

Community Pathways Waiver

Appendix H: Quality Improvement Strategy (1 of 3)

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; and
- 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

Community Pathways Waiver

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 QIS* 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 3)

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 Maryland Department of Health is the single state agency for Medicaid. The Maryland Department of Health's Office of Long Term Services and Supports is responsible for ensuring compliance with federal and state laws and regulations underpinning the operation of the **Medicaid waiver program**.

The Maryland Department of Health's DDA is the Operating State Agency (OSA) and funds community – based services and supports for people with developmental disabilities. The DDA has a Headquarters (HQ) and four (4)

Community Pathways Waiver

Regional Offices (RO): Central, Eastern, Southern and Western. The Maryland Department of Health's Office of Health Care Quality performs licensing surveys, and incident investigations. The DDA's designated Quality Improvement Organization evaluates and develops continuous quality enhancement processes related to performance. Its role is to support the DDA to identify gaps in system performance, guidance/policy and performance measure reporting in an effort to provide quality enhancement strategies that support improved system performance.

The Office of Long Term Services and Supports, DDA or its designee, and Office of Health Care Quality are responsible for tracking and trending data, as well as prioritizing, and implementing system improvements. To determine system improvements, the Office of Long Term Services and Supports, DDA or its designee, and Office of Health Care Quality review: (1) operational data; (2) results from direct observation of service delivery; and (3) findings from participant, family, provider interviews and surveys. The analysis of discovery data and remediation efforts are conducted on an on-going basis via the Medicaid waiver Waiver performance measures. The Office of Long Term Services and Supports, DDA, Quality Improvement Organization, and Office of Health Care Quality will review all data and information gathered with frequent periodicity to identify emerging trends and, when an emerging trend is identified, develop and implement a targeted system improvement.

The Medicaid waiver ~~Waiver~~ program's performance information is shared with the Office of Long Term Services and Supports and the DDA Waiver Quality Advisory Council. The DDA Waiver Quality Advisory Council is composed of various stakeholders, including Medicaid waiver ~~Waiver~~ program participants, family members, providers, advocacy organizations,

Community Pathways Waiver

and State representatives. The group recommends quality design changes and system improvement(s). Final recommendations are reviewed by the Office of Long Term Services and Supports and DDA for considered implementation.

ii. System Improvement Activities

Responsible Party(*check each that applies*):

- ☒ **State Medicaid Agency**
- ☒ **Operating Agency**
- ☒ **Sub-State Entity**
- ☒ **Quality Improvement Committee**
- ☒ **Other** (*specify*):

Quality Improvement Organization

Frequency of Monitoring and Analysis(*check each that applies*):

- ☐ **Weekly**
- ☐ **Monthly**
- ☒ **Quarterly**
- ☒ **Annually**
- ☐ **Other** (*specify*):

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 DDA and the Office of Long Term Services and Supports are the lead entities responsible for monitoring and analyzing the effectiveness of system design and any implemented changes.

A new DDA Waiver Advisory Council has been established with the purpose of creating meaningful engagement and a feedback loop with all interested stakeholders, and with a focus on people with lived experience. Participants will have the opportunity to advise in and

Community Pathways Waiver

provide recommendations to the DDA on system design, service delivery, and quality enhancement strategies for the DDA-operated Medicaid programs.

To analyze ~~the~~ effectiveness, the DDA uses performance measure data and input from national experts, communities of practice, and survey tools. The DDA regularly consults with participants, their families, the National Association of State Directors of Developmental Disabilities Services (NASDDDS), ~~the Council on Quality and Leadership, the University of Missouri Kansas City - Institute for Human Development (UMKC-IHD),~~ and other experts to ensure that system design changes benefit participants and their families.

Since 2016, the DDA has been an active member of the National Community of Practice for Supporting Families (CoP-SF). Guided by the principles of Charting the LifeCourse (CtLC), this initiative aims to advance policy, practice, and systems transformation to better support individuals with intellectual and developmental disabilities and their families across the lifespan.

As part of this effort, DDA has integrated Charting the LifeCourse into its waiver programs, introduced new services, and improved numerous processes to enhance support for individuals and their families. Additionally, DDA established the Maryland Community of Practice for Supporting Families (MD CoP-SF), collaborating with community partners, including people and families, to drive change at state and local levels. This collective work empowers families to help their family members live fulfilling lives throughout all stages of life.

The DDA also uses the National Core Indicators (NCI)[™], which is a voluntary effort by public developmental disabilities agencies to measure and track performance. These National Core Indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. They address key areas of concern related to ~~participants developmentally disabled individuals~~ including employment, rights, service planning, community inclusion, choice, and health and safety.

The DDA is seeking to achieve Network Accreditation from the Council on Quality and Leadership. Achieving Network Accreditation uses baseline performance and seeks system transformation by enhancing outcomes people experience. Measurable progress is identified through data collection efforts using the Council on Quality and Leadership's

Community Pathways Waiver

Basic Assurances Reviews and Personal Outcome Measure Interviews.

The DDA has a contract with an entity that is certified by ~~the~~ Centers for Medicare and Medicaid Services (CMS) as a Quality Improvement ~~Organization Agency or QIO-like~~ entity to:

1. Provide strategies that enhance the quality of life and help to ensure the health and wellbeing ~~of for~~ individuals with intellectual and developmental disabilities;
2. Develop audit standards for the DDA's services including review cases and analyze patterns of services related to assessed need and quality review;
3. Conduct ongoing utilization reviews to safeguard against unnecessary utilization of care and services and to assure efficiency, economy and quality of care; ~~and~~
4. Administer the DDA's NCI-; ~~and~~

5. Support achievement of Network Accreditation from the Council on Quality and Leadership by conducting and collecting data for Basic Assurances Reviews and Personal Outcome Measures Interviews. Provide technical assistance with these reviews.

For specific system improvements, the DDA ~~and its designees~~ will monitor the antecedent data to ascertain whether the interventions have had the desired, positive impacts (based on ongoing review of the informing data). If systemic improvement efforts do not appear effective, the DDA ~~and its designees~~ will institute additional or alternative approaches to effect positive and lasting changes.

The Office of Long Term Services and Supports monitors performance of this requirement by participating in the DDA ~~Waiver Quality~~ Advisory Council and reviewing the DDA's quality reports on the effectiveness of system design and any implemented changes.

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

The DDA will evaluate Quality Improvement Strategy and results on an annual basis unless otherwise noted in the strategy description. The DDA shares information regarding its evaluation of the Quality

Community Pathways Waiver

Improvement Strategy in the annual quality report that is submitted to the Office of Long Term Services and Supports.

Appendix H: Quality Improvement Strategy (3 of 3)

H-2: Use of a Patient Experience of Care/Quality of Life Survey

- a. Specify whether the state has deployed a patient experience of care or quality of life survey for its HCBS population in the last 12 months (*Select one*):

☐ No

☒ Yes (*Complete item H.2b*)

- b. Specify the type of survey tool the state uses:

☐ HCBS CAHPS Survey :

☒ NCI Survey :

☐ NCI AD Survey :

☒ **Other** (*Please provide a description of the survey tool used*):

The Council on Quality and Leadership's Personal Outcome Measure Interviews