

§1915(i) Home and Community Based Services (HCBS) State Plan Services

**QUALITY MANAGEMENT STRATEGY**

<b>Requirement</b>	<b>Monitoring Activity (What)</b>	<b>Monitoring Responsibilities (Who)</b>	<b>Evidence (Data Elements)</b>	<b>Management Reports (Yes/No)</b>	<b>Frequency (Mos/Yrs)</b>
Service plans address assessed needs of enrolled participants, are updated annually, and document choice of services and providers.	<ol style="list-style-type: none"> <li>All person centered service plans will be reviewed when initially submitted by the provider.</li> <li>A representative sample of service plans for the entire population will be reviewed annually.</li> <li>Participant Experience Survey (PES) that addresses access to care, choice and control, respect/dignity, community integration and inclusion.</li> <li>A needs assessment will be done at least annually for all participants. A representative sample will be reviewed to determine changes in functioning levels within the sample and try to get a picture of the total population.</li> </ol>	<ol style="list-style-type: none"> <li>QIO like vendor.</li> <li>DHCFP</li> <li>DHCFP</li> <li>DHCFP</li> </ol>	<ol style="list-style-type: none"> <li>&amp; 2. Current assessment is in the file. Current service plans exist in the file. Service plan addresses all the assessed needs. Service plan is person centered. Choice of providers is documented in the case file.</li> <li>Results of PES.</li> <li>Results of representative sample review of changes in functioning level.</li> </ol>	<ol style="list-style-type: none"> <li>&amp;2. Percent of compliance in each component; trends of changes in percent compliance. Serious problem areas defined.</li> <li>Summary reports of PES.</li> <li>Summary reports of sample review of changes in functioning level. Sample represents a 95% confidence level.</li> </ol>	<ol style="list-style-type: none"> <li>Ongoing as submitted.</li> <li>Annual.</li> <li>At least annually or at discharge.</li> <li>Annual.</li> </ol>
Providers meet required qualifications	<p>Verify 100% providers meet requirements established for each service, such as licensure, accreditation, etc.</p> <p>Verify all providers have a current Medicaid contract.</p>	DHCFP	The DHCFP records the documentation of provider meeting qualifications, such as copies of licenses, certifications and Medicaid contracts.	List of all providers, with reports of compliance in each area of qualification, with percentage compliance.	Review 100% of providers per year.
The SMA retains authority and responsibility for program operations and oversight.	The DHCFP conducts routine ongoing monitoring of 1915(i) HCBS.	DHCFP	Documentation of monitoring system. Management reports of monitoring results.	Summary reports of quality of HCB Services. Documentation of monitoring findings, remediation, analysis of effectiveness of remediation, and documentation of system improvement.	Ongoing.

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The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to enrolled participants by qualified providers.	The DHCFP oversight exists through the MMIS system to assure claims are coded and paid in accordance with the state plan. State Plan HCB Services will be included in the population of paid claims subject to a PERM-like financial review. Additionally, a program review of a representative sample of claims will be conducted annually.	DHCFP	MMIS reports. PERM-like review reports. Documentation of sample selection process for program review; monitoring tools; monitoring findings reports and management reports.	Documentation of monitoring findings, remediation, analysis of effectiveness of remediation, documentation of system improvement.	Ongoing payment edits. Annual reviews.
The State identifies, addresses and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of restraints.	Service plans address health and welfare and are monitored by the DHCFP and the QIO-like vendor. Recipients may participate in Participant Experience Surveys (PES) that address access to care, choice and control, respect/dignity and community integration and inclusion.  Providers of all services are required to ensure compliance with 42CFR483.374 to assure the health and welfare of recipients with regard to seclusion and restraints.	DHCFP, QIO-like vendor, Bureau of Licensure and Certification (BLC) when appropriate.	The DHCFP and QIO-like vendor Program review reports, PES Responses.  Complaints received by the DHCFP, BLC, or incidents identified in program reviews.	Summary reports of BLC tracking results, program reviews and PES.	Ongoing.

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<p>Describe the process(es) for remediation and systems improvement.</p>	<p><del>Serious occurrence reports, Participant Experience Surveys and program review reports that identify issues related to a specific participant will be referred to the District Office case manager to assess and remediate immediately, if appropriate. Central Office program specialists will analyze all review findings, prepare reports as indicated above, make recommendations for remediation and submit to a management team or program chief. The report will include an executive summary that highlights important issues that require attention and remediation. Providers will be informed and educated when problems are identified. When necessary a plan of improvement will be required of specific providers that do not meet standards specified in the Medicaid Services Manual. If corrective action is determined by the DHCFP to not be adequate, appropriate actions will be taken and may include temporary suspension or full termination of provider Medicaid contracts. Program specialists will assess the effectiveness of remediations and report results to the management team or program chief. The Management Team or Program Chief will review and approve the report or return to the program specialist for additional information or action. When complete the program specialist and the management team or Program Chief will determine whether the monitoring system has been effective or needs improvement.</del></p> <p>The State plans to treat remediation and improvement activities for delegated functions by a similar methodology to the process described above. Once any issue is identified through management procedures or reports related to claims utilization, level of care determinations, notices of decision, fair hearing outcomes, audit findings, or utilization management trends, the DHCFP works directly with the responsible delegated entity to remediate the findings and prioritize in its systems improvement processes. The DHCFP is in the process of developing a meaningful, statewide monitoring, analysis and remediation system for these occurrences. The DCHFP will assess how best to distinguish and prioritize incident reports to identify trends and work with affected entities to effectively prioritize based on the impact to the recipient and the needs of all parties involved.</p>