

**Quality Management Committee**  
**Thursday, April 27, 2006**  
**Meeting Minutes**

Meeting Objectives:

Review and discuss feedback from others on developed outcomes.

➤ **Announcements**

- The Majority of the meeting to be spent going over feedback
- UVM formative evaluation of the grant is not ready
  - Stephen will share this via e-mail when ready
- Stephen is working on the bi-annual CMS Grant Report
  - Anyone who would like a copy of this let Stephen know

➤ **Feedback on Outcomes**

- Don disseminated information to Agency directors, waiver coordinators and other parties. Nothing specific, sounds good in theory. Need to see the indicators to be able to provide more detailed input.
- Dagny disseminated information to Directors and Supervisors. No response from Directors. Supervisors worried about lack of staffing and what it means by “providers will be individuals” more definition. May be clearer with indicators.
- Dixie disseminated to the DS directors. The feeling was this was written for adults, not for kids and their parents. Will take this information into consideration as indicators are written. (CFC not under 18, TBI not under 16 (may change), DS largely children)
- Annie presented at the VNA in Williston. Felt that advocacy was going to be needed in order for consumers to understand. Questions over whether this would cover Medicaid, Medicare and private pay. Joe explained we are looking at good quality services, not necessarily their funding sources, but it may come to that also. All Agency services should be consistent not considering funding source.
- General conversation dealt with the need to look at the language and make it more consumer friendly.
- *An individual’s person centered planning process drives services:* ‘Within program guidelines’ could be added, as there may be legal reasons that this cannot happen. Expectations should be consistent across programs, and individuals should be included in every part of the process.
- *Individuals will have options to self-manage and choose how resources will be used:* suggested that we add ‘full range of service options made available’ which includes self-manage or agency managed. Should have the right to refuse what they agency “thinks” they need. Manage as oppose to self-manage. Negotiated Risk needs to be factored into this. When speaking of individual in these outcomes, that includes guardians and/or surrogates (footnote to indicate this).

- *Individuals are treated with dignity respect and integrity:* Need a clear definition of each. Free from abuse and neglect. People need to be educated on what is abuse and neglect and how to respond to it and get help when it happens. People need to be comfortable with their services. Needs to be worded in a more positive manner. Respectful of person's culture and ethnicity. Client is listened too, taken seriously, heard, loved, and cared for.
- *Individuals, guardians, support staff, and providers shall be informed of participant rights and responsibilities:* Informed, understand, and respect. Providers demonstrate that they comprehend the rights and wishes of the clientele. Education on Rights and Responsibilities needs to happen annually. Individuals need to understand the grievance, complaint, and appeal process and feel safe and free from retaliation for using it. Guardians and support staff can be removed.
- *Individuals understand the grievance, complaint, and appeal process:* It was felt this would be better serviced under the previous outcome.
- *Individuals are assisted to maintain their economic and personal independence:* Wording should be changed toward the more positive. Clarify "assisted". We need to avoid creating a dependency and encourage individuals to be more independent. Part of this is making sure people are aware of programs and resources to helping them accomplish this.
- *Individuals are actively supported to understand any information they need to make informed decisions and those decisions are respected and honored:* Support even if you don't agree with it. Negotiated Risk needs to be factored in. Consider merging this with *Individuals will have options to self-manage and choose how resources will be used.* Look at the Macro not Micro, do you want to eat, do you want to get up, choices in life. Whatever degree of assistance is provided for them to understand.
- *Individuals will direct their own lives:* Suggestion made that Individual will be supported in self direction of their lives when appropriate. Individuals will be supported to have advocates work in their best interest. Living Will and DPOA, along with Advocate can be an indicator. Need to be sure that we are utilizing what information the individual gives us, when able to, about how they want their lives directed. No matter what disability a person possesses they should not be dismissed or pushed aside. People need to have some power in directing their lives, even if it is to decide whether or not to have orange juice in the morning. Need to have indicators focused on people in an institutional setting.
- *Individuals benefit through collaborative relationships between local, state and federal programs and resources:* Partnerships should replace collaboration. Make sure that people are educated on what is available to them and how they can benefit from it. Real time updates on services. Provider is measured by what they did to make sure that an individual gets the services that they need.
- *Individual services and supports will promote physical, emotional, and spiritual health and well-being:* Educate consumers to stimulate

their interests and show them the benefits for being active in the community. Make sure issues such as transportation, or non-traditional forms of religion does not hinder individuals from doing something they could benefit from. Need to be free of coercion or judgment for what individuals may choose. Give them alternatives but don't choose for them.

- *Individuals are able to live, work, volunteer, recreate and participate in their communities:* Educate and stimulate people on the benefits of working without being coerced. Age appropriate options, but don't make assumptions. Vermont is lacking a real transportation system. Work where they want not where they are told when appropriate.
- *Supports and services will be flexible to meet individuals' changing needs:* This would be better served as an indicator under *Individuals will direct their own lives*. Review service goals on an ongoing basis. Educate individuals so they know what changes can be made and when. If a provider sees a need that is being unmet they need to get the information to people that can potentially do something about it.
- *The system effectively supports diverse cultural and ethnic backgrounds:* This was moved up to *Individuals are treated with dignity, respect and integrity*. Not necessarily have the different languages on hand if there is no need, but the ability to access it quickly if needed.
- *Individual's needs are met in a timely and cost effective way:* Need to keep in mind all of the rules and regulations providers currently have to follow, there may be constraints; situations and providers are unique in the processes they have to follow. Discussion that it might be easier to just eliminate this one or at least one of the indicators.
- *Individuals benefit from a trained and competent support system:* Up to date training, recognized for competency (thought that this should be an indicator), ongoing training in best practices, basic value training (i.e., what does person centered really mean), private PCA's should have the same opportunity at training as those hired by an agency. Individuals should participate in the planning and training of staff (this may take thought on how to incorporate it, but it is valuable).

➤ **Next Steps**

- Language group will get together and go over a draft document that contains the revised potential outcomes discussed today.
- Stephen will add some indicators to the outcomes and email it for preparation to discuss at next meeting
- Anybody with additional input can e-mail that information to Tammy or Stephen