Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*

c. **Timelines**
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Health and Welfare that are currently non-operational.

No

- **Yes**
Please provide a detailed strategy for assuring Health and Welfare, the specific timeline for implementing identified strategies, and the parties responsible for its operation.
DDP's effort to develop an electronic reporting system under contract with THERAP is ongoing at this time. In the meantime, the DDP is manually entering all critical incident reports in an electronic database. The current database allows DDP staff to review incident information based on a data queries by provider, region, type of incident and other parameters. The DDP produces reports form this database for review and decision making by the DD Quality Council and DDP management.

Appendix H: Quality Improvement Strategy (1 of 2)

Under □1915(c) of the Social Security Act and 42 CFR □441.302, the approval of an HCBS waiver requires that CMS determine that the State has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the State specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

- Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state□s waiver Quality Improvement Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver□s relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the State is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Improvement Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Improvement Strategy.

Quality Improvement Strategy: Minimum Components

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QMS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I) , a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances;
- The *remediation* activities followed to correct individual problems identified in the implementation of each of the assurances;

In Appendix H of the application, a State describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3)

the processes the state will follow to continuously *assess the effectiveness of the QMS* and revise it as necessary and appropriate.

If the State's Quality Improvement Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Improvement Strategy, including the specific tasks the State plans to undertake during the period the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Improvement Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid State plan, specify the control numbers for the other waiver programs and/or identify the other long-term services that are addressed in the Quality Improvement Strategy. In instances when the QMS spans more than one waiver, the State must be able to stratify information that is related to each approved waiver program.

Appendix H: Quality Improvement Strategy (2 of 2)

H-1: Systems Improvement

a. System Improvements

i. Describe the process(es) for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

The Department will be using an updated Child and Family Services review process incorporating the performance measures outlined in the various appendices of this waiver application. Performance measures are data based, and expressed as a percentage of compliance. The updated comprehensive review process will result in completed QA reports with all service providers with a DDP contract within one year of a child's enrollment in the Children's Autism Waiver for every service provider of Children's Autism Waiver services.

The annual QA reports completed by the DDP QIS help ensure that service delivery problems and compliance issues are identified and resolved in a timely and ongoing basis at the local provider level, based on performance measures in the waiver, and other measures tied to contracting, DDP rules and policies and other requirements.

The aggregation of statewide data based on the waiver performance measures is ultimately the reponsibility of the DDP waiver specialist. Data will be aggregated as a statewide percentage for every performance measure in the waiver application. The use of charts, graphs, and other visual reprentations of the data will be used to assist reviewers in understanding yearly trends in the performance measure outcomes. Narratives will be used to summarize information.

The prioritization of system improvements will be heavily biased toward resolving health and safety performance issues first and foremost. For example, during a DDP QIS QA Review, a lack of staff performance in correctly responding to survey questions designed to measure competence in identifying and reporting suspected abuse and neglect would result in a QAOS sheet designed to reduce the potential for future, similar performance problems. At a statewide level, statistically significant performance problems in this area could result in the implementation of any or all of the following system improvement stategies:

1. Increase in the frequency of DDP QIS staff surveys. Providers, now put on notice, may become more thorough in their orientation training and refresher training.
2. DDP QA reviews of provider orientation training content, for the purpose of increasing the quality of the orientation training in deficit performance areas.
3. Periodic abuse reporting training by DDP staff directly with provider staff, for the purpose of increasing staff comptency in this critical area.
4. Development of internal monitoring procedures for use by provider staff supervisory personnel, serving to assess the perfomance of direct care staff (self-assessment strategies). Data results would be shared with the DDP.
5. Providers with high levels of direct care staff performance in abuse reporting would likley not be subject to additional training or monitoring efforts.

System improvements will be prioritized

ii. **System Improvement Activities**

Responsible Party*(check each that applies):*	**Frequency of Monitoring and Analysis***(check each that applies):*
✓ **State Medicaid Agency**	**Weekly**
Operating Agency	**Monthly**
Sub-State Entity	**Quarterly**
Quality Improvement Committee	✓ **Annually**
Other Specify:	**Other** Specify:

b. System Design Changes

i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the State=s targeted standards for systems improvement.

Staff to be involved in the collection, monitoring and analyzing of aggregated data and system design changes will include program specialists involved in QA for children's services, waiver staff, DDP field staff, and DDP management staff. Data results would be shared with the DDP Quality Council for the purpose of gathering input from the membership.

The focus of system improvement is to yield tangible increases in performance on a statewide basis, particularly in the critical areas of client health and safety. Ultimate responsibility for the implementation of strategies designed to yield system improvement rests with DDP management staff, and ultimately, the DDP Program Director. The analysis of data depends on the successful efforts of the DDP Quality Assurance specialist and the DDP Waiver Specialist in ensuring the timely collection and aggregation of performance data, and in the generation of helpful and accurate annual summary reports.

The DDP Program Director may assign workgroups or individuals to develop specific recommendations for system design changes. For example, the DDP requires providers to maintain documentation serving to verify the delivery of staff hours. The review of provider documentation may result in excessive levels of clinical judgement required of DDP QIS staff in the determining if the documentation is adequate. Documentation of this difficulty could result in the need for the DDP fiscal staff and Quality Assurance Division staff to develop more specific guidelines serving to ensure greater consistency and integrity in the provider documentation effort. This could potentially make life easier for the provider and the reviewing authorities.

Primarily, the DDP Waiver Specialists are responsible for the collection and aggregation of data, and the development of annual summary reports for use by system change decision makers.

ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.

The Quality Improvement Strategy will be evaluated annually by DDP staff at such time the summary reports are generated by the DDP waiver Specialists. At this time, DDP will be aggregating some performance data manually, and other data will be aggregated electonically. Many of the DDP QA review checklist items will be sent to the DDP office in Excel, and downloaded on a master spreadsheet. As technology and resources permit, an increasing amount of information will be reported and compiled electronically. Much of the performance measure data collection is integral with DDP's annual QA review process. In addition to an annual DDP management meeting specific to the review of the Quality Improvement Strategy, it is expected

that the QIS strategy will be periodically reviewed at DDP QIS meetings, for the purpose of generating recommendations to improve system efficiency and consistency by the staff who invest time and effort in gnerating the performance measure data. DDP QIS recommendations will be shared with DDP management staff for the purpose of making changes based on the implementation of the process. The DDP Quality Council (consisting of consumers, provider staff, and self-advocates, professional advocates, DDP staff parents, service providers and others always has the opportunity to share thoughts with DDP staff at their meetings. DDP will remain responsive to the concerns of these groups and others in the updating of the performance measures, the processes used to collect this information, and the best ways to summarize and share the information with interested individuals and entities.

Appendix I: Financial Accountability

I-1: Financial Integrity and Accountability

Financial Integrity. Describe the methods that are employed to ensure the integrity of payments that have been made for waiver services, including: (a) requirements concerning the independent audit of provider agencies; (b) the financial audit program that the state conducts to ensure the integrity of provider billings for Medicaid payment of waiver services, including the methods, scope and frequency of audits; and, (c) the agency (or agencies) responsible for conducting the financial audit program. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Contract Audit Requirements

The following language from the FY 09 contracting template applies to contractors of DDP waiver funded services:

8.1 The Contractor, in accordance with 18-4-311, MCA and other authorities, must maintain for the purposes of this Contract an accounting system of procedures and practices that conforms to Generally Accepted Accounting Principles (GAAP), as interpreted by the Department, and to any other accounting requirements the Department may require.

8.2 The Department or any other legally authorized governmental entity or their authorized agents may at any time during or after the term of this Contract conduct, in accordance with 5-13-304, MCA and other authorities, audits for the purposes of assuring the appropriate administration and expenditure of the monies provided to the Contractor through this Contract and assuring the appropriate administration and delivery of services provided through this Contract.

8.3 The Contractor, for purposes of audit and other administrative activities, in accordance with 18-1-118, MCA and other authorities, must provide the Department and any other legally authorized governmental entity or their authorized agents access at any time to all the Contractor□s records, materials and information, including any and all audit reports with supporting materials and work documents, pertinent to the services provided under this Contract until the expiration of six (6) years from the completion date of each respective State fiscal year.

8.4 The State and any other legally authorized governmental entity or their authorized agents may record any information and make copies of any materials necessary for the conduct of an audit or other necessary administrative activity.

8.5 A non-profit contractor, if receiving $500,000 or more in federal funds from any and all federal funding sources, must comply with the accounting and audit requirements of Federal Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations" and the provisions of OMB Circular "A-122, Cost Principles for Non-Profit Institutions" concerning the use of the funds provided under this Contract.

8.6 A for-profit contractor must comply with the accounting and audit requirements in 45 CFR 74.26(d) and the cost principles and procedures for commercial organizations in 48 Subpart CFR 31.2 concerning the use of the funds provided under this Contract in the version in effect on the date this Contract is signed by both parties. Pursuant to 45 CFR 74.26(d), a "for-profit" organization may either have an audit conducted in accordance with the Federal Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations" or the Government Auditing Standards.

For non-profit corporations receiving $500,000 or more in federal funds from any and all funding sources, or for-profit