

Appendix H: Quality Improvement Strategy (1 of 2)

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 QMS 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 QMS* 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.

Appendix H: Quality Improvement Strategy (2 of 2)

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.

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 processes for developing trends, priorities and system improvements are currently outlined in the quality management section of the work plan.

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.

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 checked="" type="checkbox"/> Quality Improvement Committee	<input 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.

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 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.

- 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 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.

