



The Arc Rockland Quality Improvement Plan (QIP) 2025-2027

(Revisions for 2026 in bold)

The steps for ensuring that the Chapter upholds its mission are detailed through the Quality Improvement Plan.

Mission Statement

The Arc Rockland's continued mission is to empower the people we support to make personal choices and realize dreams by providing them with the resources to participate fully in community life.

Continued Quality Improvement

Arc New York requires that the Quality Improvement Plan must include a requirement concerning the annual collection and review of data along with areas for improvement. An annual analysis of the data will determine if revision of the Plan is necessary. The Plan itself should be updated by the Chapter at least every three years with Board review.

At least every 3 years The Arc Rockland Quality Improvement Plan will be revised as necessary to accurately capture the required quality improvement functions as suggested by The Arc New York guidance. The Chief Quality and Compliance Officer is responsible to develop and revise the Chapter Quality Improvement Plan. The revised QIP will be submitted to the Board of Directors for review and approval.

Continued quality improvement and commitment to compliance with OPWDD, NYS, and federal regulations, laws, and requirements is driven by both internal and external auditing and data collection as demonstrated through Arc New York Quality Indicator data reporting, Bureau of Program Certification reviews, and chapter level self-assessments and audits.

Quality Reporting to Arc New York

- a. Quarterly, the Chief Quality and Compliance Officer will request and gather qualitative data across Chapter divisions and submit this data to the Arc New York's Quality Indicators Metric Reporting portal.
- b. Upon revision, the QI Plan will be submitted to the Arc New York and the Chapter Board of Directors where the approval of the plan will be noted in the Board minutes.
- c. Chief Quality and Compliance Officer, will synthesize the results of the activities included in the Quality Improvement Plan, trends in the field, audit and incident findings, changes in policy and any other risk factors and report them to the Quality Improvement Workgroups on an ongoing basis. The status of the QIP will be summarized and reported to the Board of Directors on an annual basis.

Individualized Supports, Planning, and Service delivery

The chapter is committed to continuous improvement efforts in ensuring compliance with the Person-Centered supports and services and HCBS Settings Requirements to protect and improve the lives of those supported through the chapter. These areas are addressed using methods such as house meetings, Day Habilitation weekly planning meetings, gathering personal preference information and directing habilitative services through person-directed efforts.

The Chapter addresses CMS HCBS Settings Rulings through efforts such as development and revision of policies and procedures that align with the settings criteria. The Chapter also employs self-assessment using tools as OPWDD Regulations for Person-Centered Planning and HCBS Settings Requirements and HCBS Settings Compliance Worksheet for Providers (or similar) to identify areas that are met through measurable activities, and where there are areas that are not met, corrective actions with deadlines for completion are developed to work toward that standard.

The chapter underwent an OPWDD Agency Review in August 2023 where the Division of Quality Improvement (DQI) verified that the agency had procedures in place and implemented them effectively to facilitate compliance with regulatory requirements to promote both compliance and quality at an organizational level. There were no negative finding or recommendations stemming from this review.

Continuous Quality Improvement/Bureau of Program Certification Reviews

Quality Improvement Workgroups are **convened as needed** to support the chapter as a whole with QI functions by addressing the status of programmatic supports and services, as well as ongoing issues related to regulatory compliance. Some examples of these Workgroups include:

- Community Services and Residential Services Workgroups
- Training Workgroup
- I.T. Workgroup

- Infection Control Committee
- **Workforce Solutions Group**
- **UKG Transition Workgroup**
- **CAS Assessment Workgroup**

External Audit

In an effort to ensure timely, clearly written, accurate, acceptable plans of correction in response to deficiencies noted by external audit teams from government oversight entities (including OPWDD, DOH, and the State Education Department), the Quality Improvement Department will participate with each department in the following activities:

- a. Chief Quality and Compliance Officer or designee will attend exit conferences held by the External Audit Teams as available.
- b. The Chief Executive Officer/designee and Chief Quality and Compliance Officer will review all the External Audit Team findings. This includes all Statements of Deficiencies and Exit Conference Forms, Recommendations, and Best Practices issued from all visits.
- c. **At a minimum, the Program Manager(s) preparing the plan and Chief Executive Officer/designee will review and approve all Plans of Corrective Action written in response to external audits.**

Internal Audits

We seek to operate within an organizational framework for quality, the goal of which is to reduce redundancies, develop standardization in policy and procedure, and ensure alignment between organizational quality approaches and those within programs.

In 2026, The Arc Rockland is transitioning its internal audit process from individual program and service-based reviews to a comprehensive, person-centered audit model. This shift is intended to reduce redundancy and administrative burden while maximizing meaningful data collection. By taking a holistic approach, the organization can move beyond isolated corrections to more effectively identify trends, address systemic issues, and drive sustainable quality improvements.

The initiative includes the development of an annual master audit schedule covering all agency services, along with implementation of a comprehensive audit tool that integrates oversight criteria from OMIG, OPWDD, CMS, SED, OCFS, and DOH with a focus on service delivery, physical plant, fire safety, planning documentation, clinical services, and programmatic activities. The QI & Compliance Department is responsible for scheduling and conducting these audits.

Upon completion of each internal audit, the QI & Compliance Department conducts an exit conference with impacted leadership to review results. Identified corrective actions are assigned, monitored, and tracked by the department, with progress and escalations communicated to the Chief Operating Officer and Chief Executive Officer as needed.

Future frequency and focus of auditing and support will be determined in consultation with the program's management and based on areas of need identified via BPC findings and/or regulatory changes.

Protections, Health and Safety, Rights and Environmental Supports

Incident Review Committee

On an annual basis, under the supervision of the Chief Quality and Compliance Officer, the Director of Incident Management Services or designee will prepare an Annual Incident Trend Report. This report is an aggregate of the prior year's incident history. The report includes trends as compared to previous years and makes recommendations for action and plans of correction regarding training, policies, physical plant, clinical and program services, etc. It will also include the status on the prior year's goals. At times it may be necessary to run a report more frequently.

- a. The Annual Trend Report will be shared with the Incident Review Committee, OPWDD, Board of Directors and the Chief Executive Officer.
- b. The Arc New York will be provided with a summary of the Incident Indicators as part of The Arc New York Quality Indicator Reporting Form.

Self-Advocacy and Rights Committee

The Arc Rockland maintains an active and robust self-advocacy program that typically meets multiple times per week. Rights training and discussion for the individuals supported takes place on at least a monthly basis, through the "Right of the Month" initiative.

The Rights Committee comprised of a cross section of members from across the chapter met in 2019 and early 2020 to revise the chapter's Rights Survey but was placed on hiatus during COVID. This committee was re-instated in January 2023 and in part focuses on additional ways to enhance rights protection for those supported including being the responsible party to review and make recommendations related to any expressed grievances. This Committee meets as rights referrals are received.

Support of Family/Natural Supports and Community Connections/Inclusion

Conveying Complaints and/or Concerns

The grievance process has been incorporated into the Chapter Rights Procedure and Rights Committee. The people supported and their family members/advocates are provided with

contact information to communicate complaints and/or concerns as well as the Rights Committee Referral Form and email address for submission.

Assessing Individual Satisfaction to Services and Supports

Satisfaction with the services and supports provided by The Arc Rockland is one a key factor in ensuring quality. Individual's satisfaction with services and supports may be assessed in a variety of ways including but not limited to satisfaction surveys, assessments, interviews, discussions, and Life Plan or other Interdisciplinary Team meeting or discussions. For those who cannot readily participate in standard surveys or interviews, members of the person's circle of support may be included in the process to assist in gathering the most accurate information. The response data is compiled, reviewed, and utilized to improve supports and services. When areas of dissatisfaction or concern are identified, a Satisfaction Survey Follow-Up Form will be completed including corrective actions and deadlines for completion.

During 2023–2024, the Chapter measured progress toward its Quality Wildly Important Goal (WIG) through monthly completion and tracking of satisfaction surveys for all individuals supported, with a specific focus on overall satisfaction and satisfaction with community outings.

In 2025, satisfaction with community outings continued to be monitored, and an additional baseline measure was introduced to assess training in, and the ability to exercise, individual rights. Following consistently high satisfaction results across the agency in 2025—98.9% overall satisfaction with services and 97.3% satisfaction with community integration—the Quality WIG for 2026 will shift focus to reducing the number of Statements of Deficiency (SODs) issued during external audits.

Progress toward this goal will be measured across three key areas: physical plant, programming, and clinical services.

Advocate Surveys

An electronic-based Advocate Survey which is sent out periodically, asks advocates to voice their opinions on supports and services offered by the Chapter. The initial survey questions were developed in conjunction with the Self-Advocate group and distributed accordingly to stakeholders. Concerns identified in the questionnaires are addressed communicated to the QI Workgroups for the respective programs to address necessary follow-up actions.

Recreation, Supported Employment and Children's Services Programs also conduct their own program specific ongoing surveys focusing on satisfaction with supports and services.

The response data will be compiled, reviewed and utilized to improve supports and services. When areas of dissatisfaction or concern are identified, a Satisfaction Survey Follow-Up Form will be completed including corrective actions and deadlines for completion.

Community Connections/Inclusion

The current focus of community connections and inclusion are on training, assessments, and workshops. The Arc Rockland continues to engage our stakeholders and their respected interest in joining committees when available. In addition, community inclusion opportunities offered to the people supported in the residential and day services programs are documented in the **respective** programs.

Workforce Performance

Satisfaction Levels of our Staff Members

Employee surveys are conducted periodically to measure employee engagement and satisfaction. It is the responsibility of the CHRO to conduct these surveys, maintain and share the results as appropriate. Additionally, the CHRO will develop a plan to address the areas that need improvement as identified within the surveys.

Overall, employees were satisfied with the chapter's response to COVID. The vast majority of the staff agreed with statements such as: the chapter had an appropriate response to the COVID pandemic, communicated effectively, provided an appropriate amount of PPE, my supervisor was available to provide direction and support. The statement that had the lowest positive response, but still greater than 72% favorable response was their comfort level with the availability of cleaning supplies.

The Chief Human Resource Officer or designee summarizes annually the results of Employee Exit interviews from employees who have left the Chapter. The Chief Human Resources Officer or designee reviews the analysis of the results of employee satisfaction surveys and employee exit interviews with the CEO with the goal of enhancing operations.

Adequacy of Staffing Levels

As one of the Chapter strategic goals, the Chief Human Resource Officer and Program Directors work together to track vacancies in comparison to approved staffing levels monthly and report vacancy rate to the Board of Directors.

Staff Retention Rates

The Human Resource Department tracks and analyzes the staff retention rate. Staff turnover rates are reported quarterly to ArcNY as indicated in the Quality Indicators Reporting Form and is shared with the Board of Directors. In 2025, the Human Resources WIG (Wildly Important Goal) tracked staff retention. **In 2026, this is being expanded to additionally include**

exploring creative recruitment initiatives and investing in staff training, growth, and development efforts.

Reportable Injuries

A Workers Compensation Committee facilitated by the Benefits Manager meets at least quarterly to review all Workers Compensation related injuries (including OSHA reportable) which occurred to chapter staff while on the job. Recommendations from this committee are subsequently reported into the Safety Committee on a quarterly basis.

Staff Development Programs

- a. The Staff Development and Training Department provides continuous training opportunities. Topics for in-service training are based on regulatory and accreditation requirements, as well as staff input and recommendations.
- b. Additionally, the chapter periodically offers specialized training to those who are in leadership roles. Training areas include Effective Interviewing and Progressive Discipline; Retention is your Best Recruitment Tool; The Supervisor as a Coach; Creating an Accountable Workplace; Time Management; Team Building and Conflict Resolution, and Performance Evaluations.
- c. In 2018 we developed and continue to offer New Managers/Leadership Orientation program to provide new managers with critical information in the areas of Compliance, Incident Management, Finance, Purchasing, Human Resources, Staff Development & Training, Payroll, as well an overview of our programs. Frontline Supervisor Training for Effective Leadership is being conducted. Examples of topics covered include team building, supervising problematic staff, and staff retention. For 2025 a monthly lunch and learn series for managers/leadership to continue ongoing trainings to enhance managerial and leadership qualities.
- d. In 2024 the agency established an ELL (English Language Learners) program for 6 months, where intense tutoring in the English language was provided by a specialized instructor. This program resulted in 4 of the 6 staff members successfully becoming DSP (Direct Support Professionals) employed by the agency. Is this initiative considered to be continued or re-instituted in the future? This initiative is currently on hold as we are bringing on over 30 H1B employees. Once the H1B have been onboarded and up and running, the agency will begin the recruitment of the next group of ELL employees. This initiative has been very successful and the agency wishes to continue with this program.
- e. **In 2025, The Arc Rockland engaged DSP staff in the NADSP certification program via Rockland Community College. This will continue into 2026.**

- f. The Arc Rockland continues to offer a tuition reimbursement program which reimburses employees for up to \$3000 per semester/ \$9000 per year. Additionally, on case-by-case basis, the agency will reimburse for certifications related to job duties, i.e. accounting, clinical certifications, etc.
- g. **In 2026, Pathway to Leadership, leadership development program, was developed and will be rolled out with an initial series of foundational trainings with an advanced series of trainings to follow.**

Governance and Leadership

There is Board review of the Chapter's programs and services to ensure conformity with the Chapter's mission.

- a. The Arc Rockland's Mission Statement has been reviewed and approved by the Board of Directors.

"To empower the people we support to make personal choices and realize dreams by providing them with resources to participate fully in community life."

- b. At least annually, the Chief Quality and Compliance Officer will present a report to the Quality Improvement Workgroup. The report will summarize the activities included in The Arc New York Quality Improvement Plan. The Workgroup minutes will reflect this review and it will be submitted to the Board. The Workgroup's review shall include the performance of the Chapter's services congruent with the Chapter's Mission Statement.

There is Board participation on the standing committee for incident review.

- a. Board members appointed to the IRC will continue regular attendance at each Incident Review Committee meeting and a Board member will sign off on Incident follow up forms.
- b. The Director of Incident Management will complete the Annual Incident Review Trend Report, which contains an analysis of trends of incidents. The results of the analysis will be used to improve performance and provided to the Board.

There are Board visits to program sites.

- a. Board and Committee members will make announced and/or unannounced visits to programs periodically in collaboration with management staff. (See Chapter Policy and Procedure for guidelines). Committee members' observations will be documented on the Board of Directors Program Visit Survey Form, reviewed by the corresponding program workgroup(s) and presented at Joint Board Workgroup on Programs and Services and submitted to the Board of Directors.

There is Board analysis of Chapter self-surveys and regulatory surveys to identify chapter or program specific trends.

- a. The Quality Improvement Workgroup will review the status of the Chapter QIP as required by The Arc New York
- b. The Chief Quality and Compliance Officer will summarize the findings (at least annually) of the performance of the chapter's programs and services on internal audits and external surveys from regulatory agencies. This summary will be provided to the QI Workgroup for input. The Workgroup minutes will reflect the review and to be submitted to the Board.

There is Board awareness of State or Federal regulatory authority's communications regarding deficiencies in any Chapter program or operation.

- a. The Chief Quality and Compliance Officer will ensure that all Statements of Deficiencies that result in a 45/60 day letter are promptly communicated to The Arc New York State Office and Board of Directors.
- b. The Chief Quality and Compliance Officer will maintain, aggregate and analyze data on the OPWDD surveys and report survey data to the Chief Executive Officer, Directors, Board of Directors and The Arc New York annually as outlined in The Arc New York Quality Indicators Reporting Form.

There is Board assurance that senior management has the means to continually assess the adequacy of staffing levels, staff competence and staff performance with a mechanism to address deficiencies.

- a. Senior management reviews staffing levels, vacancies, and staff performance on an ongoing basis. Chief Human Services Officer or designee shall provide a summary to the Workforce Development Workgroup related to the adequacy of staffing levels, staff competence, and staff performance. This review will be noted in the Workgroup minutes and reflected by the Chief Operating Officer's report to the Board of Directors which includes data reflective of staffing adequacy.

There is Board assurance that the Chapter has a plan for ongoing staff development and training.

- a. Manager of Staff Development and Training updates the chapter policy on "Staff Development and Training" as needed. The Policy outlines the Chapter's plan for ongoing staff development and training.

There is Board assurance that expectations for ethical conduct be communicated and reinforced for all Chapter employees, volunteers and Board members.

- a. Ethical conduct is covered in orientation and on an annual basis for staff and the Board of Directors and is incorporated into Corporate Compliance training. In addition, the DSP

professionalism (Goal 3 of the DSP Core Competencies) is included in the new hire orientation which is mandatory for all staff. This discusses ethical behavior in depth.

There is Board assurance that Chapter practices will encourage the development and expression of self-advocacy by the people receiving supports and services; and assurance that a process is in place for self-advocates to provide input to Chapter, practices and governance.

- a. Self-advocates will continue as Board Members
- b. Self-advocates will continue to be members of the IRC Committee as available
- c. Self-advocates will continue to members of Board Committees
- d. People supported by the chapter will be invited to participate in Human Rights Committee meetings
- e. Additionally, as available, self-advocates will participate in various chapter forums such as:
 - 1) Membership meetings
 - 2) Committee meetings
 - 3) Guardianship presentations
 - 4) Staff trainings