

## Hawai'i Going Home Plus Operational Protocol

### B.8 Quality

The Hawai'i Department of Human Services is the Medicaid Agency responsible for administering the state's five (5) Home and Community Based Waivers : 1) Nursing Home Without Walls (NHWW-#0057); 2) Medically Fragile Community Care Program (MFCCP-#401395); 3) Developmental Disabilities/ Mental Retardation (DD/MR-#0013);4) HIV Community Care Program (HCCP-#0182); and the Residential Alternatives Community Care Program (RACCP-#0014) waivers

Quality assurance reviews for the 1915c waiver programs are conducted by the DHS Social Services Division (SSD) Medicaid Waiver Services (MWS) Contracts and Monitoring Unit (C&MU). The State's Quality Management System (QMS) is the framework for its Home and Community Based Services waivers. The State has an approved Appendix H for the DDMR waiver (#0013) which was renewed June 2006. However, the State has not renewed the other four (4) 1915c waivers, (NHWW, RACCP, HCCP and MFCCP). The state has completed the Appendix H quality assurance template issued by the CMS to the MFP Project Directors during the October 2007 training. The template in Appendix H of this operational protocol is a combined grid for the four waivers that will be part of the Medicaid Quest Expanded Access (QExA) 1115 demonstration waiver due to be launched in February 2009.

All Money Follows the Person (MFP) demonstration participants will initially be enrolled into existing 1915c waiver programs during the demonstration period and will be subject to the same policies and quality assurance activities that protect the individuals enrolled in each of the 1915(c) Home and Community Based Services waivers.

Demonstration participants may be enrolled in one of the following three programs by the end of MFP demonstration year two: DDMR 1915c waiver, the new Quest Expanded Access (QExA) 1115 managed care demonstration program or the new Rural PACE Maui program. Each program has its own approved quality assurance program.

#### QExA

The Health plans are required to have an ongoing Quality Assessment and Performance Improvement Program (QAPI) for all QExA services. The QAPI includes the following elements:

- Systematic internal processes and mechanisms used by the health plan for monitoring and evaluation of the impact and effectiveness of the care/services it provides according to established standards.
- The principles of continuous quality improvement shall be applied throughout the process, from developing, implementing, monitoring, and evaluating the QAPI Program to identifying and addressing opportunities for improvement.

Health plans must also comply with the following requirements set forth in 42 CFR §438.240:

- Conducting performance improvement projects (PIPs): Diabetes, Obesity , Cardiovascular and Institutional Utilization Data and Functional Data (2012);
- Submitting performance measurement data;

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- Establishing mechanisms for detecting both under utilization and over utilization of services; and
- Establishing mechanisms for assessing the quality and appropriateness of care furnished to members.

DHS's External Quality Review Organization (EQRO) will monitor the health plan's compliance with all applicable provisions of 42 CFR Part 438, Subpart D. Activities include:

- Validation of Performance Improvement Projects (PIPs);
- Validation of health plan performance measures (HEDIS measures) required by the State;
- A review to determine the health plan's compliance with standards established by the State to comply with 42 CFR 438.204 which requires a state quality strategy relating to access to care, structure and operations and quality assessment and improvement.
- Administration and reporting of the results of the provider satisfaction survey;
- Administration and reporting the results of the CAHPS® 3.OH Consumer Survey; and
- Providing technical assistance to the health plan to assist in conducting activities related to the mandatory and optional EQR activities.

### **RURAL PACE**

Rural PACE maintains a Quality Assessment and Performance Improvement Plan (QAPI) that includes the following:

- Development of the annual work plan including program wide focus studies, discipline specific studies and other special studies.
- Monitoring quality indicators providing feedback to interdisciplinary teams.
- Identification of problems, potential problems or unfavorable trends in the delivery of participant care including areas of clinical practice, patient satisfaction and participant outcomes.
- Identification of patterns of excellent clinical practice and participant outcomes for continued maintenance of desired outcomes.
- Development of corrective action plans if problems or unfavorable trends identified in routine monitoring of quality indicators or participant outcomes.
- Annual review to ensure that program objectives have been met.
- Obtaining contractor input in response to and resolution for grievances as they occur. Results of satisfaction survey comments as they relate to their facilities/providers are forwarded to them annually. Contractor input to the QAPI Plan is sought annually through distribution of a summary of the QAPI Plan and requested feedback.

### **Assurances**

The State assures that the *Going Home Plus* demonstration program will incorporate the same level of quality assurance and improvement activities articulated in Appendix H during the transition and during the 12 months demonstration period in the community whether the participant is enrolled in a 1915c waiver, an 1115 demonstrations waiver or the PACE program.

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The State assures that the *Going Home Plus* quality management system will address the following assurances articulated in Appendix H of the 1915(c) HCBS waiver application.

- Level of Care determination
- Service Plan description
- Identification of qualified HBS providers for those participants being transitioned
- Health and welfare
- Administrative authority, and
- Financial accountability

Additionally, the State assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner through a plan of correction, consistent with the severity and nature of the problem. The objective of this process is to assess that current utilization and expenditures are in accordance with the approved waiver requirements, as well as to provide a basis to anticipate future needs and develop services proactively to address them.

For supplemental demonstration services. The quality assessment tool will be adapted for use with *Going Home Plus* participants to collect specific information about the pre-transition process, the development of the transition plan, participant/legal representative involvement and satisfaction. Corrective action plans will be designed to address transition barriers. Outcomes may require adjustments to the operational protocol.

### **Section I. Quality Management Indicators**

In 2007, DHS/SSD/Contracts and Monitoring Unit developed a series of performance indicators for each of the assurances in the CMS’ HCBS Quality Assurance Framework is shown in Table B.8.1.

**Table B.8.1. Quality Assurance Framework.**

Domain Assurance	Service Provider Agencies	Case Management Agencies
Prt. Access		DHS 1150 or 1147 Annual Recertification
Prt.-Centered Service Planning and Delivery	Service Plan delivered based on CM Service Plan	Documentation of Participant Choice
		SP Dev. w/ Prt, Legal Rep
	Qtrly Rpts sent to CM	SP Sent to Provider Before Svc
	Annual Rpts sent to CM	Evidence DOH-CM monitoring Svcs
		SP Reviewed Q6 months, Annually
		Monthly Contact
Provider Capacity and Capabilities	On Site Supervision	
	Criminal History Clearance	Criminal History Clearance

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	Protective Services Clearance	Protective Services Clearance
Participant Safeguards	Reports Adverse Events	CM F/U on Adverse Events
	Emergency Protocol	Reviewed Emergency Protocol
Prt. Rights/ Responsibilities	Acknowledge Participant Rights	Grievance & Appeal P&P
	Acknowledge Agency Grievance & Appeal Process	Advised of Grievance & Appeal Process
	Acknowledge Participant Code of Conduct	
Prt. Outcomes and Satisfaction	Participant Satisfaction	Participant Satisfaction
	PES Completed	
System Performance	CQI Plan	DHS Findings Rpt sent to DOH QA

### **Section II. Processes for Discovery and Remediation**

The DHS/SSD/C&MU QA Staff operationalized the discovery portion of the State’s Continuous Quality Improvement System by conducting ongoing reviews. In 2007, the sample was selected using a computerized random sampling technique, selecting a percentage of the total number of participants enrolled in all waivers. (Previously the QA staff selected a random sample of each agency reviewed.) The QA Staff examine the quality of services provided by conducting comprehensive participant reviews across each waiver.

The process is participant-centered, examining case management records, service provider records, pertinent personnel records, and interviews with participants, families and direct service workers for each identified sample participant. Case Management Supervisors with both the state agencies as well as with community contracted case management agencies also review a sample of case files to assure the accuracy of the assessment and monitoring processes, and the appropriateness of service plans. The DHS QA staff has conducted satisfaction surveys for 100% of the participants in each waiver for several years. The PES (Participant Experience Survey) has been used since 2007. The Quality of Life Questionnaire will be added in 2008.

When reviews identify deficiencies, the QA staff develop plans of correction for remediation and verification of compliance. They provide brief technical assistance when necessary, and have utilized contracted consultants for targeted issues.

### **Section III. Data Analysis**

The DHS/SSD/C&MU QA Staff is responsible for data compilation and analysis for the performance indicators. Key developments over the last year included the following.

- Development and implementation of a Trend Analysis spreadsheet for the performance indicators that had been identified earlier.
- Creation of ‘report cards’ of the data for various stakeholder groups.

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- Revision of the Data Collection Tools to ensure that all performance indicators were included.

The DHS/SSD/C&MU QA Supervisor then shares the report cards of the Trend Analysis results quarterly with the DHS Quality Monitoring and Improvement Committee.

### **Section IV. System Improvement**

In 2007, the State established an interdepartmental Quality Monitoring and Improvement Committee, drawing on expertise from both the Departments of Health and Human Services, as well as consumer representatives. This allows for systemic approaches to remediation.

### **Future Directions in Continuous Quality Improvement Systems**

DHS recognizes that the Continuous Quality Improvement System will evolve and change over time. Following are some of the ways the State has undertaken to build a better system:

***Participant Experience Survey (PES).*** Hawai'i has piloted the PES interview process to capture and analyze responses from participants, in order to identify problem areas such as choice and unmet needs, develop remediation strategies, and measure and evaluate the impact of each strategy. This activity has begun to provide information from participants to contribute to the evaluation of the program and to establish improvement plans.

Over the last year, Hawai'i implemented a participant-centered sampling technique that utilized a digital randomizer. The process as implemented left some gaps in the sample distribution, and a decision on how to achieve a random selection while correcting the problems developed, is currently being weighed. Subsequent to the initial round of surveys, Hawai'i will establish a schedule to continue this process. It is anticipated that the process will be conducted annually. Hawai'i is now in the process of determining how to score the PES digitally. Once that is accomplished, the State will be able to isolate individual performance indicators on the PES and determine problem areas as well as trends. It is expected that this system will be in place by July 2008.

***Automation of Data Collection Tool (DCT) Data.*** The DCTs used by the DHS QA staff have been standardized and are available digitally. Performance Indicators selected from items in each assurance and sub-assurance area have been selected, and data have been input into a spreadsheet to enable ease of reporting and analysis. The DHS should be able to generate reports that will help to identify, document, and measure issues identified at all levels. Once the Performance Indicators have been revised, the state should be able to measure progress in meeting established improvement goals. It is expected that this system will be in place by July 2008.

A chart has been prepared to describe the State's quality management system (QMS) for demonstration participants in each of the waiver populations during the demonstration year. It is attached in Appendix H and is entitled "Quality Management Strategies." It identifies the quality management assurances within each waiver utilizing a cross-chart comparison of each of the assurances across waivers.

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Planning is underway for longer-term improvements which will include the following.

- Refine the various discovery processes and tools so that they will align with the DDDS outcomes and indicators.
- Refine the indicators for data collection to maximize the opportunities for improvement.
- Publish an annual Quality Management Report on the DHS website.

The following new or refined indicators are under consideration for inclusion

- Average number of days from initial contact to completion of eligibility
- Average number of days from eligibility (or funding approval) to start of services
- Proportion of individuals reporting their plans reflect their preferences and needs.
- Proportion of individuals reporting their needs are met (*e.g., personal care, household tasks, transportation etc.*)
- Proportion of individuals reporting they participate in planning
- Proportion of individuals reporting they were able to change their services when their needs changed
- Proportion of individuals reporting they have a choice of providers.
- Proportion of individuals reporting they have a choice of workers/staff.
- Proportion of individuals reporting they would be interested in self-directing their services.
- Proportion of applicants reporting they receive easily understood information on services available to help them make choices
- Proportion of individuals reporting they were able to change their services when their needs changed
- Proportion of licensing deficiencies (reported by provider type, major category of deficiency and including repeat deficiencies)
- Proportion of providers that have been sanctioned (reported by type of sanction)

### **Quality Section 1.B.8 Addendum**

#### **Requirement 1:**

- The state assures that assurance #2 (Service Plan) and assurance #4(Health and Welfare) are complete. The process and monitoring components (discovery, remediation and improvement) are operational for each of the existing waiver programs.
- The state has completed the Appendix H quality assurance template issued by the CMS to the MFP Project Directors during the October 2007 training. The attached template is a combined grid for the four waivers that will be part of the Medicaid Quest Expanded Access (QExA) 1115 demonstration waiver due to be launched in February 2009. See Appendix H.

#### **Requirement 2: 24-Hour Emergency Back-Up System**

Each MFP participant is required to have a current back-up plan that addresses each critical area identified during the assessment. Back up plans are updated regularly during monitoring and reassessment visits. Key areas for backup will be the availability of direct service workers, equipment repairs, access to needed supplies and equipment, personal safety and behavioral

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health episodes. Each participant will have a different level of risk that will be reflected in their individualized back-up plan based on their functional, medical, behavioral and environmental situation. In other words, not all service failures will place the individual at risk requiring immediate action. The transition coordinator and/or the case manager is required to develop the back-up plan together with the participant and their representative then review it regularly to assist the participant to apply the plan effectively when needed. This includes knowing which events are reportable to the service agency and the case manager. Evidence of teaching and review will be monitored in the case notes during the quality review. A system to track and report the use of the participant back up system will be initiated by the program. Back-up system reports will likely be sent to the Project Director first. The *Going Home Plus* Management Team together with the Quality reviewers will meet quarterly to analyze the information and refine the reporting criteria in order to determine if the back-up system is working as intended, improve participant outcomes and to identify areas where the State needs to work with various service provider groups to improve service efficiency and quality. In most cases service failures that are not addressed in a timely and satisfactory manner will result in a complaint being submitted to the department.

HCBS waiver provider agreements for home care agencies include the requirement that the agency have available reliever or back up staff when the primary direct service worker assigned to the participant is unavailable. Further, when necessary, a second provider agency (which is also authorized to render the service required by the service plan) may be identified as “back up” provider agency at the service plan meetings at which time the details of contacts and other arrangements are clarified. This second agency would be used when the primary agency, as a result of unforeseen circumstances, may be unable to serve the participant – copies of the service plan are provided to each agency.

### Requirement 3: Risk Assessment and Mitigation

Risk assessment and mitigation is routinely completed for each participant. A thorough assessment of the individual participant is conducted on admission and annually (at minimum) thereafter. (This process is described in Appendix D-1 of the 1915(c) waiver application for each program.) The assessments identify the participant’s abilities, deficits and needs, which are then addressed in the participant’s service plan. One essential function of these assessments is to identify existing or potential risk factors.

A fundamental principle of person-centered planning is that the plan should to be developed specific to the individual’s needs. This standard is applied across the various waiver populations, but with the result that risks and interventions employed to address them vary dramatically across waivers.

The nature and potential severity of the identified risk factor directs the intervention(s) identified in the service plan, but each must be addressed in the individualized service plan. The *Going Home Plus* transition coordinator with the assistance of the admitting Case Manager will ensure that the Risk Assessment plans address at a minimum:

- Health
- Risk of re-institutionalization
- Behavioral/mental health

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- Fragility of informal caregiver system

Service plans regularly include contingency plans developed to ensure identification of persons or agencies responsible for various actions and activities. For individuals with challenging behaviors, a crisis contingency plan is developed to ensure that there is clear communication of what needs to happen in a crisis. Case managers are also expected to develop an emergency plan to address contingencies for natural disasters, accidents, power and electrical outages, and the like. DHS/SSD/C&MU QA staff monitor the service plans for a selected sample of participants on an ongoing basis. They assess the adequacy and appropriateness of both the crisis contingency and emergency plans. They also monitor to ensure that changes are made to these plans as participant risks may change over time. If all areas of potential risk are not addressed, then a plan of correction is established. Reviewers are available to work with the agencies to meet the standard.

### Requirement 4: Incident Reporting and Management System

To ensure the safety of participants as well as the ability of the system to prevent adverse events, the State developed an incident reporting system for each waiver. The process for reporting is described in the table below. There are minor differences detailed by waiver population.

The DHS/ SSD/ C&MU QA Staff maintain an electronic file of all reported adverse events. When the reports are initially received, the QA reviewer examines the report and the responses taken by both the providers and the case managers. If there are gaps in the response, the reviewer contacts the CM and/or provider to recommend actions, and pursues follow up until satisfactorily completed. During participant record reviews, the QA staff also correlate the reported Adverse Events against a sample of participants for each provider to ensure that all reportable incidents have been reported. The DHS/ SSD/ C&MU QA Supervisor compiles a trend report quarterly to monitor developments that may indicate areas for systemic remediation. These results are discussed at the quarterly meetings of the DHS Quality Monitoring and Improvement Committee for feedback on any further interventions required.

**Table B.8.2. Incident Reporting Management System by Waiver.**

	NHWW	DD/MR	MFCCP	HCCP	RACCP
Reportable Incidents	Adverse Events: (Verbal/Written) All bodily injuries; • All medication errors; • Major conflicts between DSW and Prt; • Prt’s whereabouts unknown; • Any APS/CPS	Adverse Events: (Verbal/Written) • Changes in the Prt’s condition requiring medical treatment (by a physician, ambulance, or ER); • Hospitalization; • Death; • All bodily injuries for which	Adverse Events: (Verbal/Written) • All bodily injuries; • All medication errors; • Major conflicts between DSW and Prt; • Any APS/CPS reports or investigations	Adverse Events: (Verbal/Written) • All bodily injuries; • All medication errors; • Major conflicts between DSW and Prt; • Prt’s whereabouts unknown; • Any APS/CPS	Adverse Events: (Verbal/Written) • All bodily injuries; • All medication errors; • Major conflicts between PACCP family and Prt; • Any APS/CPS reports or investigations • involving



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	NHWW	DD/MR	MFCCP	HCCP	RACCP
	reports or investigations • <u>Change of Condition:</u> • (Verbal only) • Changes that require emergency treatment; Hospitalizations; • Changes in caregiver status; • Environmental changes; • Death	medical treatment is necessary; • All reports to CPS/APS of abuse and neglect; • All medication errors and unexpected reactions to drugs; or • Situations when prt's whereabouts are unknown.	• (Verbal only) • Changes that require emergency treatment; Hospitalizations; • Changes in caregiver status; • Environmental changes; • Death;	reports or investigations  <u>Change of Condition:</u> (Verbal only) • Changes in condition requiring emergency treatment; Hospitalizations; Changes in caregiver's status; Environmental changes, disasters or household emergencies • Death	RACCP family homes or RACCP residents  <u>Change of Condition:</u> (Verbal only) Changes in prt's condition requiring emergency treatment; • Hospitalizations; • Changes in the caregiver's status; Death.
Who is required to report?	PROVIDER, informal caregivers, household members	PROVIDER	PROVIDER, informal caregivers, household members	contracted service providers, informal caregivers, household members	RACCP family home
Timelines: Verbal	Within 24 hours	Within 24 hours	Within 24 hours	Within 24 hours	Within 24 hours
Written	Within 72 hours	within 72 hours	within 72 hours	within 72 hours	within 72 hours
Response Timeframe : Final Report		2 weeks		3 days	3 days
Mechanism for Rpt	Phone, fax or verbal report	Phone, fax or verbal report	Phone, fax or verbal report	Phone, fax or verbal report	Phone, fax or verbal report
Which entities/persons receive Rpts	ACCSB/ Agency Case Manager (CM) and DHS/ SSD/ C&MU QA Staff	DOH-DDD CM and DHS/ SSD/ C&MU QA Staff	MFCCP CM and DHS/SSD/C&MU QA Staff	HCCP CM a and DHS/ SSD/ C&MU QA Staff and	DHS/ SSD/ C&MU QA Staff