



## *Home and Community-Based Services Waivers Quality Improvement Glossary of Terms*

**Answers4Families:** This is an internet-based system created under contract with DHHS by the University of Nebraska, Center for Children, Families, and the Law. This system maintains information, catalogs resources, and provides community support and communication links for special needs populations.

**Assurances:** CMS requirements a state must meet to operate a HCBS waiver program. Renewal of a waiver is contingent on CMS finding that a waiver has been operated in accordance with the assurances and other Federal requirements. The waiver assurances are: Level of Care, Service Plan, Qualified Providers, Health and Welfare, Administrative Authority and Financial Accountability.

**CONNECT** (Coordinating Options in Nebraska's Network through Effective Communication and Technology): A Nebraska Department of Health and Human Services internet-based computer program. Aged and Disabled Waiver staff input information and generate reports such as: client tracking, assisted living authorizations, notifications, payments to contracted services coordination agencies for services coordination, and quality assurance data reports.

**CMS** (Centers for Medicare and Medicaid Services): The agency in the Department of Health and Human Services that is responsible for Federal administration of the Medicaid, Medicare, and State Children's Health Insurance Program (SCHIP) programs.

**DHHS:** Department of Health and Human Services. The Department has six Divisions: Behavioral Health, Children and Family Services, Developmental Disabilities, Medicaid and Long-Term Care, Public Health, and Veterans' Homes. The Nebraska Department of Health and Human Services; this is the Single State Medicaid Agency. The Division of Children and Family Services administers the Child Protective Services and Adult Protective Services Programs. The Division of Public Health administers the Health Licensure Unit and Investigations Unit.

**Discovery:** Engaging in activities to collect data about the conduct of processes, the delivery of services, and direct client experiences in order to assess the ongoing implement of a waiver, identifying both concerns as well as other opportunities for improvement. Discovery activities are usually designed to identify problems that may require remediation and sometimes lead to systemic changes/improvements.

**Division of Medicaid and Long-Term Care:** This is the designated medical assistance unit within DHHS. This includes the HCBS Waiver Unit which oversees this waiver program.

**Evidence:** Data or facts that support determining whether something is true or not true.

**HCBS:** Home and Community-Based Services.

**HCBS Unit Staff:** Division of Medicaid and Long-Term Care management, program, and quality staff who administer the AD waiver statewide. These quality staff review the Quality Improvement System (QIS) on an ongoing basis to adjust program outcomes and standards compliance as needed; determine the need to modify data sources; or develop other methods to measure progress and services.

**Indicator:** A key quality characteristic that is measured, over time, in order to assess the performance, processes, and outcomes of service delivery components.

**In-home:** This term is used to designate waiver clients who live in “independent” settings – receiving services outside of an assisted living facility – and whose services are not limited to home modifications and/or assistive technology.

**Local Level Services Coordination Agencies/Offices:** Contracted and DHHS offices which provide Services Coordination and Resource Development. They are-

- Eight **Area Agencies on Aging (AAA)** which serve the age group of 65 and older;
- Six **Independent Living Centers (ILC)** which serve the age group of 18-64;
- Five **DHHS** service areas which serve the age group of 4-17
- Twenty-two **Early Development Network (EDN)** agencies which serve the age group of birth-3.

**N-FOCUS (and other payment systems):** Nebraska Family Online Client User System is Nebraska’s automated system which collects client, provider, and claims information and contains a wide variety of program management functions for multiple programs of DHHS, including but not limited to Medicaid eligibility, home and community-based waiver programs, protection and safety, the Supplemental Nutrition Assistance Program, and the Child Care Subsidy Block Grant. This system pays claims for the direct AD waiver services with the exception of Assisted Living (which is in MMIS), Assistive Technology, and Home Modifications (paid through the Nebraska Information System).

**Performance Measure:** A gauge used to assess the performance of a process or function of any organization. Quantitative or qualitative measures of the services that are delivered to individuals (process) or the end result of services (Outcomes). Performance measures also can be used to assess other aspects of an individual or organization performance.

**Quality Council:** Advises DHHS on strategies to improve all aspects of the waiver quality management functions and was instrumental in developing Quality processes in early years of this waiver renewal.

**Quality Improvement System Framework:** The state’s current process for monitoring the safeguards and standards under the waiver. The purpose 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. The framework is guided by a set of key principles. Major Quality Improvement strategies are-

**Local Level Complaint Process:** 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 such as corrective action or termination.

**Local Level Incident Process:** Mandates that all situations of abuse, neglect or exploitation involving waiver clients are recorded and reported to the proper authorities. The reporting function has been automated to allow for immediate reporting to HCBS Unit quality staff of events when they occur.

**Local Level Supervisory Reviews:** Reviews are completed on CONNECT by each local agency/office providing Services Coordination and Resource Development. Supervisors must review a designated per cent random sample of client and corresponding provider files each year. HCBS Unit staff develop associated reports to collect and analyze that accumulating data.

**Off-Site Visit:** The major discovery component of this process, but not the only one, is referenced here as Off-Site File Review. This CONNECT review format is the same as used by supervisors for local review. Standards reviewed are (1) for client files: functional criteria, needs assessment, Plan of Services and Supports, valid Consent, worksheet, services delivery monitoring, and services coordination billing; (2) for provider files: approving qualified providers, provider agreement renewal, monitoring provider service provision; and Assisted Living; and (3) for claims documentation: financial accountability.

**Participant Experience Survey/Family Experience Survey:** Allows aged/disabled adult participants and parents of children with disabilities to give their perspective on unmet needs, problems with the services delivery processes, community integration, provider performance and reliability, services coordination performance and other system issues.

**State Oversight of Local Level Supervisory Review:** This is an HCBS Unit inter-rater reliability process for new Supervisors/Reviewers intended to assure consistency in the Supervisory review process across all reviewers. It has application to multiple assurances but is not listed as a specific data source for any of them. At this point, it does not generate data, though that may be a future enhancement of the process.

**Remediation:** Activities designed to correct identified problems at the individual, provider or system level.

**Resource Developers (RD):** These staff are responsible for determining that initial and ongoing providers meet waiver program standards, claims are coded and billed correctly; and for continuous monitoring of service delivery.

**Services Coordinators (SC):** These staff are responsible for the full range of case management activities, including determining client level of care, developing a Plan to assure health and welfare, giving choice between waiver services and providers and institutional care, authorizing services, and monitoring services delivery.

**Team Lead:** The single HCBS Unit waiver quality improvement staff that is assigned as the off-site review lead for each agency. The Lead is the SC agency's contact in regard to all aspects of the review.

**Waiver Program Period:** The period of time that CMS grants a state's waiver to be in effect. In the case of a renewal, the waiver period is five years. This is not to be confused with a client's eligibility period.

**Web-Based Waiver Training:** To assure both SC & RD providers are trained in the Waiver assurances, a web-based initial module training must be completed by each

trainee and will successfully complete a final test with eighty per cent proficiency. In this document, this is listed as a data source under Qualified Providers. It does have application in other assurances, however, as its waiver modules include: Overview; Foundation; Tools for Services Coordinators; Level of Care and Assessment; Resource Development; Services; and Planning and Monitoring.