Oregon Department of Human Services

# Quality Improvement Strategy (QIS) for Oregon Project Independence Medicaid (OPI-M)

For Oregon Project Independence-Medicaid (OPI-M), Oregon Health Authority (OHA) and the Oregon Department of Human Services (ODHS) use performance measures to evaluate the 1115 demonstration and its assurances. This is also the approach for the 1915(c) Aging and People with Disabilities waiver (0185), 1915(k) Community First Choice option and 1915(b)(4) waiver. This Quality Improvement Strategy (QIS) is specific to the 1115 demonstration.

The QIS utilizes discovery, analysis and remediation activities to ensure Home and Community-Based Services provided through the 1115 are monitored and that necessary corrective action plans are in place. The discovery and analysis phase occurs on a two-year cycle. During the cycle, case reviews are done for all ODHS-operated and Area Agency on Aging (AAA) offices using a representative sample of 95%/10%/50%. At the start of each cycle, an entire statewide 1115 case count is pulled to determine the sample size for each area.

Case reviews are conducted by the ODHS Office of Program Integrity, Quality Assurance (QA) Waiver Team. The QA Waiver Team operates independently of both the Medicaid agency and the operating agency, although reports to the umbrella agency (ODHS). The QA Waiver Team is responsible for separately reviewing 1115 demonstration cases. The reviews include desk reviews, electronic file reviews and face-to-face contact with 1115 demonstration participants to determine that services are being provided timely, in accordance with demonstration requirements and as agreed to with the service recipient.

Case management notes detail the services provided to participants. Documents such as the service plan and assessment are readily available in the electronic file. The QA Waiver Team reviews the service plan and assessment, ongoing monitoring and risk monitoring to determine if the plan meets the needs of the participant. The electronic file documents when services were provided and that case management claims are appropriately documented. Follow up face-to-face interviews with participants also provide verification of service provision.

Remediation is an ongoing process that occurs during the discovery phase. Individual remediation occurs when corrective action is needed in any one geographic area or local office. System-wide remediation activities occur every two years, when required, or sooner based on statewide discovery and analysis. Both individual and system-wide remediation activities require a corrective action plan.

Data and reports gathered and created by the QA Waiver Team and during quality reviews and QA activities identified in the performance measures are ongoing and available for each demonstration year. They are reviewed on a continuous, ongoing basis by the OHA liaison to identify areas of deficiency, required improvement and to assure completion of remediation efforts. Review and remediation activities are tracked and shared with appropriate ODHS and OHA staff for the purpose of maintaining timelines, ensuring compliance and to issue reports related to review and remediation activities.

In addition, upon completion of OHA's review of ODHS' quality assurance activity data and report, all relevant information is compiled into a Quality Assurance overview and shared with the Medicaid/CHIP Operations Coordination and Steering Committee (MOCSC). The MOCSC is comprised of the administrators, or their designees, with responsibility for the Medicaid/CHIP program from all appropriate divisions of OHA and ODHS. The MOCSC reviews the reports and remediation efforts annually and offers feedback on trends and implementation of systemic quality improvement activities.

Quality assurance data is communicated to local offices during the Corrective Action process. For all others, including the public, quality assurance data and an overview of ongoing remediation and activities will be posted on the demonstration's website at the conclusion of each demonstration year.

**Corrective Action Overview**

Corrective action is used when improvement is needed. Noncompliance is determined by any performance measure below 86% accuracy. Remediation strategies can include training, revision of administrative processes and procedures, administrative rule revisions and 1115 demonstration amendments.

Strategies used are based on the results of the discovery and analysis of the related performance measures.

When individual and/or system-wide remediation activities are warranted based on discovery and analysis, the following time frames are used to ensure the items are remediated in a timely manner.

ODHS timelines for remediation:

- Corrective Action Plans: Within 14 days of identification of need for plan of correction, entities reviewed must submit a plan of correction.
- Corrective actions, including training and revision of administrative processes: Begin once the plan is accepted or within 30 days.
- Completion of corrective actions: To be completed within six months unless additional time is needed because of training availability or unexpected circumstances (ex: wildfires, ice storms, etc.).

Timelines for systemic remediation:

- Required system-wide changes: If changes require revision of administrative rules, the required changes will be completed within the time frames required by the administrative rule process, including Rule Advisory Committees (community partner input), Administrative rule hearings and statutory filing time frames.
- 1115 Demonstration amendments: The process will be completed at the time of approval of the amendment. This will include 60-day tribal notice, 30-day public notice and the CMS approval process timeline.

Individual remediation activities require follow up by OHA and/or ODHS staff to determine whether corrective action was successfully completed by the local office, licensing, or abuse investigation unit. Follow up to determine effectiveness of remediation activities occurs during Corrective Action Plan check-ins and during the next discovery and review cycle using a comparison of compliance level pre and post remediation to determine the level of success with the remediation activity. If additional remediation is required, it is added to the Corrective Action Plan.

This Quality Improvement Strategy ensures all the discovery and remediation activities have a process in place to ensure system improvement. OHA and ODHS collaborate through inter-departmental communication to coordinate these activities. This communication occurs at least quarterly to report on the corrective actions and follow up required to ensure system improvement.