



Waiver Administration and Development
Quality Improvement Strategy

Oklahoma Health Care Authority

OHCA

Waiver Administration and Development *Quality Improvement Strategy*

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Introduction

In accordance with 42 CFR §431.10, the Medicaid agency is responsible for ensuring that a waiver is operated in accordance with applicable Federal regulations and the provisions of the waiver itself. The Medicaid agency may not delegate its authority over a waiver to another state entity. A waiver may be operated by the Medicaid agency or another state agency, provided that the other state agency and the Medicaid agency enter into an agreement that specifies the waiver administrative and operational activities and functions that the other agency performs under the supervision of the Medicaid agency.

The Oklahoma Health Care Authority State Medicaid Director has delegated the responsibility for programs that serve the elderly and individuals with disabilities to the Long Term Care Waiver Operations Division. Within this division, the Waiver Administration and Development department was created to oversee operations of the Living Choice Demonstration and to provide oversight of 1915 (c) Home and Community-Based waiver services.

Recently, the Waiver Administration and Development department successfully renewed all of the 1915(c) Home and Community-Based waivers to a five year period.

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Quality Improvement Strategy

Design, Discovery, Remediation and Improvement: Oklahoma has made satisfactory assurances to CMS concerning the protection of members' health and welfare, financial accountability and other elements of waiver (or demonstration) operations in its waiver programs and the Living Choice demonstration. CMS addresses quality improvement as follows in 1915(c) waivers.

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.

OHCA Waiver Administration and Development has developed a comprehensive Quality Improvement Strategy for its programs.

The elements of the Quality Improvement Strategy include the following:

- Organization and functioning of the Living Choice Advisory Council, the Long Term Care Quality Initiatives Council and the Quality Oversight Plan
- Mortality Review and Risk Management Steering Committee
- Semi-annual Performance Measures processes and reporting
- Operational oversight to ensure protection of members' health and welfare

LCAC/LTCQIC and Oversight Plan: Includes participation from members, various stakeholders such as the Long Term Care Waiver Operations, Care Management, Quality Assurance, Legal, Systems Division, OKDHS and Provider Agencies.

Performance Measures: Each program has created Performance Measures addressing the six CMS assurances and has developed a reporting process for each. Performance Measures are presented beginning on page 6.

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Operational Oversight: In the day-to-day operations of these programs, staff ensures that waiver assurances are met. Oversight activities are shared with other OHCA staff as well to include:

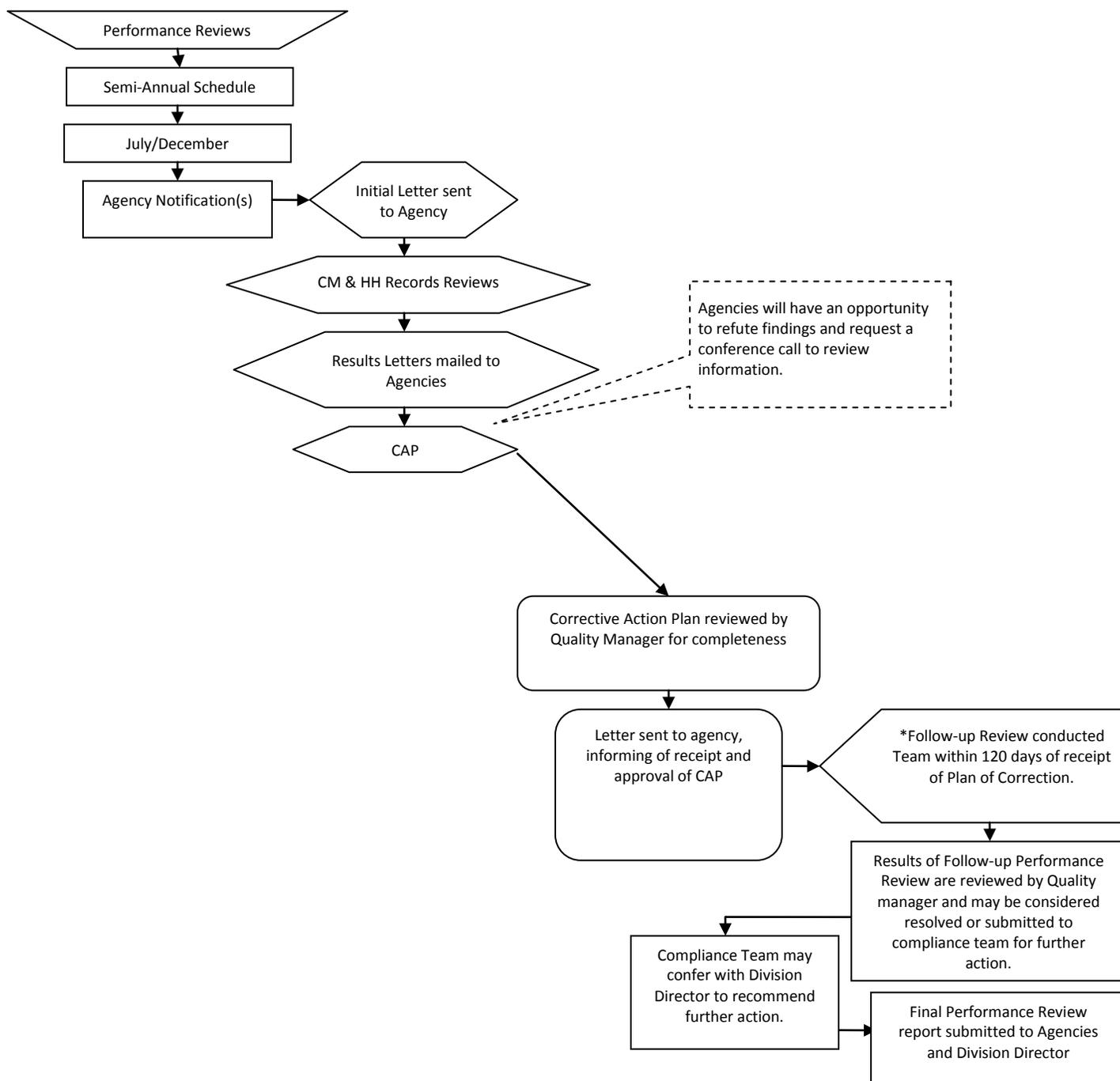
- **Service Plan Authorizations** – performed by OHCA Care Management nurses
- **Member Inquiry Services** – performed by the LTCWO as members utilize the toll-free number at 888-287-2443. This includes member complaints as well as escalated issues. An Ethics of Care review may also be initiated if warranted.
- **Provider Services** – Technical assistance, contracting, case management training, web page resources, concerns for member’s health and safety and claims inquiries.
- **Mortality Review and Risk Management Steering Committee** – This oversight is steered on a bi-monthly basis utilizing staff from Sooner Care Operations, Care Management, Policy, Tribal Relations, Legal, Pharmacy, Program Integrity and Quality Assurance to review all member deaths that occur in the home, remediate quality referral issues and review critical incident reports. Committee has formed a partnership with the Oklahoma Department of Health, Vital Records Division to access an official cause of death for members who expire in their home.
- **Provider CQI Plan** – Agencies present CQI plans for approval in the initial contracting phase.
- **Provider Performance Reviews** – Using the tools already established and validated in the ADvantage waiver program, staff are performing the appropriate performance reviews on a semi-annual basis. Staff performs desk reviews for case management and home health to ensure qualifications of staff, trainings and waiver program compliance. Staff will also monitor the Corrective Action Plans process and ensure that follow-up reviews are performed. It is important to note that providers are also being monitored by other programs in which they contract, such as the ADvantage waiver. Current performance reviews are consistent with audit procedures already performed by the ADvantage Administration Unit.
- **Retrospective Claims Review** – LTCWO staff currently reviews reports similar to the retrospective claims reviews offered in ADvantage, to make available to providers as requested.

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Individual Components

Desk Performance Review Process



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Living Choice Performance Measures

Administrative Authority

The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities. These performance measures apply to the populations managed by OHCA.

Performance Measures:

- Number and Percentage of individuals assessed quarterly for Living Choice eligibility that entered the program.
- Percentage of members transitioned who remained in the community during their first year in the program.
- Percentage of quarterly Living Choice reports furnished within 10 working days of the close of the quarter to the State Medicaid director.
- Percentage of payroll functions reported monthly by the FMS for participants choosing self-direction that were submitted on time and in the correct format as specified in the agreement with OHCA.
- Number and percentage of pharmacological evaluations performed for waiver members according to the provider agreement.

Methods for Remediation/Fixing Individual Problems

LTCWO staff is responsible for program monitoring and oversight and will address individual problems as they are discovered. The staff will keep an electronic database of problems identified and note the resolutions of these matters. Problems requiring additional OHCA staff will be addressed in workgroups involving appropriate personnel to resolve issues timely and effectively. These problems and resolutions will also be reported in the LCAC/LTCQIC meetings.

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Level of Care

For the Living Choice demonstration level of care for participants has already been established as verified in the Living Choice protocol that states to be eligible for the demonstration, participants must meet the institutional stay requirement.

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Qualified Providers

Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.

Performance Measures:

- Percentage of provider agencies that met licensing standards and requirements prior to furnishing MFP services.
- Percentage of approved provider agencies that met licensing standards and requirements as verified during ongoing provider audits.
- Percentage of non-licensed PERS (Personal Emergency Response System) providers that met the qualifications as specified in the MFP protocol prior to performing services.
- Percentage of non-certified self-directed service providers that met the qualifications specified in the MFP protocol prior to performing services.
- Percentage of Provider Agencies met staff training requirements prior to furnishing services in the MFP demonstration as documented in the employee's personnel file.

Methods for Remediation

When the state detects provider non-compliance with protocol requirements, the State requires the provider to implement a corrective action plan, subject to OHCA approval. OHCA can apply both financial and administrative sanctions. The state routinely provides technical assistance during on-site reviews of provider agencies to clarify requirements and offer suggestions for performance or process improvement. A corrective action plan database is kept and letters are mailed to providers. When the provider performance improves, an exit conference is completed and the provider is notified of a return to full compliance status. A provider that does not meet the corrective action requirements may be referred to the OHCA QA/QI committee for contract action, including contract termination.

If the State finds during a performance review that any licensed or certified personnel have expired licenses, OHCA will instruct the provider to immediately remove personnel with expired licenses until renewal can be accomplished. The provider agency must also immediately address the members staffing needs to ensure that no gaps in care occur.

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Service Plan

Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Performance Measures:

- Percentage of Service Plans that reflect participants' health and safety needs either by provision of services offered in the demonstration or other means.
- Percentage of Service Plans that reflect participants' personal goals either by provision of services offered in the demonstration or other means.
- Percentage of Service Plans developed using standardized assessment tool guidelines consistent with State policy.
- Percentage of Service Plans updated/revised annually.
- Percentage of Service Plans revised and updated prior to annual review based upon amendments received due to changes in participants' needs.
- Percentage of service plans in which services were provided in the type, scope, amount, duration and frequency as specified in the service plan.
- Percentage of "delivered" to "authorized" services for participants without evidence of service delivery start date greater than 30 days after authorization.
- Percentage of participants offered choice between/among waiver services.
- Percentage of participants offered choice between/among waiver providers.
- Percentage of participants offered choice between waiver and institutional care.

Methods for Remediation

Service plans are reviewed by the OHCA Care Management Team prior to approval both with regard to the planned services meeting the assessed needs and with regard to appropriate service units. When the team identifies a problem with the service plan, the team will in accordance with its policies and procedures review the UCAT score to ensure that the service plan addresses the participant needs and personal goals. The team will also review the plan to ensure the services are delivered in accordance with the service plan including the type, scope, amount, duration and frequency specified in the plan.

Based on information reviewed from claims data, service plans and member surveys and individual performance reviews, the State will provide a report of the findings in order to make adjustments to the member's service plan if necessary.

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Health and Welfare

The State, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

Performance Measures:

- Percentage of Critical Incidents that are appropriately reported and resolved in accordance with OHCA policy.
- Number and percentage of critical incidents requiring review/investigation where OHCA followed up using the methods specified in the Living Choice protocol.
- Percentage of Provider Agencies that met training requirements related to the prevention of abuse, neglect and exploitation.
- Number and percentage of participant records reviewed where the participant (or family/legal guardian) received information and education about how to recognize and report abuse, neglect and exploitation.

Methods for Remediation

The LTCWO reviews reports of critical events or incidents including suspected abuse, neglect or exploitation. When LTCWO identifies instances of potential abuse, neglect and exploitation, these instances are immediately reported to Adult Protective Services. APS is statutorily responsible for investigating allegations of abuse, neglect, or exploitation of Oklahomans. In accordance with federal law, the State maintains a Nurse Aide and Community Service Worker Registry that lists certified nurse aides. These Registries indicate if an aide has been confirmed to have abused, neglected, or exploited a resident of a licensed nursing facility. Providers must consult these registries prior to offering employment to a non-licensed service provider and refrain from employing that person if either registry indicates the person was confirmed to have abused, neglected, or exploited individuals receiving services. In addition, the State will use findings to update the Living Choice Demonstration QIS as necessary.

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Financial Accountability

State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.

Performance Measures:

- Percentage of claims paid in accordance with the demonstration reimbursement methodology.
- Number and percentage of payment errors remediated in accordance with OHCA policy following error identification through independent provider financial audits.
- Number of denied claims resulting from MMIS edit checks performed to determine whether the submitted claims were authorized in the participants' service plan as specified in the protocol.
- Percentage of service claims paid that were submitted for participants who were enrolled in the demonstration on the date that the service was delivered.

Methods for Remediation

OHCA identifies individual problems during performance reviews and in responding to member complaints filed through the MIS. Setting quality improvement priorities and development of specific strategies to address quality issues are informed not only by internal discovery and monitoring; but, in addition, by interaction and recommendations from the LCAC/LTCQIC. Providers identified for remediation must meet performance standards in order to remain Living Choice Demonstration providers. Providers who are under corrective action are given a time period in which improvements must be accomplished. These providers are monitored to ensure they achieve full compliance with standards. Ultimately, OHCA provider agreements can be terminated for failure to meet contractual standards.

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Medically Fragile Performance Measures

Administrative Authority

The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities. These performance measures apply to the populations managed by OHCA.

Performance Measures:

- Number and percentage of spending plans administered by the FMS that followed Medicaid approved requirements.
- Number of quarterly LTCWO administrative reports prepared/furnished within 10 working days of the close of the quarter.
- Number and percentage of Providers enrolled quarterly by the FMS that met provider qualifications prior to performing services for members choosing self-direction.
- Percentage of payroll functions reported monthly by the FMS that were submitted on time and in correct format as specified in the agreement with OHCA.

Methods for Remediation

Long Term Care Waiver Operations (LTCWO) dedicated waiver staff are responsible for program monitoring and oversight and will address individual problems as they are discovered with regard to operations and administrative functions that are performed by all contracted entities. Waiver staff will maintain administrative authority through the use of an electronic database designed for storing information received related to problems identified and resolutions of these matters. The LTCWO Contract Monitor will be directly responsible for remediating any individual problems pertaining to administrative authority. Upon discovery, LTCWO Contract Monitor will: 1) Review all data 2) Determine what areas are problematic 3) After findings if applicable, LTCWO contract monitor will review corrective action plans submitted by agency not in compliance 4) 60 days after the corrective action plan has been implemented, the agency with the deficiency will be re-evaluated. The LTCWO Contract Monitor works with the designated Contractor Point of Contact to resolve any problems within a 60 day timeframe. The LTCWO Contract Monitor will have the use of penalties and sanctions in accordance with the terms of the contract. Problems requiring additional OHCA staff will be addressed in workgroups involving appropriate personnel to resolve issues timely and effectively. These problems and resolutions will also be reported in the LCAC/LTCQIC meetings.

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Level of Care

Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.

Performance Measures:

- Number and percent of new enrollees who met level of care prior to receiving Medically Fragile Waiver Services.
- Number and Percentage of Re-evaluations performed within 12 months of the initial Level of Care evaluation or within 12 months of their last annual LOC evaluation.
- Number and percent of members initial LOC determinations instruments that were completed as required by the State.
- Number and percent of member's annual (re-evaluations) LOC determinations instruments that were completed as required by the State.

Methods for Remediation

When the OHCA Care Management team detects non-compliance in administering the LOC tool, the Care Management team provides corrective training intervention to the nurse. The supervisor reviews all level of care evaluations by the nurse until the supervisor determines that the nurse has demonstrated proper compliance in administering the level of care tool. These performance issues are noted by the nurse supervisor in the personnel file as appropriate.

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Qualified Providers

Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.

Performance Measures:

- Number and percentage of provider that met licensing standards and requirements prior to furnishing waiver services.
- Number and percentage of providers that met licensing standards and requirements verified annually.

Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

- Percentage of non-certified providers who met the qualifications as specified in C-3 of this application prior to performing services.
- Percentage of non-licensed providers who met the qualifications as specified in C-3 of this application prior to performing services.
- Number of non-certified providers who met qualifications as verified annually.
- Percentage of non-licensed providers who met qualifications as verified annually.

Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

- Percentage of Home Health agencies who met staff training requirements prior to furnishing services in this waiver as documented in the employee's personnel file.

Methods for Remediation

When the state detects provider non-compliance with waiver requirements, the State requires the provider to implement a corrective action plan, subject to OHCA approval. OHCA can apply both financial and administrative sanctions. The state routinely provides technical assistance during on-site reviews of provider agencies to clarify requirements and offer suggestions for performance or process improvement. A corrective action plan database is kept and letters are mailed to providers. When the provider performance improves, an exit conference review is completed and the provider is notified of a return to full compliance status. A provider that does not meet the corrective action requirements will be referred to the OHCA QA/QI committee for contract action, including contract termination.

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If the State finds during a provider audit that any licensed or certified personnel have expired licenses, OHCA will instruct the provider to immediately remove personnel with the expired licenses until renewal can be accomplished. The provider agency must also immediately address the members staffing needs to ensure that no gaps in care occur in servicing the member.

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Service Plan

Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Performance Measures:

- Percent of Service Plans that reflect all the individual's assessed needs including personal goals either by provision of waiver services or other means.
- Percentage of Service Plans that reflect all the individual's assessed needs including health and safety risk factors either by provision of waiver services or other means.

Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.

- Number and percentage of service plans developed using processes indicated in Appendix D-1-D of the waiver application.

Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.

- Percentage of Service Plans updated/revised annually.
- Percentage of Service Plans revised and updated prior to annual review based upon amendments received due to changes in members' needs.

Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.

- Percentage of service plans in which services were provided in the type, scope, amount, duration and frequency specified in the service plan.

Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.

- Percentage of members offered choice by documentation between waiver services and institutional care.
- Percentage of members offered choice between/among waiver services and providers.

Methods for Remediation

Service plans are reviewed by the OHCA Care Management Team prior to approval both with regard to the planned services meeting the assessed needs and with regard to appropriate service units. When the team identifies a problem with the service plan, the team will in accordance with its policies and procedures review the UCAT score to ensure that the service plan addresses the member needs. The team and/or LTCWO will also review the plan to ensure the services are delivered in accordance with the service plan including the type, scope, amount, duration and frequency specified in the state plan.

Based on information reviewed from claims data, service plans and member surveys and individual audits, the State will provide a report of the findings in order to make adjustments to the member's service plan if necessary.

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Health and Welfare

The State, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

Performance Measures:

- Number & percentage of case management agencies member records reviewed where the member (or family/legal guardian) received information & education about how to recognize & report abuse, neglect & exploitation.
- Percentage of Home Health provider agencies who met Conditions of Provider Participation requirements related to training for the prevention of Abuse, Neglect and Exploitation.
- Number and percentage of reported incidents of restraints, seclusion or restrictive interventions reviewed following the procedures in the approved waiver.
- Number and percentage of Critical Incidents that are appropriately reported in accordance with OHCA policy.
- Number and percentage of critical incidents requiring review/investigation where OHCA/LTCWO adhered to the follow-up methods as specified in the approved waiver.
- Number of fair hearing requests received regarding service plan appeals.
- Number of fair hearing requests upheld regarding service plan appeals for members participating in the waiver.
- Number of fair hearing requests reversed regarding service plan appeals for members participating in the waiver.
- Number and percent of member satisfaction surveys that reported unmet needs.

Methods for Remediation

The Long Term Care Waiver Operations (LTCWO) division reviews reports of critical events or incidents including suspected abuse, neglect or exploitation. When Long Term Care Waiver Operations and Office of Client Advocacy identifies instances of potential abuse, neglect and exploitation, these instances are immediately reported to Adult Protective Services. APS is statutorily responsible for investigating allegations of abuse, neglect, or exploitation of Oklahomans. In accordance with federal law, the State maintains a Nurse Aide Registry that lists certified nurse aides. The Nurse Aide Registry indicates if an aide has been confirmed to have abused, neglected, or exploited a resident of a licensed nursing facility. The Community Service Worker Registry must also be verified prior to employment. Waiver providers must consult these registries prior to offering employment to a non-licensed service provider and refrain from employing that person if either registry indicated the person was confirmed to have abused, neglected, or exploited an individual.

In addition, the State will use findings to update the Waiver QIS as necessary.

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When LTCWO detects provider non-compliance with the program requirements, the agency requires the provider to implement a corrective action plan and can apply both financial and administrative sanctions. Following monitoring review, all providers receive a written report that details the specific areas of noncompliance found during the review and includes instruction regarding the provider's responsibility with regard to the areas of deficiency. Long Term Care Waiver Operations then conducts follow-up activities in accordance with the waiver and review procedures to ensure corrective action has been implemented. When appropriate, referrals will be made to Adult Protective Services.

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Financial Accountability

State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.

Performance Measures:

- Percentage of service claims paid that were submitted for members who were enrolled in the waiver on the date that the service was delivered.
- Number of claims paid in accordance with waiver reimbursement methodology.
- Number and Percentage of payment errors remediated in accordance with OHCA policy following error identification through provider financial audits.
- Numbers of denied waiver claims resulting from MMIS edit checks performed to determine whether the submitted waiver claims were authorized in the member service plan as specified in the approved waiver.

Methods for Remediation

OHCA identifies individual problems during provider audits and in responding to member complaints filed through the Member Inquiry System. Setting quality improvement priorities and development of specific strategies to address quality issues are informed not only by internal discovery and monitoring; but, in addition, by interaction and recommendations from the LTCQIC. Providers identified for remediation must meet performance standards of the Conditions of Provider Participation in order to remain waiver providers. Providers who are under corrective action are given a time period in which improvements must be accomplished. These providers are monitored to ensure they achieve full compliance with standards.

Ultimately, OHCA provider agreements can be terminated for failure to meet contractual standards.

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My Life; My Choice Performance Measures

Administrative Authority

The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

Performance Measures:

- Number and percentage of Providers enrolled quarterly by the FMS that met provider qualifications prior to performing services for members choosing self-direction.
- Number of quarterly LTCWO administrative reports prepared/furnished within 10 working days of the close of the quarter.
- Percentage of payroll functions reported monthly by the FMS that were submitted on time and in correct format as specified in the agreement with OHCA.
- Number and percentage of spending plans administered by the FMS that followed Medicaid approved requirements.
- Number and percentage of pharmacological evaluations performed for waiver members according to the provider agreement.

Methods for Remediation

Long Term Care Waiver Operations (LTCWO) dedicated waiver staff are responsible for program monitoring and oversight and will address individual problems as they are discovered with regard to operations and administrative functions that are performed by all contracted entities. Waiver staff will maintain administrative authority through the use of an electronic database designed for storing information received related to problems identified and resolutions of these matters. The LTCWO Contract Monitor will be directly responsible for remediating any individual problems pertaining to administrative authority. Upon discovery, LTCWO Contract Monitor will: 1) Review all data 2) Determine what areas are problematic 3) After findings if applicable, LTCWO contract monitor will review corrective action plans submitted by agency not in compliance 4) 60 days after the corrective action plan has been implemented, the agency with the deficiency will be re-evaluated. The LTCWO Contract Monitor works with the designated Contractor Point of Contact to resolve any problems within a 60 day timeframe. The LTCWO Contract Monitor will have the use of penalties and sanctions in accordance with the terms of the contract. Problems requiring additional OHCA staff will be addressed in workgroups involving appropriate personnel to resolve issues timely and effectively. These problems and resolutions will also be reported in the LCAC/LTCQIC meetings.

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Level of Care

Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.

Performance Measures:

- Number and percent of new enrollees who met level of care prior to receiving My Life; My Choice waiver services.

Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.

- Number and percentage of re-evaluations performed within 12 months of their initial Level of Care evaluation or within 12 months of their last annual LOC evaluation.

Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.

- Number and percent of members initial LOC determinations instruments that were completed as required by the State.
- Number and percent of member's annual (re-evaluations) LOC determinations instruments that were completed as required by the State.

Methods for Remediation

When the OHCA Care Management team detects non-compliance in administering the LOC tool, the Care Management team provides corrective training intervention to the nurse. The supervisor reviews all level of care evaluations by the nurse until the supervisor determines that the nurse has demonstrated proper compliance in administering the level of care tool. These performance issues are noted by the nurse supervisor in the personnel file as appropriate.

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Qualified Providers

Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.

Performance Measures:

- Percentage of providers that met licensing standards and requirements prior to furnishing waiver services.
- Number and percentage of providers that met licensing standards and requirements verified annually.

Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

- Percentage of non-licensed providers who met the qualifications as specified in C-3 of this application prior to performing services.
- Percentage of non-certified providers who met the qualifications as specified in C-3 of this application prior to performing services.
- Number of non-certified providers who met qualifications as verified annually.
- Percentage of non-licensed providers who met qualifications as verified annually.

Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

- Percentage of Home Health Agencies who met staff training requirements prior to furnishing services in this waiver as documented in the employee's personnel file.
- Number and percent of members who provided training to personal care attendants and or/ Advanced Supportive/Restorative Assistants hired through Self-Directed Services.

Methods for Remediation

When the state detects provider non-compliance with waiver requirements, the State requires the provider to implement a corrective action plan, subject to OHCA approval. OHCA can apply both financial and administrative sanctions. The state routinely provides technical assistance during on-site reviews of provider agencies to clarify requirements and offer suggestions for performance or process improvement. A corrective action plan database is kept and letters are mailed to providers. When the provider performance improves, an exit conference review is completed and the provider is notified of a return to full compliance status. A provider that does not meet the corrective action requirements will be referred to the OHCA QA/QI committee for contract action, including contract termination.



If the State finds during a provider audit that any licensed or certified personnel have expired licenses, OHCA will instruct the provider to immediately remove personnel with the expired licenses until renewal can be accomplished. The provider agency must also immediately address the members staffing needs to ensure that no gaps in care occur in servicing the member.

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Service Plan

Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Performance Measures:

- Percentage of Service Plans that reflect all the individual's assessed needs including health and safety risk factors either by provision of waiver services or other means.
- Percent of Service Plans that reflect all the individual's assessed needs including personal goals either by provision of waiver services or other means.

Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.

- Number and percentage of service plans developed using processes indicated in Appendix D-1-D of the waiver application.

Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.

- Percentage of Service Plans revised and updated prior to annual review based upon amendments received due to changes in members' needs.
- Percentage of Service Plans updated/revised annually.

Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.

- Percentage of service plans in which services were provided in the type, scope, amount, duration and frequency specified in the service plan.

Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.

- Percentage of members offered choice by documentation between waiver services and institutional care.
- Percentage of members offered choice between/among waiver services and providers.

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Methods for Remediation

Service plans are reviewed by the OHCA Care Management Team prior to approval both with regard to the planned services meeting the assessed needs and with regard to appropriate service units. When the team identifies a problem with the service plan, the team will in accordance with its policies and procedures review the UCAT score to ensure that the service plan addresses the member needs. The team and/or LTCWO will also review the plan to ensure the services are delivered in accordance with the service plan including the type, scope, amount, duration and frequency specified in the state plan.

Based on information reviewed from claims data, service plans and member surveys and individual performance reviews, the State will provide a report of the findings in order to make adjustments to the member's service plan if necessary.

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Health and Welfare

The State, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

Performance Measures:

- Number and Percentage of critical incidents requiring review/investigation where OHCA/LTCWO adhered to the follow-up methods as specified in the approved waiver.
- Number and percentage of reported incidents of restraints, seclusion or restrictive interventions reviewed following the procedures in the approved waiver.
- Number & percentage of case management agencies member records reviewed where the member (or family/legal guardian) received information & education about how to recognize & report abuse, neglect & exploitation.
- Percentage of Home Health provider agencies who met Conditions of Provider Participation requirements related to training for the prevention of Abuse, Neglect and Exploitation.
- Number and Percentage of Critical Incidents that are appropriately reported and resolved in accordance with OHCA policy.
- Number of fair hearing request received regarding service plan appeals.
- Number of fair hearing requests upheld regarding service plan appeals for members participating in the waiver.
- Number and percent of member satisfaction surveys that reported unmet needs.
- Number of fair hearing request reversed regarding service plan appeals for members participating in the waiver.

Methods for Remediation

The LTCWO Division reviews reports of critical events or incidents including suspected abuse, neglect or exploitation. When LTCWO identifies instances of potential abuse, neglect and exploitation, these instances are immediately reported to Adult Protective Services. APS is statutorily responsible for investigating allegations of abuse, neglect, or exploitation of Oklahomans. In accordance with federal law, the State maintains a Nurse Aide Registry that lists certified nurse aides. The Nurse Aide Registry indicates if an aide has been confirmed to have abused, neglected, or exploited a resident of a licensed nursing facility. The Community Service Worker Registry must also be verified prior to employment. Waiver providers must consult these registries prior to offering employment to a non-licensed service provider and refrain from employing that person if either registry indicated the person was confirmed to have abused, neglected, or exploited an individual.

In addition, the State will use findings to update the Waiver QIS as necessary.

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When LTCWO detects provider non-compliance with the program requirements, the agency requires the provider to implement a corrective action plan and can apply both financial and administrative sanctions. Following monitoring review, all providers receive a written report that details the specific areas of non-compliance found during the review and includes instruction regarding the provider's responsibility with regard to the areas of deficiency. LTCWO conducts follow-up activities in accordance with the waiver and review procedures to ensure corrective action has been implemented. When appropriate, referrals will be made to Adult Protective Services.

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Financial Accountability

State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.

Performance Measures:

- Percentage of service claims paid that were submitted for members who were enrolled in the waiver on the date that the service was delivered.
- Number of denied waiver claims resulting from MMIS edit checks performed to determine whether the submitted waiver claims were authorized in the member service plan as specified in the approved waiver.
- Percentage of claims paid in accordance with waiver reimbursement methodology.
- Number and Percentage of payment errors remediated in accordance with OHCA policy following error identification through independent provider financial audits

Methods for Remediation

OHCA identifies individual problems during provider audits and in responding to member complaints filed through the Member Inquiry System. Setting quality improvement priorities and development of specific strategies to address quality issues are informed not only by internal discovery and monitoring; but, in addition, by interaction and recommendations from the LTCQIC. Providers identified for remediation must meet performance standards of the Conditions of Provider Participation in order to remain waiver providers. Providers who are under corrective action are given a time period in which improvements must be accomplished. These providers are monitored to ensure they achieve full compliance with standards.

Ultimately, OHCA provider agreements can be terminated for failure to meet contractual standards.

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Sooner Seniors Performance Measures

Administrative Authority

The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

Performance Measures:

- Number of quarterly LTCWO administrative reports prepared/furnished within 10 working days of the close of the quarter.
- Percentage of payroll functions reported monthly by the FMS that were submitted on time and in correct format as specified in the agreement with OHCA.
- Number and percentage of providers enrolled quarterly by the FMS that met provider qualifications prior to performing choosing self-direction.
- Number and percentage of spending plans administered by the FMS that followed Medicaid approved requirements.
- Number and percentage of pharmacological evaluations performed for waiver members according to the provider agreement.

Methods for Remediation

Long Term Care Waiver Operations (LTCWO) dedicated waiver staff are responsible for program monitoring and oversight and will address individual problems as they are discovered with regard to operations and administrative functions that are performed by all contracted entities. Waiver staff will maintain administrative authority through the use of an electronic database designed for storing information received related to problems identified and resolutions of these matters. The LTCWO Contract Monitor will be directly responsible for remediating any individual problems pertaining to administrative authority. Upon discovery, LTCWO Contract Monitor will: 1) Review all data 2) Determine what areas are problematic 3) After findings if applicable, LTCWO contract monitor will review corrective action plans submitted by agency not in compliance 4) 60 days after the corrective action plan has been implemented, the agency with the deficiency will be re-evaluated. The LTCWO Contract Monitor works with the designated Contractor Point of Contact to resolve any problems within a 60 day timeframe. The LTCWO Contract Monitor will have the use of penalties and sanctions in accordance with the terms of the contract. Problems requiring additional OHCA staff will be addressed in workgroups involving appropriate personnel to resolve issues timely and effectively. These problems and resolutions will also be reported in the LCAC/LTCQIC meetings.

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Level of Care

Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.

Performance Measures:

- Number and Percent of new enrollees who met level of care prior to receiving Sooner Senior waiver services.

Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.

- Number and percentage of re-evaluations performed within 12 months of the initial Level of Care evaluation or within 12 months of their last annual LOC evaluation.

Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.

- Number and Percentage of members initial LOC determinations instruments that were completed as required by the State.
- Number and Percentage of member's annual (re-evaluation) LOC determinations completed using the approved instrument required by the State.

Methods for Remediation

When the OHCA Care Management team detects non-compliance in administering the LOC tool, the Care Management team provides corrective training intervention to the nurse. The supervisor reviews all level of care evaluations by the nurse until the supervisor determines that the nurse has demonstrated proper compliance in administering the level of care tool. These performance issues are noted by the nurse supervisor in the personnel file as appropriate.

Qualified Providers

Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.

Performance Measures:

- Percentage of provider agencies that met licensing standards and requirements prior to furnishing waiver services.
- Number and percentage of providers that met licensing standards and requirements verified annually.

Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

- Percentage of non-licensed providers who met the qualifications as specified in C-3 of this application prior to performing services.
- Percentage of non-certified providers who met the qualifications as specified in C-3 of this application prior to performing waiver services.
- Number of non-certified providers who met the qualifications as verified annually.
- Percentage of non-licensed providers who met the qualifications as verified annually.

Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

- Percentage of Provider Agencies who met staff training requirements prior to furnishing services in this waiver as documented in the employee's personnel file.

Methods for Remediation

When the state detects provider non-compliance with waiver requirements, the State requires the provider to implement a corrective action plan, subject to OHCA approval. OHCA can apply both financial and administrative sanctions. The state routinely provides technical assistance during on-site reviews of provider agencies to clarify requirements and offer suggestions for performance or process improvement. A corrective action plan database is kept and letters are mailed to providers. When the provider performance improves, an exit conference review is completed and the provider is notified of a return to full compliance status. A provider that does not meet the corrective action requirements will be referred to the OHCA QA/QI committee for contract action, including contract termination.

If the State finds during a provider audit that any licensed or certified personnel have expired licenses, OHCA will instruct the provider to immediately remove personnel with the expired licenses until renewal can be accomplished. The provider agency must also immediately address the members staffing needs to ensure that no gaps in care occur in servicing the member.

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Service Plan

Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Performance Measures:

- Percentage of Service Plans that reflect all the individual's assessed needs including health and safety risk factors either by provision of waiver services or other means.
- Percentage of Service Plans that reflect all the individual's assessed needs including personal goals either by provision of waiver services or other means.
- Number of fair hearing requests received regarding service plan appeals.
- Number of fair hearing requests upheld regarding service plan appeals for members participating in the waiver.
- Number of fair hearing request reversed regarding service plan appeals for members participating in the waiver.

Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.

- Number and percentage of Service Plans developed using processes indicated in Appendix D-1-D of the waiver application.

Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.

- Percentage of Service Plans updated/revised annually.
- Percentage of Service Plans revised and updated prior to annual review based upon amendments received due to changes in member's needs.

Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.

- Percentage of service plans in which services were provided in the type, scope, amount, duration and frequency specified in the service plan.

Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.

- Percentage of members offered choice between/among waiver services and providers.
- Percentage of members offered choice by documentation between waiver services and institutional care.

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Methods for Remediation

Service plans are reviewed by the OHCA Care Management Team prior to approval both with regard to the planned services meeting the assessed needs and with regard to appropriate service units. When the team identifies a problem with the service plan, the team will in accordance with its policies and procedures review the UCAT score to ensure that the service plan addresses the member needs. The team and/or LTCWO will also review the plan to ensure the services are delivered in accordance with the service plan including the type, scope, amount, duration and frequency specified in the state plan.

Based on information reviewed from claims data, service plans and member surveys and individual performance reviews, the State will provide a report of the findings in order to make adjustments to the member's service plan if necessary.

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Health and Welfare

The State, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

Performance Measures:

- Number and percentage of reported incidents of restraints, seclusion or restrictive interventions reviewed following the procedures in the approved waiver.
- Number and percentage of Critical Incidents that are appropriately reported and resolved in accordance with OHCA policy.
- Number and Percentage of case management agency member records reviewed where the member (or family/legal guardian) received information and education about how to recognize and report abuse, neglect and exploitation.
- Number and percentage of critical incidents requiring review/investigation where OHCA/LTCWO adhered to the follow-up methods as specified in the approved waiver.
- Percentage of Home Health provider agencies who met conditions of provider participation requirements related to training for the prevention of abuse, neglect and exploitation.
- Number and percent of member satisfaction surveys that reported unmet needs.

Methods for Remediation

The LTCWO Division reviews reports of critical events or incidents including suspected abuse, neglect or exploitation. When LTCWO identifies instances of potential abuse, neglect and exploitation, these instances are immediately reported to Adult Protective Services. APS is statutorily responsible for investigating allegations of abuse, neglect, or exploitation of Oklahomans. In accordance with federal law, the State maintains a Nurse Aide Registry that lists certified nurse aides. The Nurse Aide Registry indicates if an aide has been confirmed to have abused, neglected, or exploited a resident of a licensed nursing facility. The Community Service Worker Registry must also be verified prior to employment. Waiver providers must consult these registries prior to offering employment to a non-licensed service provider and refrain from employing that person if either registry indicated the person was confirmed to have abused, neglected, or exploited an individual.

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