

Appendix H: Quality Improvement Strategy (1 of 3)

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 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 3)

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.

DHCS conducts regular and ongoing oversight of the Waiver Agencies for trending, prioritizing, and implementing system improvements, through two primary processes. On a quarterly basis, Waiver Agencies are required to submit QPRs; and on an annual basis, DHCS performs an onsite, desk, and/or virtual review of each Waiver Agency, called a QAR. The QPRs include reporting on application intake processing, new enrollments, dis-enrollments, grievances/appeals, provider appeals, provider qualifications, and incident reporting. DHCS monitors Waiver Agency performance through these reports using trend analysis to identify patterns, provides technical assistance to Waiver Agencies, requires corrective action, and/or schedules site visits to verify remediation, as determined necessary. During the annual QAR, DHCS reviews Waiver Agency case files to collect data used to measure performance, which includes but is not limited to; timeliness of assessments, re-assessments, and service authorizations; resolution of grievances/appeals and special incidents; etc. DHCS may also conduct Waiver participant and provider interviews during the QAR.

Quarterly Performance Report:

Analysis of the QPRs allows DHCS to determine that required documentation was completed on a timely basis, using the appropriate forms, and by appropriate personnel. The specific areas of review include administrative accountability, LOC assessments, timely completion of the POTs, timeliness of service authorization, provider qualifications, provider performance/complaints, and participant health and welfare.

When deficiencies are identified during DHCS' review of a QPR, DHCS informs the Waiver Agency of the findings in a formal letter that includes a request for a CAP specific to remediating the problems. The Waiver Agency is required to respond to DHCS with a written plan to remediate the deficiencies (CAP) within 30 calendar days of the date of the formal letter. The CAP must be specific about the actions to be taken, the personnel who will take the actions, and when the corrective action will be completed. Upon receipt of the Waiver Agency's CAP, DHCS monitors the resolution process to verify the remediation of the deficiency. Technical assistance is provided throughout the CAP development and implementation process on an as-needed basis.

DHCS will continue to monitor the Waiver Agency's ongoing implementation of the developed strategy, on a quarterly basis, to determine the effectiveness of the remediation and new practice(s), which may include an on-site follow-up visit to the Waiver Agency.

Quality Assurance Review:

DHCS performs annual onsite reviews, and/or electronic record reviews of each Waiver Agency, called QARs. DHCS aggregates the results of the QARs and discovery information to develop a statewide remediation approach which includes policy dissemination through the periodic Waiver Agency meetings, and HCBA Waiver policy letters, if needed. DHCS also provides onsite technical assistance or through on-going email and telephone contact with the Waiver Agency. DHCS uses this aggregate data to prioritize multi-Waiver Agency training events.

If DHCS discovers that a Waiver Agency has significant performance or compliance issues while conducting the QAR, DHCS will send a letter to the Waiver Agency to notify them of the finding(s) and that they must develop a written CAP specific to correcting the identified deficiency(ies). The Waiver Agency must provide the CAP to DHCS within 30 calendar days of the date in the written notification issued by DHCS.

The Waiver Agency's CAP must be specific about the actions to be taken, the personnel who will take the actions, and the expected completion date of the corrective action. The plan and associated actions will be monitored by DHCS and, upon successful remediation of the problem, the CAP would be closed out. Technical assistance would be provided during the QAR and throughout the entire issue resolution process.

Non-Critical Incidents and Grievances:

Waiver Agencies and DHCS will act on and document all reported or observed critical incidents that may affect the health, safety, and/or welfare of waiver participants or their service/care providers, as described in Appendix G of this Waiver. For events, incidents, or complaints that are not considered emergencies, DHCS will analyze the situation to determine whether a CAP is necessary. DHCS will work with the Waiver Agency to formulate the appropriate response to resolve a specific dispute or complaint, and/or or adopt a process to avoid similar events or incidents in the future. If necessary, DHCS may elect to utilize the QPR process outlined in this section to address the documented issues, issue a written request for a CAP, and verify the implementation and effectiveness

of the Waiver Agency’s plan. DHCS will report the results of analysis or action(s) taken, in response to individual complaints to affected participants and their family/legal representative, as needed.

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 checked="" type="checkbox"/> Annually
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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 results of DHCS’ remediation activities are analyzed to measure their effectiveness. This analysis results in system changes to the QPRs, QARs, Waiver Agency onsite review tools, and to methods of policy dissemination, technical assistance, and training.

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

Every eighteen months preceding the submission of the CMS 372 Reports, DHCS reviews the effectiveness of existing quality assurance systems to determine continued efficacy. DHCS identifies and implements system changes. DHCS changes the Waiver Agency QAR process, onsite review tool, and the QPR to reflect systemic quality improvement strategies. DHCS solicits quality improvement input from the Waiver Agency during the quarterly meetings between DHCS and the Waiver Agency.

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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):*