



Alliance for the Betterment of
Citizens with Disabilities

Empowering People: Providers Shaping Policies

Quality Assurance

The Shifting Landscape of the IDD Provider

The IDD provider agency receives fixed rates for an indefinite period to serve a vulnerable population, has high administrative costs and no price stability, is transitioning services to settings that are fully integrated and accessible¹ while experiencing a shift in service demand, and needs scale to remain viable. Meanwhile the industry is witnessing not only privatization and corporatization but increased interest from the investment class which could potentially provide sorely needed growth capital. How can we ensure that high quality person-centered care and support remains incentivized in this changing landscape within a naturally risky environment?

The Expansion of the Compliance Framework

We are pleased that New Jersey is participating in the national project to develop standard performance measures for state systems that provide services and support to adults with developmental disabilities.² Measures derived from this, and other surveys will be used by CMS to support states on identifying, assessing, and implementing measures for, and with improving quality and outcomes of HCBS programs.³

Incorporate Lessons from NJ's Nursing Home Settings

During the pandemic, though the morbidity rates of DDD licensed congregate care facilities were much lower than for nursing homes, there were several suggestions from a 2020 report on NJ's nursing homes which deserve consideration by our industry.⁴ These include the importance of sufficiently resourcing state agencies to deploy to facilities and conduct meaningful oversight as a preventative measure, and rigorous change of ownership requirements, critical to ensure accountability.

¹ Home and community-based services (HCBS)

² National Core Indicators- Intellectual and Developmental Disabilities.

³ *Home and Community-Based Services Quality Measure Set*. CMS Letter to State Medicaid Directors, July 21, 2022.

⁴ *Recommendations to Strengthen the Resilience of New Jersey's Nursing Homes in the Wake of COVID-19*, June 2, 2020. Report compiled by Manatt Health for the State of New Jersey. Pages 12&14.

The State Must Remain an Active Player

We are pleased that many agencies which have the means choose to spend additional resources on internal audits and external private accreditation to improve quality. However, to ensure we prevent measures that are inconsistent with the public interest and call out participants acting in bad faith, the State must always be in the business of systemic, transparent quality monitoring and oversight for IDD services and support.

Timely and Transparent

Timely performance and quality reporting matter. A clear picture enables providers to address issues promptly, take corrective actions immediately, and build trust with the individual and family. At the conclusion of the on-site segment of the day and residential review processes, state staff discuss deficiencies under consideration giving providers the opportunity to discuss, understand, and dispute in real time. Many providers will use this information to ameliorate the deficiencies by the time they receive their final written report. Statewide oversight in NJ is a huge undertaking by a committed and conscientious, but finite workforce. In their effort to move the system from a compliance model, the state should consider increasing workforce resources so that the written report can be provided to the agency as expeditiously as possible, three months after final contact. The final report including the agency response should ultimately be posted online, obtainable to individuals, families, and the public. Finally, DDD should consider creating public quality assurance briefs for preventive care, access, choice, relationships, etc. based on the findings from NCI surveys, and licensing/certification reviews.

Refine and Strengthen on a Routine Basis

The State should routinely revisit the Licensing and Certification process to refine and strengthen the system. Mirroring the process employed by DDD in the creation of core competencies for DSPs and SCs and review of the NJCAT, the collective wisdom of those impacted and experienced should be tapped. In this case, individuals, families, providers, state staff from OPIA/OL and PPMU, and the dedicated State staff trained to conduct the annual NCI-In Person Survey. In addition, national trends and best practices in quality management and improvement should be routinely reviewed and considered. We continue to maintain that the Assistant Commissioner of DDD deserves a Standing Advisory Roundtable comprised of stakeholders, thought leaders, and experts to advise on substantive issues of which this is one.

How well our programs will fare in this new world is an open question. Even so, the state is correct that we owe the people we serve oversight tools and processes that are effective, meaningful, and keep pace with the times.

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