

Modifications to Quality Performance Measures in 1915(c) Home and Community Based Waivers

The Colorado Department of Health Care Policy and Financing will be submitting waiver renewal applications/amendments to the Centers for Medicare and Medicaid Services (CMS). Included in the applications/amendments are changes to the Quality Improvement Strategy (QIS) performance measures for new/revised CMS Home and Community-Based Services (HCBS) waiver assurances and sub-assurances. The Department plans to submit HCBS waiver renewal/amendment applications to CMS by March 1, 2015.

In order to operate a 1915(c) Home and Community Based Waiver, the state must address how it intends to meet specific CMS requirements known as the HCBS waiver assurances. There are six assurances and various subassurances that address the unique challenges of providing quality services to vulnerable individuals in the community. All states must adhere to these same assurances, but each state can design its own Performance Measures to evaluate how well it is meeting each of these assurances. In March 2014, CMS added/revised several assurances and subassurances, necessitating significant revisions to our previously established Performance Measures. A copy of a matrix that outlines the performance measures the Department has developed to meet compliance with new/revised CMS assurances and subassurances is attached.

A summary of CMS new/revised assurances and the modifications to the State's Quality Performance Measures is included below:

Administrative Authority Assurance:

CMS did not make any changes in the Assurance wording. However, the State has included additional performance measures specific to some HCBS waivers to ensure the State maintains oversight over delegated agencies and monitors compliance with HCBS settings requirements and regulatory components.

Level of Care Assurance:

The State demonstrates that it implements the process and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with care provided in a hospital, NF, or ICF/ID-DD.

CMS did not make any changes in the Assurance wording. However, the subassurance regarding reevaluations has been deleted. States must still conduct annual reevaluations, but are no longer required to report evidence on reevaluations.

Our performance measures will now focus on monitoring evaluations for new waiver participants and that processes are followed as documented in the waiver application.

Qualified Providers Assurance:

CMS did not make any changes in the Assurance wording and there were no changes made to the subassurances. The State made some minor language changes to clarify the essence of the performance measures and to ensure that the State is gathering data that ensures compliance with this Assurance and the related subassurances.

Service Plan Assurance:

The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

CMS did not make any changes in the Assurance wording. However, the subassurance regarding service plan development has been deleted. States must still develop service plans in accordance with their policies and procedures, but will not be required to report evidence on adherence to their policies/procedures. Reporting on choice will now focus on choice between/among waiver services/providers. States must continue to ensure that participants have been offered a choice between waiver services and institution care, but do not have to report on this task for quality purposes.

Health and Welfare Assurance:

The Assurance description has been revised to focus on health and welfare more broadly.

The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

Four new subassurances have been added that provide specificity to and strengthen the intent of the Health and Welfare Assurance, consistent with what is reflected in the Waiver Application, Appendix G – Safeguards. Health and welfare requires more extensive tracking to benefit the individuals receiving services. In the past, the State's performance measures for this Assurance focused on quantifying critical incidents. Now performance measures more closely reflect the State's monitoring and prevention efforts around abuse, neglect, exploitation (ANE) and unexplained death, incident management, and restrictive interventions.

Financial Accountability Assurance:

This assurance has been revised to more broadly reflect the financial accountability requirement:

The State must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the waiver program.

CMS has added one subassurance to address rate methodology, with expectation that the State would continue to report evidence that claims are coded and paid in accordance with the rate methodology specified in the approved waiver. The State has included additional performance measures to reflect that the rate at which waiver claims have been paid are in agreement with the waiver application.