



Nebraska Medicaid HCBS Waiver Quality Improvement System Roles and Functions Framework

Background: The Nebraska Aged and Disabled (AD) and Traumatic Brain Injury (TBI) Waivers are administered by the Department of Health and Human Services (DHHS) – Division of Medicaid and Long-Term Care (MLTC) Home and Community Based Services (HCBS) Waiver Unit. HCBS Waiver services coordination and resource development functions are provided by either contracted staff from the Area Agencies on Aging, Independent Living Centers, and Early Development Network or by the DHHS Waiver Staff.

The HCBS Waiver Services Coordinators (SC) are responsible for assessing and determining the client’s level of care, developing a plan to assure health and welfare, giving choice between waiver services and institutional care, authorizing services and monitoring services delivery. Resource Developers (RD) are responsible for determining that potential providers meet waiver program standards, claims are coded and billed correctly and for continuous monitoring of services delivery.

HCBS Waiver QI Roles and Functions Framework: The Home and Community-Based Services (HCBS) Waiver Framework provides guidance as to the state’s process for monitoring the safeguards and standards under the waiver. The purpose of the Quality Improvement System (QIS) is to implement and sustain a quality management system that ensures the health and well-being of clients through continuous client-focused monitoring and improvement. A set of key principles guide the QIS and are contained in the Nebraska’s HCBS Quality Improvement System document. HCBS Waiver Unit Staff review the QIS on an ongoing basis to adjust program outcomes, determine the need to modify data sources and to develop other methods to evaluate progress and services. The HCBS Waiver Quality Council, consisting of representatives of persons receiving services, advocates and provider staff, advises DHHS on strategies to improve all aspects of the waiver quality improvement functions.

Quality Management Oversight: Nebraska’s QIS uses an evidence-based tiered approach which includes a number of activities and processes at both the local and state levels. This system has been developed to discover whether the federal waiver assurances are being met, to remediate identified problems, and to carry out quality improvement activities. These processes and activities generate information that is aggregated and analyzed yearly to measure the overall system performance.

Quality Improvement System Strategies: The QIS Framework addresses roles and functions for the HCBS Waiver Unit at the state and the local level.

1. State Level: The HCBS Waiver Unit provides oversight and support to ensure quality at the local level. These quality improvement processes discover whether performance measures are being met, identified problems are remediated, and that system-wide quality improvement activities are completed. The HCBS Waiver Unit QIS roles and functions are:

A. ***QI Plan Design:*** Quality management activities are designed to gauge the effectiveness and functionality of the waiver program and to identify areas where resources should be devoted to secure improved program outcomes. Design processes include:

1. Identifying performance measures, data sources, and sample sizes;
2. Gathering input from stakeholders;
3. Determining cost of remediation activities relative to resources;
4. Choosing final measures based on input and costs; and
5. Designing and procuring necessary measurement tools and supports including forms, computer applications and training.

B. ***Data Systems Management:*** Implement data management systems activities that ensure the quality of data collection. Data processes include:

1. Performing queries to ensure accurate and timely entry of data by local level SC/RD;
2. Ensuring consistency between different data systems; and
3. Coordinating with information technology staff to address any issues identified.

C. ***Coordinate QIS Data/Information:*** Collaborative agency activities that enhance the waiver program's ability to obtain additional waiver data, conduct additional queries, and to evaluate the data. Collaborative processes include:

1. Working with Protection and Safety to obtain APS/CPS data on abuse/ neglect; and
2. Working with DHSS Licensure Division to obtain Provider licensure information, including complaint data.

D. ***Conduct Central Office Review and to Ensure Local Level QI Functions:*** HCBS Waiver Unit oversight activities that include monitoring of the local agencies, ensuring local level QI processes are completed in a timely/accurate manner and determining whether performance measures are being met. Oversight processes include:

1. Conducting supervisory reviews: State oversight of the Supervisory Review includes a Central Office inter-rater reliability process for new Supervisor/Reviewers intended to assure consistency in the Supervisory Review Process across all reviewers;
2. Conducting file reviews and surveys: Central Office File Review incorporates discovery methods, especially file review and Participant Experience Survey, to look at the quality of service delivery by the services coordination agency. File reviews focus on the quality and compliance of services coordination and resource development activities based on the federal assurances and their impact on service program outcomes for clients. The Participant Experience Survey allows clients to give their perspective on unmet needs, problems with the services delivery process, community integration, provider performance and reliability, services coordination performance and other system issues.
3. Ensuring that local level QI activities were completed as assigned;
4. Ensuring accurate billing; and
5. Verifying that local remediation activities occurred as reported. The local agencies are responsible for 100% remediation of identified individual issues. Remediation is accomplished by individual follow-up, shared resolution or quality improvement plans.

E. ***Contract Compliance Regarding QI and Related Activities:*** Oversight of waiver and Medicaid compliance activities that ensure QIS expectations of all pertinent regulations are carried out at the local level. Compliance management processes include:

1. Ensuring QI activities are delineated in the SC/RD contracts; and
2. Appropriate follow-up when QIS information illustrates a waiver agency or program office has persistent program non-compliance.

F. Analysis of Local Level and State Level Reports and Activities: Quality data information activities that allow data to be aggregated across waiver participants, providers, and claims. Analysis activities include:

1. Aggregating data that allows for the generation/ disseminating of reports and to receive comments from the HCBS waiver program specialists, local level waiver agencies/offices and the Quality Council; and
2. Analyzing recommendations that lead to continuous improvements in the HCBS program.

G. Systems Improvement: Improvement activities that include utilizing data and quality information that will ensure ongoing waiver improvements and overall system performance. Improvement activities include:

1. Analyzing yearly discovery and remediation data; and
2. Determining, implementing and evaluating systemic changes undertaken as a result of the analysis of the data.

2. Local Level: The Local Level Services Coordination /Resource Development Agencies/Offices are responsible to remediate all (100%) of individual problems identified through its discovery processes in an appropriate and timely manner (e.g. 30 or 60 days). The Local Level Waiver Quality Improvement System Roles and Function activities for discovery and remediation are:

A. Inputting Data Entry: Includes entering client and provider data into the state computer systems to allow for aggregation and analysis of the information. This information includes assessment, program plan, budget, monitoring, case actions, as well as information regarding other QI activities, including all remediation activities.

B. Conducting Local Level Supervisory File Reviews: Includes review and remediation processes that are documented on the state's computer system by each local agency/office providing services coordination and resource development. Reviews are conducted to ensure client's health and welfare, assessments are timely and accurate, Plans of Services and Supports are developed timely and are monitored, and documentation and billing are accurate. Supervisors must review a representative random sample of client and corresponding provider files each year. They are also responsible to ensure that all individual issues are remediated and the remediation activities are documented in a timely manner (within 30 or 60 days). Completion of remediation activities must be reported to the HCBS Waivers Unit. Queries can be generated to collect and analyze that accumulating data.

C. Reporting Local Level Incidents: Includes a critical incident reporting process to Central Office that mandates all situations of abuse, neglect, or exploitation involving waiver clients are recorded and reported to the proper authorities. The HCBS Waiver Unit is notified automatically when the incident is entered on the state computer system by the local agency/office.

D. Reporting Local Level Complaints: Includes a process that records issues clients have with services they receive and/or accessing services they have been authorized to receive that are likely to result in actions against providers. The HCBS Waiver Unit is notified automatically when the incident is entered on the state computer system by the local agency/office.

E. Reporting Death Review: Includes a process where staff report to the HCBS Waiver Unit all deaths of waiver clients.