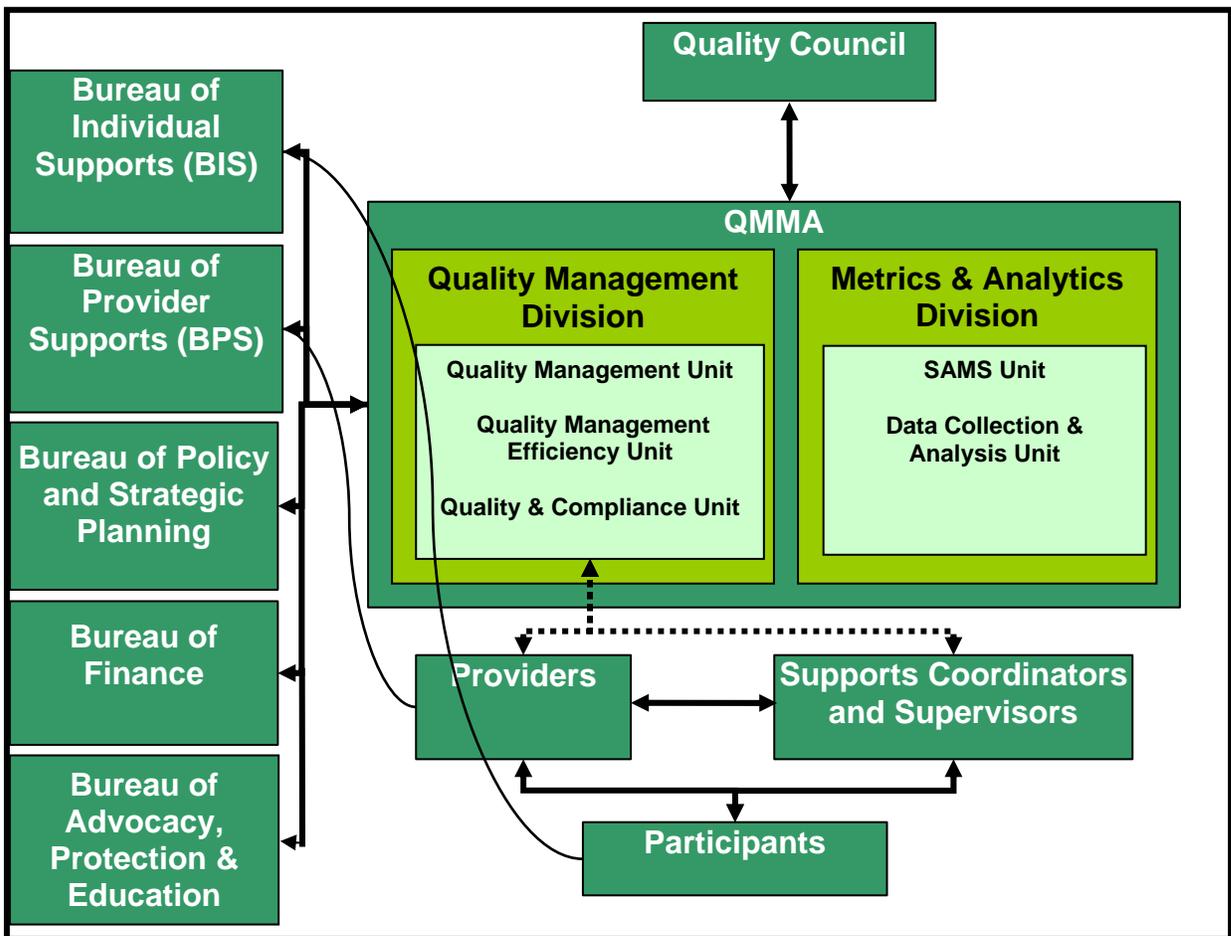


**OFFICE OF LONG TERM LIVING**  
**QUALITY**  
**IMPROVEMENT**  
**SYSTEM**

## Roles and Responsibilities for the Office of Long Term Living's Quality Improvement System

This section of the handbook describes the roles and responsibilities of the Quality Council and will also provide you with an overview of the Office of Long Term Living units. These units are important because they are the source of information provided to the Quality Council. The chart below outlines all the entities involved in the quality improvement system for OLTL and the flow of information.



## **Office of Long Term Living (OLTL)** **Quality Management, Metrics & Analytics Mission Statement**

Quality is defined by the Centers for Medicare and Medicaid Services (CMS) as *“the degree to which services and supports for individuals and populations increase the likelihood for desired health and quality of life outcomes and are consistent with current professional knowledge.”*

In order to fulfill the CMS definition of quality, the goals of the OLTL Quality Management, Metrics & Analytics Office (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 framework** within OLTL based on the 7 focus areas of the **CMS Quality Framework 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 Improvement strategies

**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.

## **Quarterly Quality Management Meeting**

The Quarterly Quality Management Meetings (QQMM) serve to provide an internal platform for the Office of Long Term Living Management staff to review quality data, identify issues, provide clarifications, make preliminary recommendations and decisions prior to the presentation of quarterly summary findings to the Quality Council. These meetings are comprised of staff from the Quality Management Metrics and Analytics Office and the Aging and OLTL Department staff. The Quarterly Quality Management Meetings meet quarterly and are open to any OLTL interested staff.

## **The Role of the Quality Council**

The Quality Council is an advisory body, which meets on a quarterly basis and reports to the Director of QMMA. The Quality Council reviews information and data from Aging and OLTL sources compiled into quarterly reports from the Quarterly Quality Management Meetings (QQMM). The purpose of the Quality Council review is to identify quality concerns and to make recommendations for changes and improvements for OLTL programs.

The Quality Council's contribution to the OLTL is recommending strategies for improving quality based on trend data collected by the OLTL. Policy input may also be provided into any new process and procedures related to quality improvement. As an entity the council does not have operational responsibilities for the implementation of the OLTL programs, nor does it have any authority over any organizational entities in OLTL.

See section 9 beginning with page 60 for information regarding OLTL waivers and programs.

## **Office of Long Term Living (OLTL) Quality Improvement Functions**

### **Quality Management, Metrics & Analytics Office**

The Quality Management, Metrics & Analytics Office coordinates and directs quality improvement activities completed by other entities within the Quality Improvement Strategy (QIS). The QMMA also aggregates quality improvement information for the Quality Council. The office conducts quality management and improvement monitoring of long-term living programs and services to ensure compliance with federal and state regulations and the delivery of quality programs to assure the health and welfare of consumers. Through the operations of two divisions (Quality Management Division and Metrics & Analytics Division), the QMMA staff ensure that program and service delivery systems achieve the desired outcomes and work closely with the Bureau of Finance and the Office of Policy and Strategic Planning to use data analysis to measure the effectiveness of program design and operations, recommend strategies for improvement, ensure fiscal accountability, and to prepare financial reports as appropriate, including reports required by the Centers for Medicare and Medicaid Services (CMS) and other regulatory agencies.

#### **The Metrics and Analytics Division**

The Quality Management Division is responsible for directing data collection and analysis activities and support for OLTL, including management and coordination of statistical analysis across OLTL programs and functions. Division staff ensures OLTL management has timely and accurate access to data to promote the efficient and effective operation of Office activities and programs. In addition the Division maintains and houses all OLTL databases related to HCBS programs, provides forecast analysis of future trends as well as cost benefit analyses in order to advise senior management on changes or additions to existing programs. The division also provides census, consumer and Analytics Division also remains the data support for Social Assistance Management System (SAMs) and the AAA network.

#### **The Quality Management Division**

The Quality Management Division is responsible for the overall compliance monitoring of the HCBS programs, both waiver and non waiver.

The Quality Management Division (QMD) consists of three Units: Quality Management Efficiency Unit (QMEU), Quality and Compliance Unit (Q&CU) and the Quality Management Unit (QMU). These units work separately; however

collaborate to integrate the Quality Improvement Strategy (QIS) to meet CMS requirements.

### **Quality Management Efficiency Unit**

The QMETs have the following responsibilities:

- Biannual provider monitoring visits.
- Monthly Regional Reports that summarize the Regional QMET's activities.
- Technical assistance with regard to training Providers and Support Coordinators while conducting provider monitoring activity.

There are five regional Quality Management Efficiency Teams (QMETs) located throughout the State and these teams are a key component of the OLTL overall quality improvement system. Their regional proximity to the actual providers of services is essential for implementation of the Quality Improvement Strategy. The Quality Management Efficiency Teams report to the statewide Coordinator of the Quality Management Efficiency Unit.

### **The Quality and Compliance Unit**

The Q&CU has the following responsibilities:

- Review participant's record for adherence to OLTL program standards, policies and procedures.
- Review level of care determination to ensure compliance in accordance with designated timeframes, level of care assessment standards, policy and procedures.
- Track and trend statewide summary of case records reviews for adherence to state and federal program standards.
- Submit Monthly Regional Report to the QMU that details Q&C regional activities.
- Technical assistance with regard to training providers and Supports Coordinators during onsite reviews.

The purpose of the Quality and Compliance Unit (QCU) is to evaluate and monitor the overall quality of the Home and Community Based programs as it pertains to the ability of the program to address the needs of the participant. The Q&CU is comprised of six regional Quality and Compliance Specialists (Q&CS) located across the state.

## **The Quality Management Unit**

The QMU has the following responsibilities:

- Administer the Toll-free Quality Assurance Help Line Complaints
- Monitor reportable incidents
- Participant Satisfaction Survey Administration
- Fair Hearings Database monitoring
- Analyze, track and trend QMET and Q&CS Monitoring Visits
- Monitor Quality Improvement Plans (QIPS)
- Analyze, track and trend Data from discovery and remediation
- Provide input for Training to promote ongoing Quality Improvement.
- Provide Quarterly Cumulative Reports and Recommendations for the QQMM and Quality Council.
- Liaison to the OLTL Bureaus on quality improvement assurances collaboration
- Generate and monitor System Improvement Plans

The Quality Management Unit (QMU) has six staff that coordinates and directs quality improvement activities completed by other entities within the quality improvement system. In addition, the Quality Management Unit provides oversight for the overall functionality of the quality improvement system. On a quarterly basis, the Quality Management Unit prepares a quality improvement summary of findings and recommendations for the Quarterly Quality Management Meeting and the Quality Council and serves as a non-voting member on the Council.

## **The Bureau of Individual Supports**

The Bureau of Individual Support (BIS) promotes prompt service delivery to consumers through the development of efficient program operational policies and practices across all long-term living funded programs for seniors and people with physical disabilities.

One important task for the Bureau is to constantly scan the horizon for best practices, assemble the “best of the best” and bring those elements into one accessible point. To avoid consumers and families being treated in a bureaucratic and procedure-bound fashion and ensuring that the “system” is adaptable to meet individual and family needs, the Bureau of Individual Support is an organization that can pull together essential resources and make them available to consumers and their families in ways that are “just right” and “just in time”.

Bureau administrative responsibilities include the state-level management of eight home and community based waiver services, LIFE, nursing home transition and diversion, Family Caregiver Support Program, transportation, enrollment services, LINK/ADRCs, the Act 150 Attendant Care Program, Senior Centers, OPTIONS and nutrition services. Implementing and improving consumer-direction in all service delivery realms is a primary focus of this bureau. The bureau administers its responsibilities as state authority through two distinct sections – *Field Operations* and *Statewide Administration and Program Procedures*.

### **Field Operations Division**

To accomplish the Bureau’s key tasks, there are five regional multi-disciplinary teams. They are composed of professionals who are familiar with the: needs and desires of older adults and Pennsylvanians with disabilities and their families; policy and practice-related practices; operations of each of the other’s aging and disability programs from which resources will be integrated; and effective program integration strategies (e.g., consumer and family empowerment).

The regional teams position themselves as an accessible neutral broker and entry point through which consumers, families and partner agencies in each region of the Commonwealth can get their concerns, grievances and questions addressed according to their individual needs and preferences. Each regional team works directly with consumers, families and partners at the local level to mobilize community resources in areas that may be exacerbated by inadequate systems and resources. The regional teams are

designed to play an integral role in the administration of programs and projects that provide quality, effective and efficient services to consumers served in the community.

The regional model takes advantage of the increasing expertise within the public and private sector in managing complex health problems at the community level and seeks to address the lack of availability of this type of resource for the Commonwealth's HCBS waiver- and State-funded aging and disability programs.

Regional structures bring an added value to the effectiveness of assistance, be it as support to consumers, families, local offices or by addressing coordination, preparedness and advocacy issues for which a regional approach is warranted. Regional teams have that local advantage—they are about strength in their own markets.

### **Statewide Administration and Program Procedures Division**

While the regional teams are the primary interface with OLTL consumers, they are not treated like “independents.” The Bureau of Individual Support's Statewide Administration and Program Procedures section, with considerable interface and communication with Field Operations, will focus on continuous assessment and improvement of program structures, operational procedures and processes including BIS strategic and operational planning, service delivery standards, performance standards and needed technical assistance.

This section will evaluate BIS objectives and operations related to the statewide administration of programs by interpreting rules and policies from Federal and State government programs and efforts. It will develop program and service delivery procedures that apply to all field operations teams to support official department policy in their day-to-day team functioning, including program areas such as senior centers, family caregivers, employment, wellness and volunteerism. The writing of bulletins/directives in alignment with department regulations and policies while insuring coordination across offices and bureaus within the department will also be the responsibility of this section.

### **Direct Integrated Care Division**

The Direct Integrated Care Division focuses on managed care models of service delivery for individuals who are frail and elderly. Primary efforts work toward integrating Medicare and Medicaid funding through monthly capitation

payments. The goals of the Division are to enable frail, older adults to live in their home and in the community as long as feasible by providing a comprehensive all-inclusive package of services to meet their needs; enhance the quality of life and autonomy for frail, older adults; maximize dignity of and respect for older adults; preserve and support the older adult's family unit.

The Division plans, develops, implements, manages and oversees the expansion of Medicaid Managed Care Programs for the frail elderly. The LIFE program, known nationally as the Program of All-inclusive Care for the Elderly (PACE), and the integrated care initiative will be developed in coordination with the Bureau of Community Development and ultimately be operationalized within this division.

### **Transition and Diversion Division**

Transition and diversion from nursing facilities is one of the options available to Pennsylvanians with disabilities and seniors so that they may receive services in the most appropriate setting by working with local agencies to facilitate transition from institutional settings and supporting local efforts to sustain consumers in the community. The goals of the division are to give people over age 65 and adults with physical disabilities a choice of where they live and receive services while preserving and re-creating ties to their community; to reduce the demand for institutional care; to transition individuals from nursing facility placement who want to live in the community; promote a strategic approach to implement a system that provides person-centered planning, is needs-based and ensures improvement of individuals' quality of life; to build the long-term care system of the future where there is a greater emphasis on home and community based services.

The Division plans, develops, implements, manages and oversees the Commonwealth's transition and diversion programs by working with key stakeholders, including consumers, advocates, and providers. The Division develops and manages transition and diversion programs, using multiple funding streams, streamlining transition-related operations. In coordination with the Statewide Administration and Program Procedures section, the Division develops uniform systems of management with clear accountabilities for reviewing and approving special needs funding requests; oversight of Specialized Services; coordination with the Bureau of Fee-For-Service (FFS) and managed care plans for people aging out of Early Periodic Screening and Diagnostic Treatment (EPSDT) and other children and youth programs.

## **The Bureau of Provider Supports**

The Bureau of Provider Support serves as liaison to the provider community serving the long-term living continuum, including nursing facilities, Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) facilities, and Home and Community Based Services (HCBS) providers. Through the operations of three divisions, responsibilities include management of field operations staff that conduct Utilization Management Review, clinical and fiscal reviews in nursing facilities to ensure compliance with applicable state and federal regulations, including compliance with Minimum Data Set completion and submission accuracy. Responsibilities include licensing of Adult Day, Assisted Living and Dom Care. Additional responsibilities include certification and enrollment of nursing facilities, ICFs/MR and HCBS providers.

The Program Exception Process provides additional payments to nursing facilities for exceptional medical equipment. Statewide support functions are provided through central office and field operations.

### **Licensing Division**

The Licensing Division is responsible for the licensure of Older Adult Daily Living Centers in Pennsylvania. To carry out this responsibility, the Division develops and maintains a licensure process, forms and applications, inspection schedules, internal policies and procedures, as well as developing standards to ensure quality in the services provided at the centers. Division inspectors conduct on-site inspections on at least an annual basis, recommend continued licensure status, investigate complaints, and provide technical assistance to prospective and licensed centers as needed. The Division is also responsible for the oversight of the Domiciliary Care program in Pennsylvania. Specific responsibilities include annually establishing the payment rate that Domiciliary Care residents pay their home provider, developing forms and applications, and providing technical assistance to the local Area Agencies on Aging that directly certify Domiciliary Care homes and place residents in those homes. Beginning in 2009, the Division will initiate licensing activities for Assisted Living Residences in Pennsylvania. Division staff will develop all licensure materials and procedures for this new licensing category and begin on-site inspections following the publication of the final form regulations.

### **Field Operations Division**

The Field Operations Division monitors nursing facility compliance with applicable State and Federal Regulations. This is accomplished through quarterly on-site monitoring visits by the Utilization Management Review (UMR) teams to review the following: Preadmission screening and Resident Review Identification

(PASRR-ID) forms, 401 (Residents rights) packets, appropriation of placement, Minimum Data Set (MDS) documentation, and financial/billing records. The financial review assures that proper payment is being made to the nursing facility and to recover any improper or overpayment that was made to the facility. The Division serves as an informational link between the Department and the nursing facility and assist as needed with any long term care initiatives, and provides technical assistance to nursing facilities in an effort to improve their MDS documentation and billing practices and processes. The Division also provides support for other Bureau Programs throughout the state as needed.

### **Provider Services Division**

The Provider Services Division is responsible for provider Medical Assistance (MA) certification and enrollment, billing inquiry and solving Provider Reimbursement and Operations Management Information System (PROMISe) issues. Provider certification and enrollment includes the MA certification and enrollment of nursing facilities, ICF/MRs and the enrollment of various HCBS waiver providers, such as, the Aging waiver, Community Service Programs for Persons with Physical Disabilities (CSPPPD), and Attendant Care. Enrollment and certification of new providers as well as maintenance of the provider data bases for existing providers is performed by this Division. The Operations Section maintains a call center to provide assistance with billing practices, regulatory and policy interpretation for the long term living providers. Additional responsibilities include: staff representing the Department at appeal hearings, exceptional payment reviews and determinations for nursing facilities, provider training and developing provider guidelines and materials.

## **Bureau of Finance**

The Bureau of Finance has overall responsibility for the budget and financial management for OLTL, bringing together several programs into a single point of accountability. The bureau will serve as liaison to DPW Budget, PDA Budget, and Governor's Budget office. Through the operations of three divisions, responsibilities include development and management of OLTL budget and related fiscal activities including rate setting, cost reports, budget updates, coordination of budget submissions, audits, fiscal management of grants and contracts, financial audits and review of financial reports and financial statements for eight HCBS waivers, nursing facility payment, LIFE, Prepaid Inpatient Health Plan (PIHP) providers and other programs as appropriate. These duties include day-to-day financial operational management, ongoing monitoring of expenditures and related information, periodic updates of budget projections, ongoing provider rate setting activities, and provision of budget analysis to help inform policy decisions. Bureau staff is headquartered throughout the state for better accessibility to providers. The bureau is responsible for the defense of audit decisions through the hearing and appeal process. Other responsibilities include providing support to internal agency budget processes, developing program revision requests, managing contracts, and analyzing statistical data to support fiscal and programmatic activities.

### **Division of Contracting and Financial Management**

The Division of Contracting is responsible for managing and supporting all contracts of OLTL. This includes working with the various functional bureaus and the Deputy Secretary's Office to advise on, and secure, appropriate procurement vehicles, execute contract, develop timelines and work plans for contracts, and monitor for effectiveness and outcomes. This division maintains a centralized contract database, manages re-issuances of procurements and tracks billing to assure continuity and coordination. The division also has the primary responsibility to review and approve AAA budgets and analyze ongoing AAA financial operations. It does this by establishing financial reporting and minimum accounting standards for the AAAs, operating allocation models to develop annual AAA budget allocations, and reviewing AAA data submissions and reports for appropriate funding allocations, expenditures, and encumbrances.

### **Division of Rate Setting**

The Division of Rate Setting is responsible for financial audits of long term living providers, review of financial reports, and supports the rate setting process across

the continuum. Staff includes auditing field staff, auditing manager, audit support functions, and is responsible for presenting evidence in audit defense processes.

### **Division of Budget**

The Division of Budget is responsible for managing OLTL budget and related fiscal management activities, including developing the OLTL budget, submitting cost to carry and spring update information to the DPW and PDA Budget Offices, and providing budget analysis information in the development of the OLTL Program Revision Requests to the Governor's Budget Offices. The staff works closely with budget staff in PDA and DPW to assure continuity and coordination across the system.

## **Bureau of Advocacy, Protection and Education**

The Bureau consists of the **Ombudsman, Consumer Protection, Healthy Aging, Education & Outreach**, and the **Long Term Living Public Education & Outreach** divisions. It is responsible for advocacy, as well as protecting and educating the population on aging and long-term care services and options. These responsibilities include coordinating advocacy, protection, and education activities among appropriate state agencies, enforcement entities, and the general public. The Bureau also fosters organizational synergy in priority growth areas consistent with the Governor's agenda for long-term care such as increasing volunteerism and civic engagement, and strengthening senior protections and healthy aging/wellness.

### **Ombudsman**

Mandated by federal (Older Americans Act) and state legislation, the Ombudsman program involves designing, implementing, and managing a statewide reporting and investigative system to deal effectively with complaints made by or on behalf of older consumers of long-term care services. The Division advocates for systematic improvements in long-term care services through analyzing and monitoring federal and state legislation impacting consumers of long-term care services, providing training and sanction for representatives who provide local ombudsman services, and providing technical assistance and information to local ombudsman and consumers of long-term care services. Area Agencies on Aging (AAAs) implement

### **Consumer Protection Division**

Responsible for services that protect older adults against fraud, abuse, and neglect, and for managing the criminal history background check process. The **Criminal History Background Check Unit** works directly with State and FBI organizations in processing background checks and protect facilities from employing prohibited hires in LTL facilities. This division directs the administration of the Older Adult Protective Services program for the prevention and treatment of elder abuse, neglect, exploitation and abandonment. Responsibility includes coordinating services through the AAAs, developing and ensuring implementation of protective services' programs, policies, and procedures, providing technical assistance to the agencies, conducting staff training, and collecting data and reports on elder abuse, neglect, and exploitation.

## **Criminal History Background Check Unit**

Older Adult Protective Service Act (OAPSA) mandates employees or applicants hired after 7/1/1998 , in covered facilities, must obtain a report of criminal history information from the PA State Police (PSP) PATCH program (fee \$30.25). If not available, a statement from PSP that they are not on record in the central repository must be obtained.

If an employee or applicant has not been a resident of PA for the two years immediately preceding the employment application, an FBI check must be obtained, which is submitted via a paper fingerprint card to PDA who will forward to PSP—to the FBI.

## **Healthy Aging, Education & Outreach Division**

Has oversight for all health and consumer education programs initiated by the Department, including the Health Insurance Information Counseling and Assistance Program/APPRISE and the Health Promotion/Disease Prevention Program. The Division coordinates logistics for the Department's training activities, including statewide training for AAAs. It develops and produces consumer publications for the Department and will develop and maintain the Elder Corp Information, to coordinate recruitment and referral services for volunteers in the aging network.

- **APPRISE** (State Health and Insurance Program)—counseling and assistance
  - Regional Coordinators (Technical Assistance, visits, trainings)
  - LTC Apprise Hotline
- **PrimeTime Health** promotion program provides health education and disease prevention information and activities to make healthy lifestyle changes that improve overall health. Under the guidelines in the Older Americans Act Title III for health promotions in eight (8) priority areas: exercise, nutrition, chronic conditions, incontinence, mental health, injury prevention, medication management, and alcoholism.
- Partner with other state and community based organizations
- PDA's training activities—coordinates and publicizes on web site
- Manages **all** publications in various languages (Chinese, Korean, Vietnamese, Russian, Khmer (Cambodian), and Spanish)—coordinates requests (separate) to House and Senate legislative offices. Available on web site and printed materials.

- Coordinates **Volunteer Programs** including resources for support (new)
- Expos and exhibit coordination with PDA, AAA and other state agencies participation

### **Division of Long Term Living Public Education**

Manage the Department's Information and Referral services—the LTL Helpline (PSI). Provides support to bureaus in the areas of website content, training development, and outreach campaigns supporting new initiatives. The goal of this division is to help educate the public in programs designed to enable individuals to plan for their LTL needs and to access services at the local level. It also identifies resources and information for providers, health care, and other agencies with LTL options and appropriate referrals to services.

## **Participants, Support Coordinators and Providers**

Participants, Support Coordinators and Providers all have significant roles in the quality improvement strategy. The information reviewed in the quality improvement strategy relates to how the participants needs are being met. Input from participants is essential to OLTL to complete all perspectives on quality improvement. The Support Coordinators are the individuals who are charged with assuring that the services being provided to the consumer are consistent with their assessed needs, and expressed choices and preferences, as changes occur in the participant's lives. Support Coordinators are responsible for developing service plans that accurately reflects the informal supports and OLTL services that the individual is receiving and that the plan clearly documents accurate, pertinent information for the delivery of services. Support Coordinators are often the first to know if there are problems with service delivery either through direct contact with the consumer or by their completion of monitoring activities or monitoring by the Support Coordination Supervisors. Support Coordination's ongoing contact with Providers is also an essential element of quality. Complete and accurate documentation and routine reports from Support Coordinators on CMS assurances is an essential component of the QIS.

Providers of support coordination and services are expected to have internal systems of quality improvement and to not rely solely on the external monitoring done by other entities. Because Providers have consistent and ongoing contact with the participant they must be vigilant about the quality issues that impact the provision of services and the achievement of participant outcomes.

Direct information from the Participants, Support Coordinators and Support Coordination Supervisors and Providers is a vital source of quality information for the Office of Long Term Living's quality improvement strategy.