



CMS: The Emerging Quality Framework

CMS Interim Procedural Guidance

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Revised Federal Quality Oversight

- Principles:
 - States are responsible for program quality and for assuring waiver participants' health and welfare
 - Federal oversight is a continuous process over the life of an approved waiver
 - The Federal oversight process requires continuous dialogue between CMS and the states
 - Focus = Quality Improvement



Revised Federal Oversight

- Process

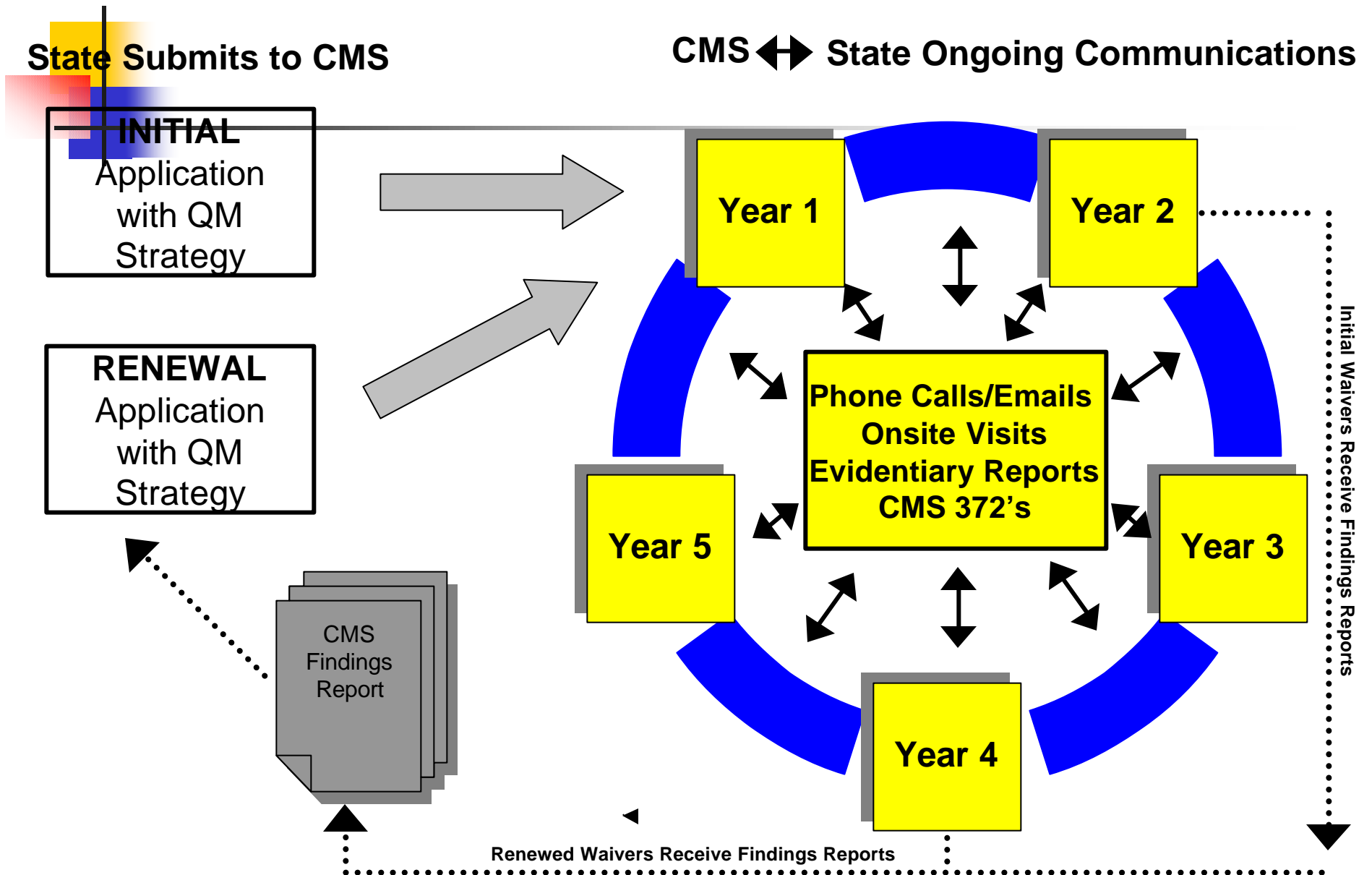
- Federal oversight begins with CMS's review of the waiver application
- Requires information and regular updates from the states about their QA/QI activities
- Requires that CMS be clear about its expectations



Revised Federal Oversight

- PAST: “audit” model based on on-site discussions, observations and case review
- FUTURE: quality management driven model with
 - Quality elements designed into program
 - State quality strategy to continually evaluate performance, identify & correct problems, and make systems improvement.
 - CMS reviews evidence that strategy is working

The HCBS Waiver Quality Life Cycle





CMS Interim Procedural Guidance (IPG)

- Procedural guidance for CMS for conducting quality oversight of HCBS waivers
- Effective now, and until the completion of the revised waiver application & 372Q annual report
- Grounded in the states' *evidence* about their QA/QI activities and results
- State accountability; and developing systems to support continuous program monitoring



IPG Process

- Step 1: Issue the Standard Letter
 - **What:** Includes request for *evidence-based information*, taken from the state's own monitoring activities
 - **When:** No later than 18 months prior to waiver's expiration date



IPG Process

- Step 1: Issue the Standard Letter
 - What kind of *Evidence-based Information* does CMS need?
 - Focuses on the assurances
 - Level of Care
 - Plan of Care
 - Qualified Providers
 - Health and Welfare
 - Administrative Authority
 - Financial Accountability



IPG Process

- Step 2: State provides requested evidence
 - **What:** Enough evidence for CMS to make a determination that assurances are met.
 - **How:** State may request technical assistance in organizing its evidence from the National Technical Assistance Contractor (MedStat/HSRI/Muskie School)



IPG Process

- Step 3: CMS reviews state's evidence
 - Takes into account other information that CMS has about the state's QA/QI
 - CMS 372 Annual Reports
 - Program Complaint Logs
 - Media Coverage
 - Additional info submitted or communicated by state



IPG Process

- Step 4: CMS determines if state “substantially meets” the assurances
 - State has adequate/effective system for meeting assurances; and
 - Demonstrates ongoing, systematic oversight



IPG Process

- Step 4: CMS determines if state does *not* “substantially meet” the assurances
 - State demonstrates pervasive failure to meet an assurance; and
 - Has no internal plan of correction
 - In step 6, CMS must provide to State written recommendations for system improvements and timeline for completion



IPG: Steps

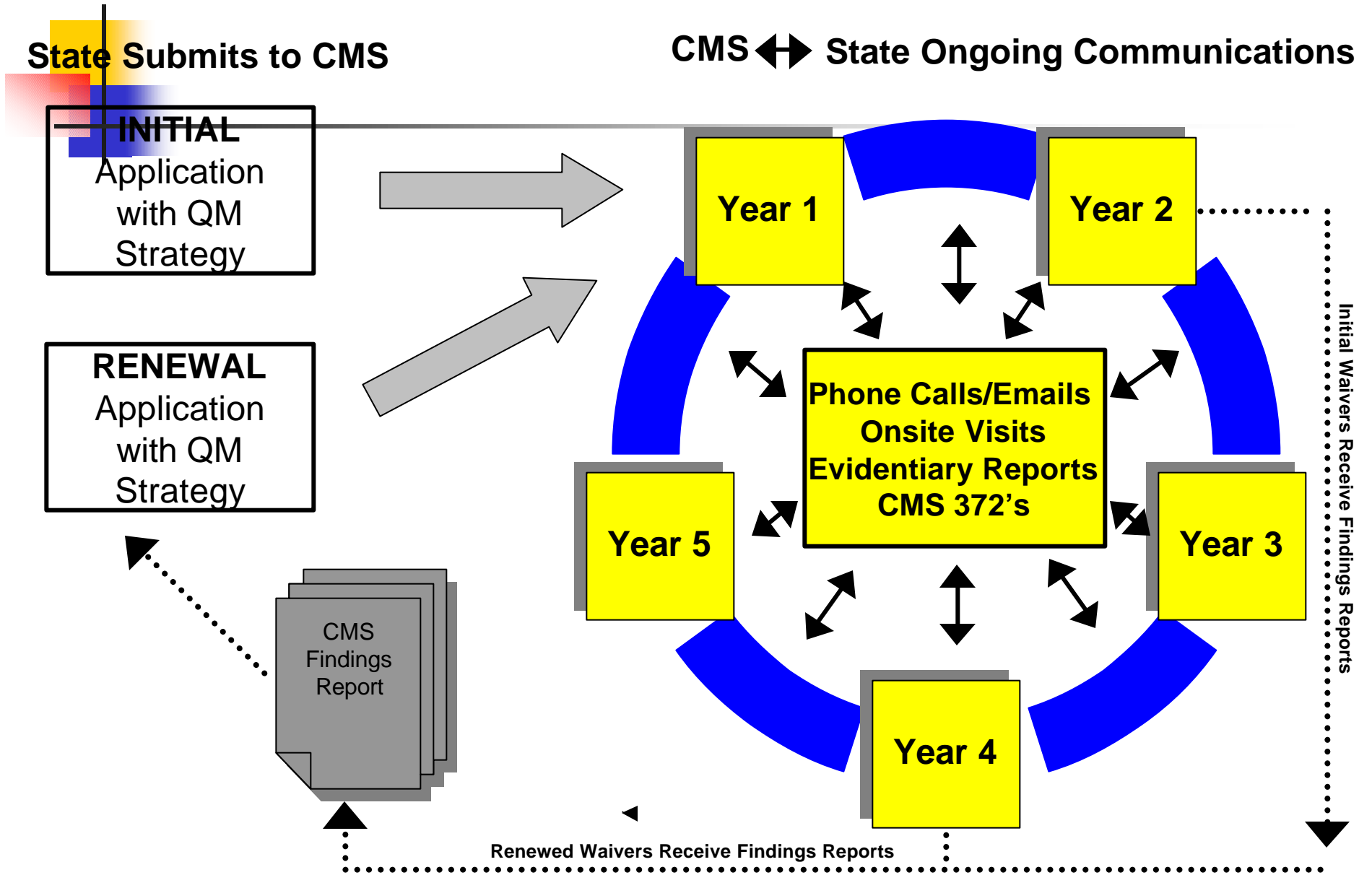
- Step 5: CMS issues draft report of findings to State
 - **What:** Conveys findings of the review, with summary of the state's evidence and CMS recommendations and timeline
 - **When:** Issued 12 months prior to waiver expiration
 - **Format:** Uses standard report template



IPG: Steps

- Step 6: CMS issues Final Report to State
 - **What:** Incorporates CMS report and state's response
 - **When:** Issued within 60 days of receipt of state's response to draft
 - **To whom:** Sent to State Medicaid Agency and CMS CO
 - **Format:** Uses standard report template

The HCBS Waiver Quality Life Cycle

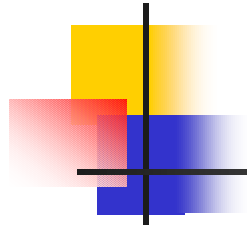




Contact Info

National Technical Assistance Contractor

- Request assistance through your Regional Office waiver contact, or
- Contact MedStat directly through beth.jackson@thomson.com



Contact Info

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