

Quality Assurance Panel Proposed Legislation

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Section 1 [256B.xxx] State and Regional Quality Assurance and Improvement System for Minnesotans Receiving Disability Services

Subdivision 1. **Scope.** In order to improve the quality of services provided to Minnesotans with disabilities, a statewide quality assurance and improvement system for Minnesotans receiving disability services is established. The disability services included are the home and community based services waiver programs for persons with developmental disabilities, traumatic brain injury, and for those who qualify for nursing facility or hospital levels of care under 256B.092 subdivision xx and 256B.49; home care services under 256B.0651; Family Support Grant under 256.32; Consumer Support Grant under 256.476; and Semi-Independent Living Services under 256.275. The statewide quality assurance and improvement system shall include a state quality commission, six regional quality councils, an outcome based quality review component and a comprehensive system for effective incident reporting, investigation, analysis and follow-up.

Subdivision 2. **State Quality Commission.** The commissioner shall appoint the members of the State Quality Commission including representatives from the following groups: disability service recipients, at least one member from each Regional Quality Council, disability service providers, disability advocacy groups, county human service agencies and state agency staff from human services, health and ombudsman for mental health and developmental disabilities. The State Quality Commission shall assist the departments of human services and health in fulfilling federally-mandated obligations by monitoring disability service quality and quality assurance and improvement practices in Minnesota; establishing state quality improvement priorities with methods for achieving results and providing an annual report to the legislative committees with jurisdiction over policy and funding of disability services on the outcomes, improvement priorities and activities undertaken by the commission during the previous state fiscal year.

Subdivision 3. **Regional Quality Councils.** a. The commissioner shall establish six Regional Quality Councils of key stakeholders including regional representatives of disability service recipients, disability service providers, disability advocacy groups, county government, and state agency regional staff from human services, health and ombudsman for mental health and developmental disabilities.

b. The regional councils shall:

- (1) direct and monitor outcome-based quality assurance programs,
- (2) analyze and review quality outcomes and critical incident data,
- (3) provide information and training programs for persons with disabilities, including service recipients and their caregivers, on service options and quality expectations,
- (4) disseminate information and resources developed to other Regional Quality Councils,
- (5) respond to state level priorities and
- (6) establish regional priorities for quality improvement,
- (7) submit an annual report to the State Quality Commission on the status, outcomes and improvement priorities and activities in the Region,
- (8) choose a representative to participate on the State Quality Commission and assume other responsibilities consistent with the priorities of the State Quality Commission.

c. The regional councils shall maintain staff and manage resources needed, consistent with funding and direction from the commissioner and the state quality commission.

Subdivision 4. **Annual Survey of Service Recipients.** The commissioner, in consultation with the State Quality Commission shall conduct an annual independent statewide survey of service recipients, randomly selected, to determine the effectiveness and quality of disability services. The survey shall be consistent with the system performance expectations of the Centers for Medicare and Medicaid Services (CMS) Quality Framework and analyze whether desired outcomes for persons with different demographic, diagnostic, health and functional needs, receiving different types services, in different settings, with different costs have been achieved. Annual statewide and regional reports of the results will be published and used to assist regions, counties and providers to plan and measure the impact of quality improvement activities.

Subdivision 5. **Outcome-Based Quality Review.** The state commission shall designate an outcome-based quality review program to assure that quality assessment and licensing practices are founded on valid, reliable assessments in areas consistent with the CMS Quality Framework. The outcome-based quality assessment program for service quality monitoring will include both licensed and unlicensed services. It shall include outcome-based interviews of a sufficient sample of individuals and caregivers served by an agency to provide reliable information with which can be used to determine the level of service quality, issue program licenses as needed, recommend remedial activities, and inform the need for general and specific training, technical assistance, consumer education, and other service improvement activities. The assessment and review program can be used by regional councils for an alternative quality assurance program should counties in a region seek to develop an alternative to the state licensing system pursuant to the process established in 256B.095 through 256B.0955.

Subdivision 6. **Incident Reporting, Investigation, Analysis and Follow-up Improvements.**

The commissioner shall improve the system of incident reporting, including reports made under the Maltreatment of Minors and Vulnerable Adults Acts, investigation, analysis, and follow-up for disability services to assure that incidents that may have jeopardized safety, health, civil and human rights, service-related assurances, and other protections of disability service recipients to be free from abuse, neglect and exploitation are reviewed, investigated, acted upon in a timely manner. Information, data and analysis from the reporting system shall be used at the provider, county and regional levels to improve services for recipients and shall be provided in a standardized format on a regular basis to Regional Quality Councils, State Quality Commission and appropriate State and County agencies.

Sec. 2. **Effective Date.** Subdivisions 1 through 6 are effective July 1, 2007 subject to the following phased implementation:

- (a) the State Quality Commission shall be established by July 1, 2007,
- (b) the six Regional Quality Councils shall be established by January 1, 2008 and will begin assisting with the statewide interviews of service recipients in their regions when those surveys are fielded statewide.

(d) the statewide survey of service recipients shall be developed beginning July 1, 2007 and field-tested during 2008 with implementation beginning on or before January 1, 2009

(f) the outcome-based quality review process shall be designed and implemented based on the work of the State Quality Commission and Regional Quality Councils, information from the statewide service user survey and the incident reporting data, as funding allows after July 1, 2009.

(g) Improvements in the incident reporting, analysis and data systems shall begin July, 2007, with the development of public reports from existing data. A work group will develop, design and make recommendations for the remaining improvements needed by December, 2008.

Sec. 3. **Appropriations.**

(a) ----- shall be appropriated from the general fund to the commissioner of human services for the fiscal year ending June 30, 2008, to develop and establish the Quality Assurance and Improvement System according to the schedule set forth in Section 2.

(b) Beginning July 1, 2008, \$ million from the general fund shall be appropriated to the commissioner of human services each year for the implementation of the Quality Assurance and Improvement System and added to the base budget for the department. Federal Medicaid match obtained for this function shall be dedicated to the commissioner for this purpose.