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
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
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.
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
• 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:

Health and Welfare System Components Are Interconnected

• 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.

Create alignment among the data and the reporters.
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.
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.
• 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
“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? \textit{Regulators or payers}
  - Objective

- Fitness for Use (Dr. Joseph Juran)
  - Who determines this? \textit{Customers}
  - Subjective

\textit{Compliance}

\textit{Person Reported Outcomes (and more)}

\texttt{www.juran.com}
\texttt{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**

<table>
<thead>
<tr>
<th>Quality by Fact</th>
<th>Quality by Perception</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service plan includes health and safety risk assessment</td>
<td>The service plan includes preferences for what’s important to the person</td>
</tr>
<tr>
<td><em>42 CRF Part 441.301(c)(2) (vi)</em></td>
<td><em>42 CFR Part 441.301(C)(2)</em></td>
</tr>
<tr>
<td>HCBS settings include the presence of a lease-like document</td>
<td>The HCBS setting includes the person’s preferences for how his/her room decorated</td>
</tr>
<tr>
<td><em>42 CFR 441.301 (c)(4) (A)</em></td>
<td><em>42CFR 441.301(C) (4) (vi)(B)(3)</em></td>
</tr>
</tbody>
</table>
Missouri Experience and Outcomes Leveraging Fact and Perception Data (1 of 3)

Individual and Family Feedback (via direct consumer survey)

Change

Informs

Identification of Areas for Service Delivery and Systems Enhancement

Impacts

31
• 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
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**

<table>
<thead>
<tr>
<th>Would like a Paid Job in the Community (N: 189)</th>
<th>Has a Paid Job in the Community (N: 392)</th>
<th>Decides or has help deciding their daily schedule (N: 392)</th>
</tr>
</thead>
<tbody>
<tr>
<td>44%</td>
<td>9%</td>
<td>92%</td>
</tr>
</tbody>
</table>

**Missouri Quality Outcomes Survey**

- 11% *always* have help to explore new job opportunities in their community
Feasibility and Level of Effort
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]

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

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
HAS A PAID JOB IN THE COMMUNITY

15% Yes
85% No

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

47% Yes, wants a job
53% No, does not want a job

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

29% Yes, has goal
71% No, does not have goal

GOAL
MEASURE
CHANGE
Perception: Would Like a Paid Job

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

<table>
<thead>
<tr>
<th>Regional Results</th>
<th>% of Yes Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reg. 1</td>
<td>55%</td>
</tr>
<tr>
<td>Reg. 2</td>
<td>39%</td>
</tr>
<tr>
<td>Reg. 3</td>
<td>58%</td>
</tr>
<tr>
<td>Reg. 4</td>
<td>30%</td>
</tr>
<tr>
<td>Reg. 5</td>
<td>52%</td>
</tr>
<tr>
<td>Reg. 6</td>
<td>35%</td>
</tr>
<tr>
<td>Reg. 7</td>
<td>55%</td>
</tr>
<tr>
<td>Reg. 8</td>
<td>52%</td>
</tr>
<tr>
<td>Reg. 9</td>
<td>51%</td>
</tr>
<tr>
<td>Reg. 10</td>
<td>42%</td>
</tr>
<tr>
<td>Reg. 11</td>
<td>41%</td>
</tr>
<tr>
<td>Reg. 12</td>
<td>57%</td>
</tr>
<tr>
<td>State Avg</td>
<td>47%</td>
</tr>
</tbody>
</table>
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)

Data Trends

Causal Factor Summary: H&W

<table>
<thead>
<tr>
<th>ANE PARTICIPANT TRAINING</th>
<th>Factor Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Causal Factor</td>
<td>Factor Count</td>
</tr>
<tr>
<td>No ANE annual participant training</td>
<td>4</td>
</tr>
<tr>
<td>ANE training - no date</td>
<td>4</td>
</tr>
<tr>
<td>ANE content - no GSP DDD report process</td>
<td>2</td>
</tr>
<tr>
<td>ANE content - no information if dissatisfied</td>
<td>1</td>
</tr>
<tr>
<td>ANE training - no content</td>
<td>1</td>
</tr>
</tbody>
</table>

Cases: 200
N/A: 0
Incorrect: 10
Factors: 12
Provider Plan of Enhancement
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.

<table>
<thead>
<tr>
<th>% of plans in which needs are addressed</th>
</tr>
</thead>
</table>

Review Cases: CMS Sample

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

- Yes, the individual always feels listened to and understood: 69.51%
- Yes, the individual sometimes feels listened to and understood: 13.46%
- No, the individual doesn’t usually feel listened to and understood: 4.48%
- No, the individual never feels listened to and understood: 0.90%
- Don’t know, no response, unclear response or individual does not communicate using words: 11.66%
For Further Information

Resources Used in this Webinar include:

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!