




Human Services
Research Institute

CMS Quality Expectations for 1915C WAIVERS



**I meet or exceed
expectations.**

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Continuous Quality Improvement

CQI is the foundation of an HCBS QI strategy - it drives CMS' partnership with states in improving the lives of beneficiaries

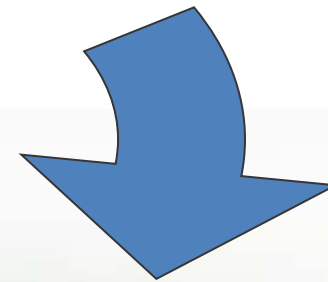
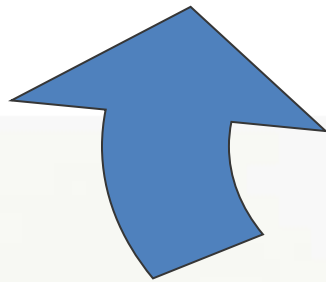
- **Design** of a quality improvement system
- **Discovery** - using data
- **Remediation** of individual quality problems
- **Improvement** of processes system-wide



Continuous Quality Improvement

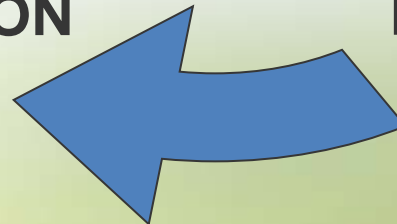
IMPROVEMENT

DESIGN



REMEDIATION

DISCOVERY



“DDRI”

CQI in HCBS Programs

- State has the primary responsibility for monitoring
- States use Evidence to monitor the waiver and demonstrate compliance to CMS
- Ongoing monitoring and improvement is not a one-time event
- State makes Assurances to CMS
- CMS role is to ensure the state has sufficient evidence to show compliance with the 6 waiver assurances

1915(c) Waiver Assurances

- **Level of Care** - Persons enrolled in the waiver have needs consistent with an institutional level of care
- **Service Plan** - Participants have a service plan that is appropriate to their need and that they receive the services/supports specified in the plan
- **Qualified Providers** - Waiver providers are qualified to deliver services/supports
- **Health and Welfare** - Participants' health and welfare are safeguarded and monitored
- **Financial Accountability** - Claims for waiver services are paid according to state payment methodologies
- **Administrative Authority** - The State Medicaid agency is involved in the oversight of the waiver and is ultimately responsible for all facets of the program

Level of Care

3 Subassurances

- An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future
- The levels of care of enrolled participants are re-evaluated at least annually or as specified in the approved waiver
- The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care

Service Plan

5 Subassurances

- 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
- The state monitors service plan development in accordance with its policies and procedures
- Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs
- Services are delivered in accordance with the service plan, including type, scope, amount, duration, and frequency specified in the service plan
- Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers

Qualified Providers

3 Subassurances

- The state verifies that providers, initially and continually, meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services
- The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements
- The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

Health and Welfare

1 Assurance

- The state, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

Financial Accountability

1 Assurance

- State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver

Administrative Authority

1 Assurance

- The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.
- What Does It Mean?
 - The 1915(c) waiver is an agreement between the SMA and CMS
 - There is one designated State Medicaid program
 - All policies must be developed or approved by the SMA
 - SMA assures uniform, equitable access to the waiver against established waiver limits
 - All administratively delegated functions must be clearly written in an MOU

Designing the Discovery Process

- Develop Performance Measures
- Ensure that measurements are based on valid and reliable data from specific discovery processes
- Specify who is responsible for data collection
- Specify who is responsible for generating reports
- Specify how frequently reports will be run
- Specify who is responsible for monitoring discovery data for compliance and trends

Why Performance Measures (PMs)?

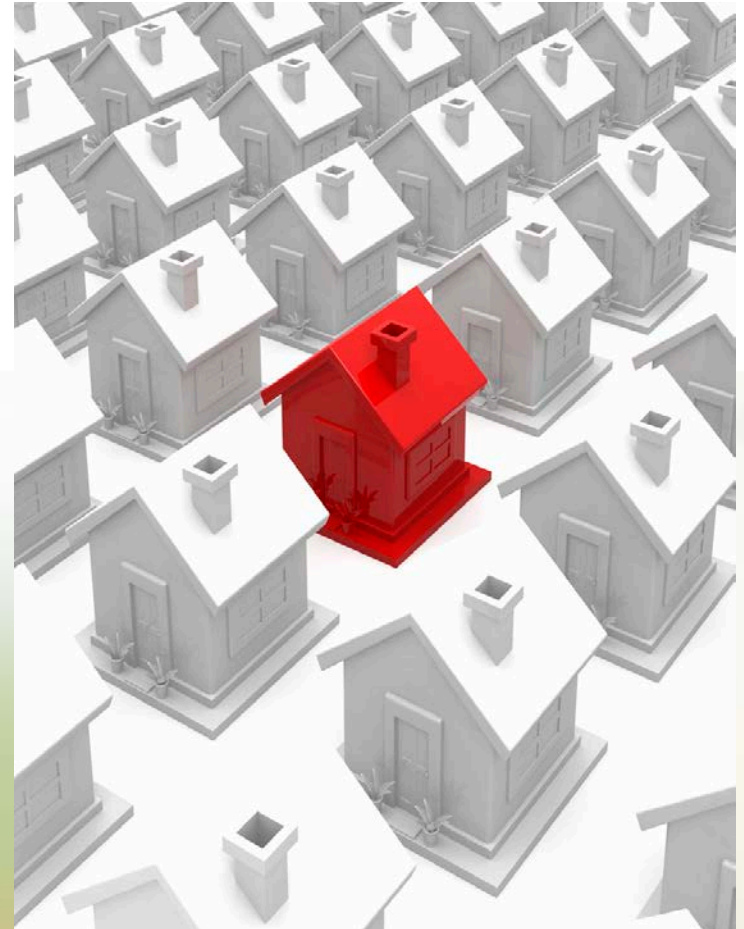
- ? Well-crafted PMs become indicators of whether the state is meeting the assurances made to CMS in the approved 1915c waiver
- ? PMs drive the waiver's Quality Improvement Strategy
- ? They form the basis of the evidence reports that states provide to CMS to demonstrate that waiver assurances have been met

Characteristics of Good PMs

- Measurable and actionable
- Stated as a metric
- Able to be aggregated
- Have face validity
- Based on the correct unit of analysis
- Representative

Representativeness of PM Data

- Performance Measure data must be representative
 - ✓ Of the waiver population as a whole
 - ✓ Of providers
 - ✓ Of claims



Designing Quality Improvement Processes



Quality Improvement Activities

- ◆ Identify trends in Discovery and Remediation Data
- ◆ Identify quality improvement actions/projects
- ◆ Prioritize implementation of quality improvement actions/projects
- ◆ Evaluate the effectiveness of quality improvement activities



When is QI Activity Warranted?

- Persistent difficulty in improving performance
- Persistent difficulty in getting things fixed in a timely fashion
- State wants to make enhancements to the waiver e.g. add self direction option
- State wants to improve efficiency of waiver, e.g. new automated case management system

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Implementing Improvement Processes

Developing QI Projects

- ✓ Identify project based on analysis of discovery and remediation data
- ✓ Research cause of problem
- ✓ Identify improvement intervention targeted to problem
- ✓ Implement intervention
- ✓ Measure your success – what was the impact of the intervention

QI Projects May Not Work



- ✓ Was it the right intervention?
- ✓ Did the intervention get applied correctly and consistently?
- ✓ If not, do you know why?

Appendix H – What to Include

- Roles and responsibilities for reviewing aggregated discovery and remediation data and prioritizing system corrections and improvements
- Plans for implementing systems improvement
- Plans for reviewing effectiveness of the improvement strategies
- Process to continuously evaluate effectiveness of the QIS and make revisions when appropriate