

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.

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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 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.

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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 Office of Long-Term Living (OLTL) includes the Bureau of Quality Management, which was created to support the other OLTL Bureaus and programs in maintaining continuous quality improvement. BQM is composed of the Quality Management Division, which is comprised of two units – the Quality Management Unit (QMU) and the Quality and Compliance Unit (QMU).

The goals of the Bureau of Quality (BQM) are:

- To conduct quality monitoring of long term services and supports 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 Plans
 - 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 work effectively with other OLTL Bureaus, internal and external stakeholders, other State Agencies, contracted consultants, and other individuals or entities regarding Quality Management activities.

The mission of BQM 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.

BQM’s work consists of quantifying, analyzing, trending, and making initial recommendations regarding priorities and specific quality improvements to OLTL systems, and then monitoring system improvement changes for effectiveness. For this waiver, BQM works with the Bureau of Participant Operations and the Bureau of Contract and Provider Support within OLTL, related to the quality oversight of the MLTSS Waiver. Information collected from CHC-MCOs, on-site OLTL monitoring and the External Quality Review Organization, (EQRO), regarding performance measures and remediation is compiled within OLTL for aggregation and analysis by the BQM, and included in waiver reporting.

The process for trending discovery and remediation information (data) begins with BQM receiving data from various points in the OLTL system as well as from the contracted EQRO and the Managed Care Organizations. Reports are created for BQM 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, BQM reviews information from field

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observations and on-site record reviews by OLTL staff, to support the information gathered from administrative data.

CHC-MCO remediation activities are documented in Corrective Action Plans (CAPs), which are requested by the Bureau of Contract and Provider Support to correct non-compliance issues. Established and realistic timeframes will be developed for the successful completion of activities listed in the corrective action plan and a corrective action plan is closed only upon approved completion.

In order to prioritize quality management issues, BQM has assigned each of the six waiver Assurances to a Quality Management (QM) liaison to review all 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 OLTL discovery and remediation activities, on-site provider monitoring by the OLTL, as well as internal OLTL activities/reporting. This information is 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, this structure allows BQM to review for possible internal OLTL systemic changes and to identify possible program training or technical assistance needs.

BQM 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 monthly report to present at monthly Quality Management Meetings. The meeting participants consist of BQM staff, OLTL Bureau Directors (or designees) and internal subject matter experts. The comments from the quality meetings are considered and included in a revised report for discussion with the MCO's during weekly update meetings. The BQM Director makes final recommendations as to any 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 checked="" type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Quality Improvement Committee	<input checked="" 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.

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BQM assists the OLTL in developing quality management improvement strategies for needed system design changes. BQM 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 the contracted EQRO, or provided by the MCO's 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.

- 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 during the monthly quality meetings. The results of aggregated information pertaining to the delivery of services including all corrective action plan activities of the CHC-MCOs, CHC-MCOs billing information, analysis of CHC-MCOs 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 complete.

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