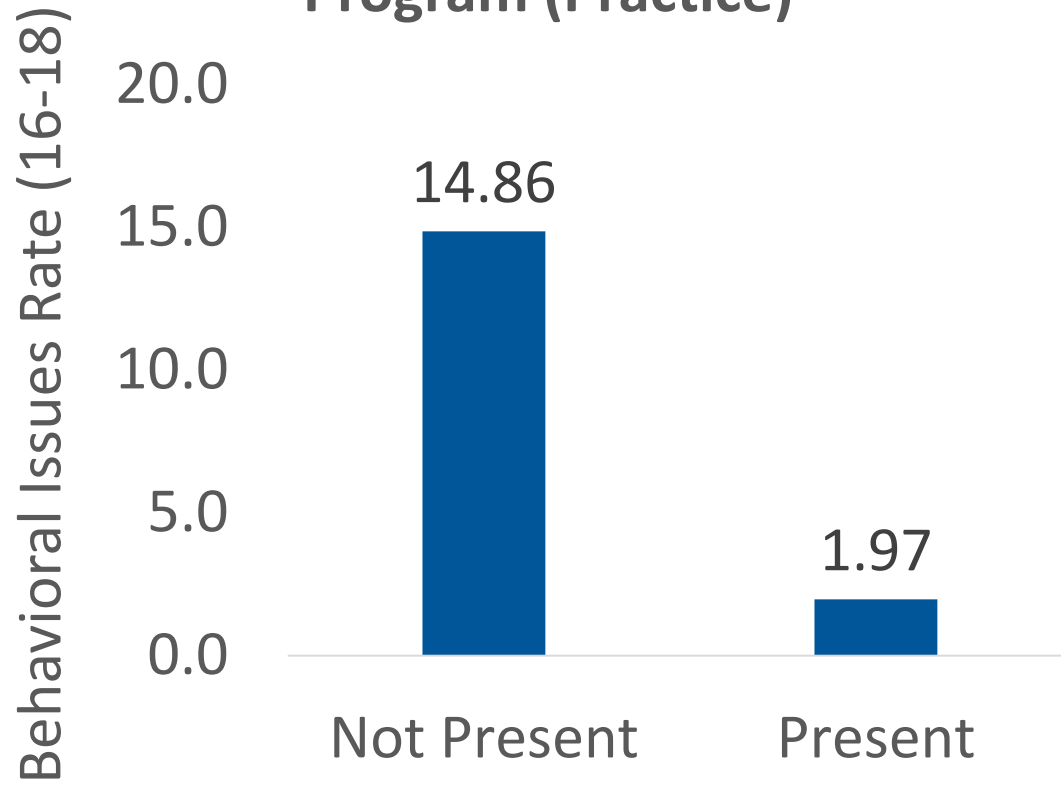
$U = 18, p \text{ (exact)} = .03$



# BEHAVIORAL ISSUE RATE

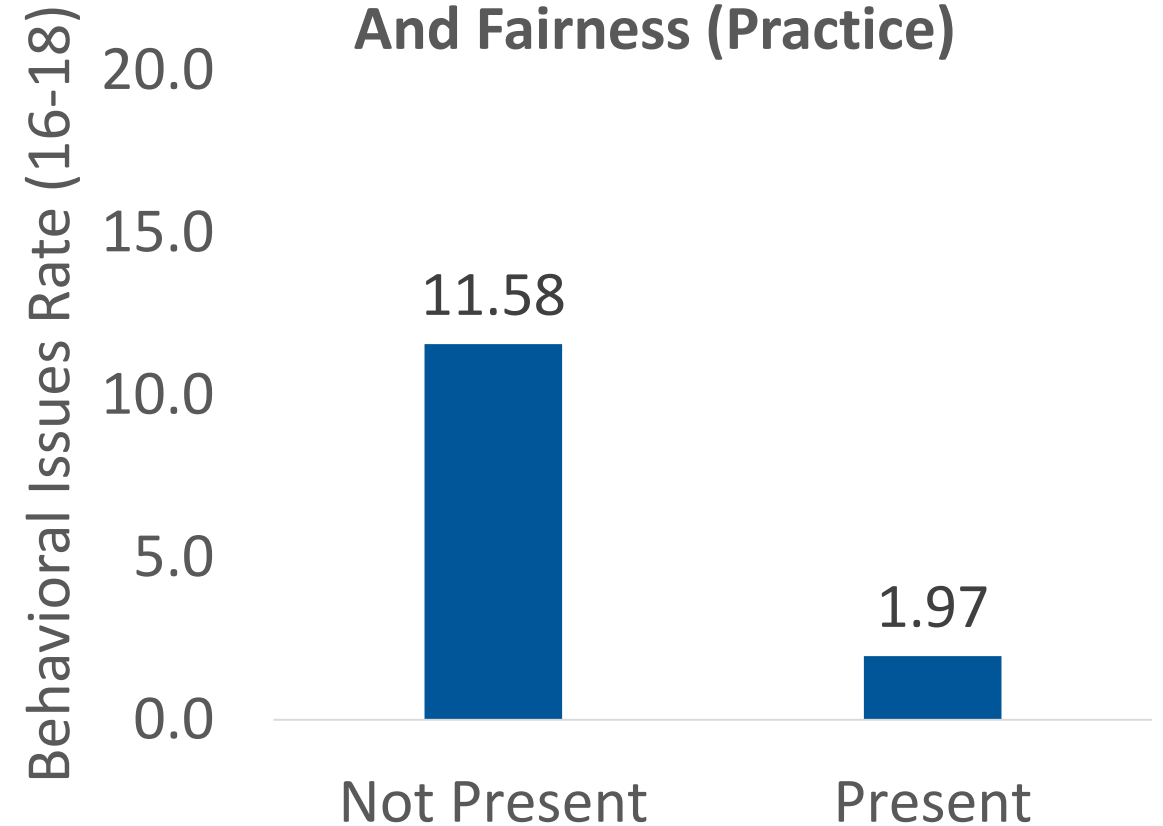
(Per person, over a three-year period)

**The Organization Implements  
An Ongoing Staff Development  
Program (Practice)**



$U = 34, p \text{ (exact)} = .003$

**The Organization Treats Its  
Employees With Dignity, Respect  
And Fairness (Practice)**

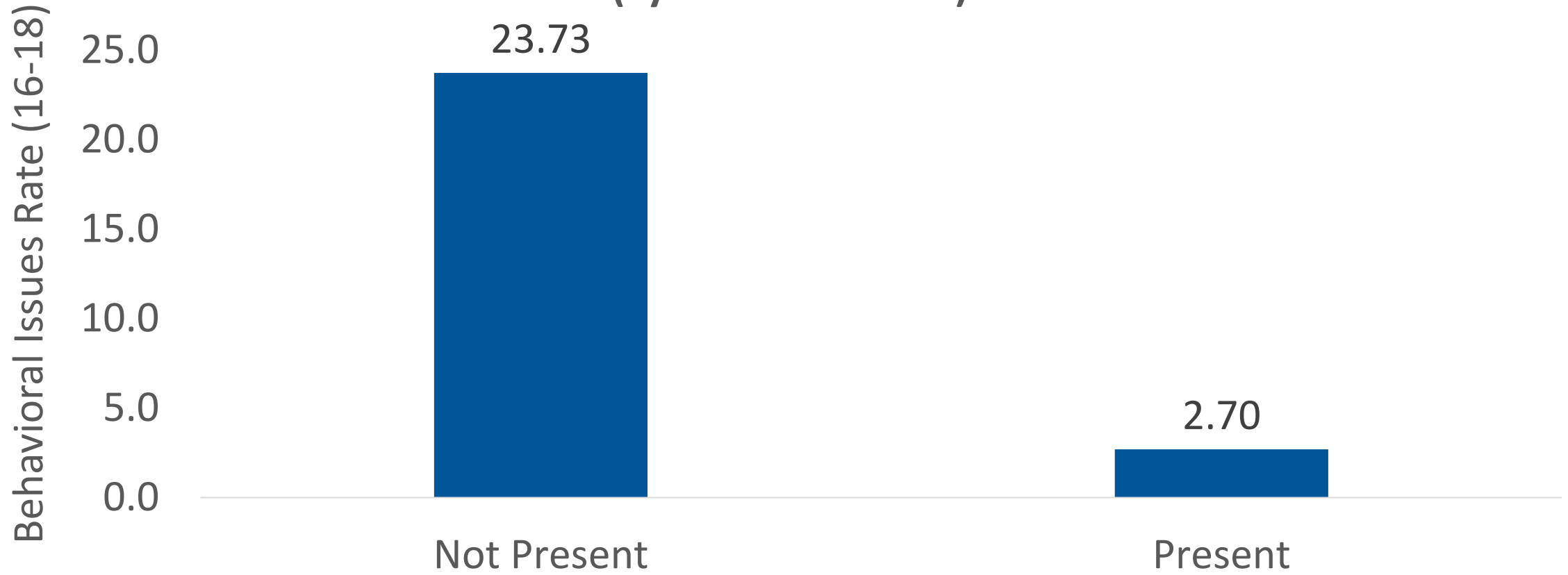


$U = 35, p \text{ (exact)} = .011$

# BEHAVIORAL ISSUE RATE

(Per person, over a three-year period)

People Are Free From Unnecessary, Intrusive Interventions  
(System & Practice)



$U = 11, p \text{ (exact)} = .002$



# DATA CHANGES LIVES





# DATA TRANSFORMS SYSTEMS

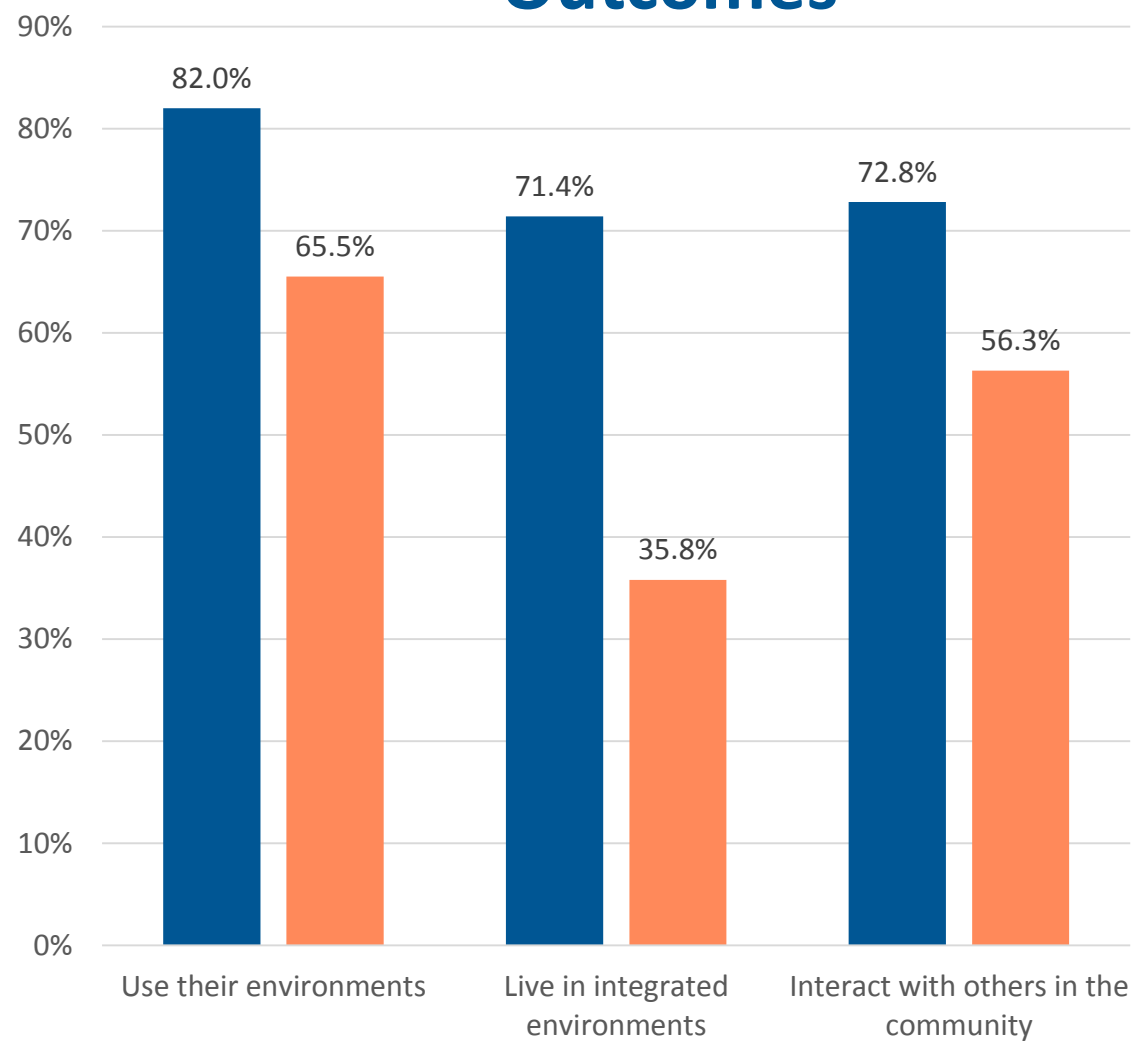




# TENNESSEE DATA

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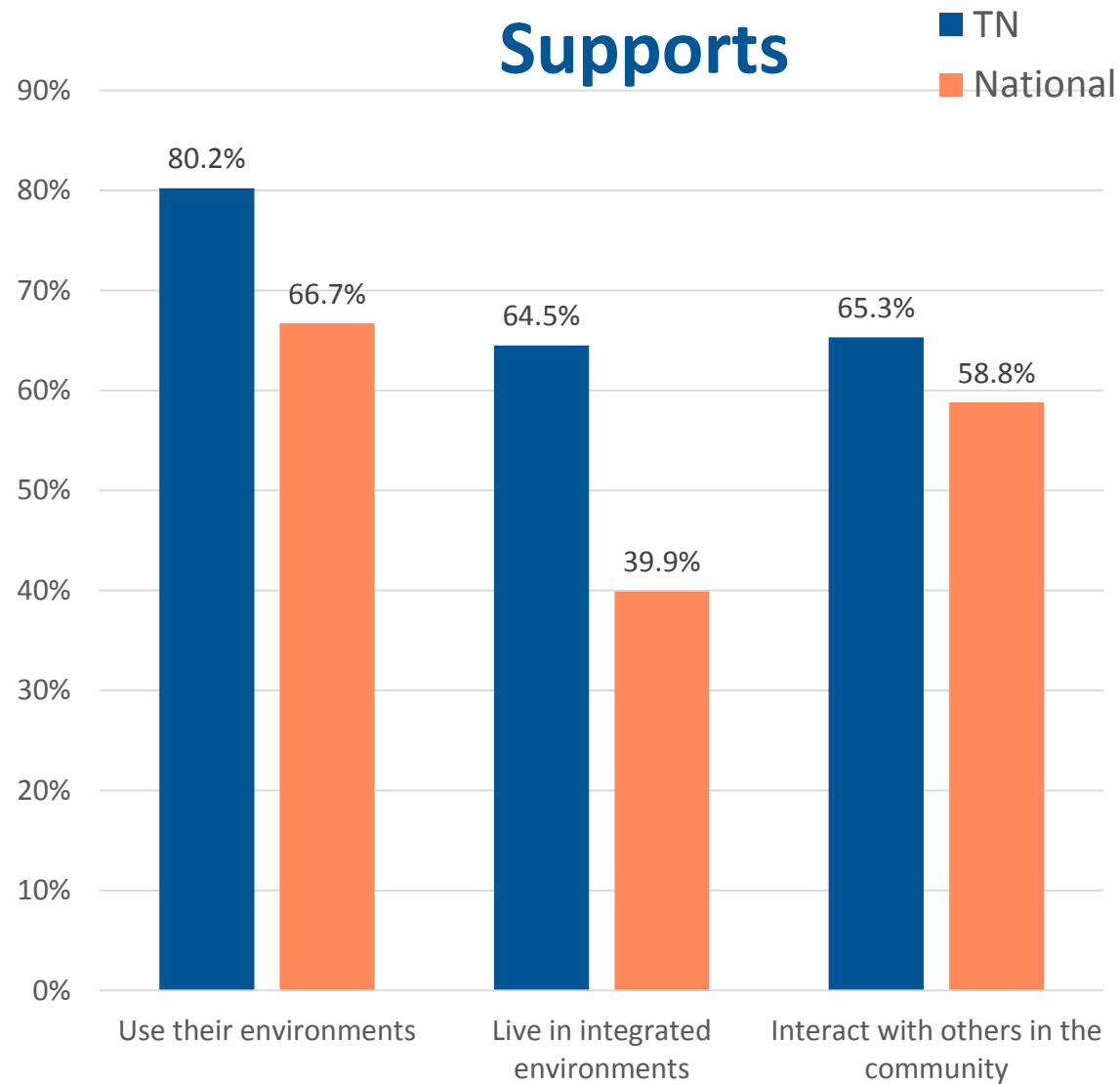
## Outcomes



# TENNESSEE DATA

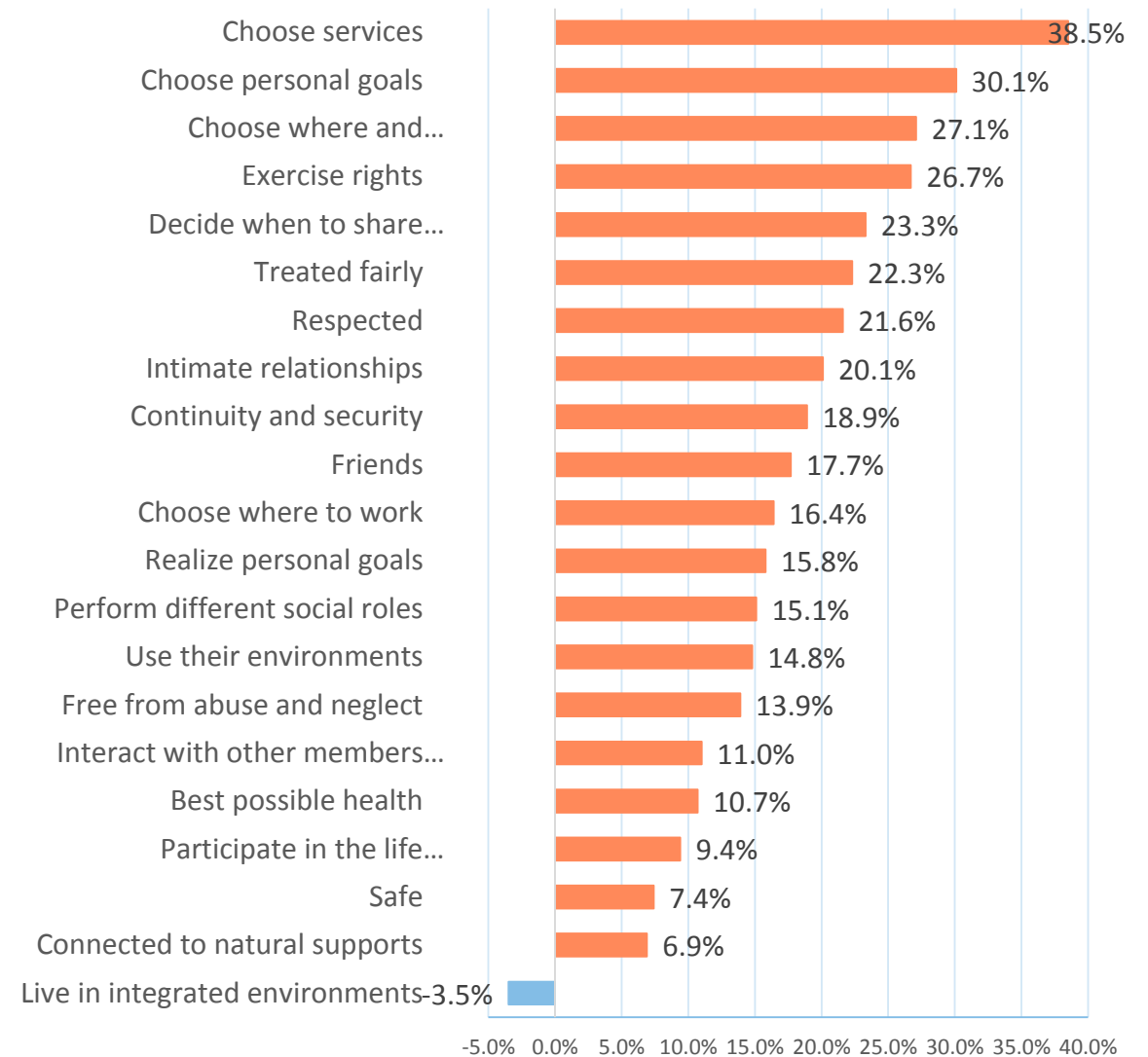
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## Supports



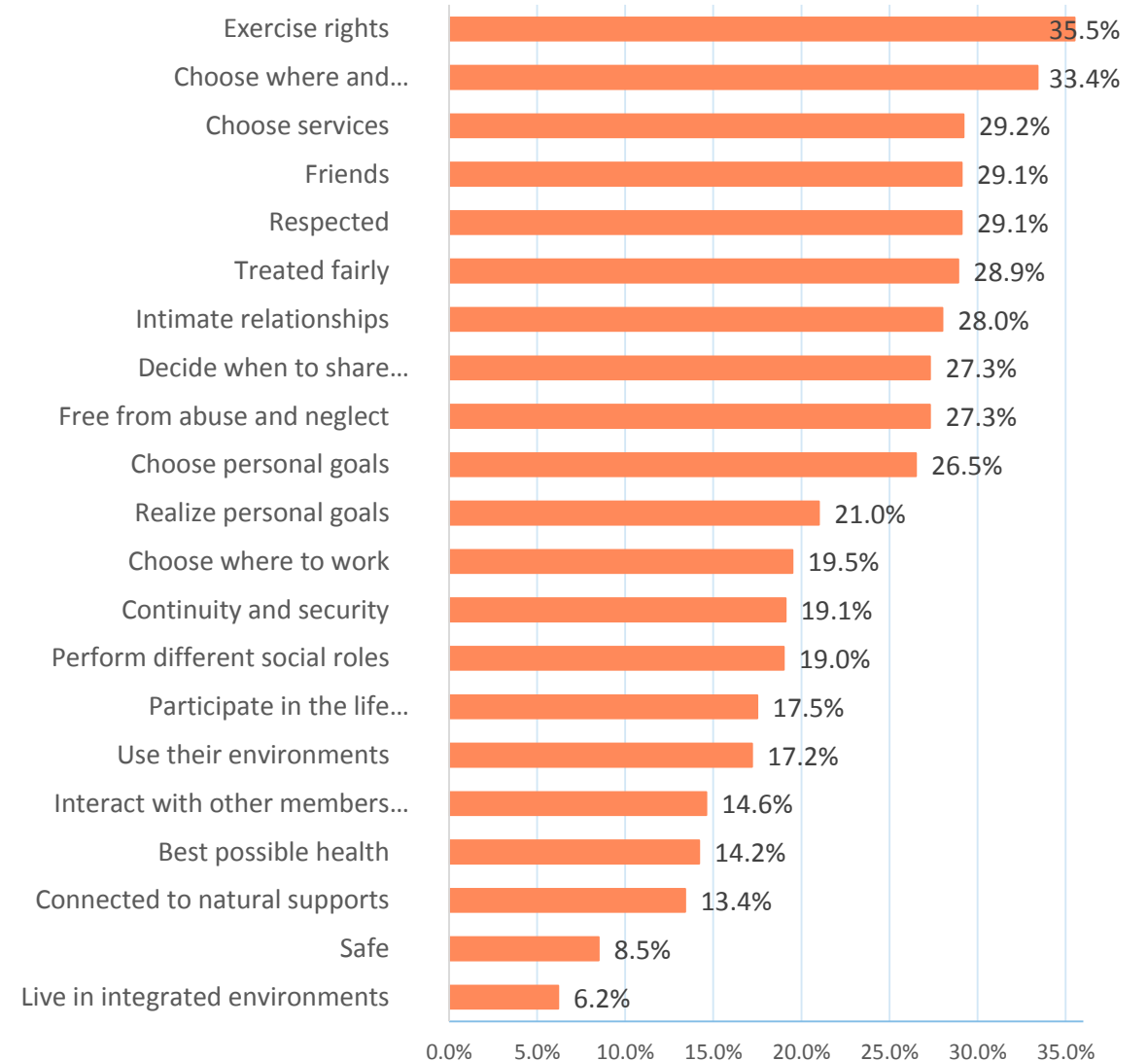
# SOUTH DAKOTA DATA

## Difference in Outcomes: South Dakota vs National (2013-2018)



# SOUTH DAKOTA DATA

## Difference in Supports: South Dakota vs National (2013-2018)





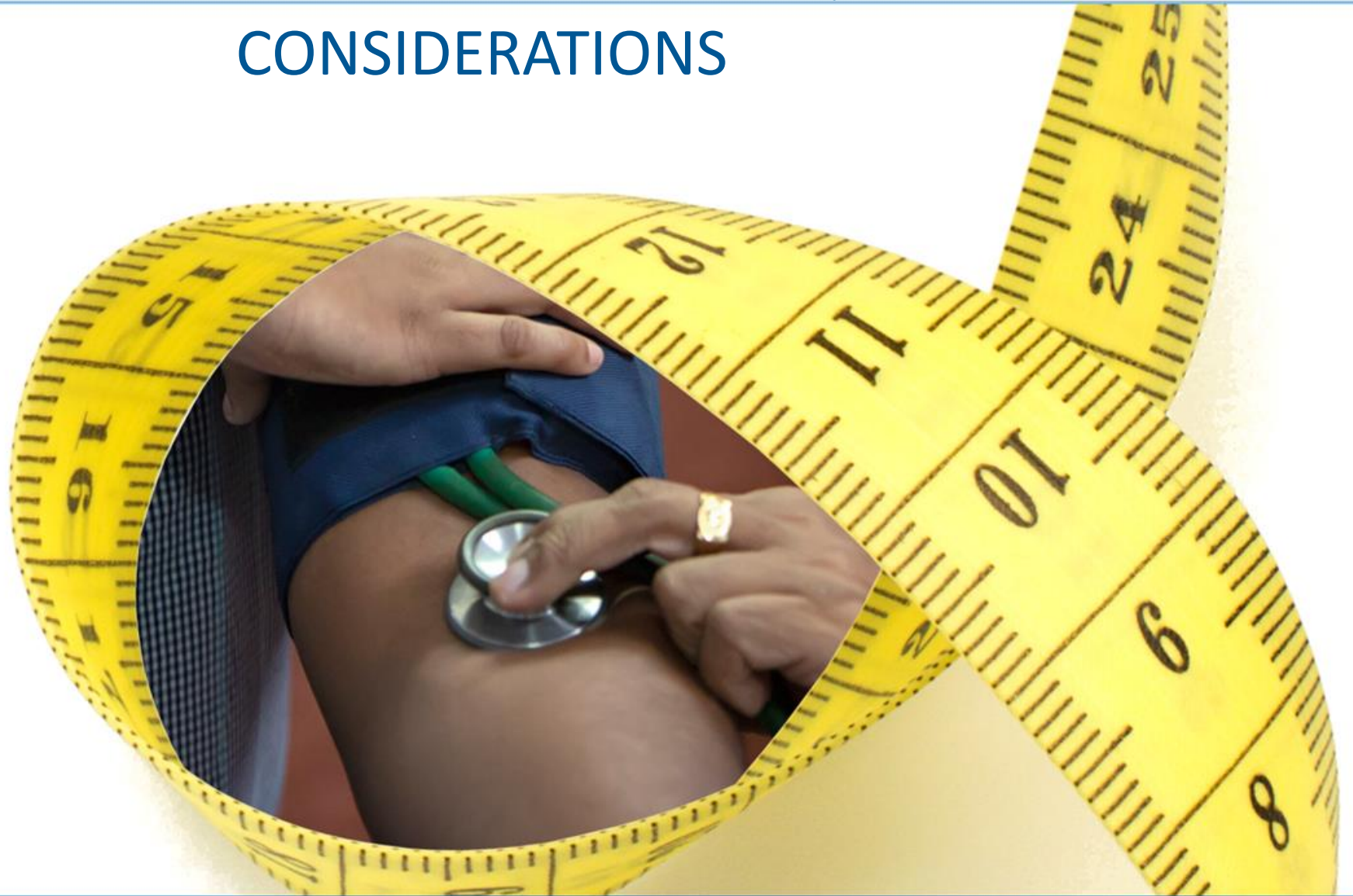
# HOW TO POSITION YOUR ORGANIZATION?

- Develop relationships
- Be at the table
- Understand internal costs
- Invest in technology to create billing/finance efficiencies
- Identify quality metrics
  - Identify how you can show the value-added quality you provide
  - Create infrastructure to track and report





# MEASURING OUTCOMES AND QUALITY CONSIDERATIONS

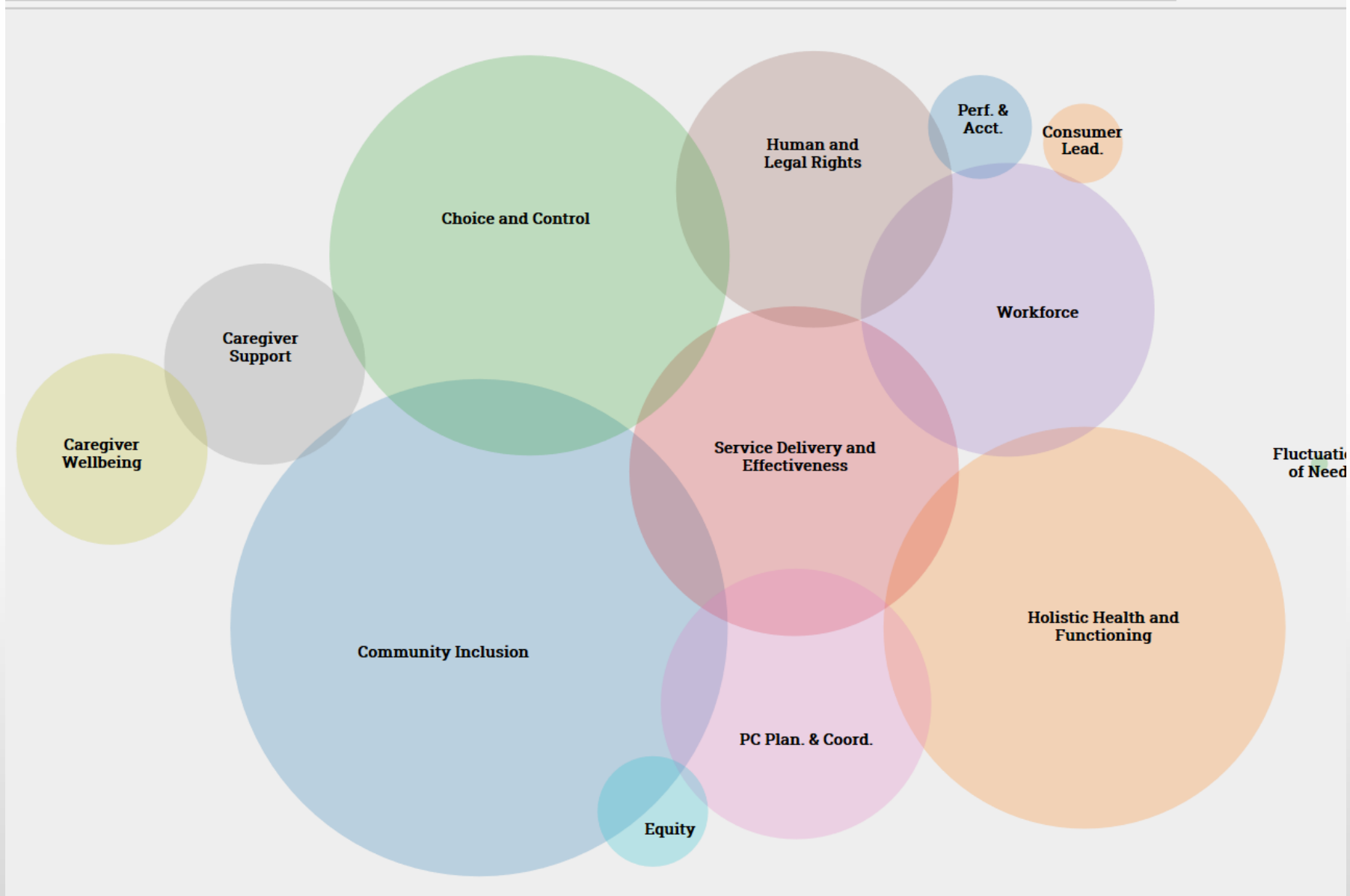


# CONTINUOUS IMPROVEMENT

## Mississippi's literacy program shows improvement

The Associated Press

and his late wife, Sally, put up  
\$100 million of their own  
money to improve "prelitera-





**Domains/Subdomains**

- ☐ Family caregiver/natural support involvement
- ☐ Family caregiver/natural support wellbeing
- ☐ Training and skill-building
- ☒ **Choice and Control**
  - ☒ Choice of services and supports
  - ☐ Personal choices and goals
  - ☐ Personal freedoms and dignity of risk
  - ☐ Self-direction
- ☐ **Community Inclusion**
  - ☐ Employment
  - ☐ Meaningful activity

**Respondent**

- Any -

**Population**

- Any -

**Administration Method**

- Any -

**CAHPS Home and Community Based Services (HCBS) Survey EoC**

**Purpose** To facilitate comparisons across the hundreds of state Medicaid HCBS programs throughout the country that provide services to adults with disabilities

**Respondents** Proxy, Person with a Disability

**Admin Method** Interview

**Admin Modes** Phone, In-person

**Domain Count** 8

**Item Count** 126

**Populations** Intellectual and Developmental Disability, Mental Health Challenges, Age Related Disability

Psychometrics available from 1 source.

**CQL Personal Outcome Measures (POM)**

**Purpose** Ensure supports and services are truly person-centered

**Respondent** Person with a Disability

**Admin Method** Interview

**Admin Mode** In-person

**Developer** Council on Quality and Leadership (CQL)

**Domain Count** 8

**Item Count** 715

**Populations** Intellectual and Developmental Disability, Mental Health Challenges, Age Related Disability

Psychometrics available from 3 sources.

**Money Follows the Person (MFP) Quality of Life Survey**

**Purpose** CMS and state programs evaluation

**Respondents** Proxy, Person with a Disability



## RESOURCES

<https://c-q-l.org/files/2018Documents/MMC-Report-December-2018-Resized.pdf>

<https://c-q-l.org/news-and-events/new-report-offers-guidance-in-the-move-to-managed-care>

<https://hcp-lan.org> Health Care Payment Learning & Action Network

<https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/index.html>



## RESOURCES

<https://www.ancor.org/advocacy/vbp-value-based-payment-models-idd-services>

<https://www.openminds.com/email-categories/value-based-reimbursement/>

<http://hcbsbusinessacumen.org/>



[www.c-q-l.org](http://www.c-q-l.org)

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