



Division Directive Number  
3.100

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*Bernard Simons*  
Bernard Simons, Director

**Title:** Quality Enhancement Review – Basic Health and Safety

**Application:** Applies to Regional Office Quality Enhancement Teams

**Purpose:** Prescribes a standardized procedure for Quality Enhancement review of contracted residential and day habilitation providers in the areas of consumer health, safety, and rights.

**Definitions:**

**Accreditation:** A designation achieved by a provider participating in a review of practices and programs conducted by the accrediting body based on international standards. The accrediting bodies recognized by the Division are the Rehabilitation Commission (CARF) and Council for Quality and Leadership (CQL).

**Action Plan Tracking System (APTS):** A database used by the Division to track issues requiring resolution as well as positive practices identified through Integrated Quality Functions. Issues tracked are identified through indicators categorized by health, safety, rights, services, and money, in addition to the Missouri Quality Outcomes.

**Certification:** A process used by the Division of Developmental Disabilities to review and approve specified providers for participation and funding through the Home and Community Based Medicaid Waiver program. Certification provides deemed status for licensure so both credentials are not required. Certification is granted for a 2-year period.

**Contract Provider:** An agency or individual that enters into a contract with the Department of Mental Health, Division of Developmental Disabilities, to provide direct or indirect services, to individuals served by the Division.

**Individual and Family Supports:** The Regional Office Unit responsible for development, implementation, and enhancement of the infrastructure of supports and services for individuals with developmental disabilities and their families. Individual and Family Supports will have staff comprised of support coordination, intake/eligibility, transition (school to post-secondary education life) and meaningful day/employment; transition (habilitation centers), placement coordinators, self-directed supports/services, family support coordinators, and in-home support team.

**Issue:** A point, matter, concern or question in regards to the health, safety and/or rights of an individual. A critical issue is where the health, safety and/or rights of an individual are in jeopardy.

**Licensure:** A process used by the Division of Developmental Disabilities to review and approve specified providers using regulations for each of the categories of licensure (9 CSR [Division 40](#)). Surveys are conducted on an annual basis by the Licensure and Certification Unit (L&C) staff.

**Missouri Quality Outcomes:** A collection of positive outcomes identified by people with disabilities, family members and friends outlined in the Missouri Quality Outcomes Discussion Guide <http://dmh.mo.gov/docs/dd/QualityoutMan.pdf>. The Discussion Guide document serves as a tool designed to assist the service delivery network to put these desired concepts into practice.

**Outcome:** The result of action to be taken as outlined in a plan that resolves issues, prevents reoccurrence and increases opportunities for improvement in the TCM delivery system and implementation of the Missouri Quality Outcomes.

**Provider Critical Status Plan:** Written outcome-based strategies outlining actions formulated from the integration or synthesis of information and issues gathered utilizing the Action Plan Tracking System (APTS), Customer Information Management, Outcomes, and Reporting system (CIMOR) as well as other available monitoring data. A Critical Status Plan is considered a serious situation that must be mitigated and/or corrected. A Critical Status Plan may result from a provider not resolving issues as specified in the improvement plan and could result adverse action including termination of contract. Criteria for Critical Status Plans are included in Division Directive [4.080 - Integrating Quality Functions](#).

**Provider Improvement Plan:** Written outcome-based strategies outlining actions formulated from the integration or synthesis of information and issues gathered utilizing the Action Plan Tracking System (APTS), Customer Information Management, Outcomes, and Reporting system (CIMOR) as well as other available monitoring. Improvement Plans are written for the purpose of increasing performance above current levels, overall system improvement or to put processes into place to prevent an issue from developing into a more serious situation. These plans are only required under the criteria in the Provider Improvement Plan section of [Division Directive 4.080 – Integrating Quality Functions](#).

**Provider Relations:** The Regional Office unit responsible for provider development to enhance the capacity for the provision of supports and services. In addition, the staff will provide technical assistance and monitoring; allocate resources, and management of the contracts with providers of supports and services.

**Quality Enhancement Review Guide:** Tool used by the Regional Quality Enhancement staff when performing a review which contains the areas of focus and comments documented.

**Regional Quality Enhancement Team:** Staff designated at each regional office to monitor, track, trend and report data from the quality enhancement functions as well as respond to special requests for data based upon current standards, outcomes and promising practices.

**Senate Bill 40 Board (SB 40):** Statutorily authorized county board that funds and/or provides services for people with developmental disabilities. As referred to in this directive, those specific SB 40 boards that fund or provide case management for the specified service in partnership with the Division of DD. <http://www.moga.mo.gov/statutes/c205.htm>

**Site:** Location where provider documentation is maintained. The site could be the individual's residence, location of delivered service, or the provider's administrative office.

**State Quality Enhancement Unit:** Staff designated within the Division of Developmental Disabilities that oversees and implements statewide Quality Enhancement Functions.

## OVERVIEW

Quality Enhancement works in partnership with contracted providers that are nationally accredited and with those who are certified by the Division of DD to assist in achieving/maintaining the identified credential. Regional QE staff conducts an annual review of systems related to health, safety, and rights. The review is based upon the related Missouri Quality Outcomes, National Core Indicators, Certification Principles and outcome of accreditation activities.

## PROCESS

The Quality Enhancement (QE) Review is conducted every three years by the Regional Quality Enhancement (QE) staff. The QE Review Guide is used to review the outcomes identified. The intent of the review is to verify that the systems put into place by the contracted provider assure the related outcome. Feedback and recommendations, if indicated, are shared with provider staff at the time of the review.

For **accredited providers with accreditation granted for the full period possible**, information that relates to health, safety, and rights outcomes that would be presented for their accreditation visit are discussed and viewed by the Regional or State Quality Enhancement staff. This information may include but is not limited to annual safety reports, incident and injury summaries, internal or external safety inspections, reports of chart reviews. This process would comprise the complete review.

For **certified providers or providers on a Critical Status Plan**, a full QE Review will be completed.

For **licensed providers** who receive funding from the Division, there will be a review of data and the licensure report. On-site review is not routinely completed, as the licensure process is conducted annually.

The QE Review would take place on a year that certification is not conducting an on-site survey. For accredited providers, the QE Review would be conducted once in the period between accreditation surveys; scheduling would be mutually agreed upon between the provider and the regional office. For the years that certification or the accrediting body does an on-site survey, the report generated by the certification team or the accrediting body is reviewed by QE and any health/safety/rights concerns identified in those reports are evaluated for needed documentation and follow-up. A QE review summary and any recommended follow-up is sent to the assigned Provider Relations contact who in turn communicates with the individual provider.

In preparation for the review, the QE staff will summarize health, safety and rights data from other QE functions. The results of the summary will help to develop focus questions for discussion during the review and/or identify if a site needs to be included in the review. The QE staff will also look at any existing Provider Improvement or Critical Status Plans in preparation for the review. If a plan of correction for findings in certification or an improvement plan for findings in accreditation was required, a copy of that plan is requested for inclusion in the QE review.

If the organization provides supports/services in more than one region, every effort is made to coordinate the review among the Regional Offices and the contracted provider. The sample measured is based upon the number of individuals supported and sites in each individual region. The QE staff in the primary region is responsible for coordinating the reviews and communicating among the related regions. The QE staff in the

individual regions are responsible for organizing, scheduling and completing the reviews for their region and communicating results to the primary region.

If at any time during the process significant issues are identified, the QE reviewer will work with the contracted provider to expand the review. The QE reviewer may refer concerns to Provider Relations and/or Individual and Family Supports for follow-up.

When sites are visited, the number of sites chosen will depend upon the size and scope of the contracted provider.

Service Description	Service Location	Individual Records
Group Homes 4+ individuals	20%, no less than 5	4 per location
Group Homes 1-3 individuals	20%, no less than 5	2 per location
ISL	20%, no less than 5	2 per location
Day Services	100% of on-site programs	20%, no less than 5 (on or off-site)

Results of the QE review are recorded on the QE Review Guide, discussed with the contracted provider's designated staff and a copy of the Guide given to the contracted provider when the review is completed, within 10 business days. Any significant issues identified or any positive practices are entered into APTS. Results of the QE Review are communicated to the Regional Director, Provider Relations, Individual and Family Supports, the Licensure and Certification Unit and the related SB 40 Board/case management entity as indicated by outcome of the review.

**Authority:**

9 CSR 45-5.060 ([Chapter 5](#))

9 CSR 10-1.010 ([Chapter 1](#))

HCBS Medicaid Waiver: <http://dmh.mo.gov/docs/dd/waivermanual.pdf>

HCBS Medicaid Waiver Quality Assurances