



# CMS – CHANGES & GOALS

## CMS – Changes in the Management of HCBS Waivers

Waivers are now the dominant source of funding to serve individuals with intellectual disabilities.

- Over 525,000 waiver recipients in the nation costing over \$22.3 billion.
- Five times as many people are served in waivers as in ICF MRs. In Connecticut, we serve 8,640 individuals (June 2010) on the two waivers and received \$364 M in FFP in FY 10.

CMS is changing its oversight and its expectations for states.

- The focus now is on states producing evidentiary based reports to demonstrate that assurances are met.
- CMS assesses how effectively a state monitors its own performance and addresses issues identified.

-The CMS vision of continuous quality improvement is:

**Design:** plan for and set stage to achieve positive outcome.

**Discovery:** find positive and negative outcomes in a systemic and timely manner.

**Remediation:** address negative outcomes in a timely manner.

**Improvement:** improve quality through systemic change.

-There is some change:

Performance measures required for all assurances.

Each measure must have a metric and an appropriate unit of analysis:

Example: The number and % of met QSR indicators related to giving information on and assistance with selecting qualified providers.

# CMS – Changes in the Management of HCBS Waivers

Remediation has to be described for each assurance.

*Performance Measure: Number and percent of waiver participants who received an annual redetermination of eligibility within 12 months of their initial LOC evaluation or within 12 months of their last annual LOC redetermination.*

Discovery Results		
	Compliance Rate	Sample
Compliance	91%	300
Non-compliance	9%	30
Total	100%	330

Sample  
Evidence  
Format\*

Remediation Actions	
Actions	Number of Actions
Re-evaluation conducted. Still eligible	25
Re-evaluation conducted. Not eligible	4
Referred to state-funded program	4
Claims from period of ineligibility excluded from FFP	4
#of remediations completed in < 30 days	26
# of remediations completed in 31-60 days	2
# of remediations completed in > 60	1
Outstanding remediation actions	1*
Total instances of non-compliance addressed	29

\*Beth Jackson,  
2010

\*In a record review on 12/22/08 a person was discovered to be 35 days overdue for a redetermination. Due to the holidays the redetermination had not occurred at the time this report was generated.

The state must explain how it improves quality.

## CMS Goals for States

Each state should:

- Strive to reach 100% compliance.
- Aggregate remediation to determine how quickly issues are resolved.
- Describe the methods of remediation.
- Describe quality improvement initiatives.
- Focus on incident and medication management, and the use of restraints and restrictive practices.

Connecticut uses a variety of information sources to oversee our ability to meet waiver assurances and we are focused on systemic quality improvement initiatives including providers quality improvement plans and systemic solutions. A focus on individual remediation and documentation of that will change the work processes of providers, regions and centralized support divisions.