

Research and Demonstration Grants: Quality Assurance and Quality Improvement in Home and Community-Based Services

Below is the section on Quality Assurance and Quality Improvement in Home and Community-Based Services from the Real Choice Systems Change Grants for Community Living (FY 2003). These grants are sponsored by the Department of Health and Human Services' Centers for Medicare and Medicaid Services.

Full descriptions for all of the funding opportunities included in the Real Choice Systems Change Grants for Community Living and the Aging and Disability Resource Centers Grants (FY 2003) are listed in the Federal Register Vol. 68, No. 110/Monday, June 9, 2003.

The full text of all funding opportunities and application information for these grants are also available on the Internet at:

<http://www.cms.hhs.gov/systemschange/default.asp>

In addition, this site includes information regarding an applicants' teleconference, background and resources on the Real Choice Systems Change Grants, and conference meeting information.

B.5 Research and Demonstration Grants:

Quality Assurance and Quality Improvement in Home and Community-Based Services (QA/QI in HCBS)

Purpose

The purpose of this initiative is to (a) assist states to fulfill their commitment to assure the health and welfare of individuals who participate in the state's home and community-based waivers under section 1915(c) of the Social Security Act and (b) assist states to develop effective and systematic methods to meet statutory and CMS requirements by use of ongoing quality improvement strategies, and (c) help States develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

Background

People of any age who have a disability or long-term illness generally express the desire to live in the community and have ready access to home and community-based services (HCBS). Individuals who use HCBS indicate that they: (a) wish to direct their own services to best meet their needs; (b) want services that are safe, appropriate, and effective; and (c) expect that service providers will continually strive to improve the responsiveness and quality of their services.

Federal and state initiatives are underway to increase community living opportunities for individuals with a disability or long-term illness. Medicaid policy reforms, State Plan amendments, grants, and HCBS waivers have assisted States to improve their community services systems. Additionally, States are building more consumer choice and direction into their HCBS. An integral part of these initiatives should be the design of systems that include the functions of discovery, remediation and continuous improvement of the quality of services provided to individuals.

States face special challenges in their efforts to assure quality in home and community-based services. Examples include:

Services in the Home—Community services most often occur in an individual's own home rather than in an agency-controlled environment. This situation places a premium on methods that respect an individual's privacy and personhood. It means, among other things, that costly inspection-based systems of unannounced visits for quality assurance are both more costly and more intrusive in home and community-based services than in more controlled environments.

Services Throughout the Community—Direct service workers provide help throughout the community, usually outside regular contact with either peers or supervisors, rather than in a centralized location under the continuous supervision of a professional overseer. This situation means that elderly and people with a disability or long-term illness must play a more active role in quality management and that state programs must incorporate special provisions to address the dispersion of workers.

Assuring Health and Welfare of the Person—In home and community-based service waivers, each State makes a commitment to assure the health and welfare of *the person*. *This is a fundamental difference between the HCBS waivers and other programs. Assuring the health and welfare of the person is a higher standard than the obligation to ensure the quality of each*

service provided under the Medicaid State Plan. For example, agencies providing Medicaid State Plan services may terminate services to an individual if they do not have staff with the skills necessary to assure the quality of the service required. The person may then be left to fend for him or herself. For a home and community-based waiver, the waiver program must ensure that the person is not abandoned. This commitment is consistent with the overall emphasis on person-centered services that under-gird the home and community-based waivers.

This commitment to the health and welfare of the person means, among other things, that back-up systems are essential in the event of service breakdowns, person-centered outcomes are vital, active participation of the individual is important to defining quality and the boundaries of risk-taking, and collaboration is essential among service providers, the individual, and community supports such as family, friends and neighbors.

Grant Specifics

This grant category is focused on State systems that assure that quality is present in home and community-based services. Surveys, certification of providers, and inspection activities are vital in any quality assurance system. However, here we seek primarily to help states develop a balanced approach that relies first and foremost on building quality into the very design of the system, involving multiple “real-time” methods of feedback and information-gathering (in addition to periodic inspection processes), involving program participants and community members in active roles in the quality assurance system, and making effective use of quality improvement processes.

All projects funded under this category must utilize the CMS *HCBS Quality Framework*. The *Framework* consists of (a) four functions that are important in any quality assurance system, and (b) seven topic areas or “domains” that merit special focus in HCBS programs.

The Four Functions in a QA/QI System

Design: To what extent is quality built into the very design of the system of services and supports in the home and community-based services program? For example, a program that fails to provide emergency back-up systems for critical services and life-support mechanisms will be liable to more quality breakdowns than those that have designed for those contingencies.

Discovery: To what extent does the program have on-going methods of gaining current information about how program participants are faring, about the performance of service providers, and about the outcomes being experienced by participants? To what extent does the program have the ability to gather information directly from participants in real-time and target that information to persons who have the authority to act on the data?

Remediation: To what extent does the program have the ability to act in a timely manner to (a) evaluate incoming information (b) discern the need for action and the appropriate timeframe needed for action, and (c) act on the information to remedy problems expeditiously and effectively. To what extent is the system designed to promote self-correcting processes of problem resolution (rather than waiting for the “annual inspection”)?

Systems Improvement: To what extent can the program analyze information to identify patterns and redesign the system or processes so that future problems are prevented and higher quality prevails?

Each of the above four functions are best implemented in relation to certain high-priority subject areas that are important to quality outcomes. For example, it is important that the design of the program assure adequate access on the part of the individuals who ought to benefit, that the design include certain participant safeguards, and that the program require and develop key skills for providers.

The CMS Disabled and Elderly Health Programs Group has combined forces with key State Associations¹ to formulate a description of some of the highest priority areas that merit our attention in trying to design quality into systems, ensure adequate discovery functions, and remedy problems. A short version of those areas is provided below.

The Seven Topic Areas (“Domains”) for HCBS Programs

I. Participant Access: Individuals have ready access to home and community-based services and supports in their communities.

II. Participant-Centered Service Planning and Delivery: Services and supports are planned and effectively implemented in accordance with each participant’s unique needs, expressed preferences and decisions concerning his/her life in the community

III. Provider Capacity and Capabilities: There are sufficient HCBS providers and they possess and demonstrate the capability to effectively serve participants.

IV. Participant Safeguards: Participants are safe and secure in their homes and communities, taking into account their informed and expressed choices.

V. Participant Rights and Responsibilities: Participants receive support to exercise their rights and in accepting personal responsibilities.

VI. Participant Outcomes and Satisfaction: Participants are satisfied with their services and achieve desired outcomes.

VII. System Performance: The system supports participants efficiently and effectively and constantly strives to improve quality.

Additional information about the above *Quality Framework* and about CMS efforts with States to improve quality in home and community-based services is available on our website at <http://www.cms.hhs.gov/medicaid/XXXXXXXXXX>

¹ In particular, special thanks go to the National Association of State Directors of Developmental Disability Services (NASDDDS), the National Association of State Units on Aging (NASUA), the Medstat Group, and the Health Services Research Institute (HSRI) with whom we collaborated to crystallize the topic areas described above and conduct a national inventory of state quality assurance activities.

Grant-Specific Allowable Uses of Grant Funds

Specific project activities include (a) developing infrastructure, (b) planning for sustainability, (c) developing linkages to the existing MMIS (Medicaid Management Information Systems), (d) automating collection of QA/QI data (including participant outcomes), (e) developing an information technology plan that supports quality improvement and ongoing case management, (f) developing a QA/QI implementation plan, and (g) developing a sustainable database for QA/QI data.

Grant-Specific Requirements

Required grant activities include: (a) meaningfully involving consumers, stakeholders, and public-private partnerships in planning activities; (b) outlining how coordinated efforts will be maximized paying specific attention to how the project will improve collaboration with human services agencies and state agencies; (c) incorporating *HCBS Quality Framework* in design; (d) incorporating consumer direction into the design; (e) outlining a method for data collection; and (f) showing sustainability that may involve using Quality Improvement Organizations (QIO) as part of their QA/QI in HCBS plan and linking the MMIS capacity-building and utilization efforts to data collection.

Applicants must utilize the *HCBS Quality Framework* in the design of its QA/QI in HCBS project and must include at least one activity designed to improve the ability of the State's QA/QI system to (a) involve program participants in active roles in the quality assurance system and (b) obtain primary data directly from program participants through direct human interaction. Finally, we encourage States to consider utilizing a CMS-developed consumer experience survey which is available on our web site at <http://www.cms.hhs.gov/medicaid>.

Grant-Specific Outcomes and Products

The applicant must provide a general description of the outcomes and products of the project. Three of the project's outcomes and products must include an advanced planning document (where needed), request for proposal document, and a plan for sustainability.

For purposes of this grant solicitation, we do not necessarily expect that a State's QA/QI efforts in its HCBS program would include strategies for all 7 domains (or the 35 sub-domains that are categorized under the 7 domains). However an effective system would include the four functions (design, discovery, remediation, and systems improvement) and the quality project must include significant improvements in at least one of those functions.