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**Options for Qualifying Providers and Assuring Quality Services:
A Blueprint for Developing Responsive Providers**

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Options for Qualifying Providers and Assuring Quality Employment Services

The issue of securing *Qualified Providers* is inherent in any discussion of the exercise of informed choice in employment for persons with severe disabilities. For instance, the regulations for the State Vocational Rehabilitation programs (34 CFR 361.51 [b]), require that:

“...providers of vocational rehabilitation services shall use qualified personnel, in accordance with any applicable national or State-approved or recognized certification, licensing, or registration requirements, or, in the absence of these requirements, other comparable requirements (including State personnel requirements), that apply to the profession or discipline in which that category of personnel is providing vocational rehabilitation services.”

The regulations further require (34 CFR 361.52 [b]) that:

“...the State unit shall provide the individual, or assist the individual in acquiring, information necessary to make an informed choice about the specific services, including the *providers* of those services, that are needed to achieve the individual’s vocational goal.”

These regulations reflect a clear concern of the Federal government that individuals with disabilities have access to quality services and, at the same time, have the right and opportunity to choose the providers of those services. These regulations also have the possibility of bringing the role and importance of providers in delivering quality rehabilitation services into possible conflict with choices made by the individual. The intent of the regulations that call for qualifying providers is that if providers attain a “qualified” status, there is a greater likelihood that the services they offer to the individual with a disability are effective and meaningful.

However, when individuals are offered increased choice, qualifications that focus on and favor traditional providers will likely decrease the options available. In fact, in some areas, there may only be one or two qualified providers -- or perhaps none at all -- which meet strict organizational regulations. This reality would not represent much of a choice for individuals with disabilities.

It is therefore essential for funders such as VR, Medicaid and State Developmental Disability agencies to strike a balance among issues that are often at odds: a) to assure that consumers receive quality services, b) to offer a range of options from which individuals may choose, c) to determine who monitors quality, and, d) to decide who gets to determine the relevance of outcomes. One way to deal with these challenges, especially issues ‘a’ and ‘b’, is to identify qualification strategies that apply to a wide variety of potential providers of service, including non-traditional providers and that complement the regulatory requirements for qualified services personnel. In this way, individuals with disabilities would have a larger pool of providers from which to select and be able to exercise a true choice in selecting supports. VR, and other funding systems, can also assure that services are delivered in a quality manner. To accomplish this, it will be necessary to look for flexible strategies currently used inside the existing system and generic solutions employed outside the traditional rehabilitation industry for “compatible” strategies to qualify providers.

There are several commonly-used, generic models, used throughout business and industry that may be applied as a means of offering clarity to the process of qualifying providers:

- 2 Licensing
- 2 Building Codes
- 2 Contracting
- 2 Customer Satisfaction

Licensing

This approach requires providers to meet a set of standards, prior to the provision of services. Providers who meet the standards are assumed to offer quality services to individuals with disabilities. Terms typically used in the human service field relating to this concept include:

- a) *credentials* based on education and training,
- b) *certification* relating to the completion of a set of requirements, and/or
- c) *experience* and *performance of quality outcomes* in the field of concern.

An assurance approach based on *credentials* would require that a course of study and/or training classes be developed and approved by the State. Factors such as contact hours, course content, underlying values and the approval of instructors would need to be determined.

Personnel of providers would then need to individually meet the outcome standards of the approved credentials. *Certification* requires the development of a set of indicators and

responsibilities that a provider would accomplish as an organization. The provider would be

responsible for showing proof that the standards have been met. This approach requires that a

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certifying body, similar to the Rehabilitation Accreditation Commission (CARF) or the Accreditation Council, be used or created within the State. Providers, individually or as an organization, can also cite their *experience* and *performance* in employment as an indicator of qualification. This approach would involve decisions concerning the types of employment experiences that would be accepted as well as the number of years in employment services.

Under the current system of qualifying providers the most fundamental pact is between the State VR agency and the providers, on behalf of participants who need services or products. This perspective results in a system in which providers contract with and please funders. In theory, successful outcomes achieved in this manner satisfy participants. A system for qualifying providers by funders typically involves a form of quality accreditation, such as CARF, and assurance of programmatic and fiscal stability. While this approach was developed primarily to assure that overall bureaucratic outcomes were met and that the public dollar was effectively spent, there are features of this traditional method which might be useful to participants. In Indiana, the State has implemented the Hoosier Assurance Plan that provides a provider report card on community mental health agencies. This strategy connects the information collected by the State with the informational needs of participants as they make decisions concerning service providers.

This and other licensing alternatives fit well with states and other funding entities in that they allow a level of quality control regarding providers and they are consistent with approaches traditionally used in the rehabilitation field. These also represent strategies that the provider

industry is likely to support, in that competition is reduced by the requirements set for each option. Additionally, employment staff would favor this alternative in that it gives them access to a career ladder, which seems to be a recurring theme in the suggestions job coaches have made to the Association for Persons in Supported Employment (APSE) and other representative bodies. However, this option almost certainly constrains individual choice on the part of persons with disabilities in that traditional service providers will likely find it easier to conform to the requirements than non-traditional, generic, personally-related sources of assistance.

Building Code

An alternative to licensing is to identify a set of process and outcome standards that are to be implemented during the provision of employment services. This approach is similar to the building codes that municipalities and counties use throughout the country to assure the quality of construction processes and materials. In the human service field, a curriculum, manual or other carefully described process can be used to identify the components of quality employment, much in the same way a building code specifies the size of lumber, number of electrical outlets and type of roofing materials that are to be used in constructing a home. In addition to the specifications identified in the curriculum or manual, this option also requires “inspection points” during the implementation of the employment process. These points might involve written products that describe certain outcome markers of employment and/or the direct observation of the process by the human service equivalent of a building inspector.

This strategy has been used since 1993 in the United Cerebral Palsy Association’s (UCPA) Choice Access Project, a five year demonstration funded by the Rehabilitation Services

Administration on informed choice in employment. The UCPA project has relied on a personal budget approach and uses a publicly-available Self-Directed Staff Training Curriculum on supported employment, developed through a previous federal grant.

Recently, the Oklahoma Department of Rehabilitation Services has instituted a Milestone Payment System that has features of a building code approach. The Milestone approach not only identifies payment points, it also provides a structure, or building code, in which providers, individuals with disabilities and funders can function.

Other curricula, detailed manuals or payment approaches could also be used. Funding agencies would have to make a decision as to the specific approach(s) to be adopted as well as to adapt staff role changes, as necessary, to provide quality inspection of documents and behavioral indicators of outcomes. This approach has the significant benefit of opening the doors to non-traditional providers -- friends, next door neighbors, personal contacts, and even family and relatives. This flexibility, of course, is threatening to some traditional providers who want to restrict, rather than expand, the number of providers able to offer services to persons with disabilities. Another concern with this option is that, while flexibility can be built into the process, individuals with disabilities may feel that they have to follow the procedure in a lockstep way that constrains choice. This option is ideal when dealing with complex services, especially for the person with significant disabilities, for whom the system has struggled to provide successful employment outcomes.

Contracting

This option involves the use of clearly detailed agreements that specify the desired

outcomes of the individual and the responsibilities of the service provider. If contracts can be designed with sufficient specificity and if payments for services are made contingent upon concrete outcomes that are consistent with the individual's specific requests, this approach can be used to the benefit of funders, traditional providers, non-traditional providers and persons with disabilities. The problem with this alternative is that rather than wasting their money, people may waste their time contracting with providers who do not deliver on the services promised. There needs to be an indication of the provider's reputation and capacity in advance so that people with disabilities would not be as likely to waste their time contracting with ineffective providers. Additionally, it is possible, maybe even likely, that people with disabilities might pay for services that do not truly match with the agreed-upon specifications. Indeed, we all do that to some degree. The benefit to this approach is that it can be tailored to the specific needs of individuals and it welcomes non-traditional providers by focusing on outcomes rather than on credentials, certification or experience.

The contracting approach is useful as a stand alone approach for discrete purchases of equipment and other products. Contracts are also an integral component of more complex service delivery, when used with licensing, building codes and/or customer satisfaction approaches.

Customer Satisfaction

Possibly the most basic assurance of quality service and outcome in our society comes from the indication of satisfaction by the customer. Of course the achievement of satisfaction is not simply based on acknowledgment after the delivery of a product or service. It is dependent

on the skills and willingness of the customer to actively monitor and negotiate the delivery of services. Many would say that customer satisfaction is the foundation of all quality outcomes. However, this is true only if the customer has the control and prerogative to reject unsatisfactory services and the information and support to negotiate with providers. Otherwise, the customer satisfaction strategy becomes “Let the buyer beware”.

In relation to the issue of qualifying providers for the provision of employment services for persons with disabilities, the customer satisfaction strategy provides the possibility of significantly broadening access to a variety of providers and vendors. Rather than limiting the purchasing of services from a small number of “certified” or “qualified” providers, this approach allows individuals with disabilities virtually unlimited choice. As long as the services provided are “satisfactory” to the individual, in relation to a set of approved and agreed-upon conditions, it can be assumed that the provider is “qualified”. However, it must be recognized that the typical relationship between customers and providers in the generic society, as well as the unique and traditionally hierarchical relationship between human service providers and persons with disabilities, is fraught with complexity and difficulty. In order to employ a customer satisfaction strategy as a means of qualifying providers, it is necessary to offer extensive, point-of-the-problem support and information to persons with disabilities to assure that both the perception and reality of their satisfaction results in quality outcomes.

Realistically, the use of customer satisfaction as a means of qualifying providers requires that funders, as well as those closest to the person, provide individuals with disabilities access to both training and supports to deal with the difficult interactions that all people experience

when advocating for quality outcomes from service and product providers. It is also likely that this approach will not stand alone, but will be used with a combination of other strategies to offer flexibility in qualifying providers.

Quality Outcomes vs. Qualified Providers

The preceding strategies represent a range of options that may be used to broaden individual choice while, at the same time, to assure that services are delivered in a quality manner. In the past, there has been an assumption that by “qualifying “ a provider, the funding source could insure the delivery of quality outcomes. However, limitations on personal choice are inevitable if qualified providers only represent a limited number of organizations with connections to the professional rehabilitation bureaucracy. The shift suggested by the experiences of the choice demonstration projects focuses more on quality outcomes and less on provider-based qualifications. It is not necessary, however, to decide on a single approach. In fact, quality outcomes and qualified providers represent two sides of the same coin that may be used by both individuals with disabilities and funders. By implementing a combination of the strategies discussed above, it is possible to balance individual choice and fiscal responsibility.

This balance requires an understanding of the characteristics of quality service outcomes as well as the characteristics of qualified providers:

**Characteristics of
Quality Services**

- , The outcome of the service is consistent with what the individual wants.
- , Service interactions with the individual are delivered with respect and concern for personal impact.
- , A fair price is charged for the service.
- , The agreed-upon work is performed in a reasonable time or within the time targeted.
- , The service is delivered in a safe and responsible manner and results in a safe outcome.
- , The individual gets a copy of paperwork that represents the delivery of the outcome as well as any data or observational notes taken during service.
- , The individual is treated as a partner in the service delivery relationship.
- , Services and outcomes are accessible to the individual and family.

**Characteristics of
Qualified Providers**

- , The provider has experience, skills and/or educational credentials in the area service delivery.
- , The provider of service does not have any past or current legal restrictions or history that might compromise the services offered.
- , The provider is available to provide the services in a timely manner.
- , The provider has financial resources and stability sufficient to perform the service outcomes before being paid.
- , The provider is willing to treat the individual with a disability respectfully, as a individual rather than as a service recipient.
- , The provider offers a reasonable guarantee to the individual to redo services/products that are not acceptable or successful.
- , The provider works to offer individualized outcomes, rather than “stock” options.

Qualifying Providers and Assuring Quality Services

Resolution and Discussion

It seems evident that each of these approaches to qualifying providers has merit. They all seek to assure quality outcomes for individuals with disabilities and value for the funding sources -- the VR system, State DD agencies, and, ultimately, the taxpayer. However, no single option seems to contain all the answers. The solution is likely to be found by implementing a blend or combination of these alternatives. Rehabilitation agencies and other funders could implement a flexible approach that continues to recognize the value of traditional approaches to qualification, such as credentials and certification, and yet expands options for individuals with disabilities by allowing a blend of other options such as building codes, contracting and customer satisfaction.

It is also necessary to distinguish between providers of a service and vendors of a product. The approaches described here refer more appropriately to service providers than product vendors. However, it is traditional for State rehabilitation agencies and other funders to limit the sources for purchasing products to an approved list of companies. In order for individuals who receive rehabilitation services to enjoy a fuller range of choices and to promote creative, and possibly less expensive, options it is necessary to loosen the requirements of State purchasing regulations. The contracting and customer satisfaction approaches described above can offer a significant improvement in quality to persons with disabilities *and* offer access to more providers than the current system allows.