



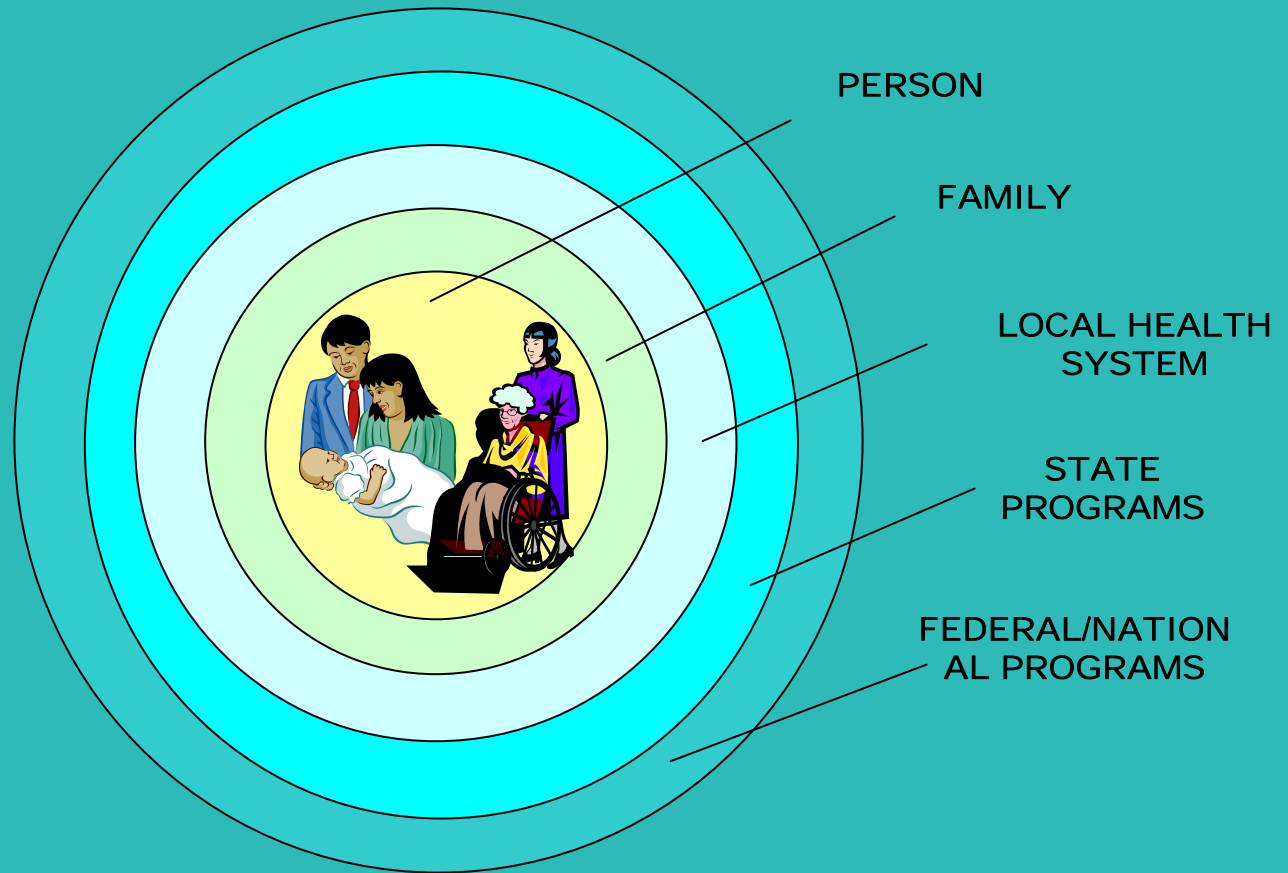
*ASSURANCES,  
FRAMEWORKS,  
DOMAINS...  
OH MY!*

*Everything You Always  
Wanted to Know  
About QM Strategies  
But Were Afraid to Ask*

# ***CMS VISION:***

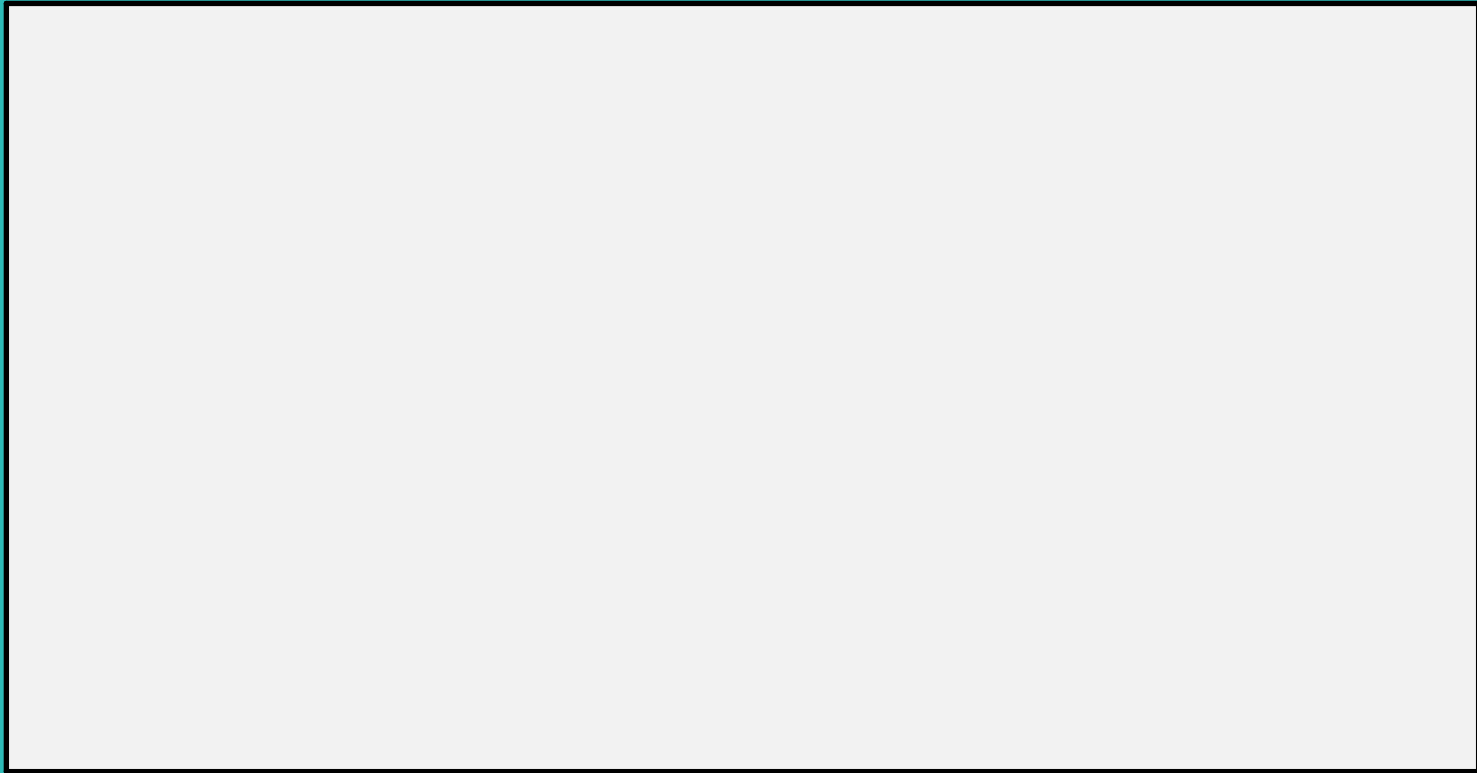
## ***The right care for every person every time.***

- **GOAL:**  
***Make care safe, effective, efficient, person-centered, timely, and equitable.***



Attachment #1 to Appendix H

The Quality Management Strategy for the waiver is:



# The Quality Management Strategy must describe:

- How the state will determine that each waiver assurance and requirement is met.
- Roles and responsibilities of the parties involved in measuring performance and making improvements.
- The processes employed to review findings from its discovery activities, to establish priorities and to develop strategies for remediation and improvement.
- How the State compiles quality management information and the frequency with which the State communicates this information
- The process and frequency for evaluating and updating the Quality Management Strategy.

# QUALITY MANAGEMENT STRATEGY PLANS

- 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.

# APPENDIX H

## STATE QUALITY MANAGEMENT STRATEGIES

# APPLICATION & QMS

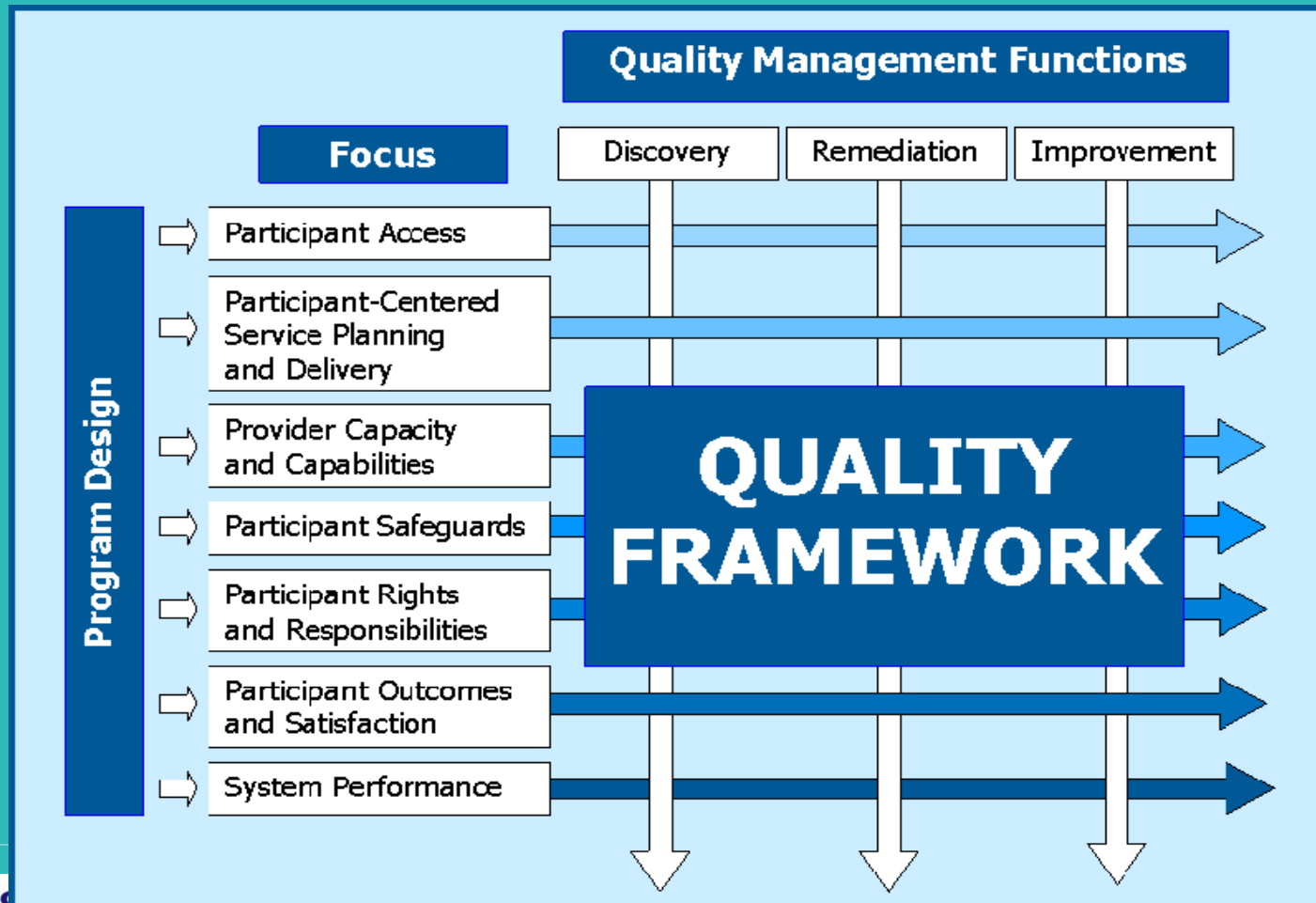
- Evolution –
  - States & Analysts need for more structured format to elicit design information
  - Framework update necessary to reflect assurances
  - Influence of DRA
- Presentation of Examples
  - MT
  - NJ
  - Medstat worksheet tool for Appendix H

# **DIFFERENCES BETWEEN THE ASSURANCES AND THE QUALITY FRAMEWORK FOCUS AREAS (... or “Houston, we have a problem”)**





# HCBS Quality Framework



# 1915(c) Level of Care Assurance & the Quality Framework's Participant Access Outcomes

## Level of Care

- 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.
- Enrolled participants are reevaluated at least annually or as specified in the approved waiver.
- The process and instruments described in the approved waiver are applied to determine LOC.
- The state monitors level of care decisions and takes action to address inappropriate level of care determinations.

## *Participant Access Outcomes*

- *Individuals have ready access to home and community-based services and supports in their communities.*
- *Individuals and families can readily obtain information concerning the availability of HCBS, how to apply and offered a referral.*
- *Intake and eligibility determination processes are understandable and user-friendly to individuals and families and there is assistance available in applying for HCBS.*
- *Each individual's need and eligibility for HCBS are assessed and determined promptly.*
- *Individuals who need services but are not eligible for HCBS are linked to other community resources.*
- *Each individual is given timely information about available services to exercise his or her choice in selecting between HCBS and institutional services.*
- *Services are initiated promptly when the individual is determined eligible and selects HCBS.*

# 1915(c) Level of Care Assurance & the Quality Framework's Provider Capacity & Capabilities Outcomes

## Qualified Providers

- The state verifies on a periodic basis, that providers meet required licensing and/or certification standards and adhere to other state standards.
- The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.
- The state identifies and rectifies situations where providers do not meet requirements.
- The state implements its policies and procedures for verifying that training is provided in accordance with state requirements and the approved waiver.

## Provider Capacity & Capabilities Outcomes

- There are sufficient HCBS providers and they possess and demonstrate the capability to effectively serve participants.
- There are sufficient qualified agency and individual providers to meet the needs of participants in their communities.
- All HCBS agency and individual providers possess the requisite skills, competencies and qualifications to support participants effectively.
- All HCBS providers demonstrate the ability to provide services and supports in an effective and efficient manner consistent with the individual's plan.



# ASSURANCES

are:

- 1) statutory requirements;
- 2) system performance measures and
- 3) key to the CMS requirements for a state's quality management strategy.

