

CBAS Quality Strategy  
Possible Quality Improvement Initiatives and Measures – February 2016

**Domains**

*Compliance with Program Requirements*

*Reporting*

*Training*

*Staffing*

*Person-Centered Care*

*Participant/Caregiver Satisfaction*

*Best Practices*

**Initiatives**

**Oversight and Monitoring**

1. Prioritize and target monitoring of high risk centers through use of CDA internal ranking methodology.
2. Placeholder: communication and collaboration between CDA and MCPs

**Center-based training for CDA staff.**

**Reg and statutory reform efforts.**

**Standardization of Forms and Processes**

1. Revise Individual Plan of Care (IPC) to support person-centered planning, facilitate information exchange between CBAS providers and managed care plans (MCPs), and increase capacity for documenting/capturing clinical data and quality indicators/outcomes.
2. Develop list of recommended screening/assessment tools for centers to voluntarily adopt. [Domain: Best Practice]
3. Develop discipline-specific/program component-specific checklists for centers to use to self-assess compliance with laws, regulations, and waiver STCs/SOPs (e.g., medications checklist, social work services, documentation). [Domain: Best Practice]
4. Develop uniform history and physical form and update form per WIC 14526.1(b)(1)(c).

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5. Develop standard Participation Agreement Form that conforms to regulations and substantiates person-centered planning process.

### Improving Training and Competencies

1. Validate all required training of center staff. For example: CDA could develop training certification form showing minimum required training for all center staff. Providers would complete at time of certification renewal to document that mandated training is complete within required timeframes for all center staff. [Domain: Compliance with Program Requirements]
2. Adopt standardized approach/courses for specialized, non-mandated training that centers could voluntarily complete. Course curricula could be developed by the Quality Advisory Committee and might include: administrator/program director leadership training; training in person-centered care; training in cultural competency; training in how to administer specific screening tools; and advanced courses for certifying competency in meeting the needs of specialty populations such as those with Alzheimer's disease. [Domain: Training]

### Promotion of Evidence-based Programs and Best-Practices

1. Develop participant/caregiver satisfaction survey that centers can voluntarily adopt. [Domain: Participant/Caregiver Satisfaction]
2. Identify centers that assist participants/caregivers in completing **Physician Orders for Life-Sustaining Treatment (POLST)**. [Domain: Best Practice]  
**Advanced directive, Advanced Care Planning**
3. Identify centers that have systems for quality/performance improvement in place that go beyond T-22 requirements (54419), e.g., UR committee and process in place for assessing of appropriateness of care and identifying areas and strategies for quality/performance improvement (conforms with 42 CFR 438.240) [Domain: Best Practice]
4. Establish criteria for best practices in person-centered care **for serving diverse populations** (use of specific tools, completion of training, implementation of program components, etc.) and identify centers meeting them. [Domain: Person-Centered Care]

**-best practices for serving diverse populations**

### Data Collection, Analysis, Sharing

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1. Increase transparency by posting more center demographic information and statistics regarding deficient practice on CDA website:
  - Hours of services and extended hours
  - Onsite survey results such as health and safety-level and repeat deficiencies [Domain: Compliance with Program Requirements]
  
2. Identify centers that submit timely and accurate required reports (e.g., monthly statistical summary reports [MSSRs], Incident Reports, Discharge Reports, Participant Characteristics Reports. [Domain: Reporting]  
PCR update – reporting.
  
3. Track ratio of monthly hours of therapy services provided by professional therapy staff to hours provided by program aides. [Domain: Staffing]