

# Quality Management Strategy

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The Department of Human Services (DHS), Seniors and People with Disabilities (SPD), administers waiver services for three populations: seniors, adults with physical disabilities and individuals of any age with developmental disabilities. Figure H.0 summarizes currently approved waivers and associated services.

Figure H.0 SPD Waiver Services in Combined HCBS Quality Management Strategy

Reference	Control #	Type	Ages	Undup. # 2005-06	Services	Methods
APD	#0185.90.R2 for seniors, adults w/physical disabilities	Regular, NF	18 +	27,095	Non-Relative Adult Foster Home, Relative Adult Foster Home, Residential Care Facility (RCF), Assisted Living Facility (ALF), In-Home Services, specialized living services, home delivered meals, home accessibility adaptations, non-medical services transportation, community transition services, and adult day services.	Traditional and participant-directed
DDC	#0117.90.R3.01 for individuals with developmental disabilities (Comprehensive)	Regular, ICF/MR	All	6,033	24-hour residential, in-home, crisis diversion, extended state plan, day habilitation, supported employment, respite, non-med. transportation, spec. medical equip/supplies, family training, environmental accessibility adaptations	Traditional and participant-directed
DDS	#0375.01 Support services for adults with developmental disabilities	Regular, ICF/MR	18 +	4,053	Homemaker, respite, supported employment, environmental accessibility adaptations, non-med. transportation, spec. medical equip./supplies, chore services, personal emergency response systems, family training, extended state plan services, special diets, support services brokerage, emergent services, community inclusion, community living, specialized supports	Participant-directed
MFC (CIIS)	#40193.90.02 Medically fragile children	Model, Hospital	0-17	85	Homemaker, respite, environmental accessibility adaptations, non-medical transportation, family training, spec. medical equipment and supplies, chore services, extended state plan services	Service Coordinator and Family Collaboration, with input from child whenever possible
MICW (CIIS)	# 0565.R00 Medically Involved Children's Waiver	Model, Nursing Facility		110 during 2008		
DDB (CIIS)	#40194.90.02 Children with severe behavioral challenges	Model, ICF/MR		108		

Quality assurance activities and processes related to the waivers were primarily developed prior to 2001-03 when services for the two populations were administered by separate Department of Human Services program units. Although a single management team now ultimately acts on system performance information, much of our current quality management strategy still reflects these dual processes. SPD has directed staff and technical resources since 2003 toward stabilizing QA functions associated with each waiver and making progress toward consolidation where possible by: establishing common goals and outcomes for four separate waiver service QA plans; taking initial steps to bring activities and processes in each current waiver service QA plan under a single combined plan to coordinate reporting and trend analysis related to common goals and outcomes; and taking advantage of opportunities such as MMIS improvements to build processes that address quality across waivers. The quality management strategy overview in Figure H.1 reflects one more step toward consolidation.

SPD depends on system "tiers" to perform activities related to quality: providers; local points of entry and case management services; consumers and advocates; and DHS/SPD program management and administration staff. Roles and responsibilities in quality management processes, including establishing priorities and developing strategies for remediation and improvement, are indicated in Figure H.2.

**Figure H.1: SPD Multi-Waiver Quality Management Strategy Overview**

H.1.a: Level of Care (LOC) Determination 1) a face to face evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future. 2) LOC of enrolled participants is reevaluated at least annually or as specified in approved waiver during a face-to-face interview. 3) Processes and instruments described in approved waiver are applied to determine LOC. 4) State monitors LOC decisions and takes action to address inappropriate LOC determinations.

Major Features of Program Design		Methods for Discovering if Program Works as Designed (Includes Frequency)	Source/Type Information to Measure System Performance	Entities Who Review and Act On Data	Plan for improving QM Tools, Processes
APD	Initial, annual, as-needed LOC determination conducted and recorded using CA/PS instrument and processes; SPD case manager training; Monthly "review due" reports generated by SPD to local offices; SPD advance notice re-assessment	<p><b>SPD Performance Evaluation Team (PET)</b> 2-year cycle of random sample of individual cases in each local SPD and AAA office—through record reviews and on-site interviews</p> <p><b>Local SPD and AAA office review</b>-- Annual 1% sample of individuals in services. Data submitted to SPD for analysis, reports.</p>	<p><b>SPD Performance Evaluation Team (PET)</b> reports---at least annual by state and office, e.g. LOC current, ongoing monitoring by case manager, consistency and accuracy of local processes, LOC determinations.</p> <p><b>Local Office Review</b> annual report, aggregate data by state and office, e.g. LOC current; ongoing monitoring and update by case manager</p>	Local SPD and AAA offices	PET consolidated web-based database in 2006 to support the QA 1% information, PET reviews and Local Office reviews.
				SPD APD QA Committee QAC	
				Performance Evaluation Team (PET); SPD mgt team	
DD (DDC; DDS; MFC; DDB, MICW (CIIS))	<p>Initial, annual, as-needed LOC determination made and recorded using Title XIX Waiver Form. (All)</p> <p>Documentation of initial offering of choice and the annual notification and offering of fair hearings rights. (All)</p> <p>SPD Service Coordinator and personal agent training. (All)</p> <p>Initial score, as-needed review using CIIS entry criteria (CIIS);</p> <p>Local QA plan/program required (All)</p>	<p><b>Annual HCBS Waiver Review</b> of services for a statistically valid number of individuals in waiver services conducted by SPD Central Office and CDDP Quality Assurance staff---across all waivers, counties, and brokerages. This statistically significant data is submitted to SPD for central database, analysis, and reporting utilized for quality improvement activities. (All)</p> <p><b>Annual Staley Team Field Review</b></p> <p>5% random sample of DDS waiver service recipients enrolled in each Brokerage, with at least one recipient from each county served by each Brokerage. Review conducted on-site. (DDS)</p> <p><b>Periodic Reviews of records</b> of qualified persons completing eligibility and LOC assessments. (All)</p> <p><b>Site Visits/CDDP &amp; Brokerage Reviews</b> During site visits SPD will review LOC documentation. (All)</p>	<p><b>HCBS Waiver Review Report:</b> Statewide aggregate data, e.g.: TXIX Waiver Form in place; timely and current LOC; LOC reviewed at least annually; documentation present supporting eligibility and LOC. (All)</p> <p><b>Annual Staley Team Field Review Report</b></p> <p>On-site review including examination of individual files: (Medicaid TXIX Waiver Form, Customer Goal Survey, ISP, Basic Supplement Criteria Inventory, progress notes, annual reviews, correspondence, incident reports, employee job descriptions, provider service agreements) and discussion with Brokerage staff. Data will be recorded on paper checklists and returned to SPD Central Office to be aggregated and summarized. (DDS)</p>	Community DD Programs (CDDPs); Support Service Brokerages (Brokerages)	<p>Revisions made to Title XIX Waiver form and implemented statewide across all DD waivers in 10/07, follow up on effectiveness in 2008.</p> <p>LOC evaluations and reevaluations will be conducted face-to-face with recipients across all waivers.</p>
				SPD DD QA Committee (QAC);	
				SPD Central Office, Staley Team Staff	
				SPD mgt team	
				CIIS Mgt and Staff	

H.1.b: **Service Plans** 1) Service plans, using a person-centered or participant-directed process, 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. 2) State monitors service plan development in accordance with its policies and procedures and takes appropriate action when it identifies inadequacies in service plan development. 3) Service plans are updated/revised at least annually during face-to-face reviews or when warranted by changes in waiver participant needs. 4) Services are delivered in accordance with the service plan, including in the type, scope, amount, duration, and frequency specified in the service plan. 5) Participants are afforded choice between waiver services and institutional care at initial eligibility approval of waiver participation. 6) Participants are afforded choice between/among waiver services and providers. 7) Participants are notified of and sign off on notification of grievance and fair hearings rights at annual service plan meetings.

	<b>Major Features of Program Design</b>	<b>Methods for Discovering if Program Works as Designed (Includes Frequency)</b>	<b>Source/Type Information to Measure System Performance</b>	<b>Entities Who Review and Act On Data</b>	<b>Plan for improving QM Tools, Processes</b>
APD	<p>CA/PS initial assessment, plan and annual review; SPD case manager training;</p> <p>Case manager monitoring;</p> <p>Document offering of choice and notification of rights;</p>	<p><b>SPD Performance Evaluation Team (PET)</b> 2-year cycle of random sample of individual cases in each local SPD and AAA office—record review, on-site interviews;</p> <p><b>Local SPD/ AAA office review</b> -- Annual 1% sample of individuals in services. Data submitted to SPD for analysis, reports.</p> <p><b>Improvement Projects:</b> SPD Consumer Satisfaction for in-home services survey every 2 years.</p>	<p><b>SPD Performance Evaluation Team (PET)</b> reports---at least annual by state and office, e.g. assessment indicate preferences discussions re needs, plans, plan complete, all needs addressed, ongoing monitoring is occurring, client goals entered/ addressed, SPD 914 (Client Choice) for current care setting, individual satisfaction.</p> <p><b>Local Office Review</b> annual report, aggregate data by state and office with same or similar data points as PET report.</p>	<p>Local SPD and AAA offices</p> <p>APD QAC</p> <p>PET; SPD mgt team</p>	<p>PET and Local Office Review improvements noted in H.1.a; satisfaction survey for in-home services—statewide implementation January 2008; implementation of APD QA Committee by late 2008/early 2009.</p>
DD (DDC; DDS; MFC; DDB, MICW (CIIS))	<p>Person-centered planning (All);</p> <p>Standard ISP process for 24-Hour residential settings (group homes), including protocols for health, risk, behavior, etc. (DDC);</p> <p>Quantifying Monthly Monitoring data by case managers (DDC, DDB, MICW, MFC), personal agents (DDS)</p> <p>*Service plans are updated or revised at least annually or when warranted by changes in waiver participant needs. For CIIS, service coordinators work closely with individuals and families and is made aware of needed service plan changes either through a visit or due to communication from the family or a care provider*.</p>	<p><b>Employment Outcomes System (EOS):</b> web-based data --individual wage, hour, and integration collected every six months. (DDC, DDS)</p> <p><b>Case manager service monitoring</b> -- on-site visits to 24-hour res., FH monthly or quarterly (DDC)</p> <p><b>Annual Staley Team Field Review</b> of services for 5% of individuals in support services, including provider files associated with services. (DDS)</p> <p><b>Annual HCBS Waiver Review</b> for a statistically valid number of individuals in waiver services-- by SPD Central Office and CDDP QA staff-- all waivers, counties, brokerages. Data to SPD for central database and reporting (All);</p> <p><b>Satisfaction surveys</b>-annual brokerage surveys (DDS); In Home Consumer Satisfaction Survey every two years. (DDC, DDS)</p> <p><b>Site Visits</b> During site visits SPD will review ISP and monitoring by case managers. (All)</p>	<p><b>EOS Report:</b> Aggregate wage, hour, integration data across state, county, region, provider. (DDC, DDS);</p> <p><b>Annual Staley Team Field Review Report:</b> State, brokerage data, e.g. ISP consistent w/ LOC, other assessments, ISP identifies preferences, needs, abilities, health status, other available supports, provider job descriptions, service agreements reflect needs, preferences, individuals receive services, personal agents respond to requests, needs, free choice among support service options, providers, choices, options discussed. (DDS)</p> <p><b>HCBS Waiver Review Report:</b> Statewide aggregate data, e.g.: TXIX Waiver Form in place; timely and current LOC; LOC reviewed at least annually; documentation present supporting eligibility and LOC. (All)</p> <p><b>Brokerage Consumer Satisfaction Survey</b> Local advisory groups and SPD will review the local outcomes and make recommendations for improvement (DDS).</p> <p><b>In Home Services Consumer Satisfaction Survey</b> DD QAC and SPD, staff will review the outcomes and make recommendations for improvements. (DDC, DDS)</p>	<p>CDDPs; Brokerages DD QAC; Staley Implementation Group (SIG); SPD mgt team</p>	<p>DD QAC will review the data collected and how it is currently used for the EOS, potentially offering improvements to the tool and process by 5/08.</p> <p>System Transformation Grant (ReBAR) activities to increase ability for participants to purchase chosen services through individual budgets.</p>

H.1.c. **Qualified Providers** 1) The state verifies that providers meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services. 2) The State verifies, on a periodic basis, that providers continue to meet required license and/or certification standards and/or adhere to other State standards. 3) The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. 4) The State implements its policies and procedures for verifying that training is provided in accordance with State requirements and the approved waiver.

Major Features of Program Design		Methods for Discovering if Program Works as Designed (Includes Frequency)	Source/Type Information to Measure System Performance	Entities Who Review and Act On Data	Plan for improving QM Tools, Processes
APD	<p>Provider standards in administrative rule and contract; Criminal record review processes; Participant direction; Foster provider training; Contract RN for foster homes and in-home services; SPD training for FH licensors and contract RN's; Payment suspension w/o current license or criminal history clearance</p>	<p><b>Licensing reviews</b> every 2 years for RCF and ALF, every year for foster homes</p> <p><b>SPD Performance Evaluation Team (PET)</b> 2-year cycle of random sample of individual cases in each local SPD and AAA office—record review, on-site interviews, periodic review of provider sanctions</p> <p><b>Improvement Projects:</b> SPD Consumer Satisfaction for in-home services survey every 2 years.</p>	<p><b>Licensing summary reports</b> ---by provider, type of provider, results, type of citation</p> <p><b>SPD Performance Evaluation Team (PET)</b> reports-- -at least annual by state and office re complaints, satisfaction</p>	Local SPD and AAA offices	Satisfaction survey status and milestones noted in H.1.b.
				APD QAC	
				PET; SPD mgt team	
DD (DDC; DDS; MFC, DDB, MICW (CIIS))	<p>Provider standards in administrative rules (All); Criminal record review processes (All); Person-centered or Participant direction, confirmation of necessary skills (All); Brokerage and CDDP confirmation of provider qualifications (including non-licensed, non-certified) (All); Direct care core competencies (All); *CIIS State Quality Oversight Committee*</p>	<p><b>Licensing or Certification Reviews</b>—from 1 to 3 years, depending on type of program. (DDC, DDS). *CIIS waiver services are provided in the family homes, which are not licensed or certified. CIIS verifies that training is provided, as required.</p> <p>Where provider licenses are required, CIIS checks provider licenses every two years, or more often if serious events are reported.*</p> <p><b>Annual Staley Team Field Review</b> of services for 5% of individuals in support services, including provider files associated with services. (DDS)</p> <p><b>Office of Investigation and Training (OIT)</b> review of protective services investigations (All)</p> <p><b>OIT reports</b> –statewide data by county, type, outcome, victim, perpetrator, provider, etc. (All)</p> <p><b>Waiver Oversight review of provider sanctions</b>---every 2 months (DDC, DDS)</p> <p><b>Improvement Projects:</b> SPD survey every 2 years (DDC, DDS)</p>	<p><b>Licensing and certification summary reports-</b> by provider, type of provider, results, type of citation (DDC, DDS)</p> <p><b>Annual Staley Team Field Review Report-</b> Statewide and brokerage aggregate data re documentation of provider qualifications prior to service. (DDS)</p> <p><b>OIT reports</b> –statewide data by county, type, outcome, victim, perpetrator, provider, etc. (All)</p> <p><b>SERT review report-</b> by provider, location, reason, status, outcome, and follow up. (DDC, DDS)</p> <p>*CIIS – The entity responsible to identify issues and correct identified problems. The families are responsible for hiring and training providers who are qualified to do the tasks needed.*</p>	CDDPs; Brokerages	Satisfaction survey status and milestones noted in H.1.b; periodic field reviews by SPD Regional Coordinators including verification of provider qualifications.
				DD QAC; SIG	
				SPD mgt team	

H.1.d Health and Welfare

Assurance Requirement	Major Features of Program Design	Methods for Discovering if Program Works as Designed (Includes Frequency)	Source/Type Information to Measure System Performance	Entities Who Review and Act On Data	Plan for improving QM Tools, Processes
<p>There is a continuous monitoring of the health and welfare of waiver participants and remediation actions are initiated when appropriate.</p>	<p>APD</p> <p>Administrative rules address health and safety in service provision; Personal safety planning in plan of care; Case management monitoring; Governor's Advocacy Office grievance and complaints;</p>	<p><u>Licensing reviews</u> every two years for RCF and ALF, every year for foster homes</p> <p><u>SPD Performance Evaluation Team (PET)</u> conducts record review and on-site visits using random sampling of individual cases at each local SPD and AAA office on a 2-year cycle.</p> <p><u>Local SPD/ AAA office review</u> – Annual 1% sample of individuals in services. Data submitted to SPD for analysis, reports.</p> <p><u>Improvement Projects:</u> SPD Consumer Satisfaction for in-home services survey every 2 years</p> <p><u>Improvement Project:</u> Draft emergency preparedness handbook to distribute to all waiver participants by 2009.</p>	<p><u>Licensing reports</u> ---by provider, type of provider, results; <u>SPD Performance Evaluation Team (PET)</u> annual, as requested report by state and office, e.g.: risks of service refusal discussed, documented; plans for emergencies;</p> <p><u>Local Office Review</u> annual report, aggregate data by state and office with same or similar data points as PET report.</p>	<p>Local SPD and AAA offices</p> <p>APD QAC</p> <p>PET; SPD mgt team</p>	<p>PET and Local Office Review improvements noted in H.1.a; satisfaction survey status and milestones noted in H.1.b</p>
	<p>DD (DDC, DDS; MFC, DDB, MICW (CIIS))</p> <p>Administrative rules address health and safety in service provision (All);</p> <p>Serious Event Review Team (SERT) state and local processes for web-based reporting and review of serious events (DDC, DDS);</p> <p>Service monitoring by local case managers (DDC), personal agents (DDS), and CIIS service coordinators (DDB, MFC, MICW); <b>*(CIIS service coordinators contact the family or providers at least every 60 days, sees the family and child at least annually and visits the unlicensed home at least twice a year.*</b></p> <p>Governor's Advocacy Office grievance and complaints (All);</p>	<p><u>DD Licensing reviews</u> 24-hour residential care programs are licensed bi-annually. Supported Living, Semi-Independent Living, and Support Services are certified bi-annually. Employment and ATE programs are certified every three years. Children's 24-Hour residential services are licensed annually. Children's Foster Care is certified annually. (DDC, DDS)</p> <p><u>Annual HCBS Waiver Review</u> of services for a statistically valid number of individuals in waiver services conducted by SPD Central Office and CDDP Quality Assurance staff---all waivers, counties, brokerages. Data submitted to SPD for central database and reporting (All).</p> <p><u>Site Visits</u> During site visits SPD will review complaint logs, outcomes, and documentation. (All)</p> <p><u>Improvement Projects:</u> Conduct SPD Consumer Satisfaction Survey every 2 years.</p> <p><u>Improvement Project:</u> draft emergency preparedness handbook to distribute to all waiver participants by 2009.</p>	<p><u>DD Licensing reports</u> By provider, type of provider, results, type of citation. (DDC, DDS)</p> <p><u>HCBS Waiver Review Report:</u> Statewide aggregate data, e.g.: TXIX Waiver Form in place; timely and current LOC; LOC reviewed at least annually; documentation present supporting eligibility and LOC.</p>	<p>CDDPs; Brokerages</p> <p>DD QAC</p>	<p>Assess SERT data to identify trends relating to deaths and occurrences of "Fatal 4" incidents;</p> <p>Increase frequency of SERT trainings to CDDP and Brokerages; Identify trends surrounding staff training and staffing issues;</p> <p>Utilize input and recommendations from Statewide QA Committee and other community sources.</p>



Assurance Requirement	Major Features of Program Design	Methods for Discovering if Program Works as Designed (Includes Frequency)	Source/Type Information to Measure System Performance	Entities Who Review and Act On Data	Plan for improving QM Tools, Processes
				SPD mgt team	
On an ongoing basis the State identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.	<p style="text-align: center;"><b>APD</b></p> <p>State and local processes for reporting, investigating, other follow-up re abuse, neglect, exploitation;  SPD training for local APS workers;  Governor’s Advocacy Office grievance and complaints;  On-site licensing reviews;  Case manager service monitoring</p>	<p><b><u>SPD Performance Evaluation Team (PET)</u></b> conducts record review and on-site visits using random sampling of individual cases at each local SPD and AAA office on a 2-year cycle.</p> <p><b><u>Local SPD/ AAA office review</u></b> –Annual 1% sample of individuals in services. Data submitted to SPD for analysis, reports</p> <p><b><u>Improvement Projects:</u></b> SPD Consumer Satisfaction for in-home services survey every 2 years</p>	<p><b><u>Adult Protective Services</u></b> at least annual reports by type, outcome, living setting, action, victim age, action, etc.</p> <p><b><u>SPD Performance Evaluation Team (PET)</u></b> annual, as requested report by state and office for personal safety and risk identification</p> <p><b><u>Local Office Review</u></b> annual report, aggregate data by state and office with same or similar data points as PET report.</p>	<p>Local SPD and AAA offices</p> <p>APD QAC</p> <p>PET; SPD mgt team</p>	<p>PET and Local Office Review improvements noted in H.1.a; Satisfaction survey status and milestones noted in H.1.b</p>
	<p style="text-align: center;"><b>DD (DDC, DDS), MFC, DBB, MICW (CIS)</b></p> <p>State and local processes for reporting, investigating, other follow-up re abuse (All);  Serious Event Review Team (SERT) state and local processes for web-based reporting and review of serious events (DDC, DDS);  Governor’s Advocacy Office grievance and complaints (All);  Administrative Review process and tracking database at SPD, ODDS (All);  On-site licensing reviews (DDC, DDS);  Services Coordinator/ Personal Agent service monitoring (DDC, DDS).</p>	<p><b><u>Office of Investigation and Training (OIT)</u></b> review of protective services investigations (All);</p> <p><b><u>Local SERT/QA monthly review</u></b>, analysis of serious events (DDC, DDS);</p> <p><b><u>State SERT/QA reviews (Waiver Oversight)</u></b> every two months of OIT, SERT, Licensing data (DDC, DDS);</p> <p><b><u>DD QA Committee reviews</u></b> at least annually (All)</p> <p><b><u>Site Visits:</u></b> During site visits, SPD will review; records and SERT database i.e. documentation and follow-up. (All)</p> <p><b><u>Improvement Projects:</u></b> conduct SPD Consumer Satisfaction Survey every 2 years. (DDC, DDS)</p>	<p><b><u>OIT reports</u></b> –statewide data by county, type, outcome, victim, perpetrator, provider, etc (All)</p> <p><b><u>SERT reports</u></b>—statewide, individual, county, brokerage data, e.g. timely report of abuse allegation; timely completion of investigation and follow-up (DDC, DDS).</p>	<p>CDDPs; Brokerages</p> <p>DD QAC</p> <p>SPD mgt team SPD QA, Licensing, Health Support Unit Staff OIT Staff</p>	<p>OIT will provide mandatory training and technical assistance to improve local protective service investigation and recording of data for abuse allegations.</p> <p>SPD will provide requested training to CDDPs and Brokerages for accurate SERT reporting and utilization of SERT data for developing Quality Improvement activities.</p>

H.1.e. **Administrative Authority** The Medicaid agency retains ultimate authority and responsibility for the operation of the waiver by exercising oversight over the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

Major Features of Program Design		Methods for Discovering if Program Works as Designed (Includes Frequency)	Source/Type Information to Measure System Performance	Entities Who Review and Act On Data	Plan for improving QM Tools, Processes
APD	Transfer AAA contracts for performance of waiver functions; Case manager informs individuals of right to fair hearing;	<p><b>SPD Performance Evaluation Team (PET)</b> 2-year cycle of random sample of individual cases in each local SPD and AAA office—record review, on-site interviews.</p> <p><b>Local SPD/ AAA office review</b> –Annual 1% sample of individuals in services. Data submitted to SPD for analysis, reports.</p> <p><b>Periodic management review of contested cases</b></p>	<p><b>SPD Performance Evaluation Team (PET)</b> report---at least annual, by state and office, e.g. SPD 914 (Client Choice) form signed for current care setting; SPD 539R (Rights and Responsibility) signed</p> <p><b>Local Office Review</b> annual report, aggregate data by state and office with same or similar data points as PET report.</p>	Local SPD and AAA offices	PET and Local Office Review improvements noted in H.1.a
				APD QAC	
				PET; SPD mgt team	
DD (DDC; DDS; MFC; DDB, MICW (CIIS))	Case manager responsibilities around TXIX Waiver Form, informing individuals of right to fair hearing (All); CDDP QA programs required by administrative rule (All)	<p><b>Annual HCBS Waiver Review</b> of services for a statistically valid number of individuals in waiver services conducted by SPD Central Office and CDDP Quality Assurance staff---across all waivers, counties, brokerages. Data from individual file reviews submitted to SPD for central database and reporting. (All)</p> <p><b>Local QA program</b> (CDDP) submits a report required by contract, including distribution of resources and status of QA program.</p> <p>Random sampling of grievance, appeals, and fair hearings requests at the county level;</p> <p>Random review of Level of Care and Services plans for documentation of grievance, appeals, and fair hearings. (All)</p>	<p><b>HCBS Waiver Review Report:</b> Statewide aggregate data, e.g.: TXIX Waiver Form in place; timely and current LOC; LOC reviewed at least annually; documentation present supporting eligibility and LOC. (All)</p> <p><b>Local QA Program</b> submits a summary report every 2 years of use of QA resources and presence of program elements required by rule (All).</p> <p><b>Annual Staley Progress Report,</b> including information re contested case hearings. (DDS)</p>	CDDPs; Brokerages	<p>SPD Staff to provide training and technical assistance to improve local QA programs as needed by email, phone, or in person.</p> <p>The statewide Local QA Coordinators will meet with state QA Coordinator—2x/yr for updates, training, and technical assistance.</p>
				DD QAC; SIG	
				SPD mgt team	

**H.1.f State Financial Accountability.** Claims for federal financial participation in the costs of waiver services are based on state payments for waiver services that have been rendered to waiver participants, authorized in the service plan, and properly billed by qualified waiver provider in accordance with the approved waiver.

Major Features of Program Design		Methods for Discovering if Program Works as Designed (Includes Frequency)	Source/Type Information to Measure System Performance	Entities Who Review and Act On Data	Plan for improving QM Tools, Processes
APD	Service prior-authorization and payment authorization processes; MMIS and SFMA; Central Office program specialist contract and claim reviews; Rate exception committee;	<p><u>DHS Audit Unit, Secretary of State</u>, other internal or external periodic audit activities.</p> <p><u>SPD Research, Planning and Rate Setting Unit</u> monthly review of waiver services and caseload counts</p> <p><u>Program Improvement:</u> MMIS expansion and improvement</p>	<p><u>DHS Audit Unit or SOS Audit Division</u> reports</p> <p><u>Management reports, e.g.</u> HCBS Capacity Report w/Medicaid bed occupancy from enrollment data, licensed community facility Medicaid rate distribution, etc.</p>	SPD mgt team	MMIS expansion and improvements currently in process.
DD (DDC; DDS; MFC; DDB, MICW (CIIS))	Contract and payment processes (all); CPMS (all); eXPRS (DDC); Base Plus criteria scoring and review (DDS);	<p><u>DHS Audit Unit, Secretary of State</u>, other internal or external periodic audit activities (All)</p> <p><u>Annual Staley Team Field Review</u> of services for 5% of individuals in support services, including provider files associated with services. (DDS)</p> <p><u>Direct Care Staffing</u> monthly online survey of wages, FTE, turnover (DDC)</p> <p><u>Program Improvement:</u> System Transformation Grant (ReBAR) activities to increase ability for participants to purchase chosen services through individual budgets (DDC)</p>	<p><u>DHS Audit Unit or Secretary of State Audit Division</u> reports (All)</p> <p><u>Annual Staley Team Field Review Report:</u> Statewide, brokerage aggregate data, e.g.: accuracy of individual benefit level; process for review and approval of rate exceptions; evidence of monitoring of exceptions for continued cost effectiveness (DDS).</p> <p><u>Direct care Staffing</u> summary reports (DDC)</p> <p><u>Management Reports</u>, e.g. service expenditures, vacancy rates, etc. (All)</p>	<p>CDDPs</p> <p>Brokerages</p> <p>Staley Implementation Group</p> <p>DD QAC</p> <p>SPD mgt team</p>	<p>MMIS expansion and improvements currently in process;</p> <p>System Transformation Grant (ReBAR) to allow individual budgeting for 5000 participants by 2010;</p> <p>Implemented eXPRS payment system for select services in DDC with hopes to expand to other services and process direct provider payments by 2009.</p>



**Figure H.2: Waiver Service Quality Management Roles and Responsibilities**

Quality Management Tiers	Activity	Information Produced to Support Quality Management	Ongoing Roles in SPD Quality Management
<b>Service Providers</b>	Delivery of care and support Direct observation of individual	Individual records; payment claims; critical incident reports; policies and procedures; employee qualification and training records; medication and restraint administration records (facilities)	Provide services required in plan of care. Maintain practice and setting consistent with administrative rules, Identify and inform case manager/ service coordinator of changing needs, problems, and solutions. Obtain and maintain proof of provider and staff qualifications. Provide ongoing training to meet individual needs.
<b>Local Field Offices (CDDP, SPD and AAA )</b>	LOC determination; re-determinations; assist with waiver enrollment; prior authorize services; payment authorization; service planning; coordination; monitoring; foster home licensing; information re choice, rights, options in waiver services; receive and respond to critical incident reports; provider recruitment; information about waiver requirements; verification of provider qualifications; planning re personal safety and disaster response; conducting Local Office 1% reviews (APD); HCBS Waiver Review Checklist (CDDP); participant information re waiver services	Case files with eligibility and LOC determinations/re-determinations, plans of care, case notes, records of choice and information about rights, documents supporting eligibility, Complaint logs, Reports of protective services and investigation, License review records, Re-affirmation of homecare worker and provider continuing qualification based on criminal history review, Service authorization, reauthorization, termination records.	Ensure timely and accurate LOC determinations, re-determinations. Ensure Timely development and review of plan of care that meets individual needs, based on individual goals and preferences. Confirm services provided. Timely entries to payment system to maintain accuracy of individual enrollment, provider enrollment, prior authorization, claims processing. Ensure timely response to, investigation of, critical incidents. Timely completion of foster care licensing. Ensure timely resolution of complaints and appropriate referral for fair hearing. Review and modification of practices, if necessary, based on Local Office Review, CDDP Reviews, and Performance Evaluation Team reports.
<b>Consumers and Advocates</b>	Participation in advisory groups (e.g.: state APD QA Committee; DD QA Committee; Staley Implementation Group; local councils; People w/Disabilities Advisory Council; Governor’s Commission on Senior Services; MLTQRAC). Satisfaction surveys. Employ/direct Homecare Workers.	Survey findings, DD QA Committee Minutes; APD QA Committee minutes., draft report on Future of Long Term Care and records of community forums, confirmation of receipt of Homecare Worker and Provider services.	<b>Overall:</b> Information about services through complaints, satisfaction surveys, employer actions. <b>DD &amp; APD QACs:</b> quarterly meetings to recommend priorities, assist with analyzing system performance reports, assist with defining outcomes, advise re improving performance evaluation instruments and reports.
<b>SPD Program Management and Administration</b>	Establish standards for services; AFH, ALF, GCH, RCF licensing reviews; receive and respond to critical incident reports; manage critical incident system; fair hearing processes; coordination w/GAO, Ombudsman, local offices re complaints and grievances; obtain stakeholder involvement; performance measurement and improvement; priority setting; manage claims and payment processes; provider contracting and enrollment	Rules, policy transmittals, action requests, information memoranda, Standard information and training, e.g.: APS brochures and local APS training; case manager training; services coordinators basics; foster provider self-study; Individual protective services and OIT investigation reports; Case management reports; (e.g. LOC re-assessments due, caseload); Waiver service QA plan; Evidentiary reports, e.g. Performance Evaluation Team (PET) reports; Licensing Reports; OIT Annual Report; APS summary reports; summary report of complaints; progress toward Oregon Progress Board high level performance measures; Local Office Review summaries and reports; financial reports; enrollment reports.	<b>PET:</b> Gather, analyze, report data re system performance; revise processes based on data; recommend SPD Management Team and Local SPD/AAA Office actions based on data <b>ODDS Regional Coordinators:</b> Gather, analyze, report data re system performance and CDDP performance; revise processes based on data; recommend SPD Management Team and Local CDDP Office actions based on data <b>SPD Management Team:</b> Define goals and objectives; evaluate and respond to information about quality; design and implement strategies to remediate problems and improve services, systems, technology; report to Legislature every two years on SPD performance re Oregon Progress Board

**What types of quality information will SPD compile over the course of the waiver period? How often and to whom will it be reported?** The types of quality information SPD produces and will produce during the period the waiver is in effect are indicated in **Figure H.1** under the column heading **Source/Type Information to Support Performance** and target audiences are indicated in the same chart under the column heading **Entities Who Review and Act on Data**. Some of these reports are posted on websites or otherwise shared for broader review, e.g.: Serious Event Review Team (SERT) meeting notes and reports are posted for review by SPD, CDDP, and Office of Investigation and Training staff who also have access to the secure SERT site; Staley annual progress reports are provided to the Staley Implementation Group, a group composed of consumers, advocates, providers, and representatives from CDDPs and Brokerages to advise SPD on development of self-directed support services for adults; DD HCBS Waiver Review reports are posted on the SPD QA in HCBS website (<http://www.oregon.gov/DHS/spd/qa/home.shtml>); some participant and caseload data are posted at <http://www.oregon.gov/DHS/spd/data/#spwpc>. SPD staff prepare regular and *ad hoc* reports on a variety of topics (e.g. protective services, PET findings, Local SPD/AAA Office review findings, licensing citation summaries) for APD or DD internal or external Stakeholders review, both of which include consumer, advocate, provider, and local DD, SPD, or AAA office representation (as appropriate).

SPD waiver quality management activities take place with the context of Oregon's focus on achieving quality-of-life goals in the state's 20-year strategic vision, *Oregon Shines*. Every year the Oregon Progress Board issues its Oregon Benchmark Report, available at <http://egov.oregon.gov/DAS/OPB/>. This report includes performance information toward high level outcomes for SPD: 1) the percentage of individuals with developmental disabilities who live in community settings of five or fewer; 2) the percentage of Oregon's eligible seniors and people with disabilities who are living outside of institutions; 3) the percentage of Seniors and People with Disabilities consumers with a goal of employment who are employed; and 4) the percentage of seniors and adults with disabilities who are re-abused within 12 months of first substantiated abuse.

**How will SPD periodically evaluate and revise, as appropriate, the Quality Management Strategy?** The discussion of reports and target audiences highlights a persistent challenge associated with consolidating quality management across complex and well-established systems: affecting a change in one area may divert resources from, or have unintended consequences in another area. SPD has focused considerable energy in the last two years on establishing a common basic structure through which quality information can be distilled across all waivers, i.e. similar advisory groups and processes, similar QA plans and formats, similar goals and objectives, similar expectations about reporting and analysis, similar information system needs. For most of that time, information system capacities could not meet advisory group and management demand. It has been a challenge to keep other elements of the quality management structure moving forward. Now that we see several positive information system developments on the near horizon, nearly every other element of that structure needs refining and retuning. The SPD Management Team, with the assistance of its Quality Assurance Committees, will undertake these improvements in the first 18 months of the waiver.

**Figure H.3: Ongoing Improvements to Waiver Quality Management Strategy\***

Task	Milestones
Improve quality assurance advisory process	Design and implement APD QA Committee, strategy for obtaining broader, more consistent consumer and advocate participation by late 2008/early 2009
Evaluate and redesign (where required) outcomes and indicators under combined waiver quality assurance plan	Progressively review, revise, adopt through reports, presentations, discussions with various internal and external stakeholders (as appropriate)—complete by December 2008
Coordinate waiver quality reporting through parallel processes on common outcomes for all waivers.	Develop and implement content and format protocol for combined waiver reporting by December 2008
Improve dissemination of system performance information, especially to providers and participants	Develop a schedule of reporting by type of report, target audience, distribution venue. Implement by August 2008 with method for obtaining further input on content, accessibility, usefulness

(\*Tasks and milestones related to participant satisfaction survey implementation, self-directed service personal safety and emergency planning, PET and Local Office Review process and database improvements, and MMIS expansion and improvements are indicated in **Figure H.1** above.)

Making these improvements will require evaluating SPD's current approach in each area and may result in changes in the overall quality management strategy. In addition, SPD will ask its quality advisory groups to assist with designing and implementing a formal, more comprehensive evaluation of the overall quality management strategy after improvements in Figure H.3 have been completed and prior to October 1, 2009.