

Appendix H: Quality Improvement Strategy

Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the state has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the state specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

- Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state's waiver Quality Improvement Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the state is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Improvement Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Improvement Strategy.

Quality Improvement Strategy: Minimum Components

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QIS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I), a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances; and
- The remediation activities followed to correct individual problems identified in the implementation of each of the assurances.

In Appendix H of the application, a state describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3) the processes the state will follow to continuously *assess the effectiveness of the QIS* and revise it as necessary and appropriate.

If the state's Quality Improvement Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Improvement Strategy, including the specific tasks the state plans to undertake during the period the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Improvement Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid state plan, specify the control numbers for the other waiver programs and/or identify the other long-term services that are addressed in the Quality Improvement Strategy. In instances when the QMS spans more than one waiver, the state must be able to stratify information that is related to each approved waiver program. Unless the state has requested and received approval from CMS for the consolidation of multiple waivers for the purpose of reporting, then the state must stratify information that is related to each approved waiver program, i.e., employ a representative sample for each waiver.

H.1 Systems Improvement

a. System Improvements

- i. Describe the process(es) for trending, prioritizing and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

The Bureau of Quality Assurance and Program Analytics (BQAPA) in the Office of Long-Term Living (OLTL) is responsible for developing and maintaining the Quality Improvement Strategy (QIS).

The OLTL developed a QIS for Home and Community Based Services (HCBS) Waivers to measure performance regarding service provision and to ensure the health and safety of participants. The QIS uses the quality management functions of discovery; remediation and improvement to identify and recommend systems improvements.

The Division of Quality Assurance in BQAPA is responsible for collecting discovery and remediation information, analyzing that information, recommending system improvements and analyzing the effectiveness of the improvement initiatives. This Division is comprised of the Quality Review Team and the Clinical Review Team.

The functions of the Division of Quality Assurance are:

- Conduct quality monitoring of long-term living programs and services to ensure compliance with federal and state regulations and the 6 waiver assurances
- Compile reports on data for the 6 waiver assurances to measure the effectiveness of program design and suggest improvement initiatives
- Use data to support the development and implementation of policies and protocols to ensure quality program outcomes
- Collaborate with other bureaus in OLTL to develop and implement training and technical assistance for staff, providers and participants to ensure quality service delivery and consistent policy communication
- Collaborate with other bureaus in the OLTL, external stakeholders, other state agencies to effectively implement the QIS
- Recommend strategies for continuous quality improvement
- Maximize the quality of life, functional independence, health and welfare and satisfaction of participants in OLTL waivers

The following CMS Waiver Assurances are evaluated based on approved waiver performance measures. There are several reports performed by Subject Matter Experts (SMEs) in OLTL that provide the data for the waiver performance measures. The performance measures are analyzed by the Division of Quality Assurance to implement the QIS. Each performance measure report listed below was designed to collect the data needed to ensure compliance with the CMS Waiver Assurances. The Division of Quality Assurance works with various other bureaus and divisions in the OLTL to ensure the reports and data collected are valid and compiled correctly. The reports are monitored for irregular or unusual data and compliance issues.

Administrative Authority Assurance: Six Performance Measures

- Level of Care Determination Report - Annually
- Independent Enrollment Broker Contractual Obligation Report - Quarterly
- Initial and Annual Level of Care Report - Annually

- Qualified Provider Report - Quarterly

Level of Care Assurance: Two Performance Measures

- Annual Level of Care Report - Annually
- Initial Level of Care Report - Annually

Qualified Provider Assurance: Five Performance Measures

- Qualified Provider Report - Quarterly
- Initial Provider Enrollment Report - Quarterly

Service Plan Assurance: Eight Performance Measures

- Service Plan Assurance Data Report - Annually
- Participant Satisfaction Survey Results - 3 times per year
- QMET Report on Service Delivery - Quarterly
- Enterprise Incident Management (EIM) Report on Complaints - Monthly/On Demand

Health and Welfare Assurance: Fourteen Performance Measures

- EIM Reports on Complaints and Incidents - Monthly/On Demand
- Participant Satisfaction Survey Reports - 3 times per year
- Service Plan Assurance Data Report - Annually

Financial Accountability Assurance: Five Performance Measures

- Onsite Paid Claims Report - Quarterly
- PROMISE Paid Claims Report – Annually
- PROMISE Claims/Rate Setting and Payment Report - Annually

After completing their reports, OLTL SMEs provide the Division of Quality Assurance with the data for the performance measures. The performance measures obtained are reviewed by the Division of Quality Assurance. Data is analyzed and reviewed for each waiver assurance to ensure the reports and performance measures collected are valid. If non-compliance or low compliance is identified, the bureaus and divisions in OLTL discuss strategies for mitigation and the appropriate bureau or division follows up with the entity and discusses the steps needed to bring them into compliance including (if needed) technical assistance from OLTL. Compliance with the assurance is then monitored closely to ensure the performance measure rate increases. If the performance measure rate does not increase, the process begins again until the compliance rate increases to the acceptable level of 86% as established by CMS. The continued improvement of performance measure compliance rates beyond 86% is pursued. Whenever possible OLTL strives to establish systems that achieve 100% performance measure compliance rates.

OLTL distributes information internally through various meetings comprised of OLTL Bureau Directors, Division Directors, and/or designees, SMEs as well as other OLTL staff pertinent to the discussion. Information related to the performance measures is shared and if needed remediation is discussed for achieving targeted goals. OLTL provides data as requested to providers, participants and other stakeholders and interested parties. Results from the Participant Satisfaction Survey are posted on the DHS website 3 times per year. Results from provider monitoring are communicated to providers as soon as possible after the monitoring takes place.

Bureau/Division Responsibilities:

Summarized below are the system improvement activities that are followed in response to aggregated, analyzed discovery and remediation information collected on each assurance:

- The appropriate OLTL bureau or division for each of the six waiver assurances reviews the data from the reports to ensure it is valid, accurate and compliant.
- Data collected is aggregated for tracking and trending.
- The appropriate OLTL bureau or division makes initial recommendations and prioritizes issues for problem solving, corrective measures and system changes.
- Remediation plans are reviewed and alternatives discussed if the plan does not achieve desired result of reducing non-compliance.
- Recommendations are made for remediation and/or system changes to ensure the issue is resolved and non-compliance is reduced.
- The appropriate OLTL bureau or division implements the remediation plan and/or system changes with the responsible entity and provides technical assistance as needed.
- The appropriate OLTL bureau or division ensures that the remediation plan and/or system changes were successful by reviewing the compliance data following implementation of the plan.
- The appropriate OLTL bureau or division reports on the success of remediation activities and/or system changes.

This above process outlines the OLTL QIS. The QIS is evaluated on an ongoing continuous basis through the implementation of the continuous quality cycle to ensure the QIS is working and on target.

BQAPA Director

- The Director of BQAPA oversees the daily progress of activities related to the performance measures outlined in the waiver. The Director reviews and provides input on the identification and collection of all data to be used in reports and what may be shared with the Medical Assistance Advisory Committee (MAAC) and the Consumer Subcommittee of the MAAC. The Director will also make final decisions on remediation and system changes to be followed.

ii. System Improvement Activities

Responsible Party (<i>check each that applies</i>):	Frequency of monitoring and analysis (<i>check each that applies</i>):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Quality Improvement Committee	<input type="checkbox"/> Annually
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Other Specify:

b. System Design Changes

- i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the state's targeted standards for systems improvement.

The process to continuously assess the effectiveness of this QIS and revise as necessary is as follows:

- OLTL Subject Matter Experts (SMEs) provide the Quality Division with data for the waiver performance measures. SMEs also provide the Quality Division with information regarding their analysis process. SMEs also provide descriptions of the remediation process and quality improvement activities as necessary.
- Prior to submission of the Evidentiary Based Review (EBR) to CMS for the waiver renewal, a draft of the EBR is shared with the OLTL Executive Team which is comprised of the Deputy Secretary, The Chief of Staff, Bureau Directors, and other designees.
- Prior to submission of the EBR all data is reviewed by the DHS PeopleStat (internal data analysis group).

The discovery and remediation data gathered during the implementation of the QIS is OBRA waiver specific and stratified. The QIS process for the OBRA waiver will be reviewed after the EBR final report and prior to the submission of the waiver renewal.

- ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.

The Quality Improvement Strategy (QIS) will be evaluated on an ongoing and continuous basis. The QIS will require a formal review every two years. For the two year review, the Division of Quality Assurance will review the waiver assurance's performance measures and discovery and remediation functions, and will make changes when necessary. The Division of Quality Assurance will review the Improvement Strategy and comments/recommendations from the SMEs. The results of aggregated information pertaining to the delivery of services including all corrective action plan activities of providers, provider billing information, analysis of provider adherence to performance measures established, etc. will be reviewed and discussed to evaluate the effectiveness of program success. Any needed alterations to the QIS will be made after this evaluation is completed.

H.2 Use of a Patient Experience of Care/Quality of Life Survey

- a. Specify whether the state has deployed a patient experience of care or quality of life survey for its HCBS population in the last 12 months (*Select one*):
- No
 - Yes (*Complete item H.2b*)
- b. Specify the type of survey tool the state uses:
- HCBS CAHPS Survey;
 - NCI Survey;
 - NCI AD Survey;

●Other (*Please provide a description of the survey tool used*):

The Participant Review Tool (PRT) was designed by Office of Long-Term Living (OLTL) and Service Coordinators (SC) to elicit information from the participant in order to help the SC determine whether the participant needs additional, different and/or varied services, including additional community activities. The PRT is administered by the SC; which was intended to assist the SC Entity to identify signs of actual or potential abuse, neglect, and exploitation and determine the next steps they need to take in order to protect the health and welfare of the participant.