

Minnesota Housing Stabilization Services (HSS) Medicaid Academy

**Modified and
updated
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Session 7: Quality Assurance and Continuous Quality Improvement
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Ei-Consultants



NORTH STAR POLICY CONSULTING



Terri Power



Marcella Maguire



Amber Buening

Today's Facilitators

Key Takeaways

Introduce CSH
Dimensions of
Quality for
Supportive
Housing

Understand
the elements
of effective
quality
improvement
planning

Understand
needed
development
of Quality
Standards

Identify and
measure
outcomes

CSH Dimensions of Quality Supportive Housing

Deep Dive into Dimensions

Dimensions of Quality: An Overview

Tenant Centered

- *Every aspect of housing focuses on meeting tenant needs*

Accessible

- *Tenants of all backgrounds and abilities enter housing quickly and easily*

Coordinated

- *All supportive housing partners work to achieve shared goals*

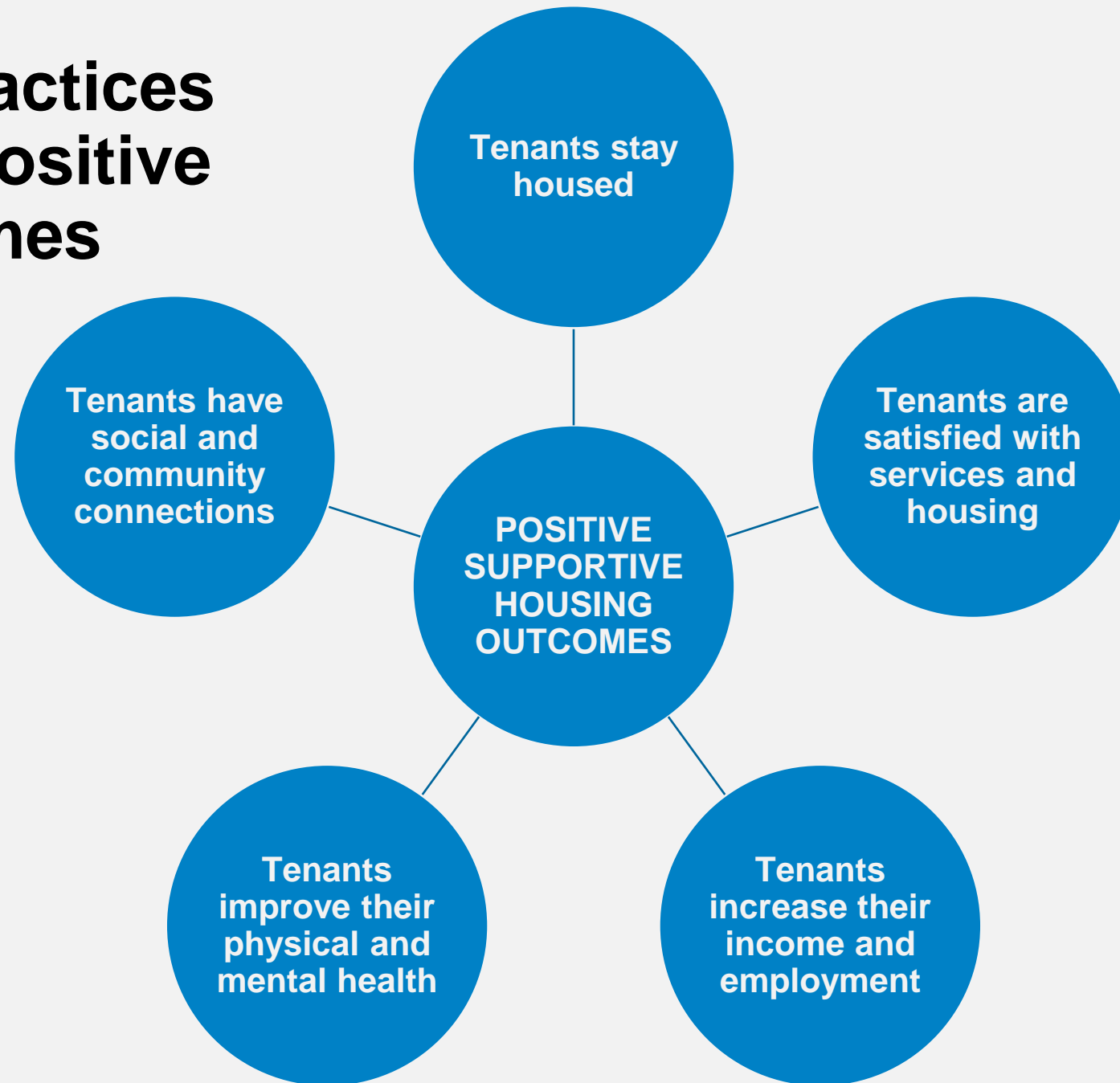
Integrated

- *Housing provides tenants with choices and community connections*

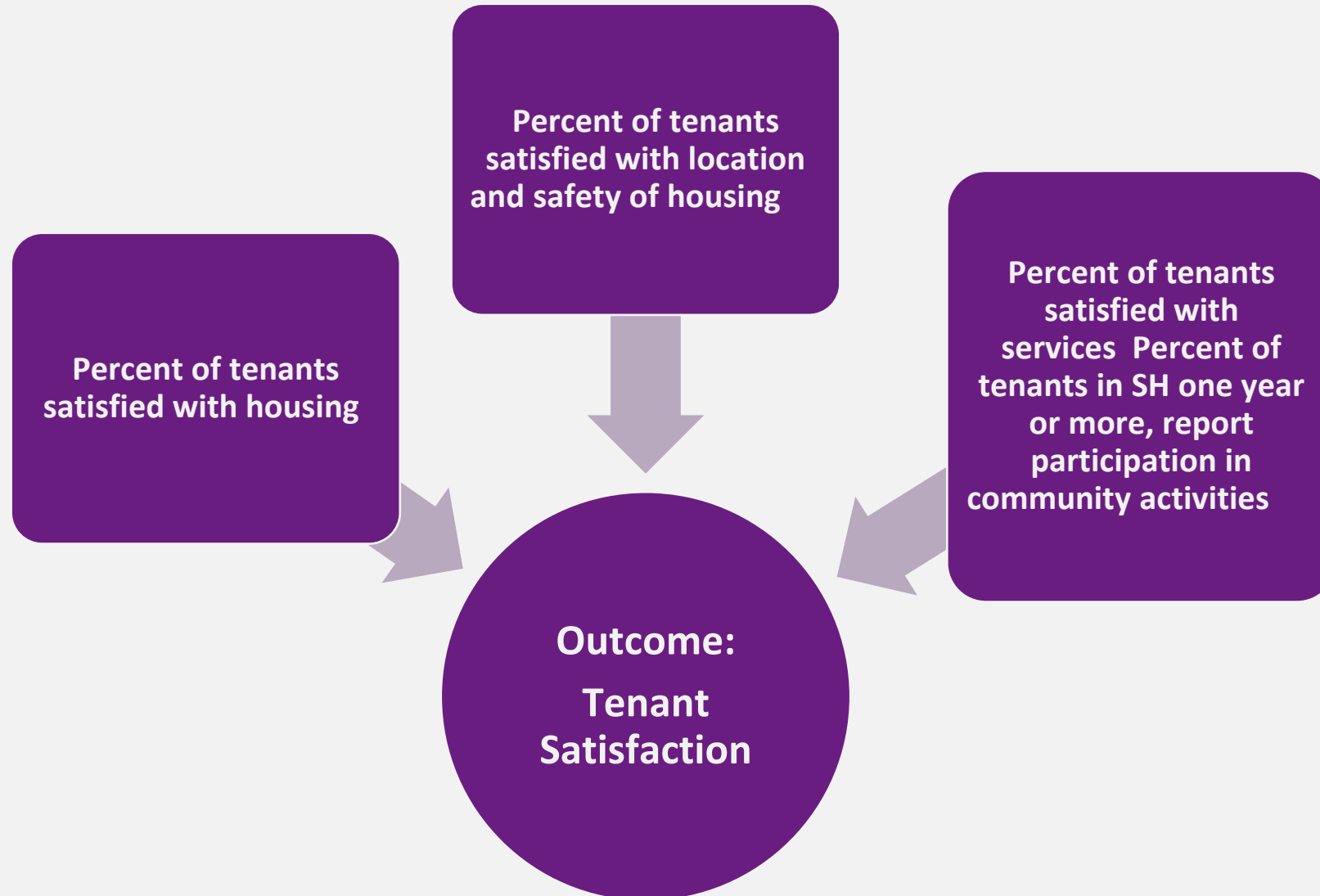
Sustainable

- *Housing operates successfully for the long term*

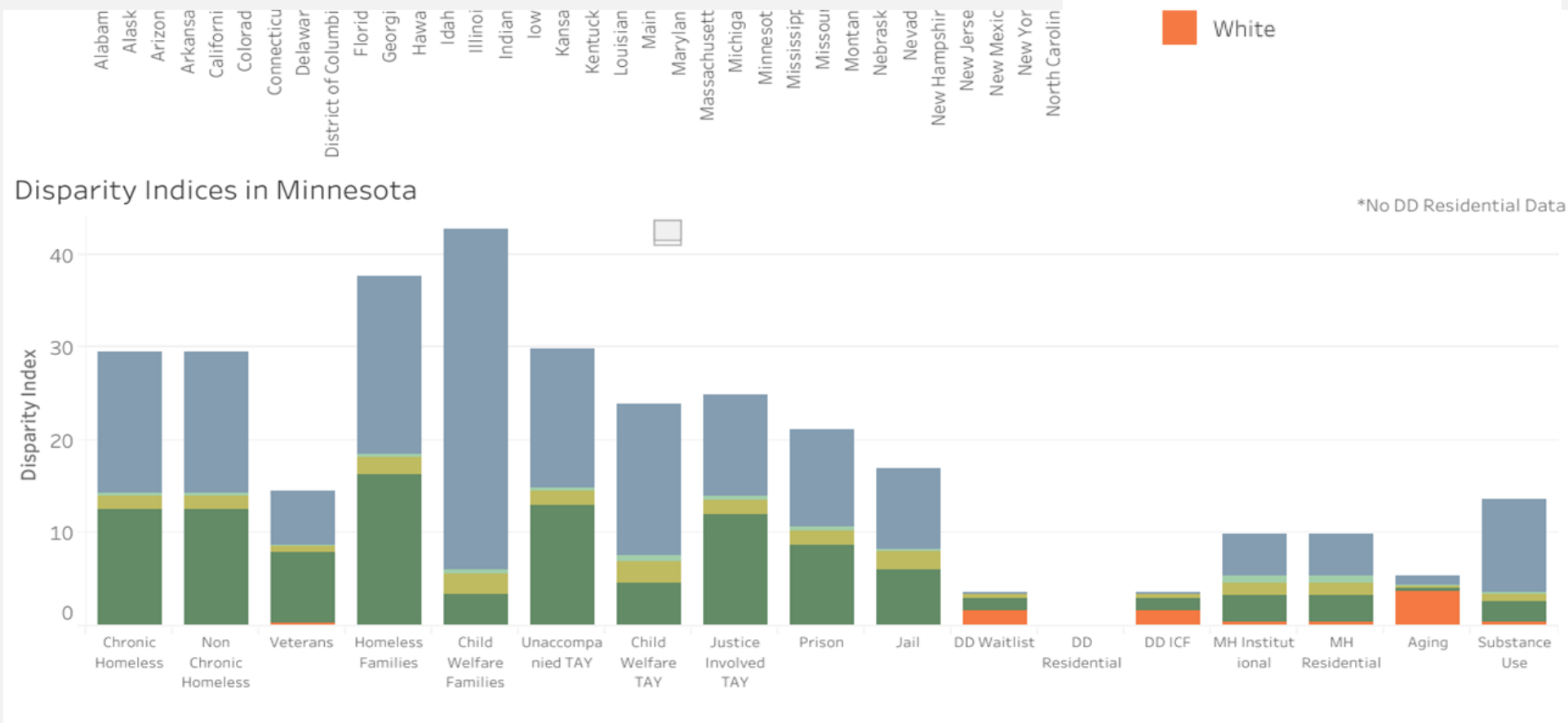
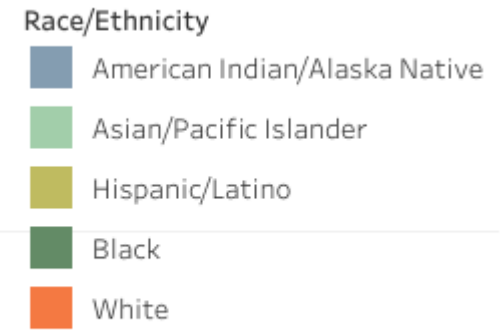
Quality practices result in positive outcomes



Outcomes – Tenant Satisfaction



CSH's Racial Disparities and Disproportionality Index



The Disparity Index

Disparity Indices are calculated by comparing a racial group's rate of representation in a system with all other groups. It measures the likelihood of a group experiencing system involvement compared to all other groups.

Incorporating Quality Standards that Promote Race Equity

Scenario:

In a recent Quality Certification site visit, it was discovered that the experience of younger African-American men in one of the supportive housing projects was different than other tenants in the building.

In a tenant focus group when asked about program rules and which rules can lead to eviction, it came out that only the younger African American men had been written up for rules like "no slippers or tank tops in common areas of the building". Other tenants weren't aware of these rules or said that they saw the signs but regularly wore these items in public without being approached by PM staff or written up. All of the African American men in the focus group had received verbal or written warnings related to this rule.

- *How do we as an agency and staff make amends to the residents who were harmed by this disparate treatment?*
- *How do we revise our policies and procedures to help prevent this disparity in the future.*
- *What training, supervision and/or support do staff need to help prevent this disparate treatment from re occurring?*

A Discussion About Racial and Indigenous Disparities

What has your agency done or could they do to address disparities in your work?



How can you use your Quality Improvement Program to address racial disparities?

Commitment to Quality: An Ongoing Process

Quality Measures required by CMS

Service Plans Updated Annually. Plans must address all the person's assessed needs

Eligibility requirements reviewed annually

Providers Meet Required Qualifications
[DHS-4138](#)

Follow the HCBS Settings Rule

The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation

DHS will review and analyze survey, performance measure and remediation data.

DHS will create systems and program improvement strategies

Quality Improvement and Compliance

Quality Improvement Overview



Growing your Quality Improvement Program

Documentation

Chart Reviews

Preparing for Audits

Continuous Quality Improvement

Quality Improvement Plan

Reviews

- Client Chart
- Billing
- Medicaid Compliance
- Targeted

Program Outcome
Measures and
Funder
Requirements

Staff Training Plan

Client Satisfaction Surveys

- Focus Reviews

Program and
Services Overview

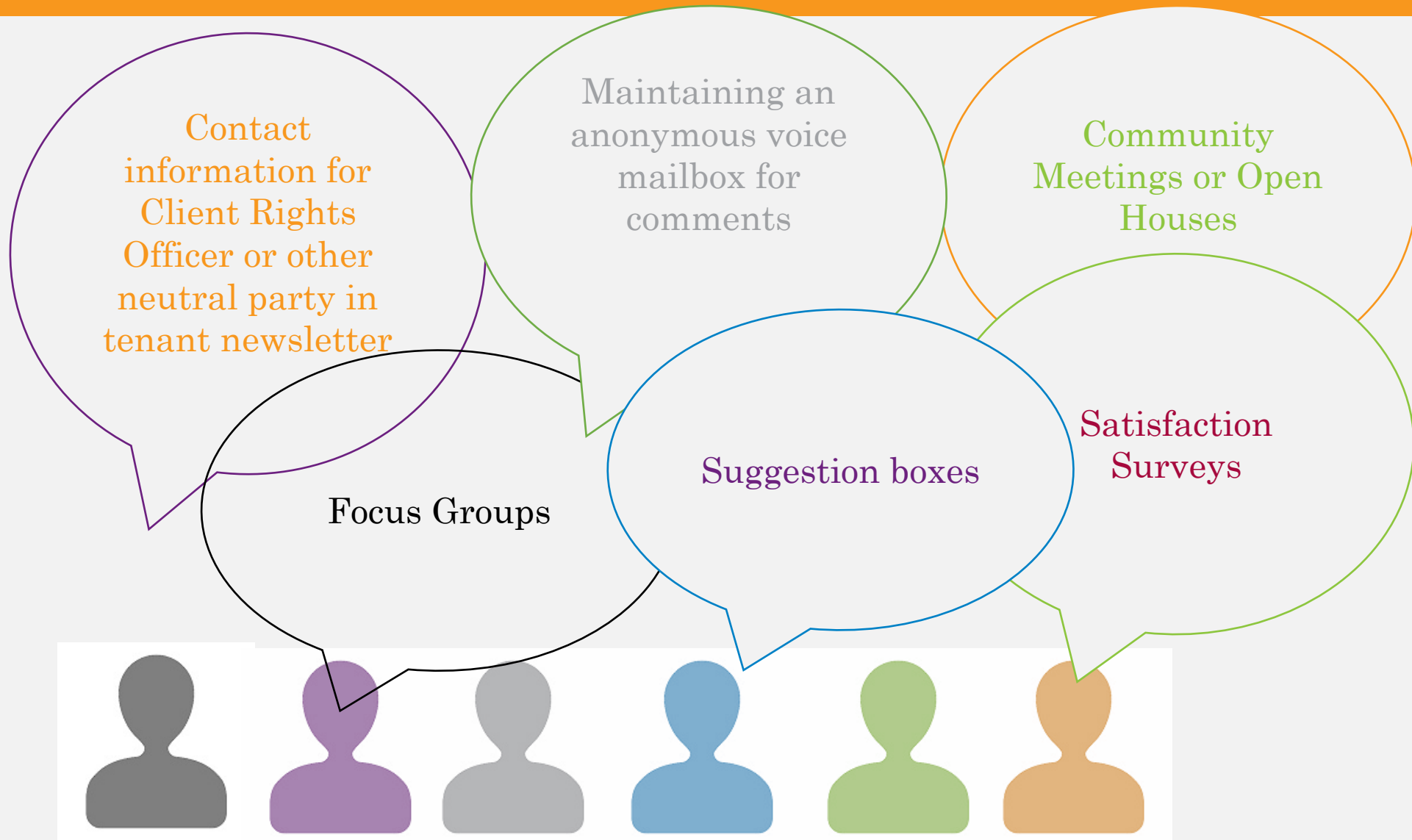
Program and QI staff
Responsibilities

Policy and
procedure review

Staffing and Supervision Considerations



Gathering and Incorporating Stakeholder Input



Tenant Survey

[Tenant Survey](#) editable word doc, English

Tenant Survey, editable word doc, [Spanish language version](#)

CSH QUALITY SUPPORTIVE HOUSING TENANT SATISFACTION SURVEY

Agency Name: _____ Project Name: _____

Dear Tenant,

Thank you for taking this survey. Please tell us what it is like living in your apartment. Thank you for your honest answers. There is a comment section at the end. Please feel free to comment on any of the questions.

Please do not put your name on this form. Your answers are anonymous and will not be shared with anyone.

1. How long have you lived in your apartment? (Check one)

Less than 1 month 1 to 6 months
 7-12 months 13 to 18 months (1 ½ years)
 More than 1 ½ years

2. Which services do you use? (Check any that apply)

Employment Substance Abuse
 Medical Mental Health
 Education Case Management
 HIV Prevention Education
 Peer Support Worker or Direct Support Professional
 Other: _____

CSH QUALITY SUPPORTIVE HOUSING TENANT SATISFACTION SURVEY

Agency Name: _____ Project Name: _____

Please check Yes, No, or Not Sure for each question. (Check one box)

	Yes	No	Not Sure
3. Do you like your apartment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your apartment meet your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you like the available services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do the services meet your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you join community activities? This might be things like faith based groups or church, clubs, volunteering, going to a gym, or park district program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have better social supports and connections now than when you first moved in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you like the location of your apartment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you feel safe in your apartment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did you have an orientation for your apartment or building when you first moved in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What Do You Do with All the Input?



- Review and revise policies and procedures, house rules
- Discuss at tenant meetings, QI Committee to identify action steps
- Create new social, advocacy or training opportunities
- Offer opportunities for tenants to share their ideas with decision makers
- Other??
- Whatever you do – make it known

Quality Improvement Strategies

Assign or designate a staff person

All levels of staff are part of the ongoing process

Schedule a calendar of meetings

Schedule a calendar of client chart reviews

Process and timelines for reviewing policies and procedures

Plan for communication of program outcomes, chart review results, programmatic changes, and changes in requirements

Plan for ongoing compliance

Close the loop



Closing the Loop

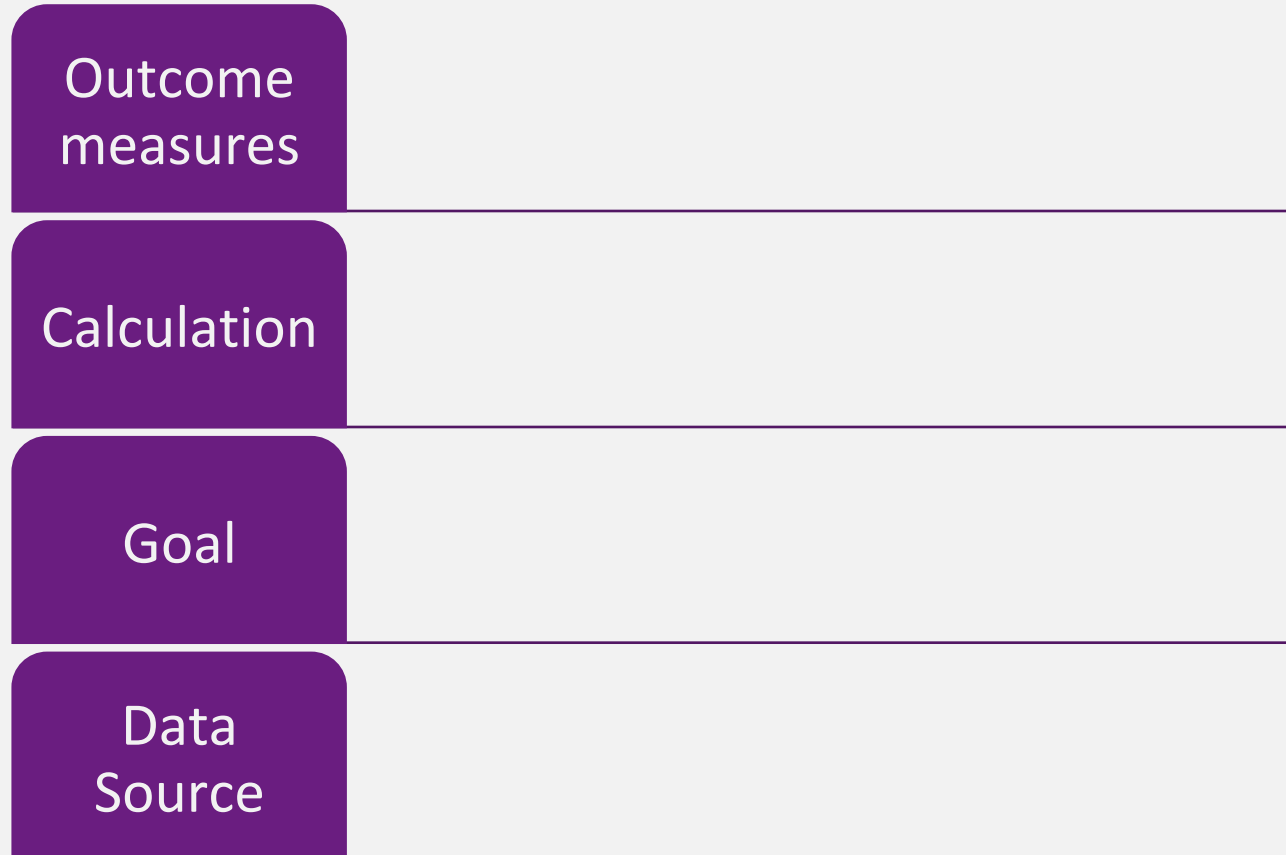


Reminder: quality and compliance don't end when you receive the contract!



Outcomes planning

Simple Outcome Measurement Plan



Outcome Measurement Plan

CORE OUTCOMES MEASURES			
<u>Outcome Measure</u>	<u>Calculation</u>	<u>Goal</u>	<u>Data Source</u>
Successful Housing Outcomes: The percentage of tenants entering the housing who either remained housed for at least one year within the supportive housing or who exited to other permanent housing in the community.	The total number of tenants who remained stably housed over a one year period divided by the total number of tenants who were in housing at the beginning of the one year period.	At least 80%	HMIS/APR data, property management records, and/or tenant files.

Outcome Measurement Plan



Outcomes Measurement Plan: Results

Team Name: _____
 Start Date: _____
 End Date: _____

CORE OUTCOMES MEASURES									
Outcome Measure	Goal	Date	Result*	Date	Result	Date	Result	Date	Result*
Successful Housing Outcomes	At least 80%								
Increase in Income	At least 40%								
Tenant Satisfaction with Housing	At least 80%								
Annual Turnover Rate	Averages less than 20%								
ADDITIONAL OUTCOMES MEASURES									

Example Quality Improvement Plan

Project Name: Quality Improvement Action Plan								
Plan				Do		Check		Act
Priority	Issues To Be Addressed (Based Upon Indicators)	Quality Improvement Strategy (Action Steps)	Planned Outcome (Expected Change)	Responsibility (Persons/Orgs)	Timing	Review (Progress & Outcomes)	Timing	Continue, End, or Revise Plans (Based on Review)



THANK YOU

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