

# HCBS Mental Health Waiver Focused Discussion Forum

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Illinois Department Healthcare & Family Services  
Illinois Department of Human Services  
~Division of Mental Health~

December 16, 2010



# Agenda

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1. Purpose and Scope of Forum
2. Update on HCBS Waiver Status
3. Purpose of QIS
4. Overview of QIS Requirements
5. 6 Assurances
6. Steps in the QIS Process
7. Performance Indicator/Measure Example
8. Review Illinois Draft QIS Indicators
9. Q & A
10. Next Steps

# Purpose of QIS

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- ❑ The State and the state's providers are fulfilling obligations as set out for the HCBS program
- ❑ Recipients of HCBS services are better off
- ❑ The services and care provided are beneficial and aim to achieve good outcomes

# QIS Requirements

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- ❑ CMS **requires** states with 1915C Waivers to **report** the results of their evaluation of compliance with assurances.
- ❑ CMS oversight is based principally on the **review of evidence** that waiver assurances have been met. The State's role in producing reliable evidence of compliance is paramount in the review process.
- ❑ The measures selected and the evaluation performed based on data collection must be rigorous.

# QIS Assurances

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- ❑ Persons enrolled in the waiver have needs consistent with an institutional level of care (Level of Care)
- ❑ Participants have a service plan that is appropriate to their need and that they receive the services/supports specified in the plan (Service Plan)
- ❑ Waiver providers are qualified to deliver services/supports (Qualified Providers)
- ❑ Participants' health and welfare are safeguarded and monitored (Health and Welfare)
- ❑ Claims for waiver services are paid according to state payment methodologies (Financial Accountability)
- ❑ The State Medicaid agency is involved in the oversight of the waiver and is ultimately responsible for all facets of the program (Administrative Authority)

# Quality Improvement Strategy (QIS) Steps

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- ❑ Design: Performance Measures (PMs) and Data source(s)
- ❑ Discover: Use results of your PMs to monitor and report on results
- ❑ Remediate: Fix individual problems and reports on results
- ❑ Improve: Carry out systemic actions to improve performance & pre/post analysis to see if actions worked

# Steps in the QIS Process

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- ❑ State produces data on performance measures
- ❑ CMS requests data/evidence report from State
- ❑ CMS provides Findings report to State based on submitted evidence one year prior to Waiver renewal.
- ❑ Findings report includes recommendations for needed changes in renewal application

## Performance Indicator/Measure Example

**Sub-assurance *a.i.e*: Participants are afforded choice: between waiver services and institutional care; and between/among waiver services and providers.**

<p><i>Performance Measure:</i></p>	<p><i>Indicator 1: Number and percent of waiver participants with a completed and signed freedom of choice form that states that choice was offered between institutional care and waiver services</i></p> <p><i>Indicator 2: Number and percent of waiver participants with a completed and signed freedom of choice form that states that they were offered a choice of waiver service providers.</i></p> <p>Performance Measure:  <u><b>Numerator:</b></u> # of participants with a freedom of choice form completed and signed stating that they were offered a choice between waiver services and institutional care  <u><b>Denominator:</b></u> Total number of enrolled waiver participants</p> <p>Performance Measure:  <u><b>Numerator:</b></u> # of participants with a freedom of choice form completed and signed stating that they were offered a choice of provider  <u><b>Denominator:</b></u> total number of enrolled waiver participants</p>		
<p><i>Data Source:</i>  <b>Clinical/Medical Record          Waiver Enrollment          Form Data Residing in          MIS</b></p>	<p><i>Responsible Party for data collection/generation</i>  <i>(check each that applies)</i></p>	<p><i>Frequency of data collection/generation:</i>  <i>(check each that applies)</i></p>	<p><i>Sampling Approach</i>  <i>(check each that applies)</i></p>

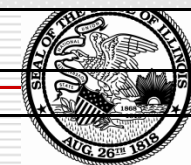




## Performance Indicator/Measure Example Continued

**Sub-assurance *a.i.e*: Participants are afforded choice: between waiver services and institutional care; and between/among waiver services and providers.**

	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval =95%
	<input type="checkbox"/> Other: Specify:	<input type="checkbox"/> Annually	
		<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Groups
		<input type="checkbox"/> Other: Specify:	
			<input type="checkbox"/> Other: Describe
<b>Data Aggregation and Analysis</b>	<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)	
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	
	<input type="checkbox"/> Other: Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	
		<input type="checkbox"/> Other: Specify:	



# IL QIS Indicators: Level of Care

**Sub-assurance #1:** An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future

***Indicator: Number and percent of waiver applicants who had a level of care assessment that indicated a need for institutional level of care prior to enrollment in the waiver***

**Performance Measure:**

**Numerator:** # of applicants with level of care assessments prior to enrollment into the waiver.

**Denominator:** total number of waiver applicants.

**Sub-assurance #2:** The LOC of enrolled participants is reevaluated at least annually or as specified in the approved waiver.

***Indicator: Number and percent of waiver participants whose LOC is evaluated within 12 months of their last LOC assessment***

**Performance Measure:**

**Numerator:** Number of participants whose LOC is reevaluated on or before the 12 month anniversary date.

**Denominator:** # of participants whose LOC is due to be reevaluated. (Note: the indicator will be calculated a minimum of 31 days after the LOC reassessment is due)



# IL QIS Indicators: Level of Care

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**Sub-assurance #3:** The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant LOC

**Indicator:** *Number and percent of LOC determinations made for waiver participants in which the LOC criteria were accurately applied*

**Performance Measure 1 (to detect false positives) :**

**Numerator:** # of 'positive' LOC determinations (indicating a need for waiver services) on which the provider and the reviewer agreed

**Denominator:** # of 'positive' determinations made by waiver providers

**Performance Measure 2 (to detect false negatives):**

**Numerator:** # of 'negative' determinations (indicating no need for service) on which the provider and the reviewer agreed

**Denominator:** # of 'negative' determinations made by waiver providers

# IL QIS Indicators: Service Plan

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**Sub-assurance #1: Service plans address all participants' assessed needs, including health & safety risk factors & personal goals either by waiver services or other means.**

***Indicator 1: Number and percent of participants who had service plans that addressed their assessed needs (including health care needs).***

**Performance Measure:**

**Numerator: # of participants with service plans that addressed their assessed needs**

**Denominator: Total number of participants' service plans reviewed**

***Indicator 2: Number and percent of service plans that address participants' goals as indicated in the assessment(s)***

**Performance Measure:**

**Numerator: # of service plans that address participants goals based on the assessments**

**Denominator: total number of participants service plans reviewed**

# IL QIS Indicators: Service Plan

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**Sub-assurance #2: The State monitors service plan development in accordance with its policies and procedures.**

***Indicator: Number and percent of service plans developed within timeframe as specified per waiver policies and procedures***

**Performance Measure:**

**Numerator: # of service plans completed within specified time frame per waiver policies and procedures**

**Denominator: total number of service plans reviewed**

# IL QIS Indicators:Service Plan

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Sub-assurance #3: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.

*Indicator 1: Number and percent of service plans that were reviewed, and revised on or before waiver participants' annual review date*

Performance Measure:

Numerator: # of service plans reviewed and revised annually

Denominator: total number of service plans reviewed

*Indicator 2: Number and percent of service plans that were reviewed and revised due to changes in the waiver participant's needs.*

Performance Measure:

Numerator: # of service plans that were revised as warranted by changes in the waiver participant's needs

Denominator: Total number of service plans that indicated a change in waiver participant's needs.

# IL QIS Indicators:Service Plan

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**Sub-assurance #4:** Services are delivered in accordance with the service plan, including in the type, scope, amount, duration, and frequency specified in the service plan.

***Indicator: Number and percent of participants' records reviewed who received services in the type, amount, frequency and duration as specified in the service plan***

**Performance Measure:**

**Numerator: # of participants' records reviewed who received services specified in service plan (type, scope, amount, duration and frequency)**

**Denominator: total number of participants whose records were reviewed**

# IL QIS Indicators:Service Plan

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**Sub-assurance #5: Participants are afforded choice: between waiver services and institutional care; and between/among waiver services and providers.**

***Indicator 1: Number and percent of waiver participants with a completed and signed freedom of choice form that states that choice was offered between institutional care and waiver services***

**Performance Measure: Numerator: # of participants with a freedom of choice form completed and signed stating that they were offered a choice between waiver services and institutional care**

**Denominator: total number of records reviewed**

***Indicator 2: Number and percent of waiver participants with a completed and signed freedom of choice form that states that they were offered a choice of waiver service providers.***

**Performance Measure:**

**Numerator: # of participants with a freedom of choice form completed and signed stating that they were offered a choice of provider**

**Denominator: total number of records reviewed**



# IL QIS Indicators:Service Plan

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***Indicator 3: Number and percent of waiver participants with a completed and signed freedom of choice form that states that they were offered a choice of waiver services.***

**Performance Measure:**

**Numerator: # of participants with a freedom of choice form completed and signed stating that they were offered a choice of waiver services**

**Denominator: total number of records reviewed**

# IL QIS Indicators: Qualified Providers

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**Sub-assurance #1:** The state verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.

**Indicator:** *Number and percent of waiver providers initially and continually meeting licensure/certification standards in accordance with State law prior to providing waiver services*

**Performance Measure:**

**Numerator:** # of waiver providers meeting licensure/certification standards

**Denominator:** total number of waiver providers

**Sub-assurance #2:** The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

**Indicator:** *Number and percent of non-licensed/non-certified waiver providers meeting waiver requirements prior to service provision*

**Performance Measure:**

**Numerator:** # of non-licensed/non-certified waiver service providers meeting waiver requirements for service provision prior to service provision

**Denominator:** total number of non-licensed/non-certified waiver service providers

# IL QIS Indicators: Qualified Providers

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**Sub-assurance #3:** The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

**Indicator:** *Number and Percent of providers, meeting training requirements in accordance with state requirements*

**Performance Measure:**

**Numerator:** # of waiver providers that meet training requirements in accordance with established state requirements.

**Denominator:** Total number of waiver providers

# IL QIS Indicators: Health & Welfare

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**Sub-assurance #1:** The State, on an on-going basis, identifies, addresses, and seeks to prevent occurrences of abuse, neglect & exploitation.

***Indicator 1: Number and percent of participants' records reviewed that documents that participants (and/or legal guardians) received information/education about how to report abuse, neglect, exploitation and other critical incidents as specified in waiver policies and procedures.***

**Performance Measure:**

**Numerator:** # of participants and/or legal guardian receiving information/education on how to report abuse, neglect, exploitation and other critical incidents as documented in the clinical record

**Denominator:** total number of participants' records reviewed

***Indicator 2: Number and percent of complaints addressed within timeframe specified in waiver policies and procedures.***

**Performance Measure 1:**

**Numerator:** # of complaints addressed within required timeframe as specified in waiver policies and procedures;

**Denominator:** total number of complaints reported

# IL QIS Indicators: Health & Welfare

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***Indicator 3: Number and percent of records documenting that a reminder was provided to waiver participants to obtain an annual physical***

**Performance Measure:**

**Numerator: # of waiver participant's records reviewed documenting a reminder to participants to obtain an annual physical**

**Denominator: total number of waiver participant's records reviewed**

***Indicator 4: Number and percent of waiver survey respondents who report that they are treated with respect and dignity by waiver service providers.***

**Performance Measure:**

**Numerator: # of survey respondents reporting they are treated with respect and dignity by waiver service providers**

**Denominator: Total number of waiver survey respondents completing the survey.**

# IL QIS Indicators: Financial Accountability

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**Assurance:** State Financial Oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.

***Indicator 1: Number and percentage of claims submitted that were submitted for individuals enrolled in the waiver on the date services were rendered.***

**Performance Measure:**

**Numerator:** Number of waiver service claims that were submitted for individuals authorized to receive waiver services on dates that services were rendered.

**Denominator:** Total number of waiver service claims submitted for individuals receiving waiver services.

***Indicator 2: Number and Percentage of waiver service claims submitted for FFP that were specified in participants' service plans.***

**Performance Measure:**

**Numerator:** Number of waiver services claims submitted for FFP that were specified in participants service plan

**Denominator:** Total Number of service claims that were submitted for FFP for individuals receiving waiver services.

# Q & A

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- Questions?
- Comments and Suggestions

# Continuous Review & Comment

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- [www.dhs.state.il.us/page.aspx?item=51565](http://www.dhs.state.il.us/page.aspx?item=51565)
  - Announcements, calendars, drafts, frequently asked questions (FAQ), other information
- Dedicated email box –  
[DHS.HCBSMHWAIVER@illinois.gov](mailto:DHS.HCBSMHWAIVER@illinois.gov)
  - Comments, input, questions