

Appendix H: Quality Improvement Strategy (1 of 2)

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;
- 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 OIS* 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 QIS 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.

Appendix H: Quality Improvement Strategy (2 of 2)

H-1: Systems Improvement

a. System Improvements

- 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 Office of Long Term Living (OLTL) includes the Office of Quality Management, Metrics, and Analytics (QMMA) which was created to support the other OLTL Bureaus and programs in maintaining continuous quality improvement. QMMA is composed of :

- * Quality Management Division
 - Quality Management Unit (QMU)
 - Quality Management Efficiency Unit (QMU)

- Quality and Compliance Unit (QMU)
- * Metrics and Analytics Division (M&A)
 - Data Collection and Reporting Section
 - Metrics and Analytics Section

The goals of Quality Management, Metrics & Analytics (QMMA) are:

- * To conduct quality monitoring of long term living programs and services to ensure compliance with Federal and State regulations
- * To use data analysis to measure effectiveness of program design and operations,
- * To recommend strategies for Continuous Quality Improvement
- * To establish a quality improvement focus within OLTL based on the Six Waiver Assurances:
 - Level of Care
 - Qualified Providers
 - Service Plan Health and Welfare
 - Financial Accountability, and
 - Administrative Authority
- * To support OLTL management in development and implementation of policies and protocols to achieve desired outcomes
- * To oversee the development of system wide training for staff, providers and participants
- * To work effectively with other OLTL Bureaus, internal and external stakeholders, other State Agencies, contracted consultants, the Quality Council, and other individuals or entities regarding Quality Management activities.

The mission of QMMA is to meet these goals in a manner which will bring about maximization of the quality of life, functional independence, health and well being, and satisfaction of participants in OLTL programs and waivers.

QMMA’s work consists of quantifying, analyzing, trending, and making initial recommendations regarding priorities and specific quality improvements to OLTL systems, then monitoring system improvement changes for effectiveness.

The process for trending discovery and remediation information (data) begins with QMMA receiving the data from various points in the OLTL system. Database aggregation reports are created for QMMA to trend various aspects of quality including administrative authority, health and welfare, financial accountability, service plan development and implementation, level of care review, and provider qualifications. Additionally, QMMA reviews information from field observations and record reviews to support the information gathered from administrative data.

Provider remediation activities are documented in Standards Implementation Plans (StIPs) which are requested from providers by the QMETs to correct non-compliance issues. Internal remediation activities are documented in Quality Improvement Plans (QIPs) which are requested by the Quality Management Division for internal remediation within a single bureau. The StIPs, QIPs and CAPs are then aggregated for QMMA to review, track trends, and suggest system changes. System changes are considered for the completion of a a System Improvement Plan (SIPs) to document and implement system-wide changes.

In order to prioritize the quality management issues, QMMA has assigned each of the six Waiver Assurances to a Quality Management (QM) liaison to review the various quality reports through tracking and trending, and determine possible causes of aberrant data or compliance issues. Quality data is gathered for performance measures from numerous sources, including provider monitoring by the QMETs, etc., and aggregated for tracking and trending. The QM liaison makes initial recommendations and prioritizes issues for problem solving or corrective measures. The QM liaison reviews and responds to aggregated, analyzed discovery and remediation information collected on each of the assurances. In addition to trending and analyzing for each waiver, this structure allows QMMA to trend and analyze across multiple waivers.

QMMA internally reviews the assessments made by the QM liaison. For those issues that are considered critical by the QM liaison, an expedited process of review is implemented. The QMU summarizes the list of priorities and recommendations in a quarterly report to present to the Quarterly Quality Management Meeting (QM2). The QM2 participants consist of appropriate QMMA staff, OLTL Bureau directors (or designee) and internal subject matter experts. The comments from the QM2 are considered and included in a revised report for the Quality Council. The Quality Council is comprised of internal and external stakeholders, whose recommendations are reviewed by the Director of QMMA. The Director makes final recommendations as to action needed for system improvements to the Deputy Secretary of OLTL. The implemented system improvements return to the quality cycle through monitoring and remediation.

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 checked="" type="checkbox"/> Quality Improvement Committee	<input type="checkbox"/> Annually
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Other Specify: <input type="text"/>

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.

QMMA assists BIS in developing quality management improvement strategies for the needed system design changes. QMMA ensures the strategies are implemented, evaluating the effectiveness of the strategies against tracked and trended data. Additional reports to narrowly track the effect of system changes are developed and produced by Metrics & Analytics, and given to QMU for analysis. The analyses are reviewed in the same manner as other reports through the QM liaison, creating a cycle of continuous quality improvement.

Relevant system changes that directly affect stakeholders are broadly communicated to the public via pre-established forums such as OLTL program directives, stakeholder membership groups, listservs, websites, webinars, and direct mailing on a periodic basis.

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

The Quality Improvement Strategy (QIS) is evaluated on an on-going and continuous basis through the implementation of the continuous quality cycle. Periodic evaluation also occurs every two years when the QIS is reviewed by the Quarterly Quality Management Meeting and the Quality Council.

The Quality Improvement System outlined also applies to the Aging (control number 0279), Attendant Care (control number 0277), and AIDS (control number 0192) waivers. It is OLTL's intent to include this Quality Improvement Strategy into the renewal application for the additional waivers under its purview. The discovery and remediation data gathered during the implementation of QIS will be waiver specific and stratified. Because the renewals are staggered, the QIS will automatically receive a periodic evaluation during the point of the renewal.