



Division Directive Number  
4.080  
Effective Date: 04.01.06  
Revised: 10.01.09  
Revised: 06.25.12

*Bernard Simons*  
Bernard Simons, Director

**Title:** Integrating Quality Functions

**Applies to:** Division of Developmental Disabilities Regional Offices

**Purpose:** Prescribes the systematic process for integrating and synthesizing information from all Quality Functions\*. The information is used to evaluate the performance of the service delivery system, remediate identified issues, and develop system improvements in partnership with contracted providers.

**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.

**Action Plan Tracking System Summary Reports:** An aggregate report of the information gathered by the Action Plan Tracking System. There are several types of reports available, including provider issues, specific individual issues, and regional issues.

**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 an 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.

**Customer Information Management, Outcomes, and Reporting Event Management Tracking (CIMOR EMT) System:** A Department database which contains information from event reports as required by 9 CSR 10-5.206. This database is also used to collect information on incidents meeting pre-specified severity criteria or investigations of abuse, neglect and/or misuse of individual funds.

**Indicator:** A key value or quality characteristic used to measure, over time, the performance, processes, and outcomes of an organization or some component of service delivery.

**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), community living 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.

**Missouri Quality Outcomes Guide:** The guiding principles that provide the Division direction when designing services for persons with developmental disabilities in the state of Missouri. The outcomes and accompanying discussion guide were developed as a result of soliciting input from people with disabilities, their families and friends. This guide serves to facilitate assisting individuals we serve to have productive and meaningful lives and to be full members in their communities, with rights and responsibilities equivalent to all citizens. <http://dmh.mo.gov/docs/dd/QualityoutMan.pdf>

**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 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 Plans:**

- **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 this directive.
- **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 in adverse action including termination of contract.

- **Regional Office Quality Enhancement Plan:** Written outcome-based strategies for the identified region, outlining actions formulated from the integration or synthesis of information and issues gathered utilizing APTS and CIMOR-EMT, as well as other available monitoring data. Quality Enhancement Plans are written for the Regional Office for the purpose of increasing performance above current levels and overall system improvement.
- **Division Quality Enhancement Plan:** Statewide plan based on the trend data from all quality enhancement processes to affect overall system improvement.

**\*Quality Functions:** A process to monitor and affect services being provided, focusing upon health and welfare of individuals, meeting their needs and supporting them to achieve personal goals. The primary Quality Functions are:

- Service Monitoring [3.020 - Service Monitoring Policy and Implementation Guidelines](#)
- Incident Response System [4.070 - Event Report Processing](#)
- Fiscal Review 08 [5.070 - Fiscal Review](#)
- Health Inventory Planning System (HIPS) and Nursing Review [3.090 Health Identification and Planning System Process](#)
- Mortality Review [3.070 - Consumer Death Notification and Mortality Review Process](#)
- Self Advocate and Families for Excellence (SAFE) Review <http://dmh.mo.gov/docs/dd/SAFEbrochure.pdf>
- Personal Plan Review [4.060 - Person Centered Planning Guidelines and Quality Enhancement Review](#)
- Licensure and Certification Survey <http://www.sos.mo.gov/adrules/csr/current/9csr/9c45-5.pdf>
- Quality Enhancement Review [3.100 Quality Enhancement Review - Basic Health and Safety](#)
- Provider Relations Review [4.090 - Provider Relations Policy](#)
- In addition to the Regional Office Quality Functions, there are other functions within and outside the department that also provide information, including, but not limited to, results of accreditation activities of CARF and CQL.

**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 in the individual's residence, site 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 Management Functions.

### Overview:

Each Quality Function shall have its own guidelines, designated implementation staff, and process of identification, communication, and remediation. This directive outlines the process for integrating and synthesizing information from the various Quality Functions. The results are recognition of practices and programs, reinforcement of progress toward outcomes and/or written outcome-based plans for (a) providers, (b) Regional Offices and (c) the Division of Developmental Disabilities. Identifying practices and programs for

recognition would include such aspects as implementation of national best practice, adapting recognized evidence-based programs, achievement of accreditation, and going beyond the norm of basic expectations to provide quality supports to an individual. For accredited providers, the Regional QE staff will request the accreditation report, and any correspondence related to accreditation status.

## **Process:**

### **A. Data Integration, Analysis and Reporting**

The systematic process begins when staff responsible for implementing a specific Quality Function documents the information as outlined in the function, and the results are entered into the designated database. Regional Office Quality Enhancement staff will review and analyze information in APTS, CIMOR-EMT and other sources a minimum of every six months for regional patterns or trends of individuals and/or providers, and generate a report to Regional Office Management. Upon request or upon notification of issues through a Quality Function that is entered in the tracking system, regional staff may complete an expanded or focused review. Regional QE staff will report individual provider information quarterly or at an interval that is decided between the provider and the Provider Relations representative, based on the trends, patterns and outcomes seen in the data. If an individual provider does not want regular reports, and there are no adverse trends, patterns or outcomes, the provider may opt out of this requirement. If there are no adverse trends, patterns, or outcomes, the Regional Office will send a memo to the provider indicating the results. Depending on the outcome of the trend reports, there could be additional quality improvement actions, increased frequency of reviews, or development of improvement or critical status plans.

### **B. Provider Improvement Plans**

If there are multiple systems issues being identified for a provider, patterns of issues repeatedly occurring for an individual or provider, lack of follow up on issues (e.g., medical, individual funds, services & staff, maintaining a safe and clean environment, complaints, etc.), or the organization experiences a reduced level of accreditation due to concerns in the areas of health or safety, the Regional Office Provider Relations staff will discuss this with the organization and an improvement plan will be jointly developed for addressing these issues. The organization will be responsible for submitting the agreed upon actions within negotiated time frames but not to exceed 30 days. The provider may be placed on a no referral-no growth status if criteria outlined in Appendix B are met. *Note: When issues or concerns are specific to an individual, the support coordinator will update the individual's support plan accordingly.*

The Improvement Plan shall consist of these core components:

- Provider Name & Address
- Provider Location (as needed)
- Regional Office
- Review Dates
- Category Indicator (Health, Environment/Safety, Individual Rights, Money, Services & Staff)
- Outcomes
- Action Steps
- Responsible Parties
- Timelines for achieving the outcomes
- Progress
- Follow-up (responsible person and timelines)
- Provider and Regional Office Representative Signatures

If there are already plans in place from other activities, such as Certification Survey plan of correction or accreditation recommendations addressing the same issues, the Improvement Plan and already existing plans will be consolidated.

### **C. Provider Critical Status Plans**

Division of DD Regional Offices must develop a Critical Status Plan in conjunction with the provider under the following circumstances:

- A significant increase in issues related to health, safety and/or rights for an individual or provider occurs;
- Failure of the appropriate preparation, prevention or response to a naturally occurring or unexpected event that poses a threat to the health or welfare of the individual (e.g. death, serious accident, flood, power outage);
- Improvement Plan is not being implemented;
- Reviews show a consistent or continued lack of internal quality assurance activity/action, relies on external quality activities of regional office, reacting/making improvements only at that time; or
- Issues in the Improvement Plan are not being resolved.

Provider Relations will develop or update the Critical Status Plan within 10 business days of notification that a plan is required. Designated staff shall distribute the plan to the provider and appropriate Regional Office staff. Regional QE staff will update the Critical Status tracking form. A copy of the plan shall be placed in the provider file. The Critical Status Plan may include increased monitoring and/or other activities by the Regional Office.

The Regional Office will send a copy of the Critical Status Plan to the Office of Licensure and Certification. The plan will also be sent to the related SB 40 Board funder and/or other support coordination entity. If the provider is deemed certified, Provider Relations and State Quality Enhancement Staff shall follow established protocol for communication with accrediting bodies. The provider will be placed on a no referral-no growth status if criteria are met, as outlined in Appendix C.

Critical Status Plans will be reviewed at least every 30 calendar days for progress and updated as needed. Improvements must meet the identified target dates in the plan, but no longer than 90 calendar days, unless there are extenuating circumstances that require additional time and this is mutually agreed upon between provider and Regional Office. The Critical Status Plan should be time-limited and should not exceed a six-month target. The plan includes all significant issues, along with progress made, and may include positive findings. If appropriate progress is made and the areas of concern corrected, the plan may continue in the category of a Provider Improvement Plan for an agreed-upon period of time to assess that the improvements are maintained.

Certified agencies that do not make progress on their Critical Status Plan may be put in conditional Certification status, if the issues found are related to the outcomes assessed by Certification. If progress is not made as outlined in the Critical Status Plan or within six months, the Regional Director will consider the situation and decide what further action will be taken.

The Critical Status Plan shall consist of the core components:

- Provider Name
- Regional Office
- People Present
- Review Dates (past, present, and future)
- Provider Address
- Agreed upon Outcomes
- DMH authority source
- Category Indicator (Health, Environment/Safety, Individual Rights, Money, Services & Staff)
- Action Steps
- Responsible Parties
- Timelines
- Progress
- Follow-up (responsible person and timelines)
- Provider and Regional Office Representative Signature
- Distribution list
- Provider Location (as needed)

Note: Appendix A contains a sample of a format for the Critical Status Plan. This format may be used but plans are accepted as long as the plan clearly contains the core components.

#### **D. No Growth or No Referral Status**

The processes followed and the criteria for placing a hold on growth or on referrals are reflected in Appendix B of this directive.

#### **E. Appeal Process**

The decision to place an organization on a Critical Status Plan or to identify the organization as a No Growth or No Referral status may be appealed to the Division Director/designee within 30 calendar days of the organization being notified of the status by the Regional Office. The appeal must be in writing and can be submitted either electronically or via regular mail. The following should be included in the appeal request:

- The name of the organization;
- The name of the person requesting the appeal;
- The circumstances which placed the organization on the Critical Status Plan and/or No Growth or No Referral status;
- The reasons for appealing the decision; and
- Any documentation that supports the organization's position.

The Division Director/designee will respond to the appeal within 14 business days with a decision. The Division Director's decision is final.

#### **Regional Office Quality Enhancement Plan**

Regional staff shall integrate all information from APTS, CIMOR-EMT, and other data sources to assist in developing and updating the Regional Quality Enhancement Plan. The plans will address the issues identified from these sources and indicate any progress made.

- The Regional Quality Enhancement Team along with the State Quality Enhancement Unit will aggregate and analyze data at least quarterly to identify regional trends, positive findings and opportunities for improvement. This information will be provided to the Regional Director and the

regional management team. The Regional Director or designee will share regional aggregate trend information with the Deputy/Assistant Division Director, other regional staff, SB 40 Boards and providers. Designated staff will develop an ongoing Regional Office Quality Enhancement Plan to address regional trends, monitor progress and update the plan as the trend reports are updated. The Regional Office Quality Enhancement Plan may include internal process improvement activities as well.

- The Regional Quality Management Plan, will consist of the following information:
  - Positive outcomes identified;
  - Areas of concerns as identified through trend reports;
  - Enhancement activities implemented or in development to address areas of priority;
  - Stakeholders that are involved in the planning and implementation;
  - Target dates or timelines;
  - Who will be responsible; and
  - Evaluation methods and timelines for evaluation.

### **Statewide Quality Enhancement Plan**

At least annually, the State Quality Enhancement Leadership Team shall identify statewide trends based on the integration and aggregation of the regional data, state-wide data from the Quality Functions, and from other initiatives such as National Core Indicators. The team will identify positive outcomes as well as opportunities for improvement.

**Authority:**

HCB Medicaid Waiver: <http://dmh.mo.gov/dd/manuals/waivermanuals.htm>

9 CSR 10-1.010, 9 CSR 45-5.010 and 9 CSR 45-5.060: <http://www.sos.mo.gov/adrules/csr/current/9csr/9csr.asp#9-45>

## *Critical Status Plan*

Provider Name: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_  
 Persons Present at Meeting: \_\_\_\_\_

Date Plan Developed: \_\_\_\_\_  
 Review Date(s): \_\_\_\_\_

Regional Office: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### *Core Issues*

Category	What/Why? (authority source)	Projected Outcome	Action Step(s)	Responsible Person(s)	Projected Date for Completion	Progress/Date Completed
Services	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
Environment/Safety	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
Health	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
Money	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

Appendix A

Rights						
<u>1.</u>	<u>1.</u>	<u>1.</u>	<u>1.</u>	<u>1.</u>	<u>1.</u>	<u>1.</u>
<u>2.</u>	<u>2.</u>	<u>2.</u>	<u>2.</u>	<u>2.</u>	<u>2.</u>	<u>2.</u>
<u>3.</u>	<u>3.</u>	<u>3.</u>	<u>3.</u>	<u>3.</u>	<u>3.</u>	<u>3.</u>
<u>4.</u>	<u>4.</u>	<u>4.</u>	<u>4.</u>	<u>4.</u>	<u>4.</u>	<u>4.</u>
<u>5.</u>	<u>5.</u>	<u>5.</u>	<u>5.</u>	<u>5.</u>	<u>5.</u>	<u>5.</u>
Other _____						
<u>1.</u>	<u>1.</u>	<u>1.</u>	<u>1.</u>	<u>1.</u>	<u>1.</u>	<u>1.</u>
<u>2.</u>	<u>2.</u>	<u>2.</u>	<u>2.</u>	<u>2.</u>	<u>2.</u>	<u>2.</u>
<u>3.</u>	<u>3.</u>	<u>3.</u>	<u>3.</u>	<u>3.</u>	<u>3.</u>	<u>3.</u>
<u>4.</u>	<u>4.</u>	<u>4.</u>	<u>4.</u>	<u>4.</u>	<u>4.</u>	<u>4.</u>
<u>5.</u>	<u>5.</u>	<u>5.</u>	<u>5.</u>	<u>5.</u>	<u>5.</u>	<u>5.</u>

**Plan for Follow-up:** \_\_\_\_\_

**Additional Notes:**

\_\_\_\_\_

**Positive Findings:**

\_\_\_\_\_

**Provider Representative Signature(s):** \_\_\_\_\_

**Regional Office Representative Signature(s):** \_\_\_\_\_

**CC: Regional Director**  
**Support Coordinator**  
**Provider**  
**Provider File**

### Criteria for No Referrals and No Growth

After assessing the nature and scope of the issues/conditions identified, the Regional Director will confer with the Deputy/Assistant Division Director and decide whether to place the organization on No Growth, No Referral or a combination of both. The Regional Director/designee will notify the provider in writing that they will not receive referrals and/or will not be able to add new services or a new contract (e.g. no additions of group homes or supported living sites) until the situation has been resolved and there is evidence that it will remain resolved.

When an organization provides services in more than one region, the Regional Director and Deputy/Assistant Division Director will communicate the issues and come to a joint decision, after discussion regarding the severity of the situation and any patterns or trends identified in the associated regions. The Regional Director and Deputy/Assistant Division Director will determine if this status will be limited to a specific provider site, all services within a specified region, or applied statewide. If applied in multiple regions or statewide, the Regional Directors will notify the provider in writing that they are in a No Referral and/or No Growth status.

The criteria include:

- Administrator/Owner/Operator is being investigated for a disqualifying offense, e.g., sexual or physical abuse, neglect, misuse of funds, or a criminal record. (Each case would be based on the unique circumstances of the situation.)
- An unexpected death in which the initial review, done within 30 days by DMH staff, finds suspicion of abuse or neglect.
- No Qualified Developmental Disabilities Professional (QDDP) or Community R.N. (CRN) for over 60 days. Once obtained, must keep the same QDDP or CRN for at least 90 days before referrals will be made.
- Provider has been placed on Conditional Certification;
- Provider loses or gives up Accreditation because of inability to meet standards. (This would not apply if the provider gave up accreditation voluntarily for other reasons.)
- There are multiple issues identified from reviews conducted by the Division, certification surveys or accreditation surveys.
- There are patterns of concerns repeatedly occurring for an individual or organization and/or a significant increase in concerns for an individual or provider, e.g., repeated episodes of abuse & neglect.
- There are repeated critical status plans, improvement plans and/or certification plans of correction; 2 or more of any of these plans over a period of 2 years.
- A critical incident occurred where negligence was discovered.
- There is lack of follow up on issues (e.g., medical, individual funds, services & staff, maintaining a safe and clean environment, complaints, etc.). Examples may include but are not limited to:
  - No notes or evidence of visits from CRN for 2 or more months.
  - Serious staffing issues, e.g., failure to maintain designated staffing ratios; staff on shift does not have the appropriate training and/or other criteria as listed in the contract and service definitions.
  - Lack of follow up by provider, CRN or QDDP of issues/concerns noted during monitoring, e.g., services monitoring, nursing reviews, regional QA reviews, Fiscal Reviews etc., and/or issues noted on the Critical Status Plan.

## Appendix B

- Failure to comply with the contract, e.g., relocating people without notifying and receiving approval from the Regional Office.

No Growth and/or No Referral status is intended to be of limited duration during the period of resolution of the issues, not to exceed six months. The Regional Office will assess the progress prior to the final month and provide the results of that assessment to the Regional Director and Deputy/Assistant Division Director for further action. If no resolution is achieved, additional action up to and including contract termination may be taken.