

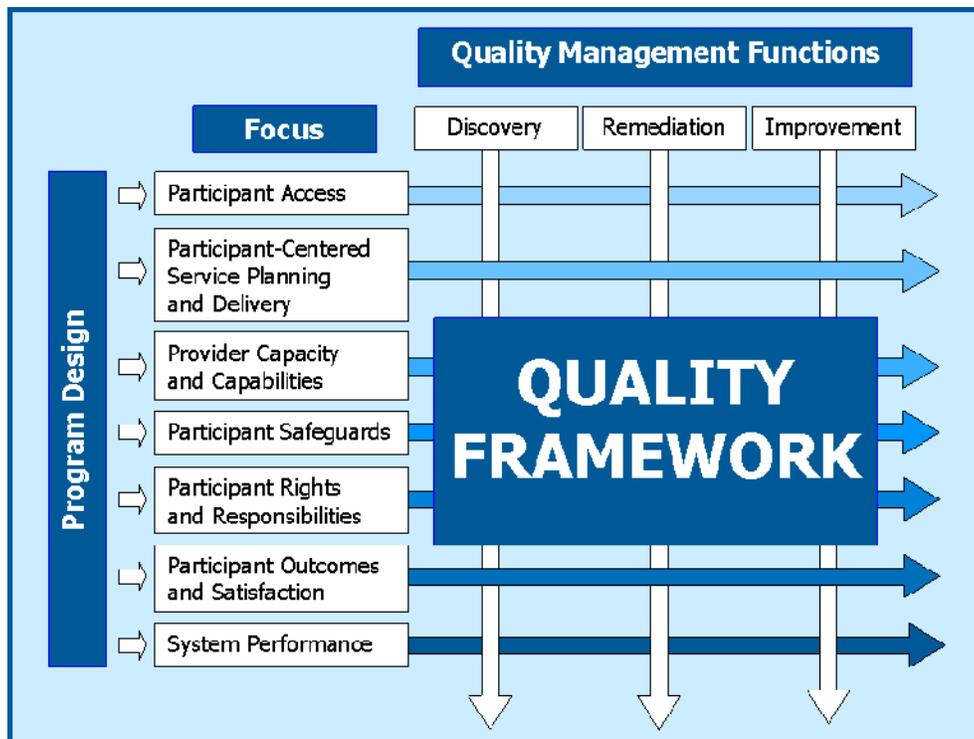
**CENTERS FOR
MEDICARE & MEDICAID
SERVICES (CMS)**

Quality Improvement System Context

Centers for Medicare and Medicaid Services (CMS)

The Commonwealth's home and community based waivers are approved through the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). Various OLTL program provides the Commonwealth with federal reimbursement. However, in order to receive this federal funding the state must adhere to a wide variety of rules and meet rather stringent requirements regarding the process for monitoring and assuring the quality of services.

In this regard, CMS requires that states have a comprehensive quality management system that is a planned, systemic, organization-wide approach to design performance measurements, analyze results and improve performance when issues are identified. The quality strategy must assure compliance with quality standards, be capable of identifying and reducing adverse events, lead to ongoing improvement. CMS has designed a Quality Framework that although not mandatory will assist with Quality Improvement strategy and is illustrated in the graphic which follows:



Key approaches in our strategy are: Discovery, Remediation and Improvement.

- **Discovery** is the process of collecting data, analyzing results, assessing performance and identifying areas of strength and opportunities for improvement.
- **Remediation** is the process of taking action to remedy a specific problem usually at the individual level, however there may be implications for the systems level.
- **Improvement** is using the data analyzed to take actions which results in continuous and ongoing improvement across systems.

Objective data, if organized and analyzed appropriately, can help meet these CMS requirements. OLTL has detailed in the approved HCBS Waiver applications the Quality Improvement Strategy which complies with the CMS requirements. In the sections of this Handbook which follow, we have laid out an overview of the OLTL quality improvement strategy and the roles, responsibilities and sources of data which comprise the system.

All services offered under the Commonwealth's OLTL programs must uphold the following philosophy:

- Support participant-direction and control, to the maximum extent possible;
- Support the participants ongoing development and/or maintenance of self-care and self-actualization skills;
- Meet the health and welfare needs of the participants;
- Conform with applicable federal and state requirements; and
- Demonstrate cost effectiveness.

HCBS QUALITY

The Home and Community - Based Services (HCBS) Quality strategy provides a common frame of reference in support of productive dialogue among all parties who have a stake in the quality of community services and supports for older persons and individuals with disabilities. The strategy focuses attention on participant - centered desired outcomes.

Program design was developed to follow the CMS assurances and sets the stage for achieving desired outcomes. Program design addresses each mandatory CMS assurance: Administrative Authority, Level of Care, Service Plans, Qualified Providers, Health and Welfare, and Financial Accountability. All waiver applications must contain sufficient information to demonstrate that the state will ensure that these assurances will be met.

Assurances:

Administrative Authority

Sub assurance:

- The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

Level of Care

Sub assurances:

- An evaluation for LOC is provided to all applicants for who there is reasonable indication that services may be needed in the future.
- The levels of care enrolled participants are reevaluated at least annually or as specified in the approved waiver.
- The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.

Qualified Providers

Sub assurances:

- The state verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.
- The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

- The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

Service Plan

Sub assurances:

- Service plans address all participants' needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or other means.
- The state monitors service plan development in accordance with its policies and procedures.
- Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.
- Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.
- Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.

Health and Welfare

Sub assurance:

- The state, on an ongoing basis, identifies addresses and seeks to prevent the occurrence of abuse, neglect, and exploitation.

Financial Accountability

Sub assurances:

- State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.
- The state is developing a statewide rate setting methodology that will result in re-based rates by July 2012.
- State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.

Quality management gauges the effectiveness and functionality of program design and pinpoints where attention should be devoted to secure improved outcomes.

Program design features and quality improvement strategies will be consistent across all OLTL programs; however will vary from program to program when necessary, depending on the nature of the program's target population, the program's size, the services that it offers, its relationship to other public programs, and additional factors.

BASIC CMS QUALITY IMPROVEMENT INFORMATION

All waivers must have Appendix H completed as part of their application. This section is the improvement function of discovery, remediation and improvement.

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. The State is required to have, at the minimum, systems in place to measure and improve its own performance in meeting the six specific waiver assurances and requirements.

It has been determined to be more efficient and effective for the Quality Improvement Strategy to span multiple waivers and other long-term care services. This endeavor will begin with the CMS waivers and will span all OLTL Programs.

Quality Improvement Strategy: Minimum Components

In each waiver application the discovery and remediation sections are located through out the application in Appendices A, B, C, D, G, and I), and 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, we describe (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 QMS** and revise it as necessary and appropriate.

Pennsylvania's Quality Improvement Strategy

As part of our reorganization, the OLTL has recently created an Office of Quality Management, Metrics, and Analytics (QMMA) to support other OLTL Bureaus and Programs regarding quality improvement. The QMMA is composed of:

- * Quality Management Section
 - * Quality Management Unit (QMU)
 - * Quality Management Efficiency Teams
 - * Quality and Compliance Specialists
- * Metrics and Analytics Section (M&A)
 - * Data Collection and Reporting Unit
 - * Analytics

The goals of the OLTL Quality Management Unit (QMU) 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 framework within OLTL based on the 7 focus areas of the CMS Quality Framework Focus Areas and desired outcomes:
 - Participant Access
 - Participant-Centered Service Planning and Delivery
 - Provider Capacity and Capabilities
 - Participant Safeguards
 - Participant Rights and Responsibilities
 - Participant Outcomes and Satisfaction
 - System Performance

- ❖ 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 strategies

The mission of the QMU 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.

The QMMA's work is to quantify, analyze, trend, and make initial recommendations regarding priorities and specific quality improvements to OLTL systems.

The process for trending discovery and remediation information (data) begins with QMMA receiving the data from various points in the OLTL system. Database aggregations 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, the QMMA records information from field observations and record reviews to qualify the information gathered via administrative data. QMMA also relies on information provided by local non-state entities and the subsequent review of those entities to identify, track, and trend quality management issues.

In order to prioritize the quality management issues, the QMU has assigned each assurance to a Quality Management (QM) liaison to review the reports provided through tracking and trending and determine possible causes of aberrant data. The QM liaison will make initial recommendations and prioritize issues for problem solving or corrective measures. The QM liaison will review and respond to aggregated, analyzed discovery and remediation information collected on each of the assurances.

The QMMA will internally review the assessments made by the QM liaison. For those issues that are considered critical by the QM liaison, an expedited process of review will be implemented. The QMU summarizes the list of priorities and recommendations in a quarterly report to present to the Quarterly Quality Management Meeting. The Quarterly Quality Management meeting participants consist of appropriate QMMA staff, OLTL Bureau directors (or designee) and internal subject matter experts. The comments from the Quarterly Quality Management meeting will be considered and included in a revised report for the

Quality Council. The Quality Council is comprised of internal and external stakeholders whose recommendations will be reviewed by the Director of QMMA. The Director makes final recommendations as to action needed for system improvements to the Deputy Secretary of OLTL.

Once authorization is received to implement the quality improvement recommendations, the QMMA will assist appropriate parties in developing quality management improvement strategies that require system design change. The QMMA office in conjunction with the appropriate OLTL bureau will ensure the strategies are implemented and will evaluate the effectiveness of the strategies against data that is tracked and trended. Additional reports to narrowly track the effect of system changes will be developed and produced by Metrics & Analytics and given to QMU for analysis. The analysis will be reviewed in the same manner as other reports created by the QM liaison.

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

The Quality Improvement Strategy (QIS) will be evaluated on an on-going and continuous basis through the implementation of the work plan. Periodic evaluation will occur every two years when the QIS is reviewed by the Quarterly Quality Management Meeting and the Quality Council.

The Quality Improvement System outlined applies to the Aging (control number 0279) and Attendant Care (control number 0277) 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 the point of the renewal.