

Quality Improvement Strategy

Quality Measures

(Describe the state’s quality improvement strategy. For each requirement, and lettered sub-requirement, complete the table below):

1. Plan of Care a) address assessed needs of 1915(i) participants; b) are updated annually; and (c) document choice of services and providers.

2. Eligibility Requirements: (a) an evaluation for 1915(i) State plan HCBS eligibility is provided to all applicants for whom there is reasonable indication that 1915(i) services may be needed in the future; (b) the processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately; and (c) the 1915(i) benefit eligibility of enrolled individuals is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS.

3. Providers meet required qualifications.

4. Settings meet the home and community-based setting requirements as specified in this SPA and in accordance with 42 CFR 441.710(a)(1) and (2).

5. The SMA retains authority and responsibility for program operations and oversight.

6. The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to 1915(i) participants by qualified providers.

7. The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation.

(Table repeats for each measure for each requirement and lettered sub-requirement above.)

Requirement	<i>1.a) Service plans address assessed needs of 1915(i) participants.</i>
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of service plans reviewed that adequately address the assessed needs of 1915(i) participants. N = Number of service plans reviewed that adequately address the assessed needs of 1915(i) participants. D = Total number of service plans reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews, on-site. Less than 100% review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.
Monitoring	SMA Quality Assurance

Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	
Frequency	Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	State Medicaid Agency Deficiencies are remediated through the quarterly quality improvement (QI) meeting. The QI team consists of QA and LTSS units.
Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, Annually

Requirement	<i>1.b) Service plans are updated annually</i>
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of service plans that are updated at least once in the last 12 months. N = Number of service plans that are updated at least once in the last 12 months. D = Total number of service plans reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews, on-site. Less than 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA Quality Assurance
Frequency	Annually

Remediation	
<p>Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>SMA</p> <p>Deficiencies are remediated through the quarterly quality improvement (QI) meeting. The QI team consists of QA and LTSS units.</p>
<p>Frequency <i>(of Analysis and Aggregation)</i></p>	<p>Monthly, Quarterly, and Annually</p>

Requirement	<i>1.c) Service plans document choice of services and providers</i>
Discovery	
<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Number and percent of service plans reviewed that indicate 1915(i) participants were given a choice when selecting services.</p> <p>N = Number of service plans reviewed that indicate 1915(i) participants were given a choice when selecting services.</p> <p>D = Total number of service plans reviewed</p>
<p>Discovery Activity <i>(Source of Data & sample size)</i></p>	<p>Record reviews, on-site. Less than 100% Review.</p> <p>The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.</p>
<p>Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i></p>	<p>SMA Quality Assurance</p>
<p>Frequency</p>	<p>Annually</p>
Remediation	
<p>Remediation Responsibilities</p>	<p>State Medicaid Agency</p>

<p><i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>Deficiencies are remediated through the quarterly quality improvement (QI) meeting. The QI team consists of QA and LTSS units.</p>
<p>Frequency <i>(of Analysis and Aggregation)</i></p>	<p>Monthly, Quarterly, and Annually</p>

<p>Requirement</p>	<p>2. (a) an evaluation for 1915(i) State plan HCBS eligibility is provided to all applicants for whom there is reasonable indication that 1915(i) services may be needed in the future</p>
<p>Discovery</p>	
<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Number and percent of new applicants who had an evaluation indicating the individual met the 1915(i) needs-based eligibility criteria prior to receiving services. N: Number of new applicants who had an evaluation indicating the individual met the 1915(i) needs-based eligibility criteria prior to receiving services. D: Number of new applicants receiving 1915(i) services reviewed.</p>
<p>Discovery Activity <i>(Source of Data & sample size)</i></p>	<p>Record reviews, on-site. Less than 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.</p>
<p>Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i></p>	<p>State Medicaid Agency</p>
<p>Frequency</p>	<p>Monthly, Quarterly and Annually</p>
<p>Remediation</p>	
<p>Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation)</i></p>	<p>State Medicaid Agency Deficiencies are remediated through the quarterly quality improvement (QI) meeting. The QI team consists of QA and LTSS units.</p>

<i>activities; required timeframes for remediation)</i>	
Frequency <i>(of Analysis and Aggregation)</i>	Quarterly, Annually

Requirement	2. (b) the processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately
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Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of reviewed 1915(i) evaluations that were completed using the processes and instruments approved in the 1915(i) HCBS state plan. N = Number of reviewed 1915(i) evaluations that were completed using the processes and instruments approved in the 1915(i) HCBS state plan. D = Total number of 1915(i) evaluations reviewed
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews, on-site. Less than 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA Quality Assurance
Frequency	Annually

Remediation	
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Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA is responsible for the collection of documentation of monitoring findings, remediation, analysis of effectiveness of remediation, documentation of system improvement. Documentation of sample selection process for program review, monitoring tools, monitoring findings reports and management reports. Deficiencies are remediated through the quarterly quality improvement (QI) meeting. The QI team consists of QA and LTSS units.
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Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly and Annually
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Requirement	2. (c) the 1915(i)-benefit eligibility of enrolled individuals is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS
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Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percentage of enrolled recipients whose 1915 (i) benefit Needs Based eligibility Criteria, was reevaluated annually. N: Number of enrolled recipients whose Needs Based Criteria was reevaluated annually; D: Number of enrolled recipients reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews, on-site. 100% Review
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	State Medicaid Agency Quality Assurance
Frequency	Quarterly, Annually, Continuously and Ongoing

Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	State Medicaid Agency Deficiencies are remediated through the quarterly quality improvement (QI) meeting. The QI team consists of QA and LTSS units.
Frequency <i>(of Analysis and Aggregation)</i>	Quarterly, Annually, Continuously and Ongoing

Requirement	Providers meet required qualifications.
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Discovery	
Discovery Evidence <i>(Performance Measure)</i>	<p>Number and percent of 1915(i) providers who meet the State's certification standards, as required, prior to providing 1915(i) services.</p> <p>N: Number of 1915(i) providers that continue to meet the State's certification standards at the time of review.</p> <p>D: Total number of 1915(i) providers reviewed.</p>
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews. 100% Review
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA LTSS, Provider Enrollment Unit and SMA Fiscal Agent.
Frequency	Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	<p>SMA LTSS, and Provider Enrollment Units and Fiscal Agent.</p> <p>All provider enrollment applications and revalidations are submitted electronically through the Interchange. The Fiscal Agent and SMA Provider Enrollment Unit monitor and review all applications and documents and make appropriate action as needed.</p>
Frequency <i>(of Analysis and Aggregation)</i>	Ongoing and Annually or on re-validation schedule
Requirement	4. Settings meet the home and community-based setting requirements as specified in this SPA and in accordance with 42 CFR 441.710(a)(1) and (2).
Discovery	

<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Number and percent of HCBS settings that meet Federal HCBS settings requirements. N: Number of HCBS settings that meet Federal HCBS settings requirements. D: Number of HCBS settings reviewed.</p>
<p>Discovery Activity <i>(Source of Data & sample size)</i></p>	<p>Record reviews, on-site. Less than 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.</p>
<p>Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i></p>	<p>SMA Quality Assurance</p>
<p>Frequency</p>	<p>Annually</p>

Remediation

<p>Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>SMA Deficiencies are remediated through the quarterly quality improvement (QI) meeting. The QI team consists of QA and LTSS.</p>
<p>Frequency <i>(of Analysis and Aggregation)</i></p>	<p>Annually</p>

<p>Requirement</p>	<p>5. The SMA retains authority and responsibility for program operations and oversight.</p>
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Discovery

<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Number and percent of issues identified in contract monitoring reports that were remediated as required by the state. N = Number of issues identified in contract monitoring reports that were remediated as required by the State. D = Total number of issues identified.</p>
<p>Discovery</p>	<p>Recipients rights form, Less than 100% Review. The State will obtain a sample</p>

Activity <i>(Source of Data & sample size)</i>	size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	State Medicaid Agency
Frequency	Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	State Medicaid Agency On a monthly basis, HCC supervisor reviews random sample of case files and if deficiencies are found, will take action as needed such as one-on-one education with the HCC as well as remediation discussion during the quarterly QI meeting.
Frequency <i>(of Analysis and Aggregation)</i>	Annually
Requirement	6. The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to 1915(i) participants by qualified providers.
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of claims paid to 1915(i) service providers who are qualified to furnish 1915(i) services to 1915(i) recipients. N: Number of claims paid to 1915(i) service providers who are qualified to furnish 1915(i) services to 1915(i) recipients. D: Number of claims reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Financial records (including expenditures); Less than 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.
Monitoring Responsibilities	State Medicaid Agency Quality Assurance

<i>(Agency or entity that conducts discovery activities)</i>	
Frequency	Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	State Medicaid Agency Deficiencies are remediated through the quarterly quality improvement (QI) meeting. The QI team consists of QA and LTSS units.
Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, Annually

Requirement	7. The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation.
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of 1915(i) recipients who receive information/education about how to report abuse, neglect, exploitation and other critical incidents. N: Number and percent of recipients who received information or education about how to report abuse, neglect, exploitation and other critical incidents. D: Number of participants reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Records review on-site, 100% Review.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA

	Frequency	Annually, Continuously and Ongoing
Remediation		
	Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA During initial and annual assessment, potential recipient/recipient will be educated and sign the acknowledgement form indicating they were given information on how report and provided a list of contacts for reporting critical incidence. The form will be kept in the case file for HCC supervisor review monthly and for SMA QA review annually.
	Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, Annually
Discovery		
	Discovery Evidence <i>(Performance Measure)</i>	Number and percent of incident reviews/investigations that were initiated regarding unexplained deaths, abuse, neglect, exploitation and unapproved restraints as required by the SMA. N: Number and percent of incident reviews/investigations that were initiated regarding unexplained deaths, abuse, neglect, exploitation and unapproved restraints as required by the SMA. D: Number of incidents reviewed.
	Discovery Activity <i>(Source of Data & sample size)</i>	Records review on-site, 100% Review.
	Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA
	Frequency	Annually, Continuously and Ongoing
Remediation		
	Remediation Responsibilities <i>(Who corrects, analyzes, and</i>	SMA All Serious Occurrence Reports (SOR) must be reported within 24 hours of discovery. All SORs are entered into the database called Harmony, including follow-ups by HCCs within 5 business days. On a weekly basis or as needed, HCC

<p><i>aggregates remediation activities; required timeframes for remediation)</i></p>	<p>supervisor reviews and approves follow-ups to ensure appropriate action is taken and the health and safety of the recipients have been addressed timely. Reports are generated upon request.</p>
<p>Frequency <i>(of Analysis and Aggregation)</i></p>	<p>Monthly, Quarterly, Annually</p>

Discovery

<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Number and percent of incident reviews/investigations involving unexplained deaths, abuse, neglect, exploitation and unapproved restraints for recipients that were completed by the SMA. N: Number and percent of incident reviews/investigations involving unexplained deaths, abuse, neglect, exploitation and unapproved restraints for recipients that were completed by the SMA. D: Number of participants reviewed.</p>
<p>Discovery Activity <i>(Source of Data & sample size)</i></p>	<p>Records review on-site, 100% Review.</p>
<p>Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i></p>	<p>SMA</p>
<p>Frequency</p>	<p>Annually, Continuously and Ongoing</p>

Remediation

<p>Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>SMA On a weekly or as needed, HCC supervisor tracks and monitors all reported incidents in Harmony, reviews and approves HCC follow-ups for appropriateness.</p>
<p>Frequency</p>	<p>Monthly, Quarterly, Annually</p>

<i>(of Analysis and Aggregation)</i>	
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Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of incidents reviewed involving abuse, neglect, exploitation, unexplained deaths, and unapproved restraints that had a plan of prevention/documentation of a plan developed as a result of the incident. N: Number and percent of incidents reviewed involving abuse, neglect, exploitation, unexplained deaths, and unapproved restraints that had a plan of prevention/documentation of a plan developed as a result of the incident. D: Number of participants reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Records review on-site, 100% Review.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA
Frequency	Annually, Continuously and Ongoing
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA HCC follow-ups include plan of correction, report submitted to law enforcement, EPS or Health Care Quality and Compliance (HCQC) if applicable. The Harmony database monitors and tracks all incidents and generates reports upon request. The HCC supervisor will review SORs on a weekly or as needed basis.
Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, Annually

System Improvement

(Describe the process for systems improvement as a result of aggregated discovery and remediation activities.)

1. Methods for Analyzing Data and Prioritizing Need for System Improvement

SMA utilizes SAMS database, which is managed by the Aging and Disability Services Division (ADSD) for case management. SAMS generates reports needed for SMA QA case file review conducted annually. The review is to ensure that assurances and sub-assurances, as stated in the SPA, through performance measures are monitored and goals are met. Additionally, 1915(i) providers must be enrolled through InterChange (Medicaid Management Information System) and are reviewed by SMA fiscal agent and Provider Enrollment Unit. Electronic submission of claims is also done through Interchange, which has a built-in edits to ensure claims are processed correctly and appropriately. Further, the Harmony system tracks Serious Occurrence Reports (SORs). HCCs supervisor has access to Harmony to monitor and review SORs to ensure that the health and safety of the recipient has been addressed and appropriate follow-up is completed in a timely manner.

2. Roles and Responsibilities

SMA HCCs are responsible for evaluations and re-evaluations of potential recipients. HCCs' supervisor is responsible for reviewing a sample of initial and re-assessment packets to ensure necessary documents are completed. SMA QA unit is responsible for conducting case file reviews and reporting results to LTSS unit annually. SMA LTSS unit is responsible for updating or revising and submission of SPA as well as update to Medicaid Service Manuals (MSM) Chapters.

3. Frequency

The review is done annually. Revision and updates to SPA or MSM Chapter as needed and HCCs' supervisor reviews a sample of initial and re-assessment packets monthly as well as any SOR that need review. QI Team meet monthly and quarterly.

4. Method for Evaluating Effectiveness of System Changes

With the development of the new assessment process, SMA HCCs and QA monitor providers efficiently to ensure they are following the POC.

Ongoing monitoring of QA through case file reviews will be tracked and monitored. Utilized management reports track claims paid and denied and newly enrolled qualified providers.