

## Appendix

**Blueprint and Steps for Quality**

**Planning Phase Strategies**

**Consumer Support Strategies**

**Monitoring Strategies**

**Quality Improvement Strategies**

**Appendix A: Quality Materials**

This Appendix includes samples of the materials used to assure and improve quality in the Cash and Counseling demonstration. We have tried to include tools and instructions in an effort to allow programs to adopt or adapt documents as they see fit.

**Appendix B: Forms Used in C&C Program**

This C&C sites developed an array of program management forms that assisted in their quality efforts. This Appendix includes examples of their documents and the site from which they came.

**Appendix C: Resource Materials**

This Appendix Cincludes links to the national Cash and Counseling site, and the demonstration evaluator. Resource materials developed by and for the sites are included. The Appendix also includes a link to CMS sponsored quality initiatives.

## **Appendix A**

### **Materials Used in the Quality Project**

Personal Outcomes Survey and Training Material .....	1-11
Quality Improvement Committee – 10 steps to implementation .....	12-15
Program Self-assessment .....	16-24

### **Three state Tables of Quality Program Components**

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## PERSONAL OUTCOMES

Date\_\_\_\_\_

Consumer ID/Name\_\_\_\_\_ Consultant\_\_\_\_\_

Now that you have been in this program for a few months, we want to find out how well it fits with what you really want.

What do you like about being in the program?

What would you change about the program?

1. When you make decisions and choices about your life, do you have the right amount of help—not too much, not too little?

Yes, the right amount. (detail if offered)

No. What amount of help with decisions would be just right?

2. Do you have enough help to do the things that are important to you?

Yes. (detail, if offered)

No. What would you like more help with? (Is that something we should work on?)

3. Do you have as much help as you need to go out if you want to?

Yes (detail, if offered)

No. What kind of help would you need to go out? (Is that something we should work on?)

4. If you want to, can you easily make a change in the day (or time of day) you do

things?

Yes. (detail, if offered)

No. Is that much of a problem for you?

5. How many paid workers do you have now?

What are their relationships to you?

\_\_\_\_\_ Relative(s)

\_\_\_\_\_ Friend(s)

\_\_\_\_\_ Neighbor(s)

\_\_\_\_\_ Consumer did not know before hiring

6. Did you have enough say in choosing your worker(s)?

Yes. (detail, if offered)

No. Why didn't you have enough say?

7. Do you know who will be helping you each day?

Yes (detail, if offered)

No. Is that a problem for you?

8. Do you have enough say in what your worker does each day?

Yes. (detail, if offered)

No. Why don't you have enough say? (Should we work on that?)

9. Is the work done the way you want it to be done?

Yes. (detail, if offered)

No What would you like to be done differently? (Should we work on that?)

10. Do you have any complaints about how you are being treated by your worker?

Yes. What don't you like about your treatment?

No complaints. (detail, if offered)

11. Who would you tell if your worker hurt you or did something that you didn't like?

Who \_\_\_\_\_ What is their relationship to you? \_\_\_\_\_

12. Are you satisfied with the relationship you have with your worker(s)?

Yes (detail, if offered)

No. How would you like it to be different?

13. Is being able to pay your worker important to you?

Yes. (detail, if offered)

No. (detail, if offered)

14. Do you feel safe in your home?

Yes. (detail, if offered)

No. What feels unsafe? Can we do anything about that?

15. Is your home kept the way you want?

Yes. (detail, if offered)

No. What would you like done differently?

16. Are your belongings respected?

Yes. (detail, if offered)

No. Can you tell me about some of the problems? Is there anything we can do about that?

17. Do you know what to do if you want to change something about the help you are receiving?

Yes. (detail, if offered)

No. (Discuss what consumer can do.)

18. Do you receive the information you need from the program?

Yes (detail, if offered)

No. What information would you like?

19. Is the consultant providing more help than you need or not providing enough help?

More help than needed. Could you do more for yourself now? What would you like to change?

Not enough help. What do you need more help with?

20. Is there anything you would like to change about the help you are getting from the fiscal intermediary?

Yes. What would you like to change?

No (detail, if offered)

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To be completed by consultant.

1. Reason for interview

2. Number of months receiving cash benefit \_\_\_\_\_

3. Consumer characteristics:

- a. age \_\_\_\_\_
- b. gender \_\_\_\_\_
- c. race/ethnicity \_\_\_\_\_
- d. living arrangement \_\_\_\_\_

4. Does the consumer have a representative? No. Yes. \_\_\_\_\_

5. Who responded to these questions?

6. How long did it take to complete the Personal Outcomes form? \_\_\_\_\_

7. Consultant comments about the interview or Personal Outcomes form.

**Personal Outcomes  
in Consumer Direction**

**2002**

Interviewer Training Manual



## Part 1 - Special instructions for pre-test interviewers

We need your help to make this questionnaire as clear and user-friendly as possible. We've tried to write questions that are clear, to provide space for recording the important information the consumer tells us, and to ask questions about all of the topics that might be important for the consumer. But we're sure that the questionnaire can be improved. Your notes about these issues will be essential to help us make these improvements. After you have completed these pre-test interviews, we will have conference call with all of you about how the interview form works. Ultimately, we hope that the information learned in these interviews, using an interview protocol revised according to your experiences, will be useful to improve an individual consumer's services, and to improve the program overall.

### General Guidelines:

- We are asking each of you to complete eight interviews. Since we would like to find out as soon as possible how the questionnaire works, we'd like you to try it with the first eight people you do six or twelve month reassessments with after today's meeting.
- As you complete these interviews, please follow the instructions that follow; feel free to write your comments and questions all over the questionnaires.
- When you have completed each interview, please fax the form to Suzanne Kunkel, Scripps Gerontology Center, 513-529-1476. In the interest of protecting your consumers' privacy, please black out their names. But, since we may want to refer to individual questionnaires when we have our conference call, please do leave a consumer ID number on each survey.
- We hope to have a conference call with all of you at the end of September or early October. We'll ask your help in determining whether this is a reasonable time for you to have finished your interviews.

### Pre-testing Guidelines:

- Make notes directly on the questionnaire anytime the consumer had difficulty understanding a word or phrase. Try to write down the word or phrase you used to help the consumer understand what we meant.
- Be sure to take notes about the questions regarding counselor services. Were consumers reluctant to offer suggestions or negative comments? Do you have any suggestions about how to have counselors do these interviews AND elicit necessary information about consulting services?
- Notice whether the "Yes"/"No" responses and the follow-up questions work. Would it be easier for interviewers or for consumers to have more response options or more structured questions? While we want these questions to have a conversational tone, we do not want the recording of answers and issues to become burdensome for interviewers.
- Note how long the interview took (there is space on the form to record this information). This will help us know what future interviewers should tell consumers about the process.
- Make any suggestions you can think of regarding format of the questionnaire. Does the order of

questions make sense? Do we need transition statements or explanatory paragraphs to introduce the sections of the questionnaire?

- Did we cover all of the important topics? If not, what else should we include?

Thanks so much for your valuable contributions to this project!

## Part 2 - Conducting Personal Outcomes Interviews - Instructions

The Personal Outcomes Questionnaire is one way to get consumer feedback on how well the program responds to the preferences and needs of consumers. The information is intended to guide counselors' in assisting the consumer and to provide input into the Program's quality improvement process.

The following instructions will ensure that all interviewers are using the questionnaire to conduct interviews in the same way. This will allow confidence in the results when the information is aggregated and analyzed.

1. Who should you interview?  
The first choice is to interview the consumer if possible.  
If interviewing the representative, the consumer should be present to hear and contribute.  
If the issue is language, the representative (or other) should translate the questions so the consumer can answer.  
If the consumer is unable to understand, then interviewing the representative alone is fine.  
If possible interview without the worker present, but since most workers are family members, their presence shouldn't present a serious issue.
2. Before starting, remind them that their participation and their honesty will not affect the level or quality of care they receive.
3. General points:
  - a. Follow instructions carefully
  - b. Read the questions just as they are written, and in the order in which they appear.
  - c. Circle the answer given. Use the follow-up question to get more information about a problem so you can assist the person to address it.
  - d. If the answer doesn't represent a problem, but the person offers more detail that a simple "yes" or "no," record the detail in the space provided.
  - e. Always ask all of the questions.
4. Don't attempt to influence responses in any way. The truth is all that really counts - what the person really thinks or feels about the subject.
5. Don't record a "don't know" answer too quickly. People say, "I don't know" when stalling for time to arrange their thoughts. The phrase merely may be an introduction to a meaningful comment, so give the participant a little time to think.
6. When straight "Yes" and "No" answers are accompanied by qualifications such as "Yes, if..." or "Yes, but not..." record the comments. These responses may reveal something important about the question that was not anticipated.
7. Record any comments or remarks just as they are given. The exact words people use to describe their feelings are important, so include the consumer's language, rather than summarize the comments in your own words.

8. If a consumer does not give an adequate response to a question, or if he seems to misunderstand the question then you should repeat the question with the prefacing remarks, "Let me read that question again." If your consumer still does not give an adequate response, reword the part that is giving them trouble. It is very important that you be careful not to put an answer in their mouth, or to suggest a 'correct' answer.
9. Get all the information you are asked to get. That means, ask every question and record every answer - in the correct place. A questionnaire with serious omissions or errors isn't very useful. Therefore, check over the questionnaire at the end of each interview. Say, "Now, let's see if we've got everything," to allow you to look over each statement to see that it is answered and the answer recorded correctly.

# QUALITY IMPROVEMENT COMMITTEE

## Role and Purpose

An effective quality improvement committee fulfills for the program significant functions that are not easily handled in any other way. With responsibility and authority for centralized oversight of quality management, the committee will have the advantage of the broadest and the most singularly focused view of quality within the organization. Because programs are so complex, multi-faceted, and often understaffed, it is reasonable for each unit or component to focus on its own work, without time or opportunity to see how their work intersects with, and affects, the work of other units. While quality is a concern of every unit and every staff person, time taken away from the provision or administration of services in order to systematically reflect on improvement is often a luxury. The quality committee provides a way for all quality management activities to be designed, conducted, and used as part of an integrated system of feedback and improvement.

The quality improvement committee will have ongoing responsibility for providing feedback and suggesting improvements to the program. With support from staff, the group will have responsibility for reviewing, and in some cases generating, information about program performance. The committee will be involved in helping the organization use data to improve services, the system, and the quality of life of consumers. The committee can help the program stay focused on the consumer-centered principles of quality.

## Size and Composition

The quality committee is a working group and so should have enough members to share the work but should not be so large that it is cumbersome. We recommend an optimum size of ten members. Core members would include:

- state program staff,
- consumers,
- counselors/consultants,
- representatives/caregivers, and
- fiscal intermediary staff.

Composition is expected to vary across sites, with programs adding members based on their unique structures. Other possible members could include nurse reviewers, enrollment staff, and independent representatives, such as community advocates. Staff members who are asked to allocate substantial time to committee work will need assistance with current job responsibilities.

## Work of the Committee

An effective quality improvement committee requires a significant investment of time and other resources such as technical support for data processing and analysis. Scope of responsibility and authority, specific tasks to be completed, and time frame need to be established at the outset. Staff support will be needed to help with meeting arrangements, background work, and possibly data collection and processing.

An important early task for the committee will be to review information collected as part of the agency self-assessment on consumer direction. Based on this and other work, the quality improvement committee

can identify which improvement efforts are the highest priority for the program. In some cases committee members might work on planned improvements; in other cases, the committee would provide feedback on planned activities. In all cases, an important function of the committee would be to ensure that mechanisms exist for continuous feedback.

## **Training**

An initial orientation for committee members is essential to discuss and agree upon expectations, roles and responsibilities. Program commitment to improvement needs to be emphasized. Ongoing needs for training and resources will be identified as the committee begins their work.

## **STEPS FOR THE DEVELOPMENT OF QUALITY IMPROVEMENT COMMITTEE**

### **Step 1. Agree on role and responsibility of committee.**

- A. The detailed implementation steps that follow contain our proposal for how the committee would operate. But it is essential that we have a shared vision with the state program staff concerning the role and responsibilities of the quality improvement committee. This could be a task to complete by conference call as part of the site visit set up.
- B. Write up description of scope of effort. This activity would be completed through a joint working session of the state program staff and the Scripps team prior to the site visit.

### **Step 2. Identify quality committee composition and invite members.**

Choose members to ensure that the committee represents the points of view of the major stakeholders of the program. Potential members:

- state program staff
- consumers
- representatives
- consultant
- fiscal intermediary
- consumer advocacy group
- others to be identified by program

### **Step 3. Identify staff and other resources for committee use.**

After agreeing on committee scope and membership, it is important for program staff to examine the necessary resources required to support the committee. This will include identifying staff responsibilities and additional supports that may be required. Scripps researchers will work with program staff to develop resource estimates.

Steps 4-10 will be completed by the committee

### **Step 4. Develop a common vision of quality in the state program**

- A. Develop a common understanding of how program works.  
Receive overview of program operations and structure.  
Review program policies and consumer and consultant brochures and training materials.  
Receive input from committee members involved in program operations.  
Receive information about state and federal laws and regulations that effect quality.
- B. Develop a common understanding about quality in the state program.  
Provide background materials about quality in long-term care and consumer directed care.
- C. Review and discuss the Blueprint for Quality in Consumer Directed Care.
- D. Discuss some of the challenges faced in examining quality in consumer directed care (different stakeholder views and emphasis).

### **Step 5. Complete Self-Assessment of Consumer-Directedness of Program.**

- A. Review the Consumer-Direction Tool with committee members.
- B. Decide on approach for how committee will complete the self-assessment:  
appoint sub-committee to complete assessment, or  
assessment completed by state program staff, or  
complete by full committee.
- C. Agree on completion strategy and identify specific steps for self-assessment to be completed.

### **Step 6. Review of Consumer-Direction Tool (Self-Assessment Document)**

- A. Committee reviews finding from self-assessment. Examine self-assessment in the context of committee's vision of quality.
- B. Review detailed questions in areas where improvement activities may be warranted.

**Step 7. Develop an initial list of areas for improvements based on self-assessment.**

- A. List areas of improvement:
  - Include details of areas of concerns and examples of problems.
  - Identify areas that may require additional information.
  - Assess committee agreement on nature and extent of problem.

**Step 8. Identify Other Sources of Data for Assessing Program Quality.**

- A. Systematically examine sources of quality data received by program.
- B. Examine data from quality areas where available.
- C. Conduct additional analysis where necessary. (Personalized outcome consumer satisfaction measures)
- D. Identify potential list of quality problems based on review of existing data. Combine with list of problem areas identified in the self-assessment.

**Step 9. Refine and Prioritize Areas of Improvement.**

- A. Committee prioritizes areas for improvement. Examine the importance of the improvement area, likelihood of success in being able to improve, and cost of improvement activity.
- B. Based on these criteria, committee selects specific improvement projects and develops a timeline for efforts.
- C. Committee will develop plan for how improvement efforts will be implemented.  
Could be done with a sub-committee from overall group, could include other individuals, or a combination.

**Step 10. Develop ongoing quality improvement plan.**

- A. Assess the quality activities currently underway.
- B. Make judgments about the importance of activities, including data collection efforts and improvement actions.  
What are the barriers to improving the quality of the program?  
Are there changes that need to be made to the approach?

VII.2. Does the program periodically (e.g. every quarter, semi-annually) solicit input from consumers (in writing, by telephone or visit) regarding the quality of the services they receive?

- VI-1.3. Are consumers asked specific questions about program quality, such as:
- a. are you satisfied with the services you receive?
  - b. are you receiving the services you want and need?

- c. are services provided in a manner that responds to your preferences regarding how things should be done?
- d. have you had any problems and/or made any complaints about your services and/or provider?
- e. were problems (including any emergencies that have occurred) handled satisfactorily?
- f. do you have suggestions for improving the quality of the services you receive?
- g. do you have ideas for improving the quality of home and community based services?