

CMS Future Actions for HCBS Quality in 2003 – *Status Updates*

Recommendations — GAO	CMS Future Actions	Due Dates	Status As of 09/01/04
<p style="text-align: center;">A.</p> <p><u>Components of Quality Assurance</u></p> <p>Develop and provide states with more detailed criteria regarding the necessary components of an HCBS waiver quality assurance system.</p>	<p>1) Grants to States – Award grants to states in 2003 to improve the adequacy and quality of home and community-based services, including:</p> <p>(a) Quality Projects: Award up to \$500,000 to 12 -30 states for projects earmarked to improve state QA/QI systems, consistent with the <i>Quality Framework</i>.</p> <p>(b) Direct Service Worker Demo: Allocate approximately \$6 million to states to demonstrate improved methods of recruiting and retaining direct service workers, one of the key factors in the quality of home and community-based services.</p> <p>(c) Real Choice Grants: Allocate additional funds to help states improve specific service capabilities, such as community-integrated personal assistance services and projects to meet the CMS quality assurance requirements for self-directed service under the <i>Independence Plus</i> waiver.</p>	Sept. 2003	<p>Completed</p> <p><i>QA/QI projects</i> awarded to 19 states, totaling \$9.2 million for FY 04.</p> <p>5 states received awards in this category for <i>direct service worker demos</i>, totaling \$5.6 million.</p> <p>Approximately \$24 million in <i>Real Choice Grants</i> awarded to 38 states.</p> <p>CMS will make additional awards to states for improvement to their QA/QI systems by September 30, 2004.</p>
	<p>2) Quality Framework- Refine the <i>CMS Quality Framework</i> to provide a uniform nationwide format that enables states to describe the key components of the state’s QA/QI program in a consistent and standard manner.</p>		
	<p>(a) State/Consumer Feedback: Obtain and review feedback on the current <i>Quality Framework</i></p>	Nov. 2003	<p>Completed</p> <p>The National Association of State Medicaid Directors (NASMD), National Association of State Units on Aging (NASUA) and National Association of State Directors of Developmental Disabilities Services (NASDDDS) participated in development and confirmed support for the <i>Framework</i>. Comments were also solicited and considered from other stakeholders and consumers.</p>

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	(b) Refine the <i>Quality Framework</i>	Dec. 2003	<p>Completed</p> <p>The <i>Framework</i> was finalized in December 2003.</p> <p>In a follow-up study, more than 50% of waiver programs surveyed reported that the <i>Framework</i> was helpful in their QA/QI activities.</p>
	<p>3) <i>Independence Plus</i> – Finalize the <i>Independence Plus (IP)</i> waiver template and technical assistance package. <i>Independent Plus</i> offers states the immediate opportunity to improve quality through increased choice and control on the part of people with a disability or elderly. In addition, the template contains more specific quality expectations than other waivers and allows CMS and states the opportunity to test out the efficacy of more specific expectations, such as those centered around emergency back-up systems for personal assistance and incident management systems.</p>	Dec. 2003	<p>Revised Date – February 2005</p> <p>In the process of finalizing IP template, CMS reviewed template for all HCBS waivers, and determined the need to incorporate similar quality expectations for <u>all</u> HCBS waivers. CMS sought input from NASMD, NASDDDS and NASUA on key quality components for <u>all</u> HCBS waivers through multiple conference calls and meetings. Using that information, CMS developed a revised waiver application (first draft) for all HCBS waivers, incorporating its quality expectations. The application was issued in draft form to NASMD, NASUA, and NASDDDS on August 23, 2004. A timeline has been established in collaboration with the associations for receipt of their comments and finalization of the draft. At least one face-to-face meeting and multiple conference calls will be held with the associations during the comment period to discuss changes. <i>Expected completion date of draft application: February 2005.</i> The draft will be issued for use on a voluntary basis while CMS proceeds with formal publication.</p>

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	<p>4) Promising Practices – Identify and disseminate information on effective methods used by states to address the key components of quality assurance and/or to improve quality.</p>	<p>July 2003 & On-Going</p>	<p>Completed Six <i>HCBS Quality Briefs</i> and two other technical assistance papers highlighting promising state practices in quality were produced and disseminated to states in July 2003. This information was also made available to stakeholders and beneficiaries through the CMS website. Additional examples of promising practices in state quality activities will be identified and additional briefs developed and disseminated to states during FY 05.</p>

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<p><u>B. More Specific Information about Quality</u></p> <p>Require states to submit more specific information about their quality assurance approaches prior to waiver approval; and ensure that states provide timely and sufficient information in their annual waiver reports to monitor quality.</p>	<p>1) Waiver Applications & Renewals - Work with the major state associations to identify key components and requirements for quality assurance and improvement that merit incorporating into the application and renewal process.</p>	<p>July-Dec 2003</p>	<p>Completed</p> <p>Discussions with NASMD, NASDDDS, and NASUA held in October and December 2003 during which key components of states' quality management systems were identified and consensus reached. CMS will consider these key components in the development of the consolidated waiver application referenced above.</p> <p>See A3 above for status update on the revised waiver application and incorporation of quality requirements</p>
	<p>2) Annual State Quality Reports – Improve the timeliness, completeness, accuracy, and usefulness of the annual state reports to CMS (i.e. the “HCFA Form 372” report).</p>		
	<p><i>a) Improve Content:</i> Revise the content of the required reports to provide additional and more useful information.</p>	<p>Dec. 2003</p>	<p>Completed</p> <p>CMS sought input from its regional offices and from NASMD, NASUA, and NASDDDS on the content of the required reports, to assure more useful information. CMS has developed a revised annual reporting form to gather specific state quality information. Revised reporting form will require OMB clearance. Until clearance is obtained, the required information has been incorporated into the CMS quality oversight process.</p>

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	<p>b) Electronic Media: Convert the current paper “HCFA Form 372” to electronic reporting by states.</p>	Dec. 2003	<p>Revised Date: Early CY05 The revised HCFA 372 form, developed in collaboration with CMS Regional Office staff and NASMD, NASUA, and NASDDDS, will be submitted for CMS clearance prior to OMB review within the next 30 days. Once the revised form is approved, conversion to an electronic platform will be completed.</p>
	<p>c) Electronic Database: Establish a national, electronic, CMS database.</p>	Dec. 2003	<p>Completed An electronic database with the capability of tracking timeliness of annual reports was completed in July 2003. Development of comprehensive application and monitoring database continues while awaiting the final approval of the revised 372 form.</p>
	<p>3) Quality Inventory – Complete the national inventory of state quality assurance and improvement strategies so as to provide CMS with better information about (a) techniques used by states, (b) issues in QA/QI, (c) focus areas for future work and technical assistance with states.</p>	Dec. 2003	<p>Completed CMS, in collaboration with NASMD, NASUA, and NASDDDS completed in December 2003 an inventory of state quality assurance and improvement strategies, providing CMS with baseline information about state practices. A summary report of the inventory findings was disseminated to state agencies that administer HCBS waivers.</p>

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<p><u>C. Strengthen Federal Oversight</u></p> <p>Ensure allocation of sufficient resources and hold regional offices accountable for conducting thorough reviews of the status of HCBS quality; and develop guidance on the scope and methodology for Federal reviews, including a sampling methodology.</p>	<p>1) Training – Initiate a system of semi-annual training for central and regional office staff regarding quality in HCBS programs and the review process.</p>	<p>Oct. 2003</p>	<p>Completed</p> <p>Semi-annual training was established in 2003 with the first training occurring on September 12-14 and follow up training on September 28-29. In addition HCBS quality has been added as a standing agenda item on monthly CO/RO calls as well as additional calls regarding specific items, including procedural guidance implementation. Monthly calls with Regional Staff and technical support groups have continued throughout 2004 to support/assist Regional Office staff as they transition to the new oversight process. In addition, 4 regional training sessions are being held (July-September 2004) to provide additional training on the new federal oversight process to both regional and state staff.</p>
	<p>2) CMS Procedural Guidance – Develop and implement additional</p>	<p>Dec. 2003</p>	<p>Completed</p>

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	procedural guidance for regional offices on the scope and methodology for federal reviews, including a sampling methodology, timeliness, conduct, completion and follow-up with states.		<i>Interim Procedural Guidance</i> for more timely completion of quality reviews was issued to CMS Regional Offices on January 30, 2004, and again with minor revisions on May 28, 2004. Use of the Guidance is required by all CMS Regional Offices. The guidance begins with a standard request to states for information about their quality oversight activities, continues with a standard review tool, and concludes with a standard report to states. The new process focuses on timeliness of reviews and on continuous dialogue with the states to identify and remedy quality issues. Further guidance will be developed, following the adoption of the consolidated waiver application and revised annual quality reports.
	3) Resource and Strategy Review – Review CMS strategies and resources to determine the most cost-effective methods of ensuring (a) reviews of state HCBS programs and (b) systems improvement pursuant to such reviews.	Dec. 2003	Completed The <i>Interim Procedural Guidance</i> , referenced in C2 above, followed a review of CMS resources and previous review strategies. The new guidance enables Regional Offices to determine the intensity of each review and assign staff resources accordingly. The standardization and streamlining of the process makes it more efficient, while strengthening the focus on critical areas in quality.

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<p>D. <u>Improve State Follow-Up Capability</u> – to remedy quality problems and improve systems for the future.</p>	<p>1) Tools for States – Develop and disseminate tools to aid states to improve QA/QI systems, including a Participant Experience Survey and a HCBS Quality Work Book.</p>	<p>Aug. 2003 periodically</p>	<p>Completed: <i>Participant Experience Surveys and Users Guides, & HCBS Quality Work Book</i> was disseminated to all states in Fall 2003. Automated version of the survey was released in March 2004. CMS launched a series of <i>Quality Transmittals</i> in Fall 2003 to state agencies administering HCBS waivers to assist in quality improvement. The <i>Quality Framework, Interim Procedural Guidance,</i> and other quality tools were sent via the <i>Quality Transmittals</i></p>
	<p>2) President’s 2004 New Freedom Budget – Seek Congressional enactment of the President’s proposed <i>New Freedom</i> budget to provide additional grants to states to improve services and quality assurance systems; enable “money to follow the person;” expand the choice, access and adequacy of services; and conduct demonstrations.</p>	<p>July 2003</p>	<p>Completed Secretary Thompson conveyed in July 2003 proposed language for the Medicaid Demonstrations Act of 2003.</p>
<p>E. <u>Improve Federal Follow-up Capability</u> – to assure that state quality issues are remedied and improvements made.</p>	<p>1) National Follow-Through and TA Strategy – Implement, beyond the current pilot stage, the national follow-through and technical assistance strategy to follow-up on issues identified in CMS reviews and provide technical expertise to (a) assist states to remedy identified problems and (b) re-design systems to prevent similar problems in the future.</p>	<p>Dec. 2003</p>	<p>Completed Technical assistance was provided for MR/DD waivers in 24 states by the National Quality Contractor. CMS initiated expansion of technical assistance to elderly/disabled waivers in 10 states in Summer 2003. Additional TA will be provided to states and CMS Regional Offices throughout 2004. By 09/01/04, more than half of the states had received TA through the National Quality Contractor.</p>