



7/14/12

Home and Community-Based Services Waivers Quality Improvement Plan

Purpose

The purpose of the HCBS Waivers' Quality Assurance System is to ensure the health and well-being of clients through continuous client-focused monitoring and improvement by implementing and sustaining a quality management system. This Quality Improvement Plan process is a remediation option in the Quality Management framework.

The purpose of the Quality Improvement Plan process is to focus on standards compliance and contract performance expectations with a formal quality assurance model.

Process

Use

1. This is a traditional model of quality assurance which focuses on bringing outliers into standards compliance to meet certification/contract performance expectations.
2. It does not replace-
 - A. Local administrative/supervisory efforts in advance or in addition to improve quality;
 - B. Personnel actions taken locally; nor
 - C. Other existing Quality processes such as Local Level or Central Office Complaint reports
3. The process is appropriately used when-
 - A. A formal process requiring structured response is appropriate due to a history of non-compliance or a specific egregious issue.
 - B. A discovery method has identified an apparent
 1. Contract violation; or
 2. Immediate risk to client health and safety, either a single incident or an identified trend; or
 3. Other actions have been tried and remediation results have not been achieved.
 - C. The issue identified in discovery indicates a pattern within a specific agency, not a single (non-safety) incident. The issue may relate to

compliance with regulation or to a required process identified in administrative memo or training.

Process Steps

A. Notification

1. DHHS Central Office provides written notice of the need for a Quality Improvement Plan -
 - ❖ On Letterhead, to the SC agency Director/DHHS LTC administrator
 - ❖ Stating at least one clearly defined “Recommendation.”
2. The DHHS Central Office role in initial steps includes-
 - ❖ Offering technical assistance, including examples of action steps, identification of service delivery policies or procedures that require change, and to provide technical assistance in development of “Final Follow-Up.”
 - ❖ Encouraging open communication throughout the development of the QI Plan.

NOTE: When this process is part of On-Site Review Remediation, the On-Site Review Report takes the place of this notification.

B. Services Coordination Agency Response

1. The Services Coordination Agency develops a Quality Improvement Plan using the DHHS-provided template. (See below)
2. The SC Agency submits an approvable QIP to DHHS Central Office within 30 working days of receiving the written notice. Development of an approvable Plan requires prior submittal of drafts for feedback and ongoing technical assistance from DHHS Central Office staff to assure the Plan will meet expectations.
3. The following format is used:

HCBS Waivers’ Quality Improvement Plan for (Insert Local Agency/Office Name Here)

The purpose of the Quality Improvement Plan process is to focus on standards compliance and contract performance expectations with a formal quality assurance model.

DHHS Recommendations Requiring Action	Action Steps				Progress	Final Follow Up	
	Measurable Steps	Persons Responsible	Start Date	Target End Date		Supportive Documentation	Target End Date

Submitted by: _____
 Date Submitted: _____

4. Format instructions:
- ❖ “DHHS Recommendations Requiring Action” are contained in the Central Office notification letter.
 - ❖ “Measurable Steps” describes the Agency’s action plan for meeting the recommendations(s). Each step must be measurable
 - ❖ When developing these action Steps, the Agency must consider the following:
 - Do the actions require changes to local level procedures?
 - Do the actions require updates in client files?
 - Do the actions require supervisory file reviews?
 - Do Services Coordinators/Resource Developers require additional training?
 - What actions need to be worked on in conjunction with waiver services providers or community partners?
 - ❖ “Persons Responsible” indicates the person(s) -- by name or by position -- responsible for implementation of the corresponding action step.
 - ❖ “Start Date” is the date the Agency implements the corresponding action step.
 - ❖ “Target End Date” is the date the Agency anticipates completion of the action step.
 - ❖ “Progress” describes work done as the measurable action steps are worked on or completed.
 - ❖ “Final Follow Up” is necessary to assure that changes implemented had a positive impact on the service delivery system. This area of the template is completed when the Recommendation has been achieved.
 - Depending upon the issue being addressed, appropriate actions may include either (1) maintenance of newly implemented processes for improvement; or (2) new data runs to verify improved performance, within specific timeframes.
 - This field relates to the Recommendation as a whole, not to the individual action steps.
 - “Supportive Documentation” describes how the SC agency has verified that the work done actually resulted in improvement of Recommendation issue.
 - “Target End Date” is the date the Agency anticipates that verification of improvement will be accomplished.
 - ❖ “Submitted by”: Type (if submitting electronic) or sign (if submitting hard copy) the name of the person who will serve as the SC Agency’s contact with DHHS Central Office, assuming overall responsibility for completion of this Quality Improvement Plan. Include the date submitted to DHHS Central Office.

C. DHHS Central Office Response

After receiving and reviewing the final submitted Quality Improvement Plan, DHHS Central Office staff will provide written acknowledgement within 10 working days which includes:

1. The date the Plan has been approved; and
2. The required frequency and due date(s) of Progress reports which the SC agency will enter under "Progress" in the Plan format.

D. Next Steps

Next steps will be determined based upon the resulting Recommendation improvement. This may include-

1. After all Final Follow Up steps have occurred, showing data results and/or process changes which assure improvement in the Recommendation area, DHHS Central Office staff will provide written notice to the SC Agency Director that the Quality Improvement Plan process has been successfully completed;
2. Referral to the Contract Monitor, as applicable; or
3. Referral to DHHS program administration.

Basic Quality Improvement Plan Example

Example Scenario: Damien Diablo was hired as a Services Coordinator by the Richmond Services Coordination agency in February . The SC assumed a full caseload in April. In May, the agency discovered that appropriate background checks were not completed on this employee because the self-report indicated no concerns. The delayed check showed records found on the child abuse and neglect Central Register. The services coordinator was terminated immediately and the Agency Director reported the situation to Central Office staff person. The Agency was already in the process of refunding Medicaid funds for services coordination provided by this employee in April.

The following is a simple example with a single recommendation and a single progress report period. In this example, progress was to be reported in 3 months and Final Follow Up was also completed at that time.

Initial plan submitted May 2008 (Recommendation and Action Steps) (Progress notes due in August in green. Final Follow Up also completed in August)

DHHS Recommendations Requiring Action	Action Steps				Progress	Final Follow Up	
	Measurable Steps	Persons Responsible	Start Date	Target End Date		Supportive Documentation	Target End Date
Richmond SC Agency assures that required background checks are complete prior to hire and periodically for all staff hired for or performing Services Coordination activities.	Develop policy with Richmond HR to assure background checks are completed at hire 100% of the time.	SC Agency Director	4-25-08	6-1-08	New format for vacancy interview standards and background check processes were successfully piloted with the interviews for the SC position during the third week of May. Verified that all checks were done on current staff and notified Central Office on 5-5-08.	Revised hiring processes developed (and approved By DHHS CO) have been added to the Agency's "HR Book" eff. 6-1 to be used on an ongoing basis By May 1 of each year, the agency will conduct background checks on all current SC/sup staff to verify that SC activities are performed only by qualified staff.	
	Background checks will be completed on 100% of current SC staff and results reported to DHHS CO	Supervisor	5-1-08	5-15-08			