

## Appendix H: Quality Management Strategy (1 of 2)

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Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the State has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the State specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

- Quality Management is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state's waiver Quality Management Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the State is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Management Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Management Strategy.

Quality management is dynamic and the Quality Management Strategy may, and probably will, change over time. Modifications or updates to the Quality Management Strategy shall be submitted to CMS in conjunction with the annual report required under the provisions of 42 CFR §441.302(h) and at the time of waiver renewal.

### Quality Management Strategy: Minimum Components

The Quality Management Strategy that will be in effect during the period of the waiver is included as Attachment #1 to Appendix H. The Quality Management Strategy should be no more than ten-pages in length. It may reference other documents that provide additional supporting information about specific elements of the Quality Management Strategy. Other documents that are cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QMS, a state spells out:

- The evidence based *discovery* activities that will be conducted for each of the six major waiver assurances;
- The *remediation* processes followed when problems are identified in the implementation of each of the assurances;
- The *system improvement* processes followed in response to aggregated, analyzed information collected on each of the assurances;
- The correspondent *roles/responsibilities* of those conducting discovery activities, assessing, remediating and improving system functions around the assurances; and
- The process that the state will follow to continuously *assess the effectiveness of the QMS* and revise it as necessary and appropriate.

If the State's Quality Management Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Management Strategy, including the specific tasks that the State plans to undertake during the period that the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Management Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid State plan, specify the control numbers for the other waiver programs and identify the other long-term services that are addressed in the Quality Management Strategy.

## Appendix H: Quality Management Strategy (2 of 2)

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### Attachment #1

**The Quality Management Strategy for the waiver is:**  
Attachment #1 to Appendix H  
OVERVIEW

Quality Management Strategy

The State of Alaska Department of Health and Social Services, Division of Senior and Disabilities Services (DSDS) is the administrative management authority over all waivers and is committed to the provision of recipient focused quality services. DSDS currently administers four waiver programs and uses the CMS Quality Management Strategy (QMS). The QMS is built on the HCBS Quality Framework and integrates CMS waiver assurance requirements and quality assurance activities in accordance with the Division's Quality Improvement Plan, a copy of which is available upon request.

Major areas of focus: 1) development of policies and procedures; 2) recipient visits and surveys; 3) complaint intake and monitoring; 4) audits/investigations to ensure the provision of services and compliance; 5) quarterly reporting from waiver program managers and evaluations of performance measures; 6) provider and staff training to ensure that providers and staff are equipped with the skills and knowledge to accomplish quality services and on-going improvements; 7) the establishment of the Quality Assurance Unit as the primary administrative unit responsible for coordinating quality assurance activities and reporting; 8) establishment of the Quality Improvement Workgroup to evaluate quality assurance information and develop quality improvements; and 9) the establishment of the Quality Improvement Steering Committee that is made up of State administrators, program representatives, and stakeholders to review and implement quality improvements.

Currently, the DSDS Quality Assurance process includes discovery through complaint remediation, program monitoring and management processes and audits. These processes capture quality assurance data on various data systems. Complaint and audit data is currently monitored, tracked and remediated by the Division's Quality Assurance Unit. DSDS Program managers monitor and remediate issues with their programs, including remediation and monitoring of incident reports and corrective actions. Program managers and the Division's Quality Assurance Unit use program information, incident reports, complaint and audit data to implement individual provider remediation actions and system changes.

Beginning July 2006, these processes will be formalized and program managers will prepare and provide the data from all quality assurance processes to the Division's Quality Assurance Unit, who will track, aggregate, analyze and report at quarterly and annual intervals. Initially these will likely be paper reports to be used for discovery, remediation, and to identify strengths and weaknesses, training needs and areas of deficiencies and identify corrective action plans. The Quality Assurance Unit will present these reports and corrective action plans to the Quality Improvement Workgroup and Quality Improvement Steering Committee. The Quality Improvement Workgroup will review the reports and make recommendations for quality improvements. The Quality Improvement Steering Committee will approve and guide implementation of quality improvement initiatives and corrective actions. The Quality Assurance Unit will facilitate the process, maintain the documentation, and monitor for progress.

To facilitate implementation of this process, DSDS will utilize the CMS grant and as part of this grant is currently conducting a needs assessment for the establishment of an integrated quality assurance database to record and report information. Work under this grant will establish a baseline and identify the information to be monitored. This will be completed by October 31, 2006 and indicator data will be established by December 31, 2006. The Division anticipates completion of the integrated data system by October 2007.

The Quality Assurance Unit collects, aggregates, analyzes and reports the data collected from recipient visits and surveys, audits and investigations, quarterly reports and evaluations, provider and staff training feedback, and quality improvement recommendations from the Quality Improvement Workgroup for presentation to the Quality Improvement Steering Committee quarterly and annually.

The Quality Assurance Unit also monitors financial accountability processes by coordinating record requirements, financial reviews, audits and remediation with other Divisions within the Department of Health and Social Services.

OA  
Level of Care

#### Assurance Discovery Activities, Processes and Roles and Responsibilities Performance Measures and Reporting Process

An evaluation for level of care is provided to all applicants for whom there is reasonable indication that services may be needed in the future DSDS staff monitor and track all waiver applicants for the time lapsed between the submission of their application and the Level of Care determination.

100% of all level of care determinations are reviewed and approved by DSDS Staff.

HCBS agencies develop the Plan of Care and submit to DSDS staff and DSDS staff monitor and track this process.

#### Performance Measure:

Applicants are assessed within 60 days the receipt of a completed application.

100% of all Level of Care Determinations are evaluated by DSDS staff.

Plans of Care are completed within 60 days after the level of care approval.

#### Reporting Process:

Currently the level of care process is monitored by each DSDS program manager. Problematic situations are remediated by program staff, who also implement corrective actions. Program managers may present this information to the QI Workgroup and/or QI Steering Committee for broader consideration and direction.

Effective July 2006, program managers will begin reporting their monitoring, remediation and corrective actions to the QA Unit quarterly, semi-annually and annually in an established format for tracking and analysis. The QA Unit will analyze the data, develop cumulative reports and make recommendations for systemic quality improvement. The QA Unit will present this information to the QI Workgroup and QI Steering Committee for prioritization and approval.

Decisions and activities for quality improvement efforts will be monitored by the Division's QA Unit and progress reported to the QI Workgroup and QI Steering committee quarterly. The Level of Care of enrolled recipients are re-evaluated at least annually or as specified in the approved waiver State assessors complete new evaluations for Level of Care Determinations at least annually.

DSDS Staff monitor and track annual re-evaluations and subsequent plan of care submissions.

DSDS Nurses review all recipient re-evaluations of Level of Care and subsequent plans of care.

#### Performance Measure:

Re-evaluations for Level of Care are conducted annually.

Revised plans of care are submitted within 30 days of completion of the new Level of Care assessment.

#### Reporting process:

Currently, program staff monitor processing timeliness.

Currently, Program staff monitor, track and implement corrective actions for problems with annual re-assessments.

Effective July 2006, DSDS program managers will begin reporting their monitoring, remediation and corrective actions regarding timeliness and quality of level of care assessment information to the Division's QA Unit quarterly, semi-annually and annually in an established format for tracking and analysis.

The QA Unit will analyze the data, develop cumulative reports and make recommendations for systemic quality improvement. The QA Unit will present this information to the QI Workgroup and QI Steering Committee for prioritization and approval.

Decisions and activities for quality improvement efforts will be monitored by the Division's QA Unit and progress

reported to the QI Workgroup and QI Steering committee quarterly.

The process and instruments described in the approved waiver are applied to determine Level of Care All Level of Care assessments are completed by State agency nursing staff. All Level of Care assessments are reviewed by DSDS nursing staff. DSDS nursing staff managers also conduct periodic training for state nursing staff assessors and other staff on the process and the use of the instruments for the waivers.

**Performance Measure:**

DSDS staff conduct training and technical assistance to state nursing and program staff at least semi-annually.

**Reporting process:**

Currently records of training are maintained by the DSDS program manager.

Effective July 2006, DSDS program managers will begin reporting their monitoring, remediation and corrective actions regarding training and technical assistance to include the schedule, content summary and evaluation of the training sessions. Program managers will report this information to the Division's QA Unit quarterly, semi-annually and annually in an established format for tracking and analysis. The QA Unit will analyze the data, develop cumulative reports and make recommendations for systemic quality improvement. The QA Unit will present this information to the QI Workgroup and QI Steering Committee for prioritization and approval.

Decisions and activities for quality improvement efforts will be monitored by the Division's QA Unit and progress reported to the QI Workgroup and QI Steering committee quarterly.

The State monitors level of care decisions and takes action to address inappropriate level of care determinations DSDS staff review 100% all assessments and determine Level of Care. DSDS Staff request additional information to substantiate any questionable information in the assessment or request a second opinion by another licensed medical professional if necessary.

**Performance Measure:**

100% of all Level of Care evaluations are made by DSDS staff.

**Reporting Process:**

Currently, this information is maintained in case records and monitored by DSDS program staff.

Effective July 2006, DSDS program managers will begin reporting their monitoring, remediation and corrective actions regarding Level of Care evaluations semi-annually and annually in an established format for tracking and analysis. The QA Unit will analyze the data, develop cumulative reports and make recommendations for systemic quality improvement. The QA Unit will present this information to the QI Workgroup and QI Steering Committee for prioritization and approval.

Decisions and activities for quality improvement efforts will be monitored by the Division's QA Unit and progress reported to the QI Workgroup and QI Steering committee quarterly.

**Service Plan**

The state monitors Plan of Care development in accordance with its policies and procedures and takes appropriate action when it identifies inadequacies in the Plan of Care development. DSDS program staff review 100% of all Plans of Care for Waiver recipients. When deficiencies are identified, DSDS program staff contact the recipient's care coordinator to initiate corrective actions.

DSDS staff provide periodic training and technical assistance to HCBS agencies and care coordinators as needed to ensure the appropriate development of Plans of Care. Performance Measure:

DSDS program staff reviews 100% of all Plans of Care and Plans of Care will appropriately address the recipient's needs.

**Reporting Process:**

Currently, program staff monitor deficiencies, remediate and implement corrective actions and may forward to the QI Workgroup or QI Steering Committee for further planning.

Effective July 2006, DSDS program managers will begin reporting their monitoring, remediation and corrective actions regarding Plans of Care deficiencies semi-annually and annually in an established format for tracking and analysis. The QA Unit will analyze the data, develop cumulative reports and make recommendations for systemic quality improvement. The QA Unit will present this information to the QI Workgroup and QI Steering Committee for prioritization and approval.

Plans of Care are updated /revised at least annually or when warranted by changes in the waiver recipients needs Care Coordinators work with other care team members (i.e., families, Medical providers, service providers, legal representatives, etc.) to revise the Plan of Care after the annual re-evaluation of Level of Care or as needed when there are significant events or changes in the waiver recipient's needs.

Care Coordinators also monitor the day-to-day provision of services and are required to notify DSDS program staff of any problems or changes in the needs of the recipient. DSDS Program staff work with the Care Coordinators to monitor and assess the circumstances and to submit notification of changes in the needs of the recipient to DSDS staff. Care Coordinators notify Division program or an amendment to the approved Plan of Care. Performance Measure:

Annual revisions to the Plan of Care will be submitted within 30 days after completion of the annual Level of Care assessment.

Amendments to the Plan of Care submitted to DSDS program staff will be reviewed and processed within 30 days.

#### Reporting Process:

Currently, program staff monitor deficiencies, remediate and implement corrective actions and may forward to the QI Workgroup or QI Steering Committee for further planning.

Effective July 2006, DSDS program managers will begin reporting their monitoring, remediation and corrective actions regarding Plans of Care and Amendments semi-annually and annually in an established format for tracking and analysis. The QA Unit will analyze the data, develop cumulative reports and make recommendations for systemic quality improvement. The QA Unit will present this information to the QI Workgroup and QI Steering Committee for prioritization and approval.

Services are delivered in accordance with the Plan of Care, including the type, scope, amount, and frequency specified in the Plan of Care Care Coordinators monitor the day-to-day provision of services and may detect problems with service provision. Families, other providers and concerned individuals may report problems to DSDS program staff or to Care Coordinators.

#### Performance Measure:

All recipients receive services in accordance with their Plan of Care.

#### Reporting Process:

Currently, program staff monitor deficiencies, remediate and implement corrective actions and may forward to the QI Workgroup or QI Steering Committee for further planning.

Effective July 2006, DSDS program managers will begin reporting their monitoring, remediation and corrective actions regarding service delivery semi-annually and annually in an established format for tracking and analysis. The QA Unit will analyze the data, develop cumulative reports and make recommendations for systemic quality improvement. The QA Unit will present this information to the QI Workgroup and QI Steering Committee for prioritization and approval.

Recipients are afforded choice between waiver service and institutional care, and between/among waiver services and providers Care Coordinators provide recipients choice between waiver service and institutional care and between/among waiver services and providers during the development of the initial Plan of Care and again annually. Performance Measure:

All recipients are afforded choice as evidenced by their signature on the Plan of Care and the client choice of services form, which includes information on choice. DSDS staff review and validate this information while approving all Plans of Care.

#### Reporting Process:

Currently, program staff monitor deficiencies, remediate and implement corrective actions and may forward to the QI Workgroup or QI Steering Committee for further planning.

Effective July 2006, DSDS program managers will begin reporting their monitoring, remediation and corrective actions regarding recipient choice of services semi-annually and annually in an established format for tracking and analysis. The QA Unit will analyze the data, develop cumulative reports and make recommendations for systemic quality improvement. The QA Unit will present this information to the QI Workgroup and QI Steering Committee for prioritization and approval.

#### Qualified Providers

The State verifies that providers meet required licensing and/or certification standards and adhere to other state standards prior to furnishing waiver services.

The State verifies on a periodic basis that providers continue to meet required licensure and/or certification and adhere to other state standards.

Home and Community Based (HCB) Agencies Care Coordinators must meet requirements set forth in 7 AAC 43.1090 and the HCB application packet (February 12, 2004). The Division of Senior and Disabilities Services Certification Unit reviews and approves agency and care coordination applications to ensure agencies and care coordinators meet or exceed requirements for certification.

Once certified, Home and Community Based Agencies and Care Coordinators are eligible to enroll in the State's Medicaid program in order to be reimbursed for their services.

Certification and enrollment must occur prior to furnishing any reimbursable waiver service.

Home and Community Based providers and care coordinators are recertified every two years. The re-certification process requires providers to submit updated certification information and reiterate their adherence to State standards.

The Division's Certification Unit tracks and monitors the certification and re-certification process for HCB type providers.

Providers that are also licensed, are reviewed periodically in accordance with their licensing requirements by their licensing Agencies. Loss of licensure is reported to the Department of Health and Social Services

#### Performance Measure;

All Waiver Providers meet or exceed licensing and/or certification requirements and will adhere to state standards both prior to, and throughout, the time they provide waiver services.

#### Reporting Process:

Currently, program staff monitor deficiencies, remediate and implement corrective actions and may forward to the QI Workgroup or QI Steering Committee for further planning.

Effective July 2006, DSDS program managers will begin reporting their monitoring, remediation and corrective actions regarding quality of providers in an established format for tracking and analysis. The QA Unit will analyze the data, develop cumulative reports and make recommendations for systemic quality improvement. The QA Unit will present this information to the QI Workgroup and QI Steering Committee for prioritization and approval.

The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The state does not allow non-licensed/non-certified providers.

The state identifies and remediates situations where providers do not meet requirements.

The Division identifies HCBS waiver providers that do not meet requirements through several mechanisms. Specifically, the re-certification process may identify providers that may no longer meet requirements, Quality Assurance reviews may identify providers that do not meet requirements and other entities (i.e., other Licensing agencies) may find providers that do not meet requirements.

Providers may be given an opportunity for technical assistance to meet requirements by the DSDS program staff, the DSDS Certification Unit or by the DSDS Quality Assurance Unit.

Providers that fail to correct deficiencies and continue to not meet requirements may be sanctioned and decertified.

Sanctions and de-certifications are implemented by the Department of Health and Social Services Office of Program Review. Performance Measure:

Providers that fail to comply with requirements are removed from participation in the OA Waiver program.

Reporting Process:

Currently, DSDS program staff monitor deficiencies, remediate and implement corrective actions and may forward to the QI Workgroup or QI Steering Committee for further planning.

Effective July 2006, DSDS program managers will begin reporting their monitoring, remediation and corrective actions regarding deficient providers semi-annually and annually in an established format for tracking and analysis. The QA Unit will analyze the data, develop cumulative reports and make recommendations for systemic quality improvement. The QA Unit will present this information to the QI Workgroup and QI Steering Committee for prioritization and approval.

The State implements its policies and procedures for verifying that provider training has been conducted in accordance with state requirements and the approved waiver. Evidence of continuing provider training is required upon re-certification

The Division provides on-going training to Care Coordinators and related providers.

Additional training is provided by the State Medicaid Program for claiming reimbursable services.

Individualized training and technical assistance may be provided by the DSDS Nurses and/or the Division's Quality Assurance Unit as a component of a corrective action plan.

Training agendas, checklists, content, schedules and attendance lists will maintained by each entity and made available upon request. Performance Measure:

DSDS staff conducts on-going and semi-annual waiver training to HCBS.

DSDS staff and other state staff provide Care Coordinator trainings every two months. On-going Web based training is available at all times.

State Medicaid program trainings are conducted by First Health Service Corporation (fiscal agent) at least quarterly.

DSDS Program staff and Quality Assurance provide individual provider training and technical assistance as needed.

Reporting Process:

Currently, program staff monitor deficiencies, remediate and implement corrective actions and may forward to the QI Workgroup or QI Steering Committee for further planning.

Effective July 2006, DSDS program managers will begin reporting their monitoring, remediation and corrective actions regarding provider training semi-annually and annually in an established format for tracking and analysis. The QA Unit will analyze the data, develop cumulative reports and make recommendations for systemic quality improvement. The QA Unit will present this information to the QI Workgroup and QI Steering Committee for prioritization and approval.

Health and Welfare

There is continuous monitoring of the health and welfare of waiver recipients and remediation actions are initiated when appropriate. HCBS staff and Care Coordinators provide continuous monitoring of the health and welfare of recipients and report deficiencies directly to DSDS program staff.

All providers are mandated to report suspected abuse, neglect or harm to Adult Protective Services in accordance with AS 47.24.010.

Reports of harm submitted to Adult Protective Services will also be reported as incident reports to the Division.

Performance Measure:

All deficiencies are reported to DSDS staff.

**Reporting Process:**

Currently, program staff monitor deficiencies, remediate and implement corrective actions and may forward to the QI Workgroup or QI Steering Committee for further planning.

Effective July 2006, DSDS program managers will begin reporting their monitoring, remediation and corrective actions regarding recipient health and welfare semi-annually and annually in an established format for tracking and analysis. The QA Unit will analyze the data, develop cumulative reports and make recommendations for systemic quality improvement. The QA Unit will present this information to the QI Workgroup and QI Steering Committee for prioritization and approval.

The State, on an ongoing basis identifies and addresses and seeks to prevent instances of abuse, neglect and exploitation. All providers, HCBS agencies, DSDS staff and families are responsible for identifying, addressing and preventing abuse, neglect and exploitation.

All providers are mandated to immediately report suspected abuse, neglect or harm to Adult Protective Services in accordance with AS 47.24.010.

Adult Protective Services is responsible for the immediate investigation and implementation of protections to endangered children and adults.

HCBS agencies are also required to conduct criminal background checks in accordance with 7 AAC 10 – Licensing, Certification, and approvals [Barrier Crimes and Conditions; Centralized Registry

**Performance Measure:**

All required reporters will report all instances of abuse neglect and exploitation in accordance with State Regulations.

**Reporting Process:**

Currently, program staff monitor deficiencies, remediate and implement corrective actions and may forward to the QI Workgroup or QI Steering Committee for further planning.

Effective July 2006, DSDS program managers will begin reporting their monitoring, remediation and corrective actions regarding abuse, neglect and exploitation semi-annually and annually in an established format for tracking and analysis. The QA Unit will analyze the data, develop cumulative reports and make recommendations for systemic quality improvement. The QA Unit will present this information to the QI Workgroup and QI Steering Committee for prioritization and approval.

**Administrative Authority**

The Division of Senior and Disability Services within the Department of Health and Social Services is the administering agency for all waivers and retains ultimate authority and responsibility for the operation of the waiver. There are no non-state agencies or contracted entities administering the waiver at this time.

**Financial Accountability**

Claims for all waiver services that are rendered to waiver recipients are periodically audited to assure that services are rendered as authorized in the plan of care and properly billed by qualified providers in accordance with the approved waiver. Currently the State contracts for these services to Myers and Stauffer Inc. who conducts a financial audit on a sample of waiver providers each year. Reports of their findings and corrective actions are implemented by the Dept of Health and Social Services Office Of Rate Review.

In addition, the Division's Quality Assurance Unit conducts ad-hoc investigations of inappropriate care that includes evaluation of claims to assure that services were rendered and properly billed in accordance with the waiver, plan care and by qualified providers. Findings from the Division's quality Assurance review activities are reported quarterly to the Quality Assurance Workgroup and Quality Improvement Steering Committee.