CHAPTER 9

LONG TERM CARE WAIVER

Quality Assurance Manual

ELDERLY & DISABLED WAIVER

SAIL WAIVER

530 (HIV/AIDS) WAIVER

ID WAIVER

LIVING AT HOME WAIVER

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MISSION STATEMENT

The mission of the Alabama Medicaid Agency's (AMA) Long Term Care (LTC) Waiver Quality Assurance (QA) Program is to assure that waiver participants receive quality care in the home and community setting. This mission is designed to assure:

- Quality of care pertaining to preventing abuse and neglect
- Access to services and needs of waiver participants are met
- Participants are allowed to participate in the care planning process.
- Participants health and welfare is not jeopardized

This mission is multi-faceted, based upon a planned, systematic, and ongoing process for monitoring, evaluating, and improving the quality and appropriateness of care provided to individuals receiving Home and Community Based Waiver Services.

THE MONITORING PROCESS

The monitoring process is designed to ensure the Operating Agencies (OA) and the Direct Service Providers (DSP) compliance with the approved 1915(c) Home and Community Based Waiver document, contractual agreements, state and federal health care guidelines, and applicable federal and state regulations governing quality assurance and utilization management. The monitoring process is also designed to identify patterns or trends of care and the sentinel effects of the process that warrant further evaluation.

EVALUATION PROCESS

The evaluation process is designed to determine the presence or absence of an opportunity to improve access to waiver services, to assure the health and safety of waiver participants, and to assure the quality and/or appropriateness of care.

AMA QUALITY ASSURANCE STAFF

Medicaid's Waiver Quality Assurance Program is located on the AMA organizational chart under the Medicaid Director of the Long Term Care Division. Quality assurance activities are directed by:

- A registered nurse administrator with a Degree in Nursing or related field and
- A current license to practice nursing in the State of Alabama.

Quality Assurance Reviews are conducted by:

- A registered nurse with a nursing diploma/certification or degree from an approved school of nursing and
- A current license to practice nursing in the state of Alabama.

PURPOSE OF QUALITY ASSURANCE

The purpose of the LTC Waiver Quality Assurance Program is to organize and provide direction for quality assurance activities for the Home and Community Based Waiver programs. The primary focus is to:

- Improve the quality of community care
- Assure that the participants health and safety needs are met
- Assure that appropriate care is provided
- Assure that the providers of services meet the provider qualifications specified in the approved waiver.

PROCESS

The LTC Waiver Quality Assurance process is a coordinated, comprehensive and ongoing process that monitors and evaluates the implementation and ongoing utilization of the Home and Community Based Waiver Programs. Quality assurance activities are conducted to assure that AMA, the OA and the DSP comply with the requirements of the Home and Community Based Waiver documents.

KEY COMPONENTS ASSOCIATED WITH THIS PROCESS INCLUDE THE EVALUATION OF:

- Health and welfare of waiver participants
- Responsiveness of the POC to the participant's needs
- Qualifications of providers who serve waiver participants
- Appropriateness of services to the participant's needs
- Freedom of choice being offered to participants
- Quality improvements activities
- Client satisfaction indicators
- Complaint and grievance process
- Accessibility to waiver services
- Access to other available community care options
- Continuity of care.

KEY TERMS ASSOCIATED WITH THIS PROCESS INCLUDE:

- Access to Care: Assurance of available and appropriate health care services to all participants
- Appeal: Any appeal is a special kind of complaint used if the participant disagrees with a decision to deny a request for health care services or payment for services already received.
- Appropriateness of Service: Assurance of appropriate waiver services for each waiver participant based upon individual needs
- Client Satisfaction Survey: Survey assessing the quality of care received by waiver participants
- Complaints**:** See Grievance
- Direct Service Provider: A provider that contracts with the OA to provide direct service (i.e., personal, homemaker, adult day health, respite) to the waiver recipient
- Deficiency: Service(s) required by the waiver document but not identified as having been implemented by the OA and/or service provider during the QA review
- Freedom of Choice: Assurance that the participant exercises the right to choose the type of service needed and the provider of service and home and community based services or institutionalization.
- *Due Process: The process which allows the participant an opportunity to appeal an adverse decision*
- *Grievance**:** Any complaint or dispute, oral or written expressing dissatisfaction with the following: availability, delivery, quality of care, payment, treatment, reimbursement for services. It is not the way to deal with a complaint about a treatment decision or a service that is not covered. (See Appeal)*
- *Plan of Care: Plan that identifies all services the waiver participants receives and the frequency of the service*
- Operating Agency: State agencies that contract with the AMA to provide the services within the waiver program

- Quality Improvement Activities: Periodic review of quality assurance policies and procedures with revisions implemented when necessary.

AMA WORK PLAN
FOR QUALITY ASSURANCE REVIEWS

OVERVIEW

MONITORING QUALITY ASSURANCE OF THE HOME AND COMMUNITY BASED WAIVERS

Quality Assurance (QA) as defined by the AMA Home and Community Based Waiver Program is the process of monitoring and evaluating the delivery of community care to ensure that services rendered are appropriate, timely, accessible, available and, medically necessary. The services should safeguard the health and welfare of the participants as well as prevent institutionalization.

GENERAL OBJECTIVES OF QUALITY ASSURANCE

- To determine the effectiveness of the HCBS Waiver Quality Assurance Program
- To assure waiver participants have access to waiver services through the process of monitoring quality assurance procedures
- To assure waiver participants are able to exercise the right of freedom of choice of waiver services and providers, and to choose between home and community based services and institutionalization.
- To assure the health and welfare of waiver participants, and to identify, address, and prevent abuse, neglect and exploitation of individuals served by the waiver
- To assure waiver participants are receiving services identified in the plan of care by qualified personnel through monitoring a sample of recipient records and personnel records

- To assure implementation and ongoing utilization of quality assurance standards of the OA, the AMA, and the Center for Medicare and Medicaid Services (CMS) through evaluation of the organizational structures of direct service providers, and reports of quality assurance activities.

These objectives will be met by conducting an annual review of each OA. AMA Review Coordinators will conduct the review, and the following elements will be evaluated:

- A sample of Recipient records will be reviewed to ensure:
    1. Level of care and admission criteria are met
    2. Plan of care is appropriate
    3. Freedom of choice
    4. Patient rights
    5. Services reimbursed by Medicaid were provided.
- OA policies, procedures, organizational structure and staff qualifications will be reviewed to ensure the OA is operating in accordance with waiver guidelines.
- OA documentation of contractual agreements between the OA and the DSP will be reviewed to ensure that qualified providers are rendering services to Medicaid waiver recipients.
- OA documentation of QA visits to DSP will be reviewed to ensure:
    1. OA is conducting QA reviews
    2. DSP is providing services in accordance with waiver guidelines.
- OA complaint and grievance procedures will be reviewed to ensure:
    1. A process is in place in accordance with Medicaid waiver guidelines
    2. Complaints/grievances are tracked through to resolution
    3. Adverse findings are reported to the appropriate authority for final determination
    4. Health and safety of the client is not at risk
    5. An appeals process is in place in accordance with waiver guidelines.
- Visits to client homes may be done to determine:
    1. Effectiveness of service provision
    2. Appropriateness of services
    3. Adequacy of equipment and supplies
    4. Accessibility of general condition of home
    5. Safety of home and equipment.
    6. Participant satisfaction

AMA INTERNAL QUALITY ASSURANCE PLAN

The AMA will maintain an internal Quality Assurance Program that meets the requirements of 1902 (a), 1915 (c) of the Social Security Act, 42 CFR 440.260, 441.302-441.303, and in accordance with the Home and Community Based Waiver documents.

OBJECTIVES:

- To assure consistency with federal and state regulations and guidelines
- To assure quality oversight and review of quality assurance activities by appropriate professionals
- To assure a systematic way of collecting and analyzing data as it relates to quality assurance activities
- To assure formal and systematic ways to monitor access to care and to assess quality care
- To assure the health, welfare and safety of waiver participants
- To assure that complaints and grievance procedures are in compliance with federal and state regulations and that complaints and grievances are tracked through resolution.

These objectives will be met using the following procedures:

- The AMA LTC Program Manager and the LTC Waiver QA Unit will meet periodically to review quality assurance policy and procedures and to make revisions as needed.
- Periodically meetings with the OA will be conducted to disseminate information about Medicaid and waiver-specific requirements; identify quality assurance issues; problem DSP and identify trends and patterns in service delivery
- Onsite reviews will be performed to ensure OA and DSP compliance with the waiver document
- Annual review of the OA written policies and procedures will be performed. LTC Waiver QA will review this information during the annual onsite OA audit.
- Satisfaction Surveys will be mailed to a representative sample of the waiver participants/representative to determine the benefits and effects of the program
- Investigate complaints/grievances received by the Waiver QA Program until full resolution. The complaint and grievance log and documentation of efforts to resolve the issue will be kept on file in the LTC Waiver QA program; a copy will be forwarded to LTC Program Manager
- Tracking of complaints/grievances will be ongoing. The OA will make all the complaints/grievances available to the AMA quarterly. The OA will report complaints/ grievances on the Compliant/Grievance Log and the Log will be forward to AMA LTC Waiver QA Program no more than 10 days after the end of each quarter. The LTC Waiver QA Program will review the information to ensure appropriate resolution of legitimate complaints/grievances and mail targeted surveys to participants to assure complaints have been resolve to their satisfaction.

ROLE AND FUNCTION OF THE OA IN THE IMPLEMENTATION OF QA POLICIES AND PROCEDURES

Each OA will have in place a QA system that meets the guidelines as outlined in the AMA Internal QA Plan.

OBJECTIVES:

- To assure appropriate oversight and review of quality assurance activities
- To assure a formal and systematic way to monitor access to care and to assess quality care

- To identify patterns and trends in the provision of care that warrant further evaluation
- To determine the presence or absence of opportunities to improve delivery of quality care
- To assure the health, welfare and safety of waiver participants
- To assure that complaint/grievance procedures are in compliance with federal and state regulations and that complaints/grievances are tracked through to resolution.

These objectives will be met using the following procedures:

- The OA will have a system in place to assure quality review of case management records on an ongoing basis. This system will be designed to assess the quality and appropriateness of care; clients are given freedom of choice of providers and services; and that clients are given the right to voice complaints and to appeal an adverse decision
- The OA will have a system in place to assure quality review of DSP. This system will be designed to ensure services are rendered as authorized and in accordance with state and federal regulation. To ensure that services are being rendered in a safe and appropriate manner that will not jeopardize the health and safety of the waiver participant and; to ensure waiver participants have been informed of the right to voice a complaint and appeal decisions regarding care provided through the waiver program.

REVIEW OF THE OA QUALITY ASSURANCE SYSTEM

The AMA Review Coordinators will review the OA Quality Assurance system for evidence that the OA has implemented its QA policies and procedures and to ensure that these policies and procedures are revised as needed.

The scope of review of the OA will require review of written policies and procedures, and written reports.

Review findings will be submitted to the OA, AMA LTC Program Manager, and a copy will be maintained by AMA LTC Waiver Quality Assurance Program. Upon request, findings will be submitted to the Secretary of HHS, the Inspector General, and CMS.

OBJECTIVES:

- To assure consistency with Federal and State rules regulations, and guidelines
- To assure QA policies and procedures are in effect
- To assure ongoing QA activity
- To assure that a contingency plan for emergencies as well as ensure that mechanisms are in place for back-up care when usual care is unavailable
- To assure that complaint/grievance procedures are in place.

These objectives will be met using the following procedures:

- Annual review of the OA's QA policies and procedures to ensure that they are in place

- Review written document to ensure the OA will revise the QA plan in response to QA activities
- Review written documents to ensure contingency plans and back up care is available
- Review the OA complaints/grievances to ensure they are tracked through to resolution.
- Review of the OA contracts with new DSP to ensure that requirements of the waiver are met prior to enrollment.
- Review of initial and ongoing training to DSP to ensure that OA is providing required training.

REVIEW OF CASE MANAGEMENT SOURCE

The AMA Review Coordinators will conduct quality assurance reviews of case management records to evaluate the quality of services furnished by the OA through case management source.

The scope of the review will require claims validation through random sampling of records to determine consistency with billing documented on recipient data sheets; review of employee personnel records to ensure consistency with minimum and continued educational requirements; review of facilities and/or participant's homes to ensure health and safety of waiver participants; and to gather input and feedback from the waiver participants and or their family.

Review findings will be submitted to the OA, AMA LTC Program Manager and a copy will be maintained by AMA LTC Waiver Quality Assurance Program. Upon request, finding will be submitted to the Secretary of HHS, the Inspector General, and CMS.

OBJECTIVES:

- To assure consistency with federal and state rules regulations, and guidelines
- To validate claims data and other information submitted to the AMA
- To assure waiver participants are receiving services identified in the plan of care
- To assure appropriateness of care and services provided to waiver participants
- To assure services are provided by qualified personnel
- To assure the health, welfare, and safety of waiver participants.

These objectives will be met using the following procedures:

- Review of recipient records to ensure quality and appropriateness of care. Identify and compare services on the plan of care with services waiver participants actually receive to determine billing accuracy
- Review of recipient records to ensure they were given a choice of service providers
- Assess health and safety, and gather input and feedback regarding services provided
- Review personnel records to ensure that personnel meet minimum and continuing educational requirements.

REVIEW OF DIRECT SERVICE PROVIDERS (DSP)

AMA Waiver QA Program will conduct independent reviews of the DSP at the request of the OA and/or in response to complaints lodged against the DSP and as deemed necessary. The review will be done to evaluate the quality of services furnished, to ensure adequate delivery of services and to ensure the health and safety of the recipients.

The scope of the review will involve review of the DSP client records to ensure that services were provided as authorized and in accordance with the requirement of the waiver document. Review of employee personnel records to ensure consistency with minimum and continued educational requirements. Review of DSP administrative policies and procedures to ensure that the providers are in compliance with the requirements of the waiver document.

Review finding will be submitted to the OA, the waiver service provider, and AMA LTC Program Manager. A copy will be maintained by AMA LTC Waiver Quality Assurance Program. Upon request, findings will be submitted to the Secretary of HHS, the Inspector General, and CMS (See 1902 (a) (11) (c) of the Social Security Act).

OBJECTIVES:

- To assure consistency with federal and state rules regulations, and guidelines
- To assure that services are provided by qualified personnel
- To assure services are rendered in accordance with the POC and according to the waiver document
- To assure that services are authorized
- To assure the health, welfare, and safety of waiver participants.

These objectives will be met using the following procedures:
- Review participant records to ensure services are initiated promptly; rendered as authorized; skilled services ordered by a physician; and services are billed correctly
- Review Service Authorization Form to ensure service provided was authorized
- Review personnel records to ensure services are provided by qualified personnel who meet the minimum and continuing educational requirements, the licensure requirements, and are free of communicable diseases

- Review administrative policies and procedures to assure that the DSP operates in accordance with the scope of services as outlined in the waiver document.

CLIENT SATISFACTION SURVEY

The LTC Waiver Quality Assurance Program will conduct a Satisfaction Survey/REOMB (recipient explanation of Medicaid benefits) on a quarterly basis. The survey will be sent to a random sample of selected recipients/ representative. The purpose or the survey is to evaluate recipient satisfaction with waiver services. Survey results will be evaluated and reported to the LTC Program Management and the OA. The OA will be contacted regarding all adverse responses for follow through and appropriate action until resolution.

COMPLAINTS AND GRIEVANCES

OBJECTIVES:

- To assure that complaint/grievance procedures are in place and are in compliance with federal and state regulations
- To assure complaints/grievances are tracked through to resolution
- To assure adverse finding are reported to the appropriate authority for final determination
- To assure health and safety of participants
- To assure participants the right to appeal adverse decisions through the informal process and/or the fair hearing process.

These objectives will be met using the following procedures:

- Review the OA Complaint/Grievance Log to ensure appropriate resolution of legitimate complaints/grievances and for tracking purposes.
- Investigate all complaints/grievances that are received by the AMA, regarding service provisions, through resolution. A plan of correction will be requested from the OA or the provider for all substantial complaints. The plan of correction will be evaluated by the AMA and additional information requested if needed. Findings and actions will be communicated to all appropriate parties
- Analyze complaints/grievances to detect trends, patterns and to ensure the health and safety of the waiver participants
- Report adverse findings to LTC Program Manager for appropriate action and final determination
- Allow participants to appeal grievances, not resolved, by allowing them due process. Participants have the right to appeal decisions and/or request a fair hearing by the AMA.

RESPONSE TO CRITICAL EVENTS OR INCIDENTS

All Medicaid approved providers who provide home and community-based services in Medicaid recipient's home shall report incidents of abuse, neglect, and exploitation immediately to the Department of Human Resources, or law enforcement as required by the Alabama Adult Protective Services Act of 1976.

Other incidents such as falls must be reported within 24 hours to the Provider Agency, the AMA, the Alabama Department of Public Health and the Alabama Department of Senior Services in a timely manner based upon the circumstances surrounding the incident.

Each OA will investigate the critical events reported, and make a decision re: what actions are to be taken. The OA is responsible for determining the need for follow-up. Completion of follow-up is not to exceed 30 days based on the nature of the incident.

For further instructions, refer to Appendix G: Participant Safeguards of the Elderly and Disabled Waiver.

THE REVIEW PROCESS

Waiver QA Review Procedure for E/D and SAIL Waiver:

A. The LTC Waiver QA Program will conduct a review of each operating agency annually. The LTC Waiver QA Program will notify the OA in writing prior to the review, of the review date, review period and the element/information that will be evaluated during the review. Most of the review will be conducted at a central location, however, a desk review of case management records may be done at the Medicaid office and case management personnel records and home visit may be done at the source location.

B. The review process may include:

1. Review client records for documentation of
    a. Admission criteria
    b. Plan of Care
    c. CM documentation
        1. Freedom of choice
        2. Education regarding client rights
        3. Client satisfaction
    d. DSP documentation
    e. Billing
2. Review OA records for documentation of

a. The OA's onsite reviews of DSP
b. The OA's review of CM records
c. The OA's documentation of provider experience (new DSP)
d. The OA's policies, procedures and organizational structure
e. The OA's contracts with DSP's
f. The OA's qualification of employees conducting LOC determinations, and employees conducting QA activities (this may entail review of personnel file)
g. The OA's records of any complaint and grievances received.

3. Review Case management records for documentation of
   a. Basis education and initial and yearly training requirements
4. Visit client homes to determine
   a. Client satisfaction
   b. Effectiveness of service provision
   c. Appropriateness of services
   d. Adequacy of equipment and supplies
   e. General condition of home
   f. Safety of home and equipment.

- Provide the OA with a written report of review findings. The OA will have 15 days from receipt of the written report from AMA to submit written answers to any deficiencies outlined in the report.

C. The review coordinators will request case management records to conduct desk reviews. DSP records for each client in the sample will also be requested for desk review .

D. The QA Program will conduct independent reviews of DSP at the request of the OA and in response to complaints received at Medicaid and as deemed necessary.

E. The QA Program will on a quarterly basis send out satisfaction surveys to a representative sample of clients from each waiver. The results of the surveys will be tabulated and distributed to the LTC Program Manager and the OA.

WAIVER QA PROGRAM REVIEW PROCEDURES FOR ONSITE REVIEW (MRDD WAIVER) WHEN DEEMED NECESSARY

A. Prepare for the Review
   1. Complete schedule for onsite review for each waiver site provider
   2. Send letter to provider in advance requesting completion of facility report for each site
   3. Identify waiver participants at each waiver site through DSS query or 310 Board
   4. Make schedule and call provider to confirm review date
   5. Randomly select from list of participants, records for review

6. Send letter to provider identifying date and time of review, time period of review and participant records to be reviewed
7. Request recipient data sheet from AMA Fiscal Liaison Office for participant records chosen for review.

B. Conducting Review

1. Meet with appropriate contact persons (director, supervisor and or case manager) to explain review process
3. Request the following information:
    a. Recipient records
    b. Personnel records
    c. Day habilitation and group home names and location (if applicable)
    d. Direct service provider names and clients they service (if applicable)
    e. Complaint and Grievance Log
    f. Incident Reports.
4. Review recipient records for the following information:
    a. Level of care
    b. Training goals
    c. Plan of Care
    d. Quarterly Narrative
    e. Freedom of Choice
    f. Documentation of Medical Care.
5. Review personnel records for the following information:
    a. Documentation of basic education
    b. Verification of professional license if applicable
    c. Job description
    d. Documentation of training prior to service delivery
    e.. Documentation that supervisor observed working providing care every six months
    f. Evidence of being free of TB or communicable disease.
6. Conduct an onsite inspection of day habilitation sites for the following information:
    a. Facility safety
    b. Food safety
    c. Medication administration
    d. Daily activities and training
    e. Interaction between staff and clients.
7. Conduct an onsite inspection of SCLH/Group homes for the following information:
    a. Facility safety
    b. Food safety
    c. Medication administration
    d. Daily activities and training
    e. Interaction between staff and clients.
8. Notification of review findings:
    a. Conduct an exit conference to summarize the review findings
    b. Send written documentation of review findings to waiver site provider
    c. Request a plan of correction for all discrepancies identified during

the review

b. Copy review findings to the OA and LTC Program Manager.