

**Arizona Health Care Cost Containment System (AHCCCS)
and
Department of Economic Security (DES)
Interagency Workgroup**

**Summary Report for the
Abuse & Neglect Task Force
for Recommendation #28**

Independent Monitoring for Quality (IMQ)

December 3, 2020



Department of Economic Security
Abuse & Neglect Task Force Project

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1 Document Approval, History and Storage

1.1 Approval

This document has been approved by the following groups and individuals:

Name	Role	Signature	Date
Sven Olson	Sr Project Manager, DDD		
Roberta Ellerston	CQO, DDD Health Care Services		
Ericka Martinez	DES Project Lead, Abuse & Neglect		
Zane Garcia Ramadan	Assistant Director, DDD		
Dr. Megan Woods	Integrated Care Administrator, AHCCCS		
Jakenna Lebsock	Assistant Director, AHCCCS		

1.2 Document History

Version	Date	Name	Description
1.0	10/1/2020	Sven Olson	Original document summary
2.0	10/15/2020	Sven Olson	Updated with National Survey results
3.0	11/17/2020	Sven Olson	Updated with AHCCCS data on monitoring efforts

1.3 Document Review

Name	Role	Date
Roberta Ellerston	CQO, DES DDD Health Care Services	
Jean Tuller	Lead Consultant, Liberty Healthcare Consulting	
Jakenna Lebsock	Assistant Director, AHCCCS	
Monica Allison	Multiagency IMQ Workgroup AHHHCS Rep.	
Dr. Megan Woods	Integrated Care Administrator, AHCCCS	
Mary Beardsley	Clinical Quality Project Manager, AHCCCS	
Sven Olson	Sr Project Manager, DES DDD PMO	
Ericka Martinez	Abuse & Neglect Project Sponsor	

1.4 Document Storage

This document will be stored on Google docs under the main folder for Abuse and Neglect Task Force Recommendations folder.

<https://drive.google.com/drive/folders/1aX45y7Hdf-JS2LxXiIMOrujJIWDnNGr1?usp=sharing>



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2. Task Force Executive Summary

The Abuse & Neglect Prevention Task Force was appointed by the Governor's Office in February 2019 to address Executive Order 2019-03, related to Enhanced Protections for Individuals with Disabilities. The Task Force was comprised of self-advocates, family members, advocacy organizations, tribal representatives, providers, foundations and public charities, state agency leaders and staff, and members of the Arizona legislature. In addition to appointed members, stakeholders and agency staff participated in five workgroups: Prevention and Safety, Incident Reporting and Investigation, Incident Stabilization and Recovery, Agency Alignment, and Family and Vulnerable Individual Education. The Task Force and workgroups met monthly from March to October 2019 in facilitated sessions. Thirty recommendations were developed through a consensus-building process that included literature searches, research on best practices, and both personal and professional shared experiences. A summary report of the recommendations was presented to the Governor on 1 November 2019 from the Director of the Arizona Health Care Cost Containment System (AHCCCS).

3. Task Force Goals:

The primary goals for the Abuse and Neglect Task Force are to:

- 1) Prevent any further abuse, neglect, and exploitation of Arizona's vulnerable individuals, whether children or adults.
- 2) Improve interagency collaboration and communication.
- 3) Reduce duplication of investigative processes across agencies.
- 4) Implement the Trauma Informed Approach throughout the abuse and neglect investigative process and across agencies.
- 5) Strengthen background checks, contract language for providers, and training across all stakeholders.

The Abuse and Neglect Task Force addressed the thirty (30) different recommendations and developed detailed guidelines for interagency teams to collaboratively achieve the goals of protecting Arizona's vulnerable citizens.

4. Recommendation #28 Narrative, Pg 14, from the Nov 1, 2019, *Abuse & Neglect Report to the Governor*:

"By 12/31/2020, as an adjunct to the quality monitoring and oversight activities conducted by state agencies and providers, AHCCCS and DES should collaborate with community stakeholders to study the Independent Monitoring for Quality (IMQ) processes used in other states and consider their application in Arizona. A description of



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the IMQ model is provided in Appendix 4.” AHCCCS is the Lead Agency for this recommendation. See below for a link to the task force recommendation 2019 report: <https://drive.google.com/file/d/1yMgovCLYiEpiSinUJxPLHSh-ya6B3R1B/view?usp=sharing>

5. IMQ Recommendation Response Process Timeline

- 8 JAN 20: DES-DDD Chief Quality Officer Roberta Ellerston notified that she is the Project Lead for DES response to Recommendation #28, IMQ.
- 12 FEB 20: It is determined that Roberta Ellerston, along with other DDD ELT leadership, do not have capacity to address this recommendation and so she will request the support of Liberty Health Consulting to support this request.
- 19 FEB 20: Liberty Consulting initiates a multistate review of seven other states using IMQ and NCI.
- 30 MAR 20: Jean Tuller of Liberty Health completed their initial multistate study and provided a report finding that most states that switch to IMQ, give up and return to NCI after 2-3 years of IMQ.
- 10 JUN 20: The DES Abuse & Neglect project team leadership discussed the findings from Liberty Consulting and made the decision to accept their report and findings.
- 12 AUG 20: In response to the Liberty Health multistate findings report on IMQ, AHCCCS workgroup members requested that Arizona conduct a national survey soliciting responses from other states on IMQ implementations.
- 28 AUG 20: DES-DDD Chief Quality Officer Roberta Ellerston sent a national request to the National Association of State Directors of Developmental Disabilities Services in for input on IMQ implementations with a 30 SEP 20 deadline for input.
- 1SEP 20: AHCCCS Integrated Care Administrator Dr. Megan Woods requested support from the National Association of Medicaid Directors for a survey on best practices of public monitoring. The request was rejected due to prioritization of COVID-19 communications.
- 1 OCT 20: Two states responded to the DES CQO survey, with Missouri and Pennsylvania providing detailed responses chronicled in this report.
- 30 OCT 20: Final DES summary report reviewed by workgroup leaders, making final edits and submission of the report to the Task Force by 11 DEC 20.

6. Recommendations

6.1 Strengthen AZ implementation of National Core Indicators(NCI): The State of Arizona is currently a subscriber in good standing with NCI. Forty six of the fifty states are active members of NCI. The multiagency workgroup recommendation, based on the multistate research of IMQ conducted by Liberty Healthcare, the results of a national



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survey from the National Association of State Directors for Developmental Disabilities Services for information on IMQ conducted by the DDD Chief Quality Officer, and consultation with the current administrators of the Arizona NCI programs, is to continue our participation in NCI and develop strategies to strengthen or supplement this quality feedback process as most other states are currently doing.

This recommendation to strengthen the Arizona NCI programs is supported by the findings of the 2018 Home and Community-Based Services(HCBS) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey. The State of Arizona required the administration of member satisfaction surveys to Medicaid members enrolled in the Arizona Health Care Cost Containment System (AHCCCS) and receiving home and community-based services (HCBS) in the long-term managed care organizations (MCOs) and the Developmental Disabilities (DD) program. AHCCCS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the HCBS CAHPS Survey.

Table 2-1 depicts the sample distribution and response rates for each participating health plan/program. Please note, the number of failed cognitive screening surveys are presented as a reference.

Table 2-1—Sample Distribution and Response Rate

Plan/Program Name	Total Sample	Ineligible Records	Eligible Sample	Failed Cognitive Screening	Total Respondents	Response Rate
Program Aggregate	1,365	130	1,235	49	87	7.04%
Banner - University Family Care	105	9	96	3	10	10.42%
Mercy Care Plan	420	37	383	12	33	8.62%
United Healthcare	420	33	387	18	33	8.53%
DD Program	420	51	369	16	11	2.98%

In the year following this 2018 HCBS CAHPS survey, DDD transitioned most members to a choice of two integrated health plan partners, to include Mercy Care and United Healthcare, each already AHCCCS health plans. The validation of this recommendation is in the low DDD response rate, while both DDD partner health plans have significantly higher response rates than DDD on from this report(see table 2-1 above). It is most surprising that in this 2018 survey, twenty of twenty measurements indicate DDD as providing insufficient data to draw comparisons.

It would be anticipated that following the DDD Health Plan Integration in late 2019, that DDD member survey participation would increase significantly, especially if larger sample sizes were used as recommended in the 2018 HCBS CAHPS survey report. It is therefore recommended that



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the NCI quality monitoring be supplemented with another CAHPS survey that specifically focuses on consumer assessments of the quality of services provided to its members.

From the AZ HCBS CAHPS survey report of August 2018:

Recommendations to Increase Response Rates:

If AHCCCS chooses to administer the HCBS CAHPS survey in future years, HSAG recommends the following areas that AHCCCS should focus on to assist with increasing the number of completed surveys:

- *If possible, increase the sample size for each reporting unit in order to obtain an adequate number of responses to the survey and reliably compare scores. Surveying MCOs with approximately 400 members or less may not yield enough completed responses to produce reliable results for some measures.*
- *Continue to allow respondents to ask for an un-paid proxy respondent to complete the survey on the member's behalf.*

National Core Indicators website link: www.nationalcoreindicators.org

Google Drive Link to the 2018 AHCCCS HCBS CAHPS survey report:

<https://drive.google.com/file/d/1PaYL-0DSVTqE8UneLGHv1RFmJhkjylz3/view?usp=sharing>

6.2 Continue to research national best practices: The IMQ Workgroup also recommends that the State of Arizona, with the support of the DES NCI Coordinator, Michelle Pollard, solicit, study and implement national best practices that compliment the NCI survey process. A multiagency workgroup should be established to meet quarterly, beginning in Q1 2021, to provide feedback and support to the Arizona NCI implementation team.

Note: AHCCCS Integrated Care Administrator, Dr. Megan Woods, attempted to conduct a national survey through the National Association of Medicaid Directors in September 2020 but was denied access to member communications due to COVID-19 priorities. The project team should make an effort in 2021 to again pursue learning best practices shared from the National Association of Medicaid Directors.



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Appendix 1 — Facilitator, Task Force, and Workgroup Members

<u>Workgroup Participant</u> (Alpha)	<u>Role</u>	<u>Organization</u>
Monica Allison	Multiagency IMQ Workgroup	AHCCCS
Mary Beardsley	Clinical Quality Project Manager	AHCCCS
Roberta Ellerston	CQO, Health Care Services	DES-DDD
Jakenna Lebsock	Assistant Director	AHCCCS
Ericka Martinez	Abuse & Neglect Project Sponsor	DES
Sven Olson	Sr Project Manager,	DES DDD
Jean Tuller	Liberty Healthcare Consulting	DES-DDD
Dr. Megan Woods	Integrated Care Administrator	AHCCCS



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Appendix 2 — IMQ Multistate Summary Report from Liberty Healthcare

To: Roberta Ellerston, Chief Quality Officer
Division of Developmental Disabilities

From: Jean E. Tuller
Liberty Healthcare Corporation

Date: March 6, 2020

Recommendation 28: Independent Quality Monitoring Process

As requested, this is a briefing report regarding Recommendation 28 from the November 19, 2019 Task Force Report.

Background: Recommendation 28 is as follows: By 12/31/2020, as an adjunct to the quality monitoring and oversight activities conducted by state agencies and providers, AHCCCS and DES should collaborate with community stakeholders to study the Independent Monitoring for Quality (IMQ) processes used in other states and consider their application in Arizona. A description of the IMQ model is provided in Appendix 4. *Appendix 4 (History and Background) is as follows: Using advocacy organizations and self-advocates to assist with monitoring and data collection activities was an initiative that began nationally in the 1980s and first emerged in Arizona in the 1990s. In building a system of safeguards and assessing quality of life for individuals with I/DD, the member and family perspective was needed to bring additional value, integrity, current experience with systems, and transparency to the process. However, in Arizona only nominal efforts were made to implement family and self-advocates in monitoring activities. The ARC of Arizona had one small contract that was initially administered through DDD, but bowing to pressure, it was moved out of the Division, and eventually phased out completely. Currently in Arizona, DDD contracts with a family advocacy organization to collect data on National Core Indicators (NCI). Pilot Parents of Southern Arizona collects data from surveys with DDD members and their families in various settings via mail and in-person interviews. There are no monitoring activities of the various settings that directly engage self-advocates or family members of individuals with I/DD. The Appendix goes on to give the example of Pennsylvania's IMQ, administered by Temple University's University Center for Excellence in Developmental Disabilities (UCEDD), which manages contracted quality review teams that include people with developmental disabilities and family members. Pennsylvania developed the first IMQ, in 1997.*

Definition of IMQ: IMQ (also referred to as IM4Q, depending on the state) is an information-gathering method used to improve the lives of individuals with an intellectual or developmental disability. Independent teams monitor the satisfaction, dignity, rights and respect, choice and control, relationships, and community involvement of a random sample of individuals receiving services statewide. Information is used to ensure that people are healthy and safe and to offer services that promote choice and control in their everyday lives. Data from IMQ site visits is analyzed at a state and local level to evaluate the need for changes to the state's developmental disabilities services system.

IMQ is independent from other monitoring processes that the state performs. In addition, the program is not meant to replace processes that already exist through the state. Rather, IMQ is meant to provide a level of objectivity and an external look at services by having individuals who



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use services, their family members, and other interested persons perform the monitoring processes, versus professional evaluators who now work within the system.

The Mechanics of IMQ: At the request of the state, counties select local IMQ Programs to conduct the interviews. All programs are screened by the IMQ Steering Committee, composed of state stakeholders. Criteria for selection includes independence of the projects from service delivering entities, consumer and family involvement on governing boards and involvement of individuals receiving supports and families in data collection activities. The Temple University Institute on Disabilities trains local IMQ programs on the interview instrument, the Essential Data Elements (EDE). The EDE contains 101 questions, 46 of which can only be answered by a person with a disability and is comprised of the following sections: Pre-survey; Pre-survey addendum; Satisfaction; Dignity, Respect and Rights; Choice and Control; Relationships; Inclusion; Monitor Impressions; Major Concerns; and Family/Friend/Guardian Survey. The local IMQ programs assigned interview teams to individuals randomly selected to be monitored, as sent to them by the state. Each team is comprised of a minimum of two people, one of whom must be an individual with a disability or a family member of a person with a disability. Teams might also include other interested citizens who are not a part of the Intellectual Disabilities system. Individuals who are receiving services are asked if an IMQ team can interview them. They can choose whether or not to participate.

The interview team can meet the individual where he or she feels most comfortable: at home or day program, for example. The team, typically two or three people, has at least one member who is either an individual with a disability or a family member of an individual with a disability. The team is independent, which means they are not from ODP, the county, or the individual's provider. With the individual's permission, the team will ask a series of questions. Topics include:

Satisfaction

Dignity, respect, & rights

Emergency preparation

Employment

Relationships

Inclusion

Choice and control

If the person being interviewed consents, the team will share their answers, as well as those of family members or paid staff, with the designated representative from the state for appropriate action. Each loc IMQ Program has developed a process, referred to as closing the loop (follow-up) activity with the county with whom they contract, to ensure that issues related to individuals, as well as systemic issues on the provider or county level, are addressed. Combined, anonymous data reports are then used in many ways:

*The collected data is sent to the Temple University Institute on Disabilities for analysis and the creation and distribution of reports.

*The data is shared with state and its stakeholders for continuous quality improvement by the state, and provider quality groups.

*The IMQ Steering Committee identifies system improvement recommendations for action and submits them to the state's stakeholder quality council.



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*The state, in conjunction with the stakeholder quality council, prioritizes opportunities for system improvements, then disseminates these priorities to the field.

*The state and the stakeholder quality council use a data-based approach to implement, monitor, and evaluate changes to achieve system improvements.

National Core Indicators: The National Core Indicators (NCI) was established in 1997 and is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. NCI is a collaboration of participating states, the Human Services Research Institute and the National Association of State Developmental Disabilities Directors (NASDDDS). All but four state DD programs in the country rely on NCI to provide data on participant and family quality of life.

Performance data collected by NCI helps states answer fundamental questions such as:

1. Are we providing quality service?
2. Are people healthy and safe?
3. Do services enable people to participate in family and community life?

Today, NCI measures everything from whether individuals with developmental disabilities have jobs, have choices about where they live, have access to health care and if they feel services are accessible and coordinated. According to the NCI website, Arizona has participated in NCI since 2005, with interviews conducted by the Pilot Parents of Southern Arizona.

Commentary: In the late 90's, focus on quality within state programs grew new attention due to mandates issued by the Centers for Medicare and Medicaid Services (CMS). Alternatives to conventional state-managed-and-staffed quality monitoring blossomed during this period- IMQ, NCI, and quality surveys done completely by self-advocates (e.g., Maryland's Ask Me! project) all took on special import. As the years progressed, NCI became the dominant quality approach to augment the states' own review processes. NCI- with its sound statistical methodology, local involvement of people with disabilities and family members as interviewers, and ability of states to get a snapshot of not only their own strengths and areas for improvement as well as comparison to other states- has now supplanted all other participant-directed quality endeavors.

States that originally adopted IMQ have ended those programs and replaced them with NCI and, frequently, a participant experience survey distributed annually (often by support coordination) to a statistically significant sample of service recipients. These tools, coupled with a robust state-driven monitoring program, have proved to be effective in improving quality of life and providing the oversight mandated by state and federal payors and expected by the general public of its public services.



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Appendix 3 – National Survey Responses for IMQ to Arizona

Response #1: Missouri

Date: Thu, Sep 17, 2020 at 6:50 AM

MISSOURI DDD QUALITY OF SERVICES REVIEW (QSR) / NATIONAL CORE INDICATOR (NCI) SURVEY PROCESS

The Quality of Services Review (QSR) prescribes a standardized procedure to ensure individuals have full access to benefits of community living and the opportunity to receive services in the most appropriate integrated setting, assess the person-centered planning process, and provide feedback to the interdisciplinary team about utilizing key points of self-determination.

On an annual basis, Missouri Division of Developmental Disabilities Quality Enhancement staff conduct the Quality of Services Review with a random sample of adults receiving at least one authorized service. During the review, the Quality of Services Review Supplemental Guide, based on Missouri Quality Outcomes (MOQO), is used as a reference source. Typically, reviews are conducted in person, but alternative electronic methods are being used during the COVID-19 pandemic. In addition, the National Core Indicators (NCI) Adult In-Person Survey is conducted as a component of the review. The intent of the QSR is to determine the presence of quality of life indicators as defined by the individual and others who know and care about the person. Once the QSR is completed feedback is provided to the interdisciplinary team on those quality of life indicators.

Based on data from the reviews, NCI and QSR At-A-Glance reports, as well as Missouri Quality Outcomes Talking Point Series, are being developed to assist in educating individuals and their support team about daily life choices. Topics covered include employment, community living and integration, healthy living (physical, mental, emotional well-being), safety and security (rights), citizenship and advocacy, and supports to families. Success stories are also included in these educational materials.

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Response #2: Pennsylvania

Date: Wed, Sep 30, 2020 at 8:09 AM

Pennsylvania uses its IM4Q and NCI data at the individual, provider, county, and state levels. At the individual level, if the interviewing team becomes aware of what is determined to be a Major Concern (physical dangers within a residential site/home or place of community activity, significant sanitation problems, evidence of physical abuse or neglect, evidence of psychological abuse, or evidence of a human rights violation), the concern is immediately reported to the county for appropriate follow-up. If there are other considerations for improvement of a person's quality of life and the person agrees to share the information, the interviewing team submits them to be addressed through a standard process with the county and supports coordinator. A "closing the loop" process is completed for each consideration created.

Providers may request IM4Q data to determine if there are specific trends to be addressed at their agencies. In addition, newly implemented provider profiles allow providers to see the value and usefulness of IM4Q to achieve their goals and objectives. However, there is a caveat that at least 10 people had to have been interviewed for the data to be used as part of the profile. The data may indicate additional training needs for staff or agency-wide changes.

Counties and county/joinders (smaller counties that group together to share administrative functions) receive reports specific to them as well as the statewide reports. They use this data to determine areas on which to focus for themselves in addition to areas outlined for statewide improvement. The data is used in conjunction with their quality management plans for the upcoming year.

At the state level, IM4Q and NCI data are used as part of the Office of Developmental Programs' Quality Management Framework. An Information Sharing and Advisory Committee (ISAC) created a detailed series of recommendations, strategies, and performance measures to



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guide the ODP and gauge its progress in achieving the important goals put forth in the Everyday Lives publication. These strategies and recommendations developed by the ISAC continue to serve as a guide for everyone engaged in developing, providing, and advocating for services in the ODP system: administrative entities, providers, support coordination agencies, advocacy organizations, local quality councils, and all entities involved on the ISAC.

While IM4Q is an integral part of the quality management system, it is not used as an oversight tool. Its primary objective is to improve the quality of life for people enrolled in the ID service system. ODP utilizes a Quality Assessment and Improvement (QA&I) process as the means of oversight for Administrative Entities (AEs), Supports Coordination Organizations (SCOs), and service providers. Because individuals receiving services are also interviewed for the QA&I process, IM4Q local programs do complete these interviews due to having already-trained interviewers available. The survey tool relates more directly to the roles the AEs, SCOs, and providers in the delivery of services.

Additional information on Pennsylvania's IMM4Q/NCI process, such as the IM4Q Manual or IM4Q Considerations Module, may be requested from Lee Stephens at lstephens@pa.gov.

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