The New Jersey Department of Human Services
Division of Developmental Disabilities

QUARTERLY DIVISION UPDATE
FOR FAMILIES AND PROVIDERS

December 6, 2016

Elizabeth M. Shea
Assistant Commissioner
Overview

- Fee-for-Service Implementation
  - FFS Provider Readiness
  - Supports Program Update
  - Community Care Waiver Renewal
- State Budget Process
- New DHS Fiscal Intermediary
- Federal Update
- Quality Management
- Q&A
Fee-for-Service Implementation

- Fee-for-Service (FFS) Provider Readiness meetings
  - 60+ held to date, more scheduled
  - Recurring themes
  - Provider call in November – overview of FFS Readiness meetings
Fee-for-Service Implementation

- **Supports Program Update**
  - 1000+ individuals now enrolled in Supports Program (SP), more enrolling every day
  - Seven individuals using Supports Program + Private Duty Nursing (SP+PDN)
  - Continuous meetings with SP providers for feedback
  - Individuals are using additional Supported Employment funding
  - Beginning stages of collecting Supports Program data
Fee-for-Service Implementation

- Community Care Waiver Renewal
  - Submitted to federal Centers for Medicare and Medicaid Services (CMS) July 2013
  - Currently on 13th renewal extension, set to expire December 2016
November 2016: NJ Department of Human Services (DHS) awarded funding for Fiscal Services Management ("fiscal intermediary") to **Public Partnerships LLC (PPL)**, a subsidiary of Public Consulting Group, Inc. (PCG)

PPL will operate as the fiscal intermediary (FI) for participant-directed services and supports for individuals served through the Divisions of Developmental Disabilities (DDD), Aging Services (DoAS), and Disability Services (DDS)
DHS Fiscal Intermediary

- PPL already providing Fiscal Services Management to numerous state DD agencies
- NJ DDD/FI project launch underway – PPL sending in a dedicated team to transition services over from former DDD fiscal intermediary
- Currently anticipated to be operational for DDD by spring/summer 2017
DHS Fiscal Intermediary

- Manages billing and reimbursement for services, equipment, or supplies that are purchased and/or accessed via **Goods and Services**
- Manages employment-related functions for individuals utilizing a **Self-Directed Employee (SDE)** as service provider, including:
  - Timekeeping, payroll, tax withholding, compliance with applicable labor laws and regulations
State Budget Process

- State Fiscal Year (FY): July 1 – June 30
- August – September: **Budget Planning**
  - Office of Management and Budget (OMB) initiates State budget process in August of the year prior to the year in which budget will become effective (FY’18)
    - Review of Governor’s program priorities
    - Economic forecasts
    - Demand assumptions
    - Program analysis
    - Preliminary revenue estimates
    - Preliminary budget provided to State Agencies
State Budget Process

- **September – January: Planning Documents**
  - Agencies seek stakeholder input regarding budget needs
    - Public forums, written comments (DHS – 11/22/16)
  - Agencies prepare budget planning documents to identify:
    - Ability to achieve core missions within preliminary budget limits
    - Budget reductions, expansion of current programs, new programs
  - Agencies review planning documents with OMB (DDD “Fishbowl”)

State Budget Process

- January – February: Governor/OMB Finalize Budget Recommendations
  - Review agency requests
  - Develop budget recommendations
  - Governor makes final budget decisions

- February: Governor delivers Budget Message/Address to NJ Legislature and public
State Budget Process

- February – June: Legislature Prepares Budget (Appropriations Act)
  - Legislature reviews budget recommendations and revenue estimates
  - Senate and Assembly Appropriations Committees hold series of hearings, make changes to proposed budget
  - Appropriations Act is approved by Senate and Assembly and sent to Governor for signing
State Budget Process

• July 1: NJ Constitution requires the Appropriations Act be signed into law by July 1
  ○ Governor’s options for signing Appropriations Act:
    ▪ Sign it as it was sent by the Legislature
    ▪ Veto it conditionally (return for changes)
    ▪ Veto it absolutely
    ▪ Line-item veto – veto specific appropriations (line items)
Federal Update

- November 2016 – Request for Information (RFI) issued by federal Centers for Medicare and Medicaid Services (CMS): *Federal Government Interventions To Ensure the Provision of Timely and Quality Home and Community Based Services*
  - Seeking stakeholder input regarding policy/program revisions and/or new policy/program initiatives that may accelerate the provision of home and community-based services (HCBS) to Medicaid beneficiaries
Federal Update

- Stakeholder comments must be received by 5:00 PM, January 9, 2017
  - Comments accepted four ways (faxes not accepted):
    - Electronically
    - USPS mail
    - USPS Express or Overnight
    - Hand or courier delivery
QUALITY IMPROVEMENT UPDATE

Christine James, MSW, LSW
Assistant Division Director

Heather Ciociola, MSW
Director, Quality Improvement
Overview

- Background
- Objectives
- Quality Measurement Framework
- Example: Employment QM
- Status/What’s Next
- Discussion
- Next Steps
Stakeholder Input Process

- **Focus groups**
  - Individuals and family members
  - Providers and other stakeholders

- **Online survey**
  - Individuals
  - Family members
  - Professionals

- **Stakeholder Input Report**
“How should the quality of supports and services be evaluated in DDD’s Quality Improvement Strategy?”
### Who Should Evaluate Quality?

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Person w/DD</th>
<th>Family Member</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>People using services</td>
<td>2.64</td>
<td>3.58</td>
<td>2.99</td>
<td>2.04</td>
</tr>
<tr>
<td>Family members</td>
<td>2.68</td>
<td>2.64</td>
<td>2.33</td>
<td>3.19</td>
</tr>
<tr>
<td>Guardians</td>
<td>3.29</td>
<td>3.31</td>
<td>2.91</td>
<td>3.83</td>
</tr>
<tr>
<td>DSPs/Agency Staff</td>
<td>4.05</td>
<td>4.06</td>
<td>4.12</td>
<td>3.94</td>
</tr>
<tr>
<td>DDD/State Staff</td>
<td>4.6</td>
<td>3.42</td>
<td>4.74</td>
<td>4.54</td>
</tr>
<tr>
<td>Support Coordinators</td>
<td>5.14</td>
<td>5.5</td>
<td>4.93</td>
<td>5.42</td>
</tr>
<tr>
<td>Provider Leadership</td>
<td>5.58</td>
<td>5.5</td>
<td>5.97</td>
<td>5.04</td>
</tr>
</tbody>
</table>

**Average Ranking**

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"Who should be involved in evaluating the quality of supports and services?"
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How Should the Data Be Used?

“How would you like DDD to use the data it obtains?”
What Next Steps Were Identified?

- Expand use of the NCI survey
- Review CMS Quality Framework, HCBS Rule, and other nationally-recognized quality measures to identify potential performance indicators and methods
- Seek input from stakeholders, including individuals with developmental disabilities, families, and provider agencies
- Establish a quality council
Quality Measurement Objectives
DDD assures the opportunity for individuals with developmental disabilities to receive quality services and supports, participate meaningfully in their communities and exercise their right to make choices.

Our services should embody the mission.
Quality Measurement Objectives

- Quantify program performance with actionable information that will be used to make decisions and drive improvements
  - Key metrics
  - Baseline for comparison to future NJ and national performance/trends
  - Issues and best practices
  - Ownership of findings and action plan for implementation of program refinement as needed
Aspects of Quality Measurement

Are we/our partners delivering on the mission?

QUALITY OUTCOMES

- Person-Centered Experience
- Provider Performance
- Operational Fidelity
- Fiscal Responsibility

Are we/our partners meeting basic requirements?
Move From System to Service to Improve Quality Outcomes

**Service:**
person-centered, outcome-oriented, driven by external factors (individual outcomes, satisfaction)

**System:**
baseline, minimum requirements, driven by internal factors

- Person-Centered Experience
- Provider Performance
- Fiscal Responsibility
- Operational Requirements
Quality Measurement Framework
Quality Measurement Framework

**Measurement Areas**
- Person-Centered Experience
- Provider Performance
- Fiscal Responsibility
- Operational Requirements

**Key Question**
- Were the individual’s goals taken into account and met, according to the individual?
- Did the provider deliver services that met the individual’s needs and goals?
- Were budgets adhered to at all levels?
- Were federal, state, and program operational requirements met?

**How to Measure**
- Satisfaction, feedback
  - CQL
- Outcomes, provider statistics
  - NCI, Record, UIR
- Fiscal reports
  - Adherence to individual budgets, federal funding, provider billing
- Requirement tracking
  - iRecord, licensing
Within this framework, quality measurement (QM) implementation will occur at multiple levels in order to develop a complete picture of performance. Each level informs the next and allows for action related to planning, learning, and refinement/improvement.
Quality Measurement Levels

**Individual**
- What is the individual experiencing?

**Provider**
- What services are providers providing to individuals, and how?

**System**
- How is DDD performing against overall goals?
Quality Measurement Levels

- Quality measurement levels can be compiled to provide quality measurement for:
  - A specific type of provider, such as Support Coordination Agencies or Day Habilitation
  - A specific initiative, such as Employment or Housing
  - A specific process/experience, such as Intake or Transition
Example: Employment QM
Employment Quality Measurement Objectives

- To measure the rates of competitive, integrated employment of people with disabilities in New Jersey, based on a definition adapted from ODEP:
  - Paid directly by employers
  - Greater of either minimum or prevailing wages for the particular job/setting
  - Presence of benefits
  - Occurs in a typical work setting where employee with a disability interacts/has the opportunity to interact with co-workers without disabilities, based on the particular job/setting
  - Opportunity for advancement and job mobility
  - As many hours as the individual wants to/can work
## Potential Key Employment QM Metrics

<table>
<thead>
<tr>
<th>Individual Level</th>
<th>Provider Level</th>
<th>System Level</th>
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<tbody>
<tr>
<td><strong>Presence of quality employment outcome in ISP</strong>&lt;br&gt;If working:&lt;br&gt;• Working in competitive, integrated employment*&lt;br&gt;• Level of satisfaction with job&lt;br&gt;• Desire for different job&lt;br&gt;• Person-centered job choice&lt;br&gt;• Reflection of PCPT in job choice&lt;br&gt;If not working:&lt;br&gt;• Desire for job&lt;br&gt;• Barriers to employment&lt;br&gt;• Presence of outcomes and services related to barriers to employment&lt;br&gt;Transition activities (presence of prevoc and other employment experiences)</td>
<td><strong>Service level:</strong>&lt;br&gt;• Length of time from start of service to placement&lt;br&gt;<strong>Quality of placement:</strong>&lt;br&gt;• Setting/type of job&lt;br&gt;• Average hours worked&lt;br&gt;• Average wages&lt;br&gt;• Receipt of benefits&lt;br&gt;• Advancement/mobility (change in job title)&lt;br&gt;• Retention (start and end dates/“to present”)&lt;br&gt;<strong>Quality of staff:</strong>&lt;br&gt;• Staff training/TA received&lt;br&gt;• Staff credentials and certifications&lt;br&gt;• Staff retention/turnover&lt;br&gt;<strong>Operational fidelity (tbd)</strong>&lt;br&gt;<strong>Fiscal responsibility (tbd)</strong></td>
<td><strong>% of competitive, integrated employment placements over baseline (# of people receiving DDD benefits)</strong>&lt;br&gt;<strong>% of individuals working:</strong>&lt;br&gt;• &lt;10 hours/week&lt;br&gt;• 10-19 hours/week&lt;br&gt;• 20-29 hours/week&lt;br&gt;• 30+ hours/week&lt;br&gt;<strong>% of ISPs with quality employment outcomes, reflective of PCPT</strong>&lt;br&gt;<strong>% of individuals satisfied with current job</strong>&lt;br&gt;Statewide average length of time from start of service to placement&lt;br&gt;Statewide average wages&lt;br&gt;Relationship between transition activities and current status</td>
</tr>
</tbody>
</table>
## Potential Employment QM Dashboard Metrics

<table>
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<th>Level</th>
<th>Key Quality Metrics</th>
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</thead>
<tbody>
<tr>
<td><strong>Individual Level</strong></td>
<td>% of individuals satisfied with current job</td>
</tr>
<tr>
<td></td>
<td>% of individuals person-centered job choice</td>
</tr>
<tr>
<td><strong>Provider Level</strong></td>
<td>Average hours worked</td>
</tr>
<tr>
<td></td>
<td>Setting/type of job</td>
</tr>
<tr>
<td></td>
<td>Average wages</td>
</tr>
<tr>
<td><strong>System Level</strong></td>
<td>% of competitive, integrated employment placements over baseline, overall and by tier</td>
</tr>
<tr>
<td></td>
<td>% of ISPs with quality employment outcomes</td>
</tr>
</tbody>
</table>
Examples of Metrics

- **Individual level:**
  - Presence of and progress toward quality employment outcome
  - Person-centered choice
  - Job satisfaction
  - Barriers to employment/plan to address

- **Provider level:**
  - Setting/type of job
  - Hours, wages, benefits

- **System level:**
  - % competitive, integrated employment
  - % person-centered job choice
  - % satisfied
  - Average wages statewide
Status/What’s Next
QM Cornerstones

- Quality Measurement for key initiatives
- National Core Indicators (NCI)
- Council for Quality and Leadership (CQL)
- Quality Improvement/integration of findings
Current Status

- Quality Measurement framework set Division-wide
- QM for key initiatives
  - Employment quality measurement data exploratory in progress
  - Support Coordination Agencies KPIs being identified
- NCI family and individual surveys January – June 2017
- CQL Certified Interviewer and Certified Trainer training and corresponding TA
Current Status

• Quality Improvement/integration of findings
  o Plan Improvement
    ▪ ISP Audit Tool pilot/launch
  o SC/Case Management Improvement
    ▪ Monthly Monitoring Tool/Quarterly Face-to-Face Monitoring Tool revisions
    ▪ Additional training (Mental Health, Outcomes, Person-Centered Planning)
  o Intersect with Provider Unit
  o Improved communication with individuals/families
  o Ongoing High Impact Process identification
Questions?

THANK YOU!