

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;
- 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

State:	
Effective Date	

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.

DDA is the lead entity responsible for tracking, trending, prioritizing, determining, and implementing the need for system improvements. To determine system improvements, the DDA will review: (1) operational data; (2) results from direct observation of service delivery; and (3) findings from participant and provider interviews and surveys. The DDA will review all data and information gathered with frequent periodicity to identify emerging trends and, when an emerging trend is identified, will develop and implement a targeted system improvement. In addition, the DDA and OLTSS will continually be vigilant for the need for broad based system improvements. The process will be driven by standard operating procedures.

The analysis of discovery data and remediation information is conducted on an on-going basis via performance measure reports. These processes are supported by the integral role of other ~~waiver~~ Waiver program partners such as the Office of Health Care Quality, Health Risk Screening, Inc., etc. in providing data, analyzing data, trending and formulating recommendations for system improvements.

The Waiver program's performance information will be shared with the OLTSS and the DDA Quality Advisory Council. The DDA Quality Advisory Council is composed of various stakeholders including ~~waiver~~ Waiver program participants, family members, providers, advocacy organizations, and State representatives. The group will recommend quality design changes and system improvement(s). Final recommendations shall be reviewed by the OLTSS and DDA for considered implementation.

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 checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input checked="" type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Quality Improvement Committee	<input checked="" type="checkbox"/> Annually
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Other Specify:

b. System Design Changes

State:	
Effective Date	

- 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 DDA and the OLTSS are the lead entities responsible for monitoring and analyzing the effectiveness of system design changes.

To analyze the effectiveness of system design changes, the DDA uses performance measure data and input from national experts, communities of practice, and survey tools. The DDA regularly consults with participants, their families, the National Association of State Directors of Developmental Disabilities Services (NASDDDS), and other experts to ensure that system design changes benefit participants and their families. The DDA also uses the National Core Indicators (NCI)[™], which is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. These National Core Indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. These National Core Indicators address key areas of concern related to developmentally disabled individuals including employment, rights, service planning, community inclusion, choice, and health and safety.

For specific system improvements, DDA will monitor the antecedent data to ascertain whether the interventions have had the desired, positive impacts (based on ongoing review of the informing data). If systemic improvement efforts do not appear effective, DDA will institute additional or alternative approaches to effect positive and lasting changes.

The OLTSS monitors performance of this requirement by participating in the DDA Quality Advisory Council and reviewing the DDA’s quality reports on the effectiveness of system design changes.

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

The DDA will evaluate quality improvement strategies and results on an annual basis unless otherwise noted in the strategy description. The DDA will share information regarding its evaluation of the QIS in the annual quality report that is submitted to the OLTSS.

Appendix H: Quality Improvement Strategy (3 of 3)

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 :**

State:	
Effective Date	

- **NCI AD Survey :**
- **Other** *(Please provide a description of the survey tool used):*

Proposal

State:	
Effective Date	