

ISAC Recommendation #9 – Improve Quality

2025 Updates



Together we must plan and deliver services and supports that adhere to our values, measure person-centered outcomes, and continuously improve an individual's quality of life. All stakeholders must be engaged in the process of measuring how well services assist people in achieving an everyday life.

Maintain the Information Sharing and Advisory Committee (ISAC) as ODP's Stakeholder Quality Council. Publish an ISAC annual report to show the results of implementation of approved recommendations and strategies across the system. The ISAC will continue to use the quality improvement framework to plan and implement improvements, gauge progress, and assess whether we achieve outcomes as intended, make changes as needed, and embed successful practices in the system.

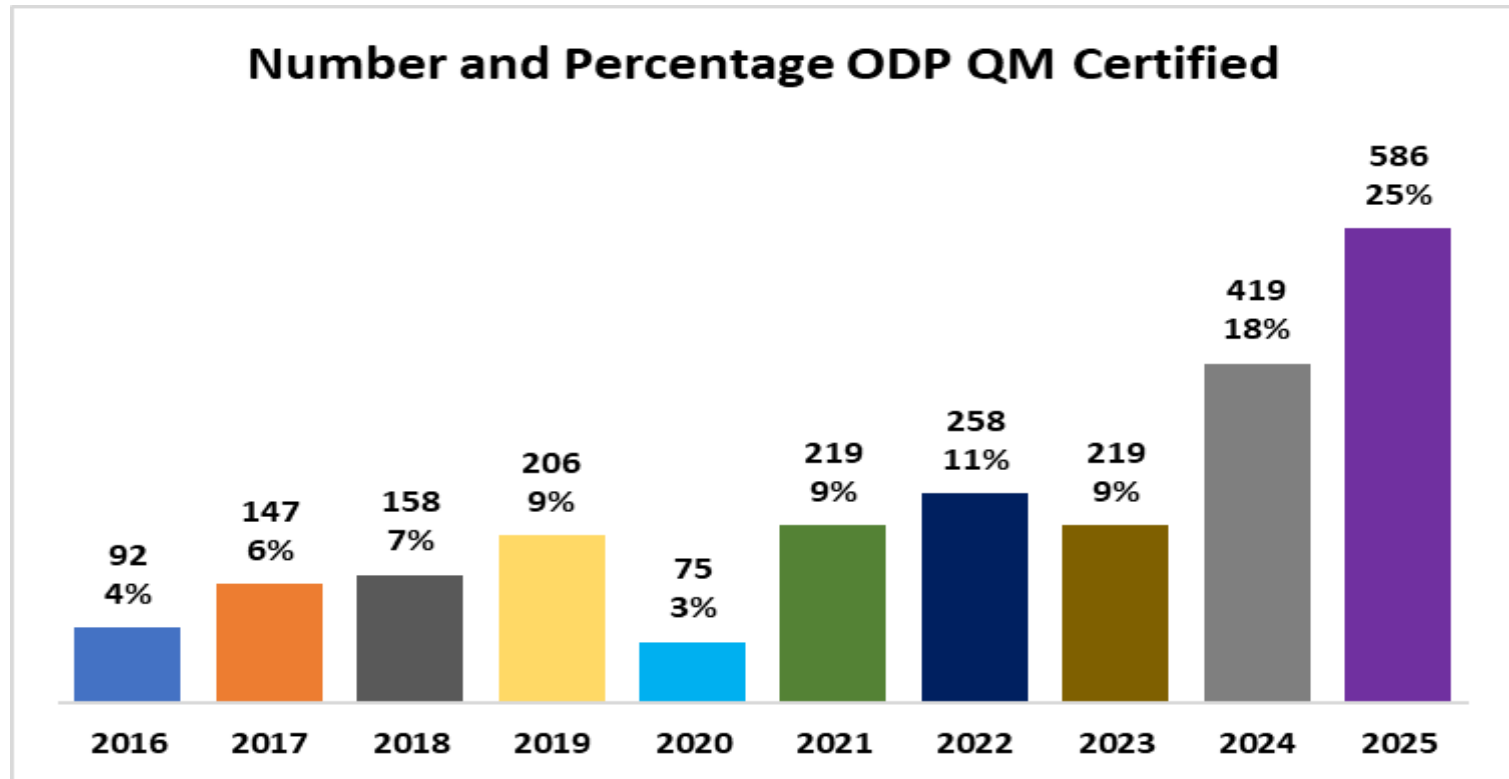
- ✓ **ISAC meetings – virtual and in-person every other month**
- ✓ [2024 ISAC Annual Report](#) (PM2)



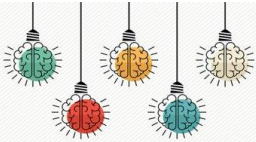
ISAC Rec #9 - Strategy #2 (PM1) - Total



Continue to offer ODP's Quality Management (QM) Certification curriculum to build system capacity in applying QM principles and practices across the system.



Total Certified as of 11/25/2025: 2,379



ODP's QM Certification building system capacity



Number of Individuals ODP QM Certified by Entity Type (as of 11/25/2025)

AE = 259

SCO = 225

Provider = 1,729

ODP/HCQU = 166

Total = 2,379

Virtual classes in 2025 = 22

Training Modules & QM Handbook

- ✓ Emphasize QM planning with person-centered outcomes data
- ✓ Available to everyone on MyODP

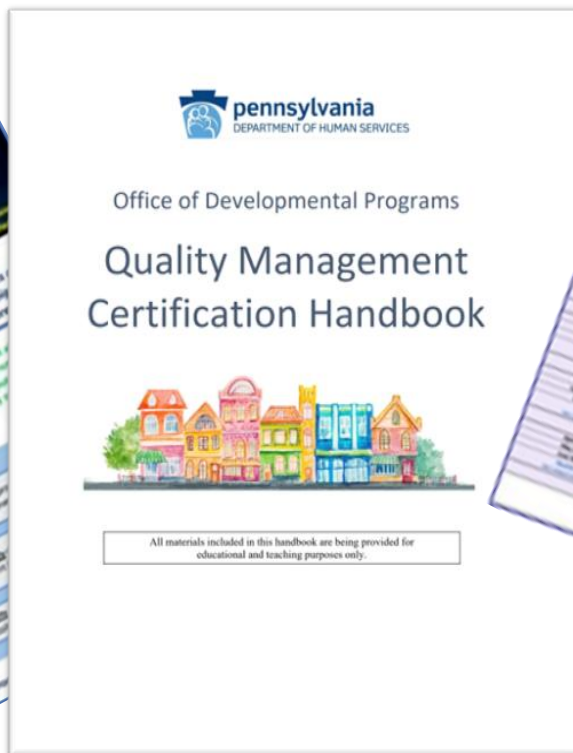




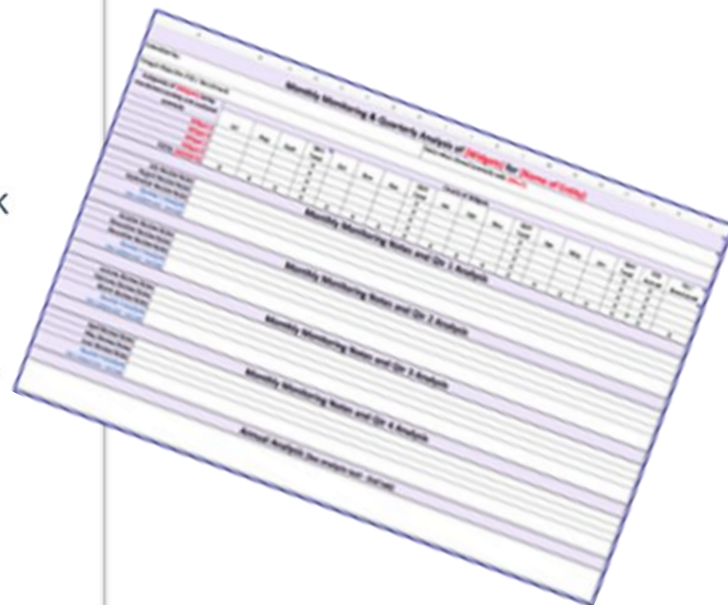
QM Landing Page



QM Spotlights



Templates & Tools

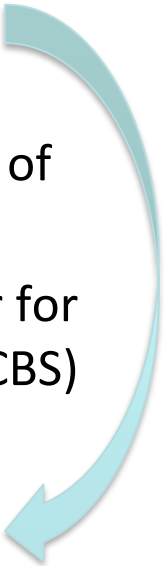


QM Handbook

Continue to engage in annual participation of Independent Monitoring for Quality (IM4Q) and National Core Indicators (NCI) surveys as valuable tools for collecting satisfaction data about how individuals and families feel about services received from the ODP system. ODP will:

- a)** continue to use this data to measure the progress of identified ISAC performance measures,
- b)** continue to scan the environment for additional opportunities for use of this data, and
- c)** adjust data collection practices, as needed, to address any new Center for Medicare and Medicaid (CMS) Home and Community-Based Services (HCBS) Quality Measure Set requirements.

**PMs informed
= 56%!**



[IM4Q Statewide Report 2023-24](#)

[NCI-IDD 2023-24](#)

Improve quality of services through establishment, application and updating of performance standards, use of standardized quality metrics, and aligning payment with outcomes. Share results of this process to assist individuals, self-advocates, families, and supporters to make informed choices about providers and services.

Why Performance-Based Contracting (PBC)?

- ✓ Implement Everyday Lives values
- ✓ Improve quality of services through data driven decision-making
- ✓ Improve sustainability of services
- ✓ Improve clinical capacity to serve individuals with complex needs
- ✓ Implement strategies that support workforce stability and growth

[Performance-Based Contracting – MyODP](#)

[PBC Residential Provider Directory](#)



- ❖ PBC goal = improve individual and systems outcomes
- ❖ Plan-Do-Check-Act (PDCA) at ODP AND Provider/SCO levels
- ❖ PBC performance measure theme = Provider/SCO development/improvement in QI processes
- ❖ Collecting, analyzing, and using data to drive QI
- ❖ Continuous Quality Improvement (CQI)





Residential Providers:

- ❖ Number of enrolled providers offering Lifesharing and Supported Living increased from July 2023 to January 2025:
 - ✓ Lifesharing 81 to 90
 - ✓ Supported Living 115 to 135
- ❖ 1% increases in employment for Needs Group 1 – Needs Group 2 from CY23-24
- ❖ Major improvements in health risk screenings CY23-24
 - ✓ 80% reduction in individuals without screening
 - ✓ 79% reduction in missed screenings for people at high risk
- ❖ Improvement in incident reporting fidelity
 - ✓ 5% reduction in potentially unreported incidents of abuse/neglect
 - ✓ Improvements in some timeliness measures
- ❖ Improvements in follow-up visits after inpatient hospitalizations
 - ✓ 20% increase in 7-day and 30-day follow-up appointments



Changes to 2026 Measures Summary:

- ✓ Retired measures
- ✓ Collapsed measures
- ✓ Refined measures to improve data collection
- ✓ Measure progression
- ✓ Clarified language in measures and process details
- ✓ Reorganization of some quality improvement plan type measures

❖ Residential Providers -

- ✓ Completed first round of data submissions, scoring, and tier assignments
- ✓ Distributed funds for tiers and Pay for Performance (P4P) Milestone 1
- ✓ Performance measures updated and announced for next review period

❖ SCO -

- ✓ Initial performance measures developed and announced
- ✓ 1915(b)(4) PBC Waiver and 1915(c) waiver amendments approved by CMS
- ✓ MyPBC Portal for data submissions implemented 10/1/25
- ✓ All SCOs submitted by 11/1/25

Maintain Quality Assessment and Improvement (QA&I) as ODP's annual process for monitoring the system's performance in supporting individuals and families. Publish a QA&I annual report to show the results.

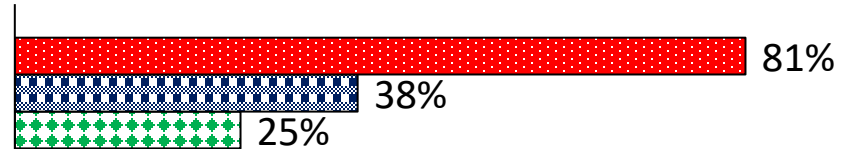
✓ **QA&I process**

- ❖ Cycle 2 Year 3 (C2Y3) – completed
 - C2Y3 Individual Interviews = 412 completed
- ❖ QA&I Cycle 2 Report in development (PM2)
- ❖ QA&I Individual Interviews Cycle 2 Report in development
- ❖ Cycle 3 Year 1 (C3Y1) began July 1, 2025

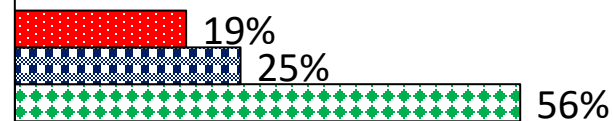


AE Uses Person-Centered Performance Data in Developing the Quality Management Plan (QMP) and its Action Plan (PM 4)

(Yes) Used person-centered performance data to develop the QMP and its Action Plan and engaged agency leadership and gathered input from agency staff and other stakeholders to develop the QMP and its Action Plan. ★



(Yes) Used person-centered performance data to develop the QMP and its Action Plan.



(No) Does not have a QMP and its Action Plan.



(No) Has a QMP and its Action Plan but did not use person-centered performance data to develop it.



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■ C2Y1 ■ C2Y2 ■ C2Y3

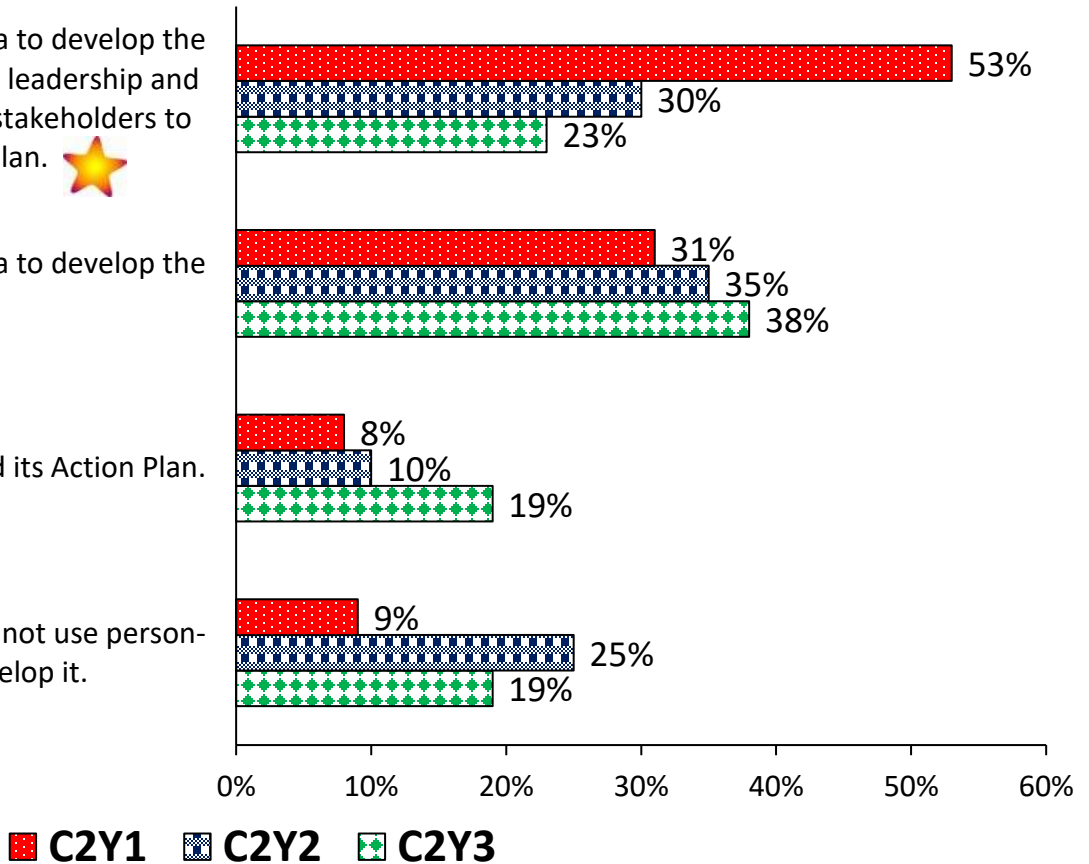
SCO Uses Person-centered Performance Data in Developing the Quality Management Plan (QMP) and its Action Plan (PM 4)

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(No) Does not have a QMP and its Action Plan.

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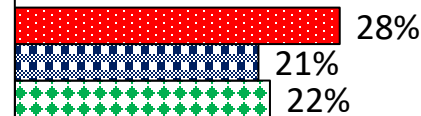


Provider Uses Person-centered Performance Data in Developing the Quality Management Plan (QMP) and its Action Plan (PM 4)

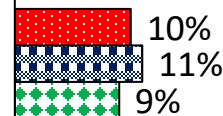
(Yes) Used person-centered performance data to develop the QMP and its Action Plan and engaged agency leadership and gathered input from agency staff and other stakeholders to develop the QMP and its Action Plan. ★



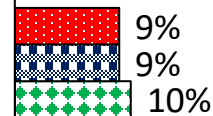
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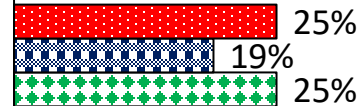
■ C2Y1 ■ C2Y2 ■ C2Y3

AE Uses Data to Assess Progress Towards Achieving Identified Person-Centered QMP Goals and its Action Plan Target Objectives (PM5)

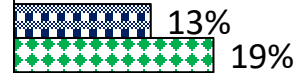
(Yes) The Entity collects person- centered data monthly and leadership, managers, responsible parties, and staff review it at least quarterly to assess progress toward QMP goals and updates the QMP and its Action Plan target objectives. 



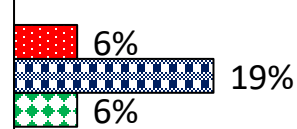
(Yes) The Entity uses person-centered data to determine if goals and objectives are on track in the QMP and its Action Plan, at least every 3 years.



(No) The Entity does not have a QMP and its Action Plan.



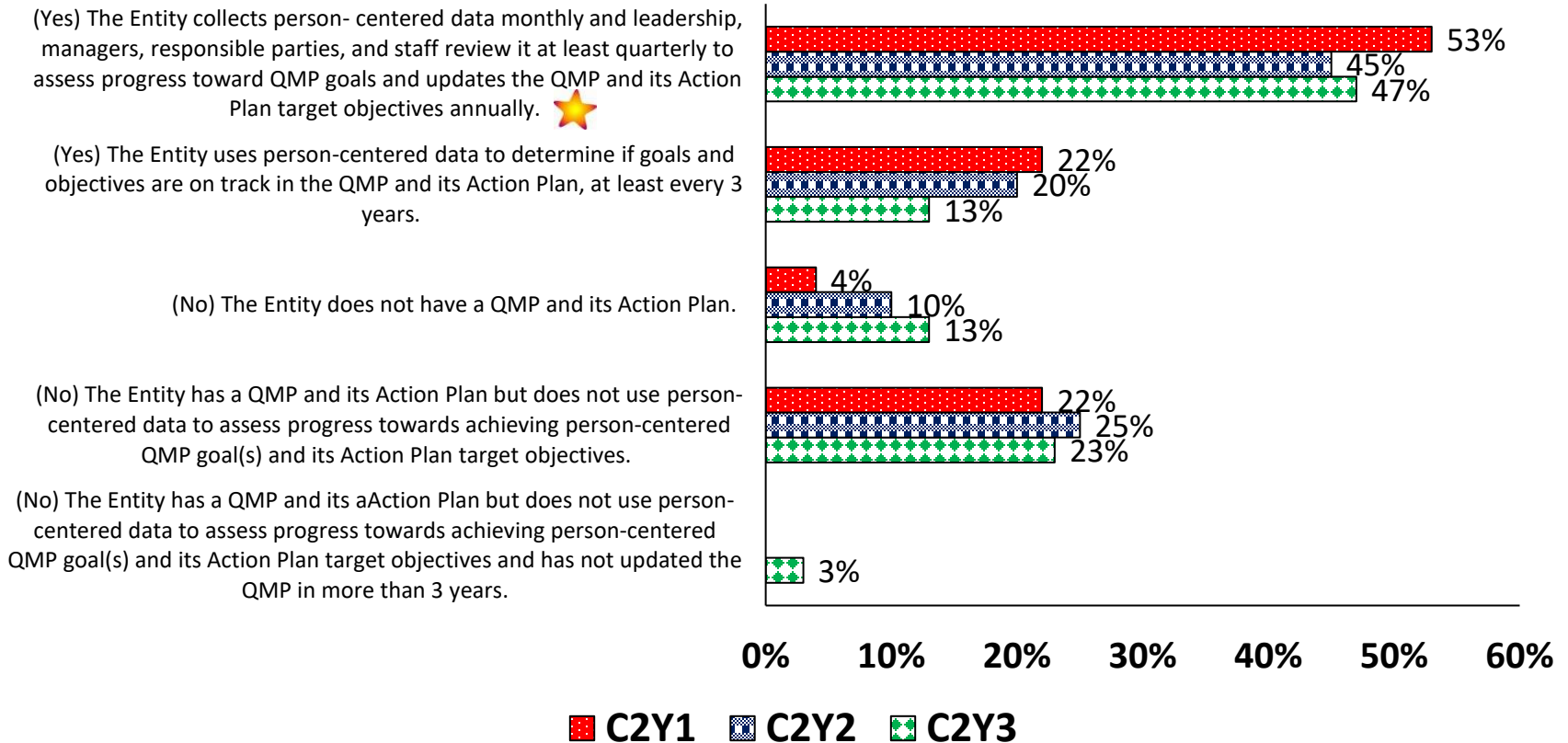
(No) The Entity has a QMP and its Action Plan but does not use person- centered data to assess progress towards achieving person-centered QMP goal(s) and its Action Plan target objectives.



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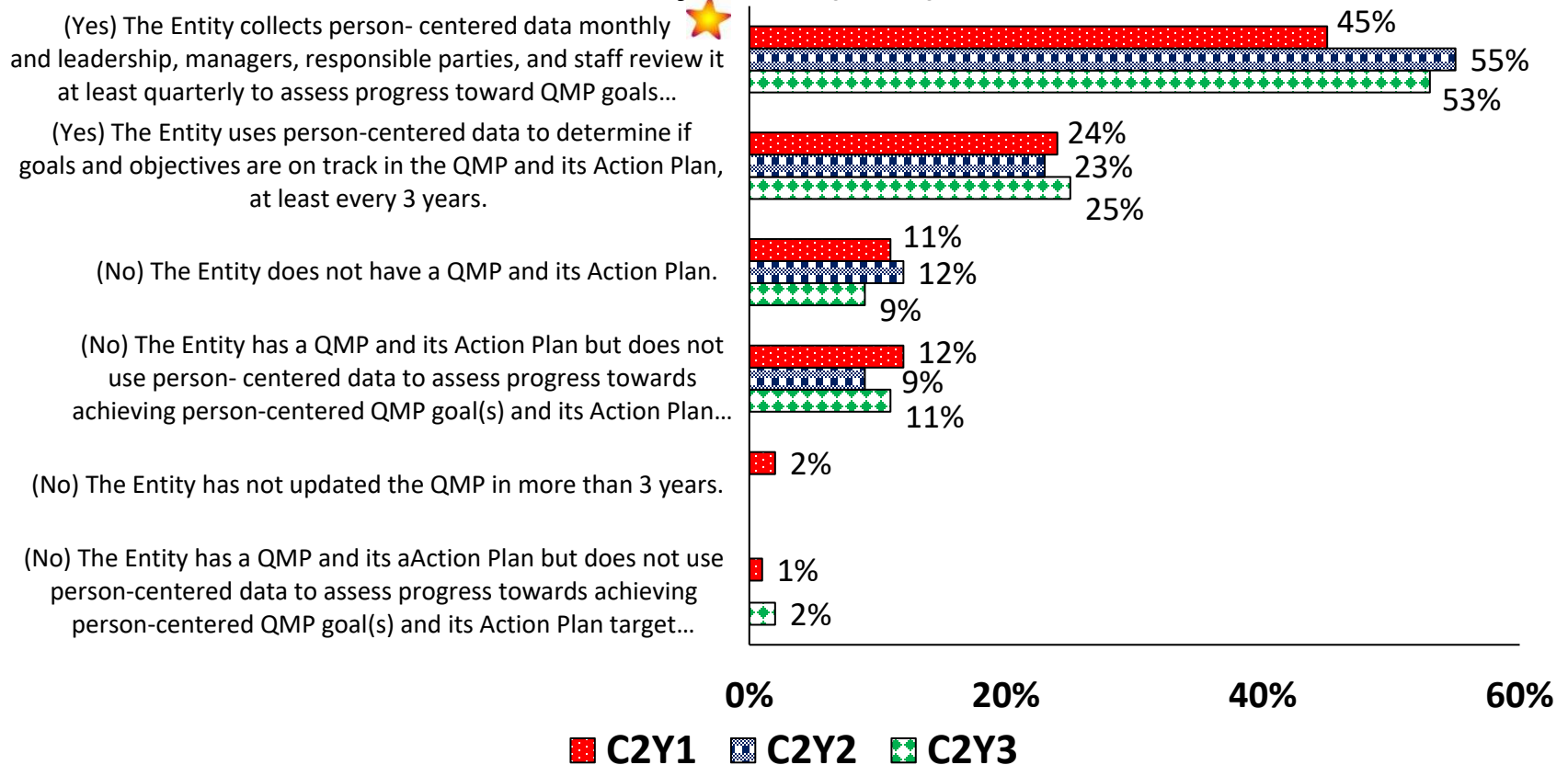
 C2Y1  C2Y2  C2Y3

SCO Uses Data to Assess Progress Towards Achieving Identified Person-Centered QMP Goals and its Action Plan Target Objectives (PM5)





Provider Uses Data to Assess Progress Towards Achieving Identified Person-Centered QMP Goals and its Action Plan Target Objectives (PM5)



Develop and refine an **ODP Risk Management (RM) Framework**. This involves mapping and evaluating existing RM activities for opportunities for improvement in the system intended to help keep individuals safe. Goals of this work include use of a framework to develop a common language and shared understanding across the system, having effective strategies and efficient tools to address various risk types within the system, and overall reduced harm to individuals.

Objectives:

- ✓ Create more structured and intentional approach to RM that encompasses individual and population-level risks.
- ✓ Facilitate effective and efficient implementation of risk controls at all levels of the system.
- ✓ Advance ODP's vision for a **Culture of Quality & Safety**.

Incident Management (IM) Rebalancing Initiative:

- ❖ Purpose: Streamline and strengthen IM system
- ❖ Goals:
 - ✓ Clarify purpose of IM
 - ✓ Identify inefficiencies and challenges
 - ✓ Develop solutions to realign with the purpose of IM
 - ✓ Increase capacity to respond to and prevent incidents
 - ✓ Better support individuals and ODP operations
- ❖ Solutions implemented in 2 phases.



PHASE 1: Clarification of Current Requirements & Interim Support - COMPLETE

- ❖ Guidance - ODP ANN 25-093 released 10/07/25:
 - ✓ Clarifies current IM requirements
 - ✓ Standardizes statewide practices
 - ✓ Topics - finalizing incident reports, reducing duplicate reports, serious injury assessments, discovery date, pre-enrollment events, and Optionally Reportable Events (ORE) elimination
 - ✓ Webinar - Q&A sessions held for all stakeholders on 10/10/25 and for AEs/County ID Programs on 10/17/25 and 10/24/25

- ❖ No regulatory or system changes required (may require operational adjustments)



PHASE 2: Policy & System Modernization – **IN-PROGRESS**

- ❖ Changes to overall IM structure -
 - ✓ IM Bulletin
 - ✓ Reporting processes, workflows, and incident reporting system

- ❖ Supports more efficient response and better prevention

Revise the Quality Management (QM) Strategy Bulletin and include incorporation and alignment with Risk Management (RM) strategies to support greater understanding of ODP's Culture of Quality and Safety. Fostering a Culture of Quality and Safety can lead to better outcomes for people receiving services.





❖ Additional Report Distributed:

- ✓ [ODP Annual Data Report FY23-24](#)

