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 and Provider Management (BQPM) 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 BQPM 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 Management Unit (QMU) and the Quality Management and Efficiency Teams (QMET).

The functions of the Division of Quality Assurance are:
•   To conduct quality monitoring of long term living programs and services to ensure compliance with federal and state regulations and the 6 waiver assurances
•   To conduct provider monitoring to align with the 6 assurances to gather accurate data to determine compliance
•   To compile reports for on data for the 6 assurances to measure the effectives of program design and suggest improvement initiatives
•   To use data to support the development and implementation of policies and protocols to insure quality program outcomes
•   To develop and implement training and technical assistance for staff, providers and participants to insure quality service delivery
•   To convene a Technical Assistance Workgroup comprised of OLTL staff to insure consistent policy communication to providers and staff
•   To collaborate with other bureaus in the OLTL, external stakeholders, other state agencies and the Quality Council to effectively implement this QIS
•   To recommend strategies for continuous quality improvement
•   To maximize the quality of life, functional independence, health and welfare and satisfaction of participants in OLTL waivers

The following reports are used to collect data which is then analyzed by the QMU to implement the QIS. The frequency of data compilation is indicated after each report. Each of the reports listed below was specifically designed to collect the data needed to assure compliance. The QMU works with various other bureaus and divisions in the OLTL to ensure the reports and data collected are valid and being set up and compiled correctly. The reports are monitored to determine possible causes of aberrant data and compliance issues.

Administrative Authority Assurance:
•   Level of Care Determination Report - Quarterly

- Independent Enrollment Broker Contractual Obligation Report for Area Agencies on Aging - Quarterly
- Initial and Annual Level of Care Report - Quarterly

Qualified Provider Assurance:
- Qualified Provider Report - Quarterly
- Initial Provider Enrollment Report - Quarterly

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

Financial Accountability Assurance
- Onsite Paid Claims Report - Quarterly
- PROMISe Paid Claims Report - Monthly
- FEA Deliverable Report - Monthly

The reports obtained are reviewed by Quality Management Liaisons (QML) in the QMU. Data is analyzed and reviewed for each assurance. When areas of low compliance are identified, strategies to mitigate the non-compliance are discussed first with the Unit Supervisor, then Division Director and subsequently at the Quality Management Meeting with representatives from each bureau in OLTL in attendance. At that meeting, each member of the group suggests and discusses ideas to increase compliance with the particular assurance previously identified as problematic. An agreement is reached on a plan to roll out to involved entities, such as providers or contracted entities. The bureau responsible for the entity is directed to implement the plan and follow up for technical assistance. Compliance with the assurance is then monitored closely to insure the compliance rate increases. If this is not the case, the process begins again until the compliance rate increases to the acceptable level.

Quality information is reported to agencies, waiver providers, participants, families and other interested parties in several ways. The OLTL distributes information internally during monthly Quality Management Meeting. These meetings are comprised of OLTL Bureau Directors and/or designees as well as other OLTL staff who may be invited. Information related to the performance measures is shared and if needed remediation is discussed for achieving targeted goals. After discussion, at the Quality Management Meeting. Quality information is also presented at the Department of Human Services (DHS) Medical Assistance Advisory Committee Meetings as requested. These meetings involve DHS and stakeholders. The OLTL also provides data as requested to providers, participants and other 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.

Summarized below are the system improvement activities followed in response to aggregated, analyzed discovery and remediation information collected on each assurance.
1. The QML for each of the assurances reviews the data collected to determine compliance issues.
2. The data collected is aggregated for tracking and trending.

3.   The QML makes initial recommendations and prioritizes issues for problem solving and corrective measures to the Unit Supervisor.
4.   The Unit Supervisor reviews the recommendations and presents the issue to the Division Director.
5.   Issues are then placed on the agenda for the Quality Management Meeting.
6.   At the Quality Management Meeting, issues and data are presented to the members.
7.   Recommendations are made to remediate the issue.
8.   The Director of the BQPM makes the decision on which plan will be used to remediate.
9.   The appropriate bureau implements the plan with the responsible entity and provides technical assistance to implement the plan.
10.   The QML insures that the plan was successful by reviewing the compliance data following implementation of the plan.
11.   The QML reports on the success of prior remediation activities at Quality Management Meetings.

This above process outlines the OLTL QIS. The QIS is reviewed at each Quality Management meeting (monthly) to insure the QIS is working and on target.

The roles and responsibilities are as follows:

Quality Management Liaisons:
•   Identify and collect needed data
•   Ensure that data from reports is valid and accurate captures compliance with the 6 assurances
•   Aggregate, review and analyze data to identify issues and trends
•   Identify compliance issues
•   Look for aberrant data and determine causes
•   Make initial recommendations for problem solving, corrective measures and system changes
•   Follow up on effectiveness of remediation plan and recommend alternatives if plan is not achieving desired result of reducing non-compliance
•   Develop mandatory training for Service Coordinators on Assurances

Unit Supervisor and Division Director:
•   Review QML issues and recommendations for inclusion in the monthly Quality Management meetings.
•   Maintain an Issues Chart to track progress on remediation and system changes and insure the issue is resolved and non-compliance is reduced.
•   Hold monthly Quality Management meetings with OLTL Bureau Directors to discuss trends and plans to correct quality issues.

Representatives from OLTL Bureaus:
•   Attend meetings
•   Make recommendations and suggestions to remediate issues and system changes
•   Review recommendations made by QML
•   Monitor follow up and results

BQPM Director
•   The Director of BQPM oversees the daily progress of activities related to the performance measures outlined in the waiver. The Director also reviews and has input on the identification and collection of all data to be used in reports during the monthly Quality management Meetings and also what may be shared with the Medical Assistance Advisory Committee. The Director will also make final decisions on plans to be followed to remediate identified issues.

ii.   System Improvement Activities

Responsible Party *(check each that applies):*	Frequency of monitoring and analysis *(check each that applies):*
X State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	X Quarterly
☐ Quality Improvement Committee	☐ Annually
☐ Other Specify:	☐ 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:
•   Monthly Quality Management Meeting will be held with the sole purpose of looking at the QIS and evaluating the effectiveness of the strategy.
•   Prior to submission of the Evidentiary Based Review for the waiver renewal, a Quality Management Meeting will be held for the same purpose.
•   Independent persons not associated with OLTL will be invited to access the effectiveness of the strategy.
•   The Issues Chart will be made available along with a summary of the steps taken to resolve the issues.
•   The Independent Reviewer will access and make recommendations for change.
•   Annually a Quality Management Meeting will be dedicated for review of the Issues Chart and recommendations for change.

The Quality Improvement System outlined also applies to the Aging (control number 0279), Attendant Care (control number 0277), Independence (control number 0319), CommCare (control number 0386). The discovery and remediation data gathered during the implementation of the 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 of each waiver. The QIS process for the OBRA waiver will be reviewed after the EBR final report and prior to the submission of the renewal.

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

The Quality Improvement Strategy (QIS) will be evaluated on an on-going and continuous basis through the implementation of the continuous quality cycle. QIS changes will be collected and reported on the annual CMS 372s. The QIS will require a formal review every two years. For the two year review, the Quality Management Unit (QMU) Assurance Liaisons will follow the QMU QIS Evaluation Protocol, will review the waiver assurance's discovery and remediation functions, and will apply comments and recommendations. In addition the QIS Liaison will review the Improvement Strategy, collect input from OLTL and will combine the resulting recommendations with those that are reported on the waiver assurances. Additional input from the OLTL Quality Meetings will be considered and follow-up on identified issues will occur through the QIS. 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.•	The Cognos report's data is manually verified.
•	The size of the data sample is supported through the use of a sample size calculator available at: https://content.metrixmatrix.com/sample.html.
•	The report's data is randomly sorted through Microsoft Excel Macros.
•	The random data sample that is created by the Microsoft Excel Macros is used to identify the HCBS claims that are to be reviewed for a HCBS provider.

## 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

- o Yes *(Complete item H.2b)*

b.	Specify the type of survey tool the state uses:
- o HCBS CAHPS Survey;
- o NCI Survey;
- o NCI AD Survey;
- o Other *(Please provide a description of the survey tool used)*: