

Appendix H: Quality Improvement Strategy (1 of 2)

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 Improvement 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 Improvement 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 Improvement 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 Improvement Strategy.

Quality Improvement Strategy: Minimum Components

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QIS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I) , a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances;
- The *remediation* activities followed to correct individual problems identified in the implementation of each of the assurances;

In Appendix H of the application, a State describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3) the processes the state will follow to continuously *assess the effectiveness of the OIS* and revise it as necessary and appropriate.

If the State's Quality Improvement 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 Improvement Strategy, including the specific tasks the State plans to undertake during the period 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 Improvement 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/or identify the other long-term services that are addressed in the Quality Improvement Strategy. In instances when the QIS spans more than one waiver, the State must be able to stratify information that is related to each approved waiver program. Unless the State has requested and received approval from CMS for the consolidation of multiple waivers for the purpose of reporting, then the State must stratify information that is related to each approved waiver program, i.e., employ a representative sample for each waiver.

Appendix H: Quality Improvement Strategy (2 of 2)

H-1: Systems Improvement

a. System Improvements

- i. Describe the process(es) for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

The OA currently receives and maintains data from the Abuse/Neglect/Exploitation database and the Complaint database, and the Critical Incident Reporting and Analysis System database. Data from these three sources are combined using common data fields. Summary information and trend analysis is discussed during quarterly Quality Management Committee meetings of the MA and OA staff. Necessary remediation is identified and documented on the System Improvement Log.

The Illinois Department of Healthcare and Family Services, as the Single State Medicaid Agency (MA), and the Illinois Department of Human Services, Division of Developmental Disabilities, as the Operating Agency (OA), work in partnership to evaluate the waiver Quality Management System (QMS) and to analyze the information derived from discovery and remediation activities for each of the assurances.

The OA is responsible for almost all of the data collection to address the Quality Management System discovery and remediation sections located the Appendices. The State's system improvement activities are in response to aggregated and analyzed discovery and remediation data collected on each of the assurances.

The sources of discovery evidence vary, but all are based on either a 100 % or the representative sampling methodology as indicated for each performance measure. The OA annually selects a representative sample of waiver participants. Onsite reviews are scheduled and conducted throughout the year at Independent Service Coordination and direct service providers. Data is collected throughout the year and individual problems are remediated as they are identified. The MA participates in select reviews with the OA team as part of MA oversight and quality assurance. Other data sources include the State information system and other reports as indicated in the waiver.

The Adults with Developmental Disabilities waiver Quality Management System (QMS) plan is part of an overall quality management plan for the three 1915 (c) waivers operated by the DHS, Division of Developmental Disabilities (OA). The other waivers include the Children's Support Waiver (0464), and the Children's Residential Waiver (0473). While some data may be collected during the same on-site provider reviews, the sample for each waiver is drawn separately and the results aggregated separately.

The OA conducts a Quality Management Committee (QMC) meeting with the MA each quarter to review data collected from the previous quarter and for the year to date. Data to be collected semi-annually or annually are reported as indicated by the performance measure in the waiver. All reports are provided to MA for review prior to the quarterly meetings. Annual reports are produced identifying trends based on the full representative sample and/or 100% review of data.

The OA reports on all data collected for the three developmental disabilities waivers, however data is reported separately, by waiver. Data is reported by individual performance measure and in total for comparison to all performance measures. Individual performance measure reports include timeliness of remediation based on immediate, 30, 60, 90 day increments and remediation outstanding.

The MA and OA identify trends based on scope, severity, changes and patterns of compliance. Identified trends are discussed and analyzed regarding cause, contributing factors and opportunities for system improvement. Suggestions for system changes are added to the OA's Waiver QMC System Improvement Log for tracking purposes. Decisions and timelines regarding system improvement are made based on consensus of priority and specific steps needed to accomplish change. To assist in the development and evaluation of system improvement strategies, the State seeks input from stakeholders. The OA Quality Committee made up of participants and family members, providers, advocates and other interested parties meets to provide advise to the OA about proposed system design changes. The MA is a member of the Quality Committee.

ii. System Improvement Activities

Responsible Party <i>(check each that applies):</i>	Frequency of Monitoring and Analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly

Responsible Party <i>(check each that applies):</i>	Frequency of Monitoring and Analysis <i>(check each that applies):</i>
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Quality Improvement Committee	<input checked="" type="checkbox"/> Annually
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Other Specify: <input type="text"/>

b. System Design Changes

- i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the State's targeted standards for systems improvement.

The processes Illinois follows to continuously evaluate, as appropriate, effectiveness of the QMS are the same as the processes to evaluate the information derived from discovery and remediation activities. The Waiver Quality Management Committee (QMC) System Improvement Log is a dynamic product that is discussed quarterly by key staff of the MA and the OA regarding progress, updates and evaluation of effectiveness. Effectiveness is measured by impact on performance based on ongoing data collection over time, feedback from participant/guardian interviews, surveys, and service providers. Multiple years of data collection will allow the State to evaluate the effectiveness of system improvements over time. One meeting of the Waiver QMC each year is partly devoted to an overview of the previous year's activities and a discussion of whether changes are needed to the Quality Management Strategy. System design changes may be specific to one waiver or may involve multiple waivers.

The State provides information about the results of system improvement activities to stakeholders, including participants and guardians, family members, waiver service providers, advocates and other interested parties by developing summary reports, program Information Bulletins and/or waiver manual updates. Information is continually posted on the OA website. Providers and advocacy organizations are informed via electronic mail as Information Bulletins, manual updates and training curriculum modifications are made available. Private individuals can submit their email addresses on line to the OA and be added to the list serve to receive electronic information as well. When indicated, the OA also conducts informational webinars regarding policy and procedure changes.

Quarterly, the OA posts a summary report of the results of the waiver performance measures on its website.

The Operating Agency (OA) posts on its website information on each agency regarding licensure and quality assurance survey results; licensure and contract status; and substantiated findings of abuse, egregious neglect, and exploitation.

- ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.

Each year, one meeting of the Waiver QMC is partly devoted to an overview of the previous year's activities and a discussion of whether changes are needed to the overall Quality Improvement Strategy. At the meeting, the MA and OA discuss whether to make changes in existing performance measures, add measures or discontinue measures. The State continually strives to increase the compliance rate of each performance. While the target compliance rate for each performance measure is 100%, the State realizes that it may take multiple system changes over several years to reach the goal of 100% compliance.