DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850

Center for Medicaid and State Operations
Disabled and Elderly Health Programs Group (DEHPG)

August 29, 2002

FROM: Director
Disabled and Elderly Health Programs Group

SUBJECT: Quality in Home and Community-Based Services:
The Quality Matrix and Framework

TO: State Medicaid Directors
HCBS Waiver Contacts

This letter serves as the first in a series of communications regarding quality in Home and Community-Bases Services (HCBS) waiver programs. To begin the dialog about quality, we have enclosed for your review and comment the Quality Matrix and Framework for HCBS.

Since 1981, the Home and Community-Bases Services (HCBS) waiver program has served as the statutory, community-based alternative to institutional care. Through these programs, hundreds of thousands of persons have been able to obtain supports and services necessary to live and participate fully in the community. This program will receive even greater attention now as President Bush has made community living for persons with disabilities of all ages a priority of his administration as evidenced by his New Freedom Initiative. Specifically, the Department of Health and Human Services' *Progress on the Promise* report to the President made a commitment to the development of a multi-pronged strategy to address quality of care issues in community-based services.

The States and the Centers for Medicare and Medicaid Services (CMS) share a common interest in promoting the quality of waiver services. The Center for Medicaid and State Operations (CMSO) has devoted increased attention and resources toward the development of partnerships with States toward that shared interest. This has included:

- The development of the enclosed Quality Matrix and Framework for HCBS,
- The development of Quality tools for States, including the draft consumer experience surveys currently being tested,
- The development of Quality tools for CMS, including the HCBS Protocol, and
- The provision of no-cost, on-site technical assistance to States through a National Contractor for Quality in HCBS.

While many of you have seen the enclosed Quality Matrix and Framework documents previously, perhaps at the CMS Quality Conference in Nashville earlier this year, we're sending it now to all

States to renew our conversation regarding quality. We feel that it is important that our State partners comment on the framework since it will guide future discussions and initiatives regarding quality in HCBS waiver programs. This would include how waiver applications are reviewed to assure the health and welfare of the participants and a future revision to the annual 372 reporting format to capture concurrent quality information. We encourage you to review and discuss the framework and share your comments with us at the e-mail address below by October 1, 2002.

A direct use of the framework is an initiative to assess the national state-of-the-art for HCBS quality systems. In the near future, you'll be receiving communications from two national associations (i.e., National Association of State Directors of Developmental Disability Services and National Association of State Units on Aging) requesting information regarding your State quality efforts within the context of this framework. We strongly urge you to participate in that effort since it will provide essential information for future planning, funding considerations, and our ability to respond to the inevitable questions that will come from the Administration and Congress regarding quality of home and community-based services.

We understand that the CMSO role in quality goes beyond simply giving permission to States to develop institutional alternatives and then monitoring implementation five years later. Our role needs to be one of establishing a shared understanding of quality, assisting States in the development and improvement of their quality assurance and improvement systems, and providing ongoing opportunities for learning and information-sharing. It is our hope that this emerging role will become evident in the coming months as we continue our discussion of quality.

If you have questions or comments regarding the enclosed materials, please forward them to: HCBSQuality@cms.hhs.gov.

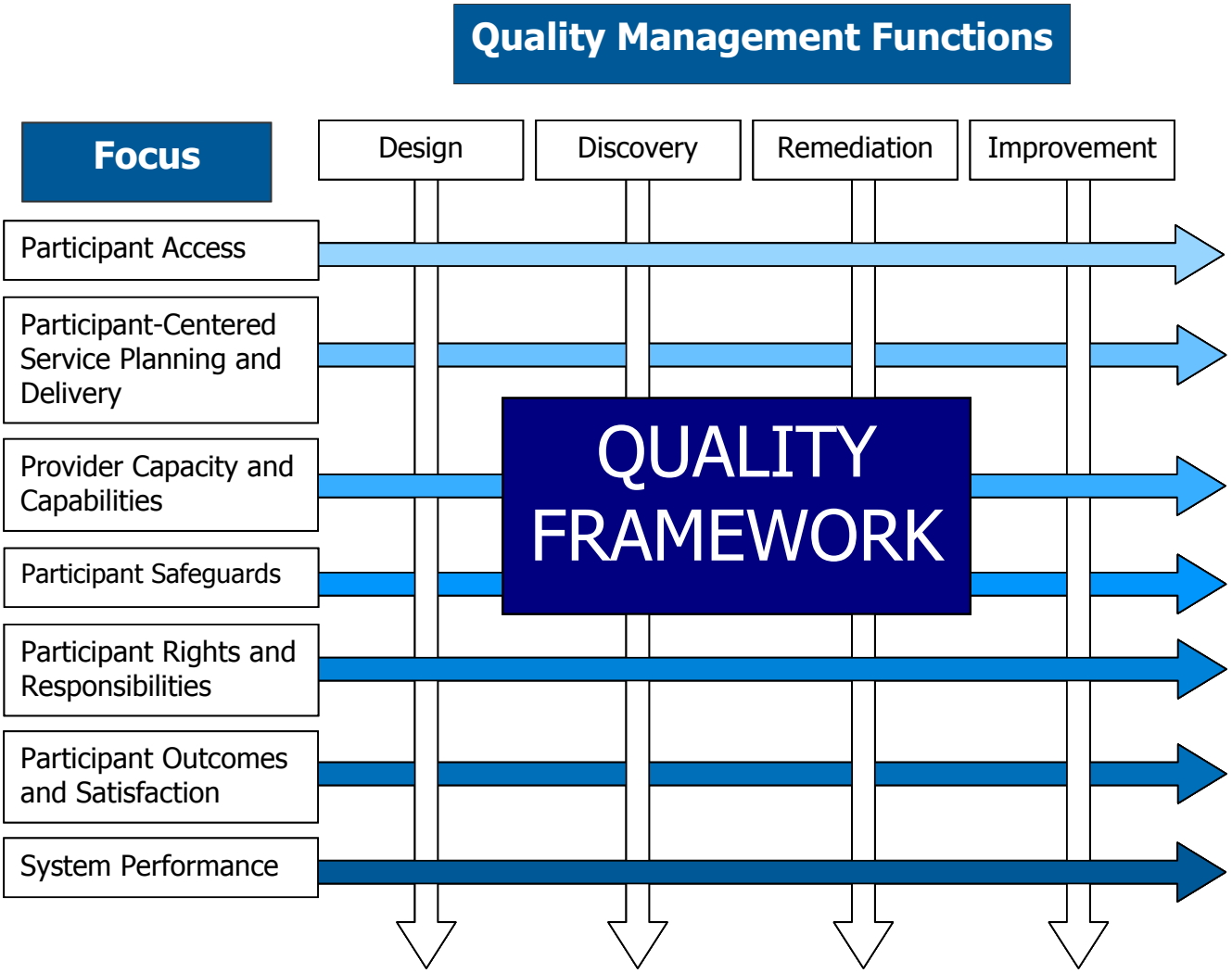
Enclosures

Cc:
CMS Regional Administrators
CMS Associate Regional Administrator
for Medicaid and State Operations
CMS Associate Regional Administrator
for Medicare
Wayne Smith, Financial Systems and Quality Group
Lee Partridge
Director, Health Policy Unit,
American Public Human Services Association

HCBS QUALITY FRAMEWORK

The Home and Community-Based Services (HCBS) Quality Framework is intended to serve as a common frame of reference in support of productive dialogue among all parties who have a stake in the quality of services and supports for people with disabilities. The Framework focuses attention on critical dimensions of home and community-based service delivery and the desired outcomes of the four functions of quality management: design, discovery, remedy and improvement. The Framework is not regulatory. It is not expected that every state or provider would be engaged in actively monitoring each and every sub-domain.

The Framework identifies seven broad participant-centered areas of focus for HCBS quality management.



National Quality Inventory Project

HCBS QUALITY FRAMEWORK

Focus I: **Participant Access**

Desired Outcome: *Individuals have ready access to home and community-based services and supports in their communities.*

I.A Information/Referral

Desired Outcome: *Individuals and families can readily obtain information concerning the availability of HCBS, how to apply and, if desired, offered a referral.*

I.B. Intake and Eligibility

I.B.1 User-Friendly Processes

Desired Outcome: *Intake and eligibility determination processes are understandable and user-friendly to individuals and families and there is assistance available in applying for HCBS.*

I.B.2 Eligibility Determination

Desired Outcome: *Each individual's need and eligibility for HCBS are assessed and determined promptly*.

I.B.3 Referral to Community Resources

Desired outcome*: Individuals who need services but are not eligible for HCBS are linked to other community resources***.**

I.B.4 Individual Choice of HCBS

Desired Outcome: *Each individual is given timely information about available services to exercise his or her choice in selecting between HCBS and institutional services.*

I.B.5 Prompt Initiation

Desired Outcome: *Services are initiated promptly when the individual is determined eligible and selects HCBS.*

Focus II: Participant-Centered Service Planning and Delivery

Desired Outcome: *Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life in the community*

II.A Participant-Centered Service Planning

II.A.1 Assessment

Desired Outcome: *Comprehensive information concerning each participant's preferences and personal goals, needs and abilities, health status and other available supports is gathered and used in developing a personalized service plan.*

II.A.2 Participant Decision Making

Desired Outcome: *Information and support is available to help participants make informed selections among service options.*

II.A.3 Free Choice of Providers

Desired Outcome: *Information and support is available to assist participants to freely choose among qualified providers.*

II.A.4 Service Plan

Desired Outcome: *Each participant's plan comprehensively addresses his or her identified need for HCBS, health care and other services in accordance with his or her expressed personal preferences and goals.*

II.A.5 Participant Direction

Desired Outcome: *Participants have the authority and are supported to direct and manage their own services to the extent they wish.*

II.B Service Delivery

II.B.1 Ongoing Service and Support Coordination

Desired Outcome: *Participants have continuous access to assistance as needed to obtain and coordinate services and promptly address issues encountered in community living.*

II.B.2 Service Provision

Desired *Outcome*: *Services are furnished in accordance with the participant's plan.*

II.B.3 Ongoing Monitoring

Desired Outcome: *Regular, systematic and objective methods – including obtaining the participant's feedback – are used to monitor the individual's well being, health status, and the effectiveness of HCBS in enabling the individual to achieve his or her personal goals.*

II.B.4 Responsiveness to Changing Needs

Desired Outcome: *Significant changes in the participant's needs or circumstances promptly trigger consideration of modifications in his or her plan*.

Focus III: Provider Capacity and Capabilities

Desired Outcome: *There are sufficient HCBS providers and they possess and demonstrate the capability to effectively serve participants.*

III.A Provider Networks and Availability

Desired Outcome: *There are sufficient qualified agency and individual providers to meet the needs of participants in their communities.*

III.B Provider Qualifications

Desired Outcome: *All HCBS agency and individual providers possess the requisite skills, competencies and qualifications to support participants effectively.*

III.C Provider Performance

Desired Outcome: *All HCBS providers demonstrate the ability to provide services and supports in an effective and efficient manner consistent with the individual's plan.*

Focus IV: Participant Safeguards

Desired Outcome: *Participants are safe and secure in their homes and communities, taking into account their informed and expressed choices.*

IV.A Risk and Safety Planning

Desired Outcome: *Participant risk and safety considerations are identified and potential interventions considered that promote independence and safety with the informed involvement of the participant.*

IV.B Critical Incident Management

Desired Outcome: *There are systematic safeguards in place to protect participants from critical incidents and other life-endangering situations.*

IV.C Housing and Environment

Desired Outcome: *The safety and security of the participant's living arrangement is assessed, risk factors are identified and modifications are offered to promote independence and safety in the home.*

IV.D Behavior Interventions

Desired Outcome: *Behavior interventions – including chemical and physical restraints – are only used as a last resort and subject to rigorous oversight*.

IV.E. Medication Management

Desired Outcome: *Medications are managed effectively and appropriately.*

IV.F Natural Disasters and Other Public Emergencies

Desired Outcome: *There are safeguards in place to protect and support participants in the event of natural disasters or other public emergencies.*

Focus V: Participant Rights and Responsibilities

Desired Outcome: *Participants receive support to exercise their rights and in accepting personal responsibilities.*

V.A Civic and Human Rights

Desired Outcome: *Participants are informed of and supported to freely exercise their fundamental constitutional and federal or state statutory rights.*

V.B Participant Decision Making Authority

Desired Outcome: *Participants receive training and support to exercise and maintain their own decision-making authority.*

V.C Alternate Decision Making

Desired Outcome: *Decisions to seek guardianship, surrogates or other mechanisms that take authority away from participants are considered only after a determination is made that no less intrusive measures are or could be available to meet the participant's needs.*

V.D Due Process

Desired Outcome: *Participants are informed of and supported to freely exercise their Medicaid due process rights.*

V.E Grievances

Desired Outcome: *Participants are informed of how to register grievances and complaints and supported in seeking their resolution. Grievances and complaints are resolved in a timely fashion.*

Focus VI: Participant Outcomes and Satisfaction

Desired Outcome: *Participants are satisfied with their services and achieve desired outcomes.*

VI.A Participant Satisfaction

Desired Outcome: *Participants and family members, as appropriate, express satisfaction with their services and supports.*

VI.B Participant Outcomes

Desired Outcome: *Services and supports lead to positive outcomes for each participant.*

Focus VII: System Performance

Desired Outcome: *The system supports participants efficiently and effectively and constantly strives to improve quality.*

VII.A System Performance Appraisal

Desired Outcome: *The service system promotes the effective and efficient provision of services and supports by engaging in systematic data collection and analysis of program performance and impact.*

VII.B Quality Improvement

Desired Outcome: *There is a systemic approach to the continuous improvement of quality in the provision of HCBS.*

VII.C Cultural Competency

Desired Outcome: *The HCBS system effectively supports participants of diverse cultural and ethnic backgrounds.*

VII.D Participant and Stakeholder Involvement

Desired Outcome: *Participants and other stakeholders have an active role in program design, performance appraisal, and quality improvement activities.*

VII. E Financial Integrity

Desired Outcome: *Payments are made promptly in accordance with program requirements.*