



Reframing Approaches to Quality Management in HCBS From the Individual's Perspective



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This presentation is offered through the CMS HCBS-TA contract with New Editions Consulting, Inc. www.hcbs-ta.org

Today's Webinar Will Cover:

- Understanding approaches to quality
- Overview of current HCBS reporting requirements
- Discerning quality by fact and quality by perception
- Use of data and technology to enhance quality efforts
- Transparency and stakeholder engagement

Understanding Approaches to Quality

Two Quality Activities – Each Important

- **Quality Assurance (QA)**

- Measuring quality against standards
- Compliance with rules/expectations
- Tends to be retrospective, reliant on monitoring, inspection or record review

- **Quality Improvement (QI)**

- Complementary to QA activities,
- Infuses principles of continuous learning
- Plan Do Study Act models
- Tends to be prospective or proactive
- Science of QI emphasizes innovation, rapid-cycle testing, spread of practice, and turning data into information

Two Quality Activities – Importance of Data

- **Quality Assurance Data**

- Often binary data (yes/no; met/unmet)
- Fact based
- Often quantitative
- Timeliness, accuracy, completeness

- **Quality Improvement Data**

- Align with customer or partner expectations
- Variable-scaled or incremental (e.g. Likert scale)
- Often links fact based with perception based
- How much, how far, how long...
- Includes qualitative measures

Culture of Quality

- Shared understanding of trust and learning
- Deep commitment to partnership among all agencies and stakeholders
- Desire to understand what contributes to inadequate service quality
- Recognition that mistakes happen, slip-ups occur, and blaming isn't useful
- Reciprocal feedback loops between agencies that support learning, build trust and promote the pursuit of excellence
- Shared responsibility for identifying and acting on opportunities for improvement

Quality Assurance = Compliance with Standards

- Compliance with minimum standards punches your ticket to get in the door
- Meeting these standards is the floor, not the ceiling
- Go beyond for systemic improvement



Current HCBS Quality Reporting Requirements

Evidence Based Review Process

Quality Requirements Across the HCBS Authorities

- All HCBS authorities contain quality expectations
- There is a common theme among them, but there are differences
- It is important to understand these similarities and differences when developing quality strategies
- The remainder of the presentation focuses on the 1915(c) authority

Life Cycle of 1915 (c) Waiver Quality Management (1 of 2)

CMS Approach to Quality Improvement: Evidence-Based Review Process (EBR)

- CMS sends the state a letter 24 months before the expiration of a waiver
- This letter requests evidence (based on the performance measures that were included in the approved waiver) that the waiver is operating in compliance with Federal requirements
- State submission of data for waiver renewal
- CMS completes findings reports
 - Draft
 - State Responses
 - Final Findings Reports
- All items identified in the Final Findings Report must be addressed by the state before renewal

Life Cycle of 1915 (c) Waiver Quality Management (2 of 2)

372 Reports

- The CMS-372(S) requires that a state report for each waiver year financial/statistical and other information about the waiver.

- (a) the unduplicated number of persons who participated in the waiver during the waiver year;
- (b) the number of participants who utilized each waiver service;
- (c) the amount expended for each waiver service and for all waiver services in total;
- (d) the average annual per participant expenditures for waiver service;
- (e) the total number of days of waiver coverage for all waiver participants and the average length of stay (ALOS) on the waiver;
- (f) expenditures under the state plan for non-waiver services that were made on behalf of waiver participants and average per participant expenditures for such services (based on the number of participants who utilized such services); and,
- (g) information about the impact of the waiver on the health and welfare of waiver participants.

2014 Quality Guidance in 1915 (c) Waivers

State Associations, states and CMS collaboration resulted in March 14, 2014 guidance¹:

Key Changes:

- Emphasizes health and welfare monitoring and outcomes
- Although states must continue to remediate issues, reporting on individual remediation to CMS is not required except in **substantiated instances of abuse, neglect or exploitation**
- Quality improvement projects/remediation required when the threshold of compliance with a measure is at or below 85%
- Quality measures of multiple 1915(c) waivers may be combined when waivers are managed and monitored similarly

¹Modifications to Quality Measures and Reporting in §1915(c) Home and Community-Based Waivers

Notes on the Word “Assurance”

- By its nature, the term Assurance refers to minimum guarantees
- Quality Assurance is often the minimum standards to which an organization agrees as the baseline
- Quality Improvement refers to going above and beyond the assurances

Assurances within 1915(c) Waivers

- Administrative Authority (Quality Improvement: Appendix A)
- Level of Care (Quality Improvement: Appendix B)
- Qualified Providers (Quality Improvement: Appendix C)
- Service Plan (Quality Improvement: Appendix D)
- Health and Welfare (Quality Improvement: Appendix G)
- Financial Accountability (Quality Improvement: Appendix I)

CMS guidance on the assurances and sub-assurances can be found here:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/3-CMCS-quality-memo-narrative.pdf>

Health and Welfare System Components Are Interconnected

Create alignment among the data and the reporters

- Specifying the qualifications of waiver providers and verifying that providers continuously meet these qualifications;
- Periodically monitoring the implementation of the service plan to ensure participants receive services they have been assessed to need;
- Identifying and responding to alleged instances of abuse, neglect and exploitation that involve waiver participants' health and welfare;
- Instituting appropriate health and welfare safeguards concerning practices that may cause harm to the participant or restrict participant rights.

Compliance Levels

- It is the state's obligation to demonstrate it has met the assurances and sub-assurances
- CMS evaluates the evidence submitted and determines if the state demonstrates or does not demonstrate each assurance and sub-assurance
- CMS may include recommendations for improvement, even if the state demonstrates the assurance

Remediation Reporting Requirements

Current Revised Remediation Reporting

Individual remediation does not have to be reported in the Evidence Report submitted by states, with the exception of substantiated instances of abuse, neglect and exploitation.

Expectation that states have a mechanism for measuring effectiveness in addressing non-performance; results are subject to audit by CMS.

States must ensure they are conducting systemic remediation in areas where performance levels lower than 86% exist. CMS may institute an audit to assure remediation is occurring

Quality Improvement Strategy

- A Quality Improvement Strategy (QIS):
 - Minimally, explains how the state will meet **assurances** set forth in Section 1915(c) of the Social Security Act and accompanying regulation, including those codified at 42 CFR 441.301 and 441.302
 - Can exceed the minimum assurances and include areas the **state deems critical** in achieving the **purpose of the waiver**
 - At time of application, QIS must be in place; **expect it will change over time**
 - **Describes the sampling approach** used: simple, systematic, stratified, or other methodology
 - Describes the **roles and responsibilities** of all who have a role in any aspect of discovery, remediation or systems improvement

Full Picture of 1915(c) QIS

- Components of the QIS are included in specific appendices
- Appendix G specifically addresses Participant Safeguards with some detail
- Systemically, quality is addressed in Appendix H
 - How information about performance is used to identify and prioritize areas for system improvement;
 - How quality improvement information is compiled and communicated; and,
 - The process that the state will follow to assess the effectiveness of both the system improvement and the QIS, and revise it as necessary and appropriate.

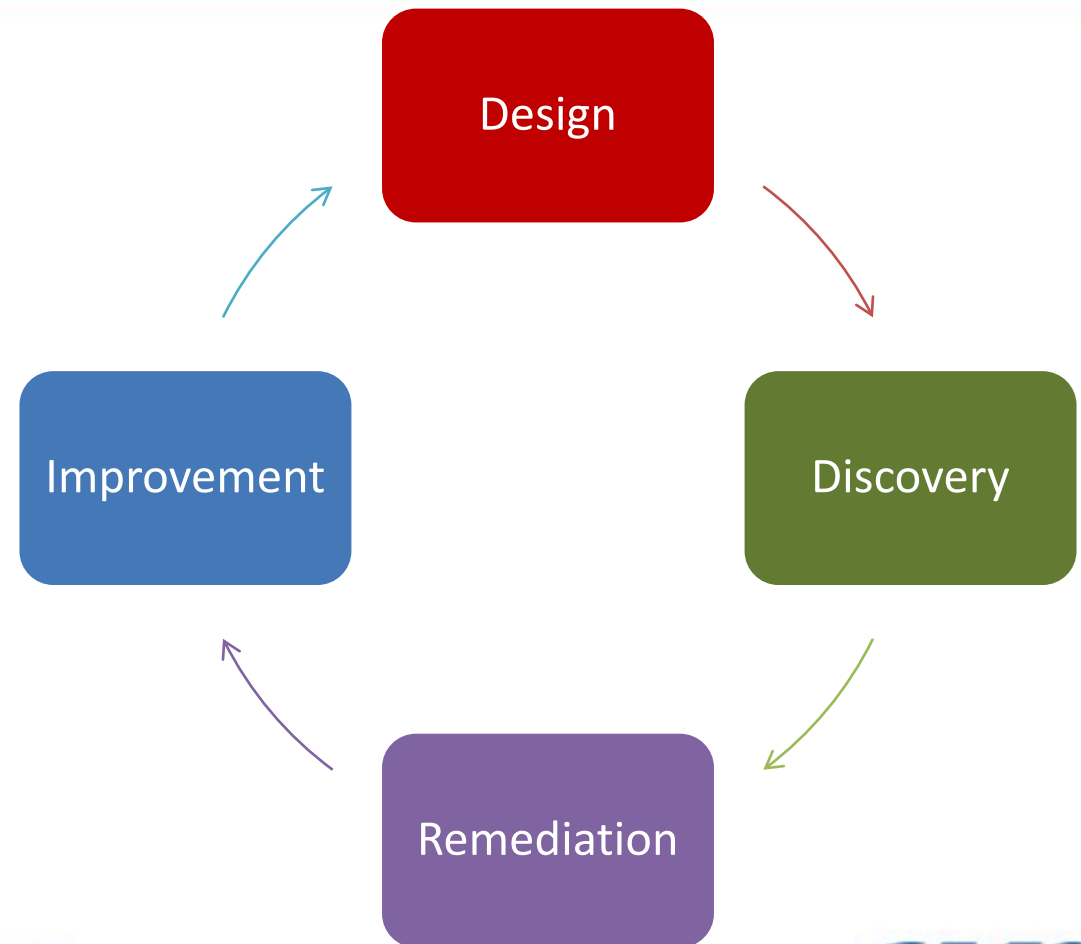
Systemic Quality Improvement (QI) Projects

- If compliance on any performance measure is less than 86%, states must conduct further analysis to determine the cause(s) of performance problem(s).
- Based on further analysis, a QI Project must be developed.
- Evidence Report must describe QI Project(s) undertaken & status.
- States are encouraged to mobilize existing state quality activities as available to target identified issues (e.g. a state's fall prevention program).

All § 1915 HCBS Authorities Must Have a QIS

Quality Assurance and Improvement
Must describe how state(s) will conduct activities around:

- **Design**– Design of a quality improvement strategy
- **Discovery** – monitoring and data collection
- **Remediation** – plan to address deficiencies
- **Improvement** – measurable change in quality issues system-wide



Fundamental Components of All Quality Systems

Quality Strategy Helps Drive You Forward

“Improving your quality by means of the annual report is like driving your car by only looking through the rearview mirror.”

Dr. Myron Tribus”



Covering Both Aspects of Quality

Quality is...

- Conformance to Requirements (Philip Crosby)
 - Who determines this?
Regulators or payers
 - Objective
- Fitness for Use (Dr. Joseph Juran)
 - Who determines this?
Customers
 - Subjective

Compliance

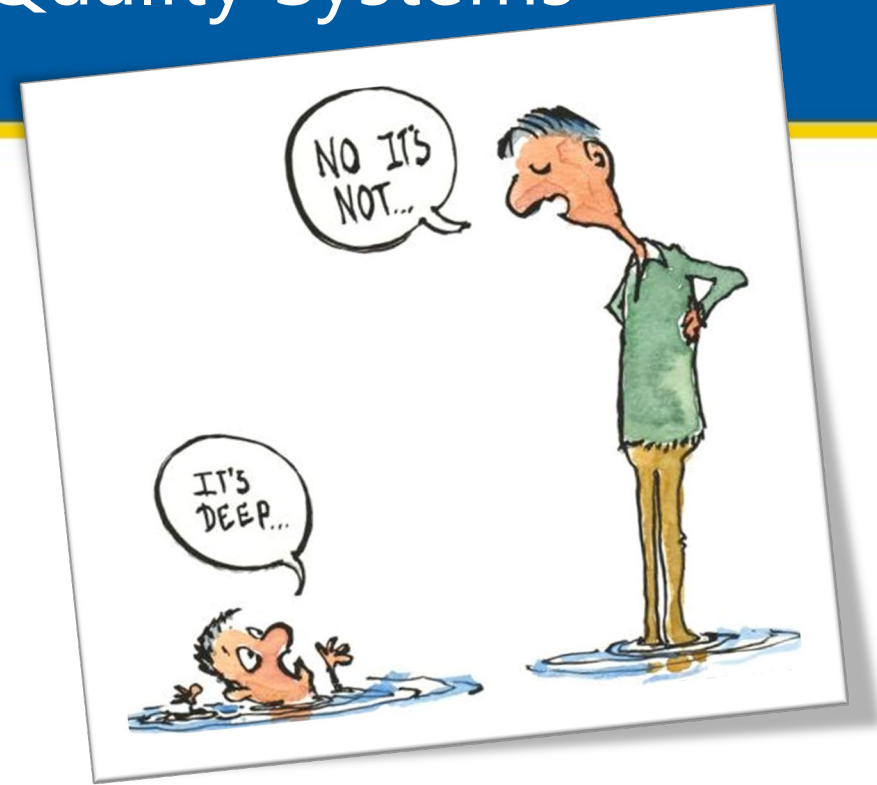
**Person Reported
Outcomes (and
more)**

www.juran.com

www.asq.org

Two Key Components of All Quality Systems

- Quality by Perception
 - opinion, impression, influenced by values, senses, emotions, but nonetheless important
- Quality by Fact
 - evidentiary, indisputable, tends to be binary, can be “proven”



Quality Management Systems take a **both/and** approach, rather than **either/or** approach to these measure types

Beyond Compliance with the Minimum Standards

- Voice of the Customer
- System level performance, derived from aggregation of individually reported outcomes
- Through technology, create a unique combination of process, outcome and satisfaction
 - Quality by Perception (derived directly from customer reported measures and/or surveys)
 - Quality by Fact (data from the record, claims systems, demographics)

Systemic Approach to Quality



From HCBS Regulations

Examples of Quality by Fact and Perception for the HCBS Regulations

Quality by Fact	Quality by Perception
The service plan includes health and safety risk assessment <i>42 CFR Part 441.301(c)(2) (vi)</i>	The service plan includes preferences for what's important to the person <i>42 CFR Part 441.301(C)(2)</i>
HCBS settings include the presence of a lease-like document <i>42 CFR 441.301 (c)(4) (A)</i>	The HCBS setting includes the person's preferences for how his/her room decorated <i>42CFR 441.301(C) (4) (vi)(B)(3)</i>

Missouri Experience and Outcomes Leveraging Fact and Perception Data (1 of 3)

Individual and Family Feedback
(via direct consumer survey)

Informs

Identification of Areas for Service Delivery and Systems Enhancement

Impacts

Change

Missouri Experience and Outcomes Leveraging Fact and Perception Data (2 of 3)

- The Missouri Quality Outcomes(MOQO) were developed as a result of listening to people with disabilities, their families, and advocates. The outcomes were designed to encourage personal quality of life outcomes with individual focus on leading a self-determined life, including personal values, choice, health, safety, inclusion and self-advocacy.
- The MOQO provide the framework for quality of life measurement. The goal is to provide continuous improvement of services and supports to individuals with intellectual and development disabilities.
- The Division utilizes the information obtained from direct consumer surveys to identify areas of services and supports in need of enhancement.

<https://dmh.mo.gov/dd/docs/missourqualityoutcomes.pdf>

Missouri Experience and Outcomes Leveraging Fact and Perception Data (3 of 3)



People Participate in Meaningful Daily Activities of Their Choice

This outcome is designed to support individuals to make informed choices and encourage self-determination in pursuing daily activities of their choice while exploring the full range of options. This includes employment, volunteering, use of free time and participating in activities of their choice. Outcomes/Supports should be individualized to assist in achieving maximum potential.

Adult Consumer Survey

Would like a Paid Job in the Community (N: 189)

44%

Has a Paid Job in the Community (N: 392)

9%

Decides or has help deciding their daily schedule (N: 392)

92%

Missouri Quality Outcomes Survey

- 11% *always* have help to explore new job opportunities in their community

Feasibility and Level of Effort

Aim

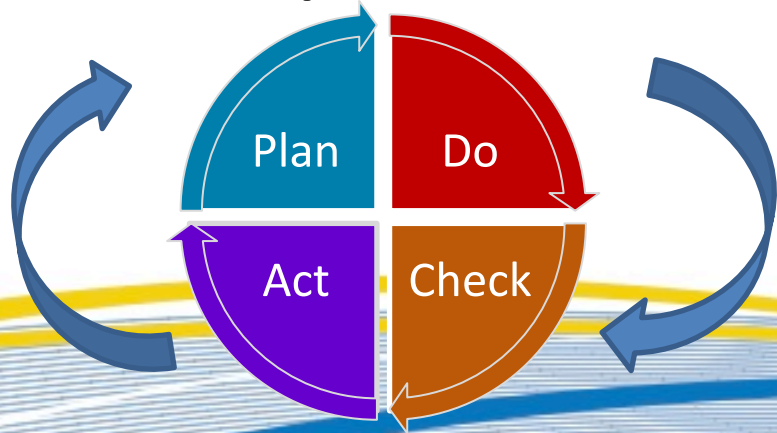
- What are we trying to accomplish?

Measure

- How do we know that a change is an improvement?

Change

- What change can we make that will result in improvement?

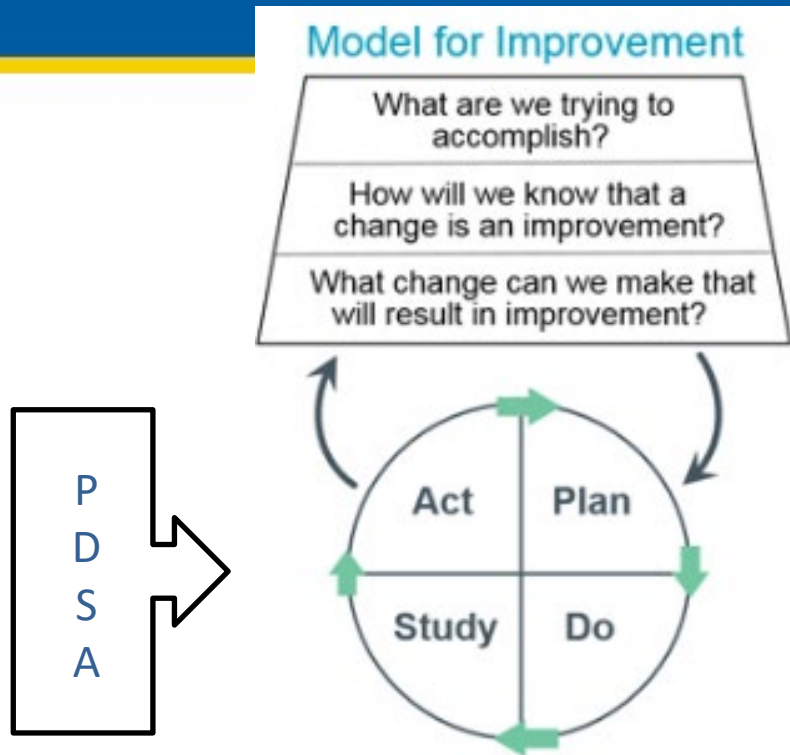


The Model for Improvement[®]

3 Simple Questions;
Followed with Rapid PDCA Cycles

© copyright Associates for Process Improvement

Quality Improvement



What are we trying to accomplish? [**GOAL**]

How will we know that a change is an improvement? [**MEASURES**]

What change can we make that will result in improvement? [**ACTION**]

Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. [The Improvement Guide: A Practical Approach to Enhancing Organizational Performance](#) (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.

Performance Measures are Key

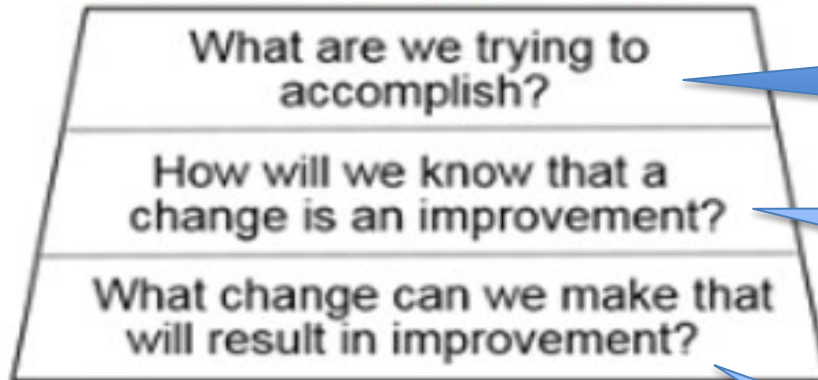
- Across all system components, the development of performance measures are central to a successful quality approach
- Identifying effective performance measures, therefore, requires an understanding of the variations in types and use of data available.
- Attachment D to the 1915c HCBS Waiver Technical Guidance provides detailed explanation of the development of effective Medicaid HCBS measures

Types of Data in Quality Improvement

- **Input data:** the resources your organization invests, or puts into, a process or service, so that something is delivered or produced
 - # of referrals received for employment services/requests received
 - # of providers identified as qualified to deliver employment services
- **Process Data:** measures the effectiveness or efficiency of a specific process.
 - # of employment service requests initiated within 5 days compared to the total number of requests received
 - # of employment service authorizations requiring resubmission due to errors
- **Output Data:** the results of the services your organization delivers
 - # of hours worked in competitive employment within each region of the state;
 - # of people who indicate they would like a job but do not have an employment goal or service in their PCP

Process for QI: Employment

Model for Improvement

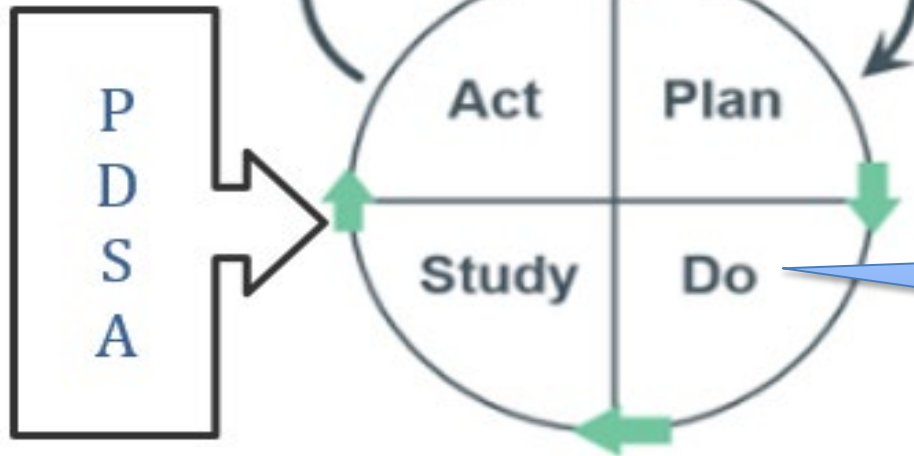


Goal: Increase rates of paid, community employment to an average of __% within one year.

Identify measures/indicators to monitor (see next slides)

What Changes could be made?

Which of the quality tools would you use to test your changes?



Sample of Fact and Perception Questions

FACT

Has a paid job
in the
community

PERCEPTION

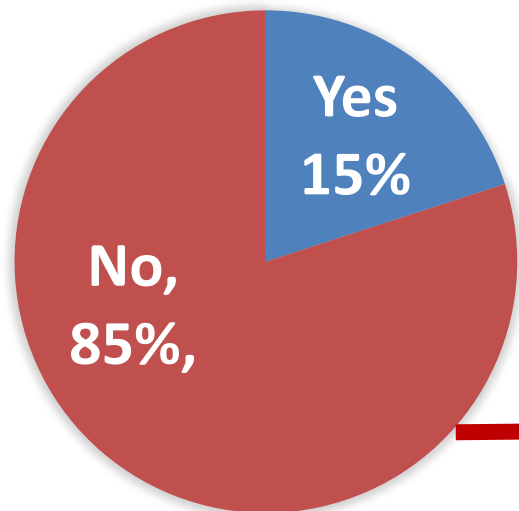
Would like to
have a job in the
community

FACT

Has employment
goals/ services in the
service plan

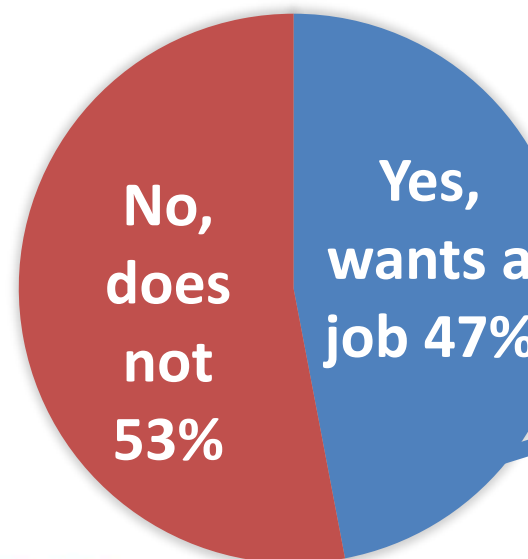
Paid Job in the Community- Average Results from Individual Surveys: Fact and Perception

HAS A PAID JOB IN THE
COMMUNITY



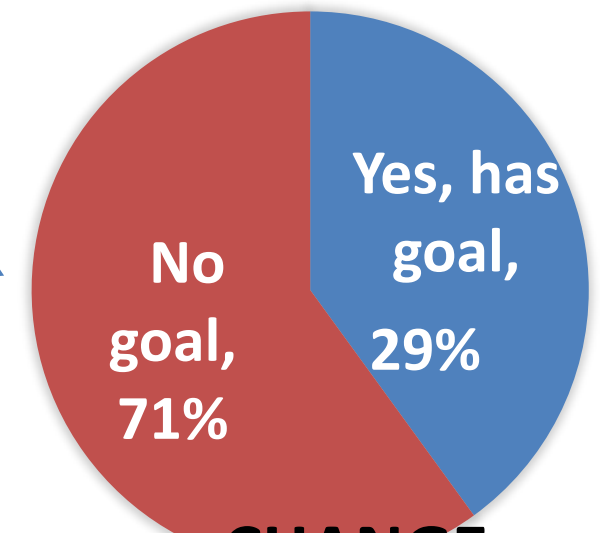
GOAL

OF THE 85% WITHOUT A PAID JOB
IN THE COMMUNITY, WANTS A
JOB IN THE COMMUNITY?



MEASURE

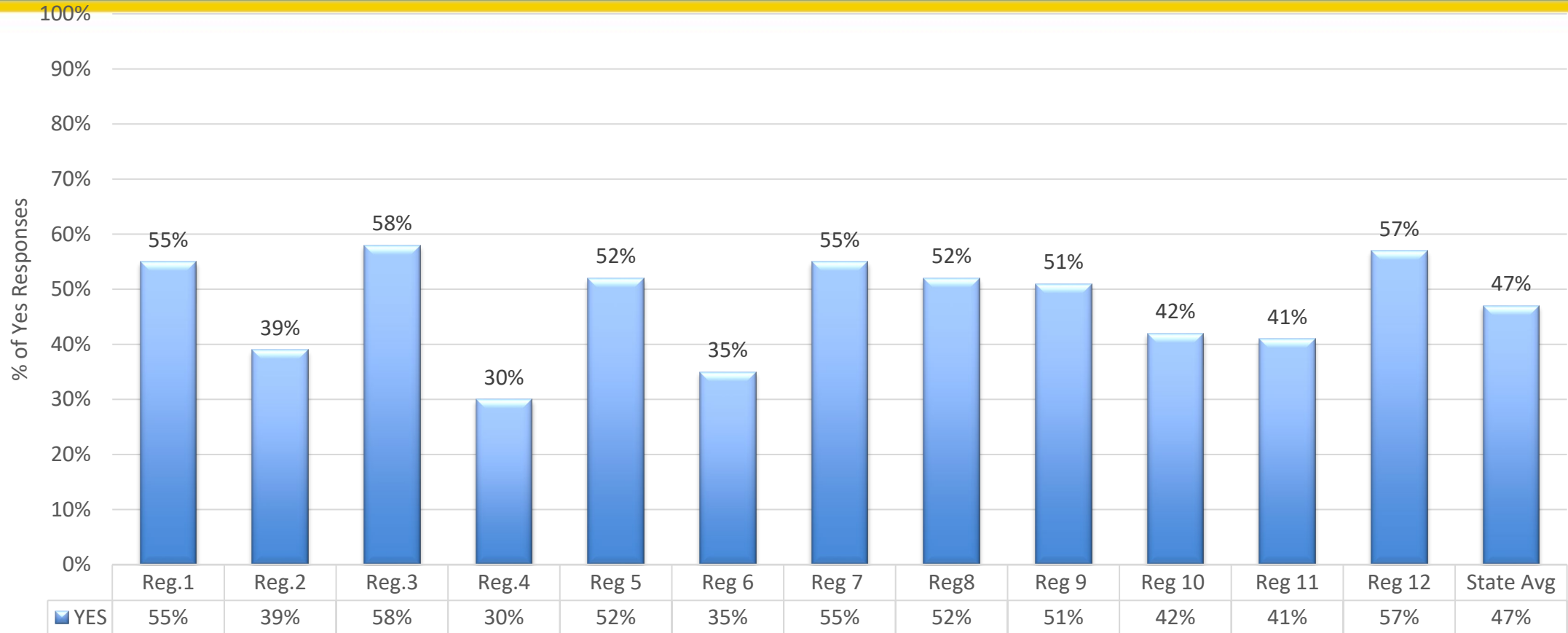
OF THOSE WITHOUT A PAID
JOB , WHO WANT A PAID
JOB IN THE COMMUNITY,
THOSE WITH EMPLOYMENT
GOAL IN ISP



CHANGE

Perception: Would Like a Paid Job

Would like a paid job, and has a goal for employment in PCISP



Regional Results

■ YES

Using Technology to Support Data Access

- States have the opportunity to receive enhanced matching rate for certain administrative functions, including functions related to technology acquisition, design and implementation through the Medicaid Enrollment and Eligibility Implementation Advanced Planning Document (IAPD)

Public Reporting of Quality Data

- Stakeholder engagement – gather information on what's important to measure, set priorities & goals, and review state & regional results
 - Also known as the Voice of the Customer in the quality world
- Transparency – making reports publicly available in easy to understand language and meaningful comparisons

South Dakota Example – Systems Data for Quality Assurance (1 of 4)

- Individual File Review (monthly)
 - Remediation by Direct Support Provider & Case Manager
- Policy & Compliance Review (biennial)
 - Remediation of policies & procedures not in compliance with Administrative Rules of South Dakota (ARSD) and waiver authority
- Provider Plan of Enhancement
 - Remediation of systemic issues discovered throughout current certification period
- Systemic Trend Review
 - DDD reviews data quarterly to identify systemic issues and opportunities to provide targeted technical assistance or training to all providers

South Dakota Example – Systems Data for Quality Assurance (2 of 4)

Print Close

CHOICES Date Printed: 10/29/2020 10:51:53 AM (jhand)

Element Overview: H&W

From Review Date: 06/01/2018 To: 05/31/2019

Selected Criteria

Provider: All Type of Review: DSP
 Review Type: DSP/Nurse Initial Program/Medical DSP/Nurse Ongoing Program/Medical DSP/CFM Initial Program/Medical DSP/CFM Ongoing Program/Medical DSP Initial Program/Medical DSP Targeted Initial Program/Medical DSP Ongoing Program/Medical DSP Targeted Ongoing Program/Medical DSP CTS
 Review Class: CMS Sample

Element	Total	Number NA	Number Incorrect	Percent Incorrect	Number Correct	Percent Correct
ANE Participant Training	200	0	10	5.0%	190	95.0%
ANE Reporting	200	162	10	26.3%	28	73.7%
ANE Response	200	170	6	20.0%	24	80.0%
Chemical Restraint	201	193	2	25.0%	6	75.0%
Emergency Restriction	201	181	5	25.0%	15	75.0%
Grievance Notice	201	0	9	4.5%	192	95.5%
Grievance Request	201	190	0	0.0%	11	100.0%
Mechanical Restraint	201	193	1	12.5%	7	87.5%
Medication Management	200	0	4	2.0%	196	98.0%
Meds for Procedures	199	181	2	11.1%	16	88.9%
Other Critical Events	201	139	5	8.1%	57	91.9%
Other Rights Restrictions	201	124	12	15.6%	65	84.4%
Physical Restraint	201	184	1	5.9%	16	94.1%
Psychoactive Medication	198	88	7	6.4%	103	93.6%
Release of information	200	25	4	2.3%	171	97.7%
Self-administration	200	3	19	9.6%	178	90.4%
Time Out	201	200	0	0.0%	1	100.0%

Total Elements Reviewed 1,373
 Total Elements Correct 1,276
 Overall Element Accuracy 92.94%

Print Close

Data Trends

Print Close

CHOICES Date Printed: 10/29/2020 10:53:26 AM (jhand)

Causal Factor Summary: H&W

From Review Date: 06/01/2018 To: 05/31/2019

ANE PARTICIPANT TRAINING

Causal Factor	Factor Count
No ANE annual participant training	4
ANE training - no date	4
ANE content - no CSP DDD report process	2
ANE content - no information if dissatisfied	1
ANE training - no content	1
Cases: 200	N/A: 0
Incorrect: 10	Factors: 12

Print Close

South Dakota Example – Systems Data for Quality Assurance (3 of 4)

Provider Plan of Enhancement

Waiver	Assurance	Element	Total Reviewed	Accuracy Rate
CHOICES	H&W	Physical Restraint	4	75.0
CHOICES	H&W	Other Rights Restrictions	7	85.7
CHOICES	Inspections	Other Hazardous Conditions	15	80.0
CHOICES	Inspections	Hazardous Areas	11	81.8
CHOICES	QP Policy Implementation	Behavior Support Committee	1	0.0

(CHOICES) H&W <Add Element> Add

Plan Details

Provider Comments

Emphasis on proactive measures. Physical restraint as the very last resort.

Causal Factors

Causal Factor	Times Cited
Due process inadequate - HRC	1
Due process inadequate - BSC	1

Goal Accuracy Rate	Method	Action	Completed By
86.0%	<input checked="" type="checkbox"/> Staff training	Discussed during New Employee orientation with new hires; refresher	5/31/2022
	<input type="checkbox"/> Policy revisions		
	<input type="checkbox"/> Procedure change		
	<input type="checkbox"/> File review		
	<input type="checkbox"/> Other		
	<input type="checkbox"/> Miscellaneous		

POE Required
 Provider Completed
 POE Approved
 Display Audit History

Help Edit Delete Cancel Save Print Close

South Dakota Example – Systems Data for Quality Assurance (4 of 4)

Waiver Assurance Data

Service Plan

Sub-assurance a: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

% of plans in which needs are addressed

Review Classes: CMS Sample

Elements: Psychological Assessments, Social / Developmental History, Adaptive Behavior / ILS Assessment, Dev / Voc / Ed Assessment, Assistive Technology Assessment, Personal Finances

v

Explanation: PM provides data related to participant plans that address needs based on identified elements. The Total equates to all participant files that are review class of CMS sample and contain any of the specified elements after Submit to Reports has been checked and saved.

(**Report Line ID:** 19, **PM ID:** 339)

Connecticut Example: Individual Data to Support Provider Improvement (1 of 2)

Jane Doe has one reported incident

- In October 2020, while living at Acme (location A), she fell and broke her elbow



- Demonstration of assuring minimum standards at an individual level
- Single occurrence response cycle

Connecticut Example: Individual Data to Support Provider Improvement (2 of 2)

Jane Doe: **Reported in Incident Management System**

- Oct 2020: elbow fracture while lying in location A

Jane Doe: **Detected Incidents from Claims Data**

- Oct 2020: elbow fracture
- Sep 2017: femur fracture (location B)
- Apr 2018: aspiration pneumonia (location C)

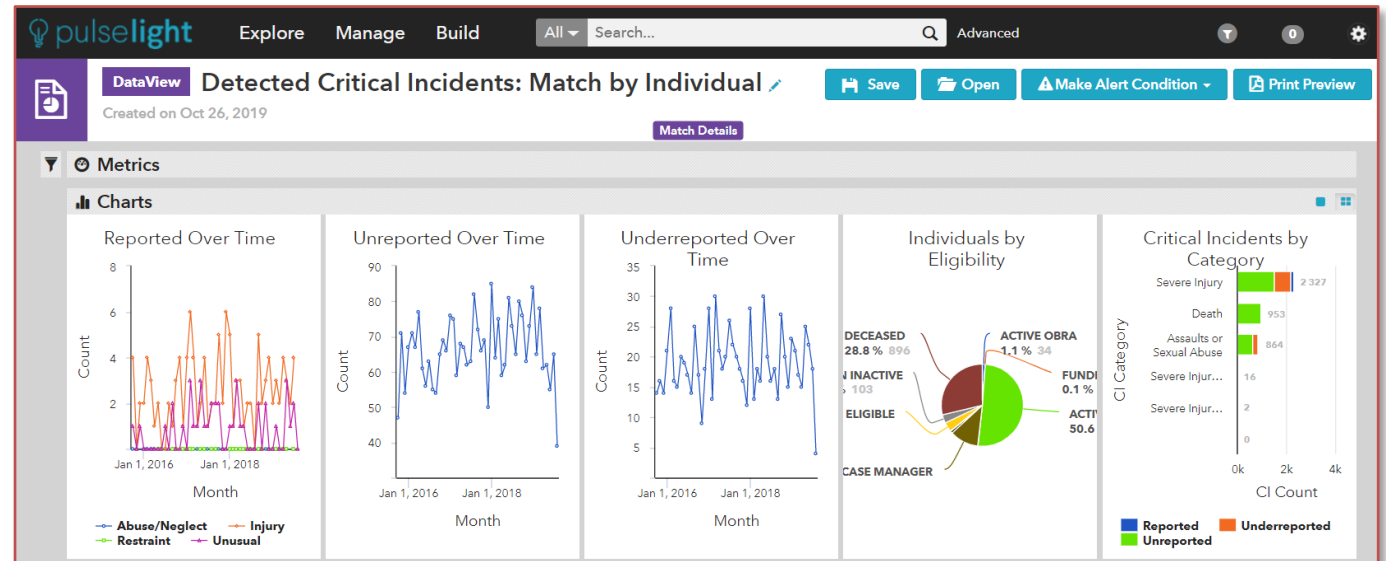


- Additional data sources can provide key information to reveal trends
- Looking at trends in an individual's life can lead to better understanding of root cause and eventually prevention
- One provider, but multiple addresses

Connecticut Example: Incident Detection System

An analytic solution that:

- Utilizes Medicaid claims and data from reported incidents
- Uses state definitions & categorizations
- Links to individual medical history and service data
- Matches expected with actual critical incident reports
- Analyzes volumes and trends of incidents by individual, residence or provider



Pennsylvania Example: Quality by Perception (1 of 2)

73%

Questions marked with a * are required

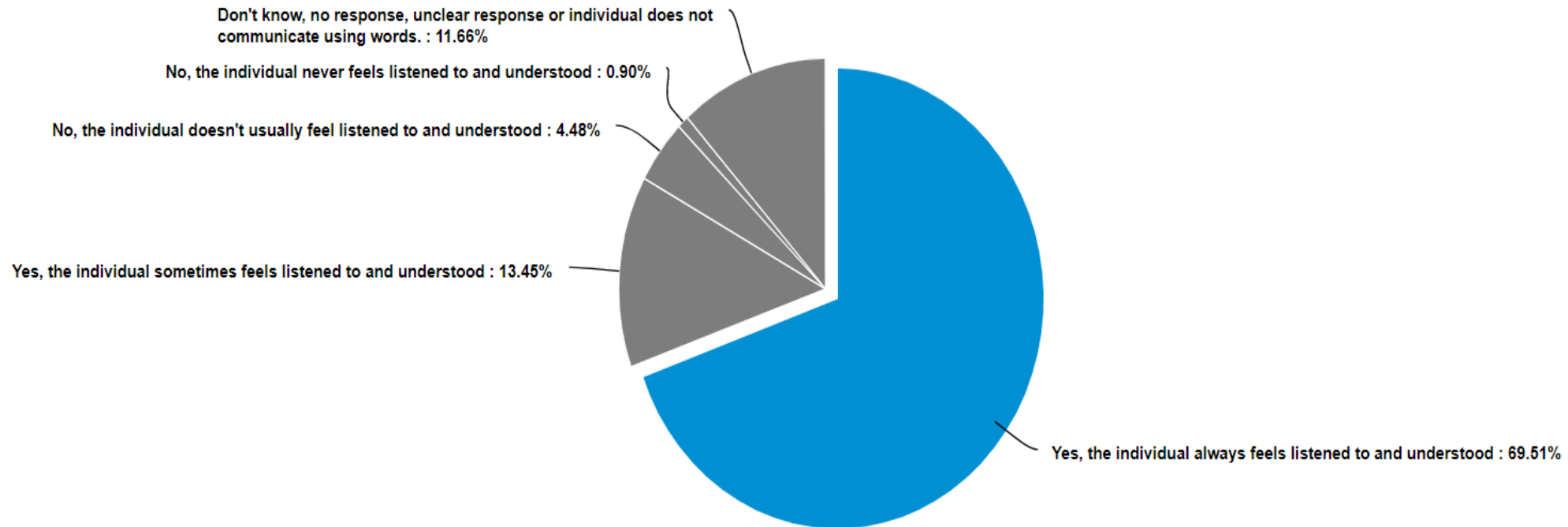
[Exit Survey](#) 

*** Q20. Do you feel that people listen to you and understand you?** 

- Yes, the individual always feels listened to and understood
- Yes, the individual sometimes feels listened to and understood
- No, the individual doesn't usually feel listened to and understood
- No, the individual never feels listened to and understood
- Don't know, no response, unclear response or individual does not communicate using words.

Pennsylvania Example: Quality by Perception (2 of 2)

Q20. Do you feel that people listen to you and understand you?



For Further Information

Resources Used in this Webinar include:

- <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/quality-summit-2014.pdf>

Questions?

Feedback

Please complete a brief (7 question) survey to help CMS monitor the quality and effectiveness of our presentations.

Please use the survey link to access the survey:

<https://www.surveymonkey.com/r/BPWY8PV>

(The survey link CAN'T be opened within the webinar platform)

WE WELCOME YOUR FEEDBACK!