

Guiding Principles for Quality Council (Abridged version)

1. State and federal law requires Health and Human Services (HHS), which maintains and supervises the service delivery system (SDS), to ensure that individuals receive quality services and have opportunities to lead quality and rewarding lives. It also everyone's business and role at all levels to ensure quality. *[Nos. 2-4 of Comprehensive Guiding Principles for Quality Council¹ (CGP)]*
2. The Council has a leadership and advisory role to HHS and the SDS to recommend: *[1,5 CGP]*
 - A. Improved or new components to the SDS quality assurance systems in:
 - Standards of quality and performance expected of area agencies and provider agencies.
 - Methods to determine whether the standards are being met through data and information collection and other quality assurance (Q.A.) and oversight mechanisms.
 - Content, frequency and recipients of quality assurance reports.
 - Expectations and procedures for improvements when identified as needed.
 - B. New or improved structures, policies, rules, and practices, including staffing or organizational changes, including (1) ways of supporting values-based and person-centered service planning and provision, as well as problem solving, innovation, and learning and (2) recognizing and disseminating best/model practices; and
 - C. Improvements to the SDS and other aspects of "quality" based on a regular review of Q.A. reports, other information sources, experience, and review of literature and best practices.
3. The purpose of an effective and total quality assurance system is to:
 - A. Provide information to HHS and other funders and policy makers, Area Agencies (AAs), providers, this Council, family support, other advisory groups, and others on whether standards are being met or improvements are needed and being made.
 - B. Promote continuous improvements beyond legal requirements.
 - C. Provide individuals and families with information about service providers so they can make informed choices and advocate to improve services for themselves and others. *[6 CGP]*
4. Licensing and QA activities should be designed and implemented efficiently and cost effectively.
5. Both minimum standards and higher quality of life expectations are determined mainly by the law and purpose of the law and regulations governing the SDS. A Q.A. system will also promote and recognize practices and outcomes that exceed legal requirements. *[9-10 CGP]*
6. The primary law that sets the standards for the SDS is RSA 171-A. Other relevant statutes include RSA 151 & 126-A:19-24 and implementing regulations, which are listed in Appendix A. *[10 CGP]*

¹ The numbered references to the Comprehensive Guiding Principles (CGP) for this principle and the others are to the corresponding provisions in the CGP that provide further elaboration on the principle.

7. The following is a summary of the overarching standards guaranteed by these laws and regulations and that a Q.A. system must ensure are afforded to each eligible individual. [11 (A)-(V) CGP]
- A. The right to quality services including habilitaton, treatment, psychological, medical, vocational, social, educational or rehabilitative services as the individual requires within the limits of modern knowledge and that are in accordance with licensing requirements and the above mentioned regulations and generally accepted clinical and professional standards.
 - B. The right to an individualized service agreement of services, supports, and accommodations.
 - C. The right to prompt funding and implementation of services.
 - D. The right to services that are voluntary and based on informed consent.
 - E. The right to individual choice of services including the right to choose his/her own service provider and service coordinator, and to that end (1) responsibility on the part of AA providers to provide information about choices and service options and (2) to facilitate the individual's ability to determine and direct the services.
 - F. In general, services, supports, accommodations, and other forms of assistance specified in 7(A) are provided to maintain or improve an individual's behaviors, competencies, and skills in various life domains, including home, community, and employment. *See 11F & G of CGP for list.*
 - G. Services should be comprehensive and flexible as individual and family needs evolve.
 - H. Services should be relevant to the individual's age, abilities, and life goals, including services that promote the ability of individual to function at his/her highest capacity and as independently as possible, to include engaging in gainful employment.
 - I. Services should be provided in such a way that the individual is seen as a valued, contributing member of the community.
 - J. Services should be designed to eliminate or reduce the individual's need for continued services;
 - K. Meet the individual's needs for housing in the least restrictive environment for the individual.
 - L. All services shall be designed to protect the individual from abuse, neglect and exploitation and seclusion and physical, mechanical or chemical restraint.
 - M. An individual has a right to confidentiality and privacy like any other citizen and as more fully elaborated in regulation.
 - N. An individual has a right to file a complaint on a violation of any right, including allegations of abuse, neglect and exploitation and obtain a fair and just resolution and remedy.
 - O. An individual has a right to advanced notice before termination or reduction of services advising him/her right to challenge the actions.