Introduction to Quality Management Module

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# Introduction to Quality Management

## Welcome

Welcome to the Introduction to Quality Management online training module. This module will assist providers of long-term services and supports in Pennsylvania’s Home and Community-Based Services (HCBS) programs to plan for and to manage quality. The module will communicate to Office of Long-Term Living (OLTL) providers both the importance of quality in service delivery and the mechanics of developing their required quality management plans.

## Module Overview

Introduction to Quality Management contains two lessons:

Lesson 1: Quality Management in Long-Term Services and Supports, and

Lesson 2: Quality Management Plan Components.

## Objectives

Please take a moment to read what you’ll be able to do at the end of the module.

* Describe federal quality requirements.
* Apply the Home and Community-Based Services (HCBS) quality framework to your organization.
* Develop policies and procedures to manage complaints and commendations.
* Implement a successful quality management plan.
* Identify best practices in quality management and delivery in the Office of Long-Term Living’s (OLTL) programs.

# Lesson 1: Quality Management in Long-Term Services and Supports

Let’s start with the basics. OLTL programs are funded by both the state and federal governments. More than 50% of funding comes from the federal government. To continue to receive this funding, Pennsylvania must make assurances to the Centers for Medicare & Medicaid Services (CMS) at the federal level.

## CMS Waiver Assurances

CMS requires each state to assure them that they meet specific requirements in six key areas. These key areas are referred to as waiver assurances.

Take a moment to read about these waiver assurances.

### Administrative Authority

The administrative authority waiver assurance requires Pennsylvania to ensure that providers adhere to reporting requirements and contractual obligations. The state is required to monitor reporting and documentation.

### Level of Care

The waiver assurance for level of care requires Pennsylvania to demonstrate that it does effective assessments to ensure that the care individuals receive meets their assessed needs. Essentially, Pennsylvania must prove that it has policies and procedures in place to make sure that program participants are assessed, monitored, and re-evaluated with the goal of matching the services provided to their individual needs.

### Qualified Providers

The qualified provider waiver assurance requires Pennsylvania to develop and implement policies, procedures, and practices in several key areas. Pennsylvania must demonstrate that it has licensing, training, and certification standards for its HCBS providers. Pennsylvania must also demonstrate that it has policies and procedures in place to ensure that providers adhere to waiver program requirements. This requires state monitoring, and it requires Pennsylvania to have training standards for its network of providers.

### Service Plan

The waiver assurance for service planning requires Pennsylvania to demonstrate that it has policies and procedures in place to ensure that each participant receives a person-centered plan that accurately reflects their individual needs, goals, strengths, and preferences. The waiver assurance also requires Pennsylvania to perform state monitoring of plans, and to ensure that plans are updated both annually and as needed to meet the changing needs of individual program participants.

### Health and Welfare

The health and welfare waiver assurance requires Pennsylvania to develop and implement policies, procedures, and practices to prevent abuse, neglect, exploitation, and abandonment of program participants. In addition to having plans for prevention, Pennsylvania must also demonstrate that it has policies and procedures to remediate potential abuse, neglect, exploitation, and abandonment, and that it provides for continuous monitoring of the health and welfare of program participants.

### Financial Accountability

The financial accountability waiver assurance requires Pennsylvania to develop and implement policies and procedures to ensure that claims for federal participation are based on state payments for authorized waiver services. This means that every provider must follow proper billing procedures.

## HCBS Quality Framework

The HCBS quality framework provides a common frame of reference for providers to use in developing and implementing their quality management plans, QMPs. It also supports more productive dialogue among all parties who have a stake in the quality of community services and supports for older adults and individuals with disabilities. Let’s review the components of the national HCBS quality framework.

Regardless of the size of an organization, quality management plans include specific functions and focus areas. Let's start by defining quality management functions.

## Functions

All quality plans share three basic functions: discovery, remediation, and improvement.

Take a moment to read about these functions.

### Discovery

Discovery includes the policies, procedures, and processes that providers use to collect data in order to assess how well they are delivering quality in the different focus areas. Simply put, discovery is how providers figure out where they shine and where there's room for improvement.

### Remediation

Remediation is the action taken when things go wrong. Remediation addresses specific problems or concerns as they arise. Remediation then becomes the basis for continuing improvement.

### Improvement

Improvement is the process of using data gathered in discovery and remediation to improve the performance of the organization and the quality of the service provided. Improvement seeks to ensure that specific occurrences that were remediated never happen again. Improvement also refers to how providers can go from being good at something to being great at something.

## Focus Areas

Focus areas are those aspects of service management and delivery that businesses choose to measure. Focus areas represent what is important to the organization. Focus areas reflect things that must be done well to deliver quality. One of the more challenging parts of developing an effective quality management plan is deciding what metrics and measures truly reflect your organization’s ability to deliver quality. Selecting what to measure can be a challenge. The good news is that the HCBS framework provides you with specific areas of focus that are common to any provider of long-term service and support. Let's review them individually.

## Participant Access

The first focus area, Participant Access, refers to individuals being able to receive services in their communities. This may not be a critical element to measure for home care, home health, and other direct service providers. Access often comes down to the number of providers in a given region. Individual providers can measure participant access by thinking about some key questions:

* How easy is it for an individual to contact you?
* What are your hours of operation?
* How well have you structured after-hours availability?
* How easy is it for participants to escalate potential issues?

These questions may not be things that you ask on a survey. These metrics may be more appropriately measured during the process of remediation or by reviewing complaints and commendations.

## Participant-Centered Service Planning and Delivery

The next focus area is Participant-Centered Service Planning and Delivery. The desired outcome of this focus area is that all service planning and all service delivery is implemented in accordance with each participant’s unique goals, needs, and strengths as well as with their expressed preferences. The outcome also includes participant decision making in every aspect of the process. So, how can you measure this? The most effective way is to go directly to individual participants and ask them. Participants may not recognize the term “person-centered” or “participant-centered” on a survey. They will recognize phrases such as “I was included in all decision-making about my care,” or “My preferences are always honored when I receive services.”

## Provider Capacity and Capabilities

There are two desired outcomes based on the Provider Capacity and Capabilities focus area. First, provider capacity ensures that there are sufficient service providers to meet the needs of the population who need services in a given area. This is beyond the control of an individual service provider. The second aspect is capability. Capability ensures that every employee of every provider has the knowledge and skill necessary to serve participants accurately, effectively, and safely. Individual providers can measure capabilities in their quality management plans by tracking, summarizing, and reporting on employee training and certifications. For example, 100% of direct care workers at a home care agency are certified on using a Hoyer lift.

## Participant Safeguards

The intended outcome of the Participant Safeguards focus area is that every participant is safe and secure in their homes, taking into account their informed and expressed choices. You can measure participant safeguards in several ways. Your organization can document how it provides preventative action on safety issues, such as fall prevention. For example, 98% of an agency’s program participants agreed to complete a Fall Risk Assessment. Another way to track this would be a link to the number of critical incidents for each individual and for the agency as a whole.

## Participant Rights and Responsibilities

The desired outcome of the Participant Rights and Responsibilities focus area is that participants are supported in exercising their rights while they also accept their responsibilities in the delivery of services. Participant rights can be measured in surveys by asking individuals how consistently care workers and agencies ensured that their rights as participants were upheld. Participants could also be asked about specific areas such as service interruptions, explanations of changing providers, ability to easily appeal decisions, etc.

## Participant Outcomes and Satisfaction

The focus area of Participant Outcomes and Satisfaction are two different things. Participant outcomes refer to whether or not the stated goals of the participant’s service plan were met and whether the individual's needs were met or exceeded. Participant satisfaction refers to how individuals feel about your organization and the services you deliver. Outcomes can be measured by looking at the assessed goals and needs on the service plan and determining if they have been met or exceeded. Satisfaction is more subjective and comes directly from the participant.

## System Performance

The desired outcome of the system performance focus area is that there is sufficient collaboration among all of the agencies and organizations in the system to effectively support participants and to support quality improvement in all areas. This can be measured at the provider level.

## Waiver Assurance and HCBS Framework Summary

Let's put all this information in context.

Take a moment to review this summary of what has been covered so far.

* Understanding the CMS waiver assurances gives providers the state level context for OLTL’s quality expectations and documentation requirements.
* The HCBS framework is a tool and reference for providers to use in development of their quality management plan.
	+ The framework reflects standards in the industry.
	+ It is consistent with OLTL goals and objectives as well.
* Providers are not required to measure all these focus areas.
* Providers are encouraged to incorporate the focus areas that they think best fit into their QMP and are most relevant to demonstrating that they deliver quality.

## Lesson 1 Knowledge Check

Now take a moment to answer these review questions.

1. What percentage of program funding for waiver programs comes from the federal government?

Less than 30%

Less than 40%

More than 50%

More than 80%

Please pause.

The correct answer is that more than 50% of program funding for waiver programs comes from the federal government. 100% of Act 150 funding is state funded.

2. True or False? Participant Outcomes and Participant Satisfaction are the same thing.

Please pause.

The correct answer is False. Participant outcomes refer to reaching the goals on the person-centered service plan. Participant satisfaction is a rating of how pleased participants are with the services provided.

3. True or False? Provider capacity and provider capabilities are the same thing.

Please pause.

The correct answer is False. Provider capacity reflects the number of people and amount of resources that a provider has. Provider capabilities refers to the abilities, knowledge, skills and experience of the provider’s workforce.

4. Which of the following are examples of provider capabilities? (Select all that apply.)

The number of employees.

Employee certifications.

Employee training programs.

Choose providers on behalf of participants.

The number of counties a provider serves.

Please pause.

Examples of provider capabilities are employee certifications and employee training programs.

5. The three quality management functions in the HCBS Quality Framework are: (Select three.)

Discovery

Planning

Improvement

Remediation

Training

Surveys

Please pause.

The three quality management functions in the HCBS Quality Framework are Discovery, Improvement, and Remediation.

# Lesson 2: Quality Management Plan Components

Now, let's dig into your individual quality management plan requirements.

We’ll start with an excerpt from the Pennsylvania Code. The material is cited by the title number and section number.

## 55 Pa. Code § 52.24

As stated in the 55 Pa. Code § 52.24. Quality management.

The Quality Management Plan must contain at least the following:

1. Measurable goals to ensure compliance with this chapter, Chapter 1101, and other chapters in this title under which the provider is licensed.
2. Data-driven outcomes to achieve compliance with this chapter, Chapter 1101, and other chapters in this title which the provider is licensed.
3. The current Department-approved corrective action plan (or CAP) if the provider has a corrective action plan.

In addition, your QMP will also include records of complaints and commendations, critical incidents and risk management activities, documentation of quality procedures, and training records.

OLTL does not prescribe a specific format or procedure for developing and implementing a plan. It provides you with the required components and allows you the freedom and flexibility to create and implement a plan that works for you. You select what to measure. You measure it. You document the results. You document your improvement goals (specific, measurable, achievable, relevant, time-bound) for what you are measuring.

Let’s address the required components individually.

## Measurable Goals

Measurable goals are specific, achievable, time-bound objectives. In quality management, they are the standards that your organization works to achieve based on your priorities, data gathered, and known strengths and challenges. In short, what aspects of quality do you choose to measure, document, achieve, and maintain over time? The aspects you choose can be based on the quality framework as it applies to what your organization does.

For example, a homecare agency may have measurable goals related to:

* Participant satisfaction.
* Service plan outcomes.
* Professional conduct of care workers.
* Timely responsiveness to participant needs.
* “Zero” critical incidents.
* “Zero” preventable incidents.
* “Zero” falls.

A Durable Medical Equipment provider may have other measurable goals such as:

* Timeliness of response to participant needs.
* Speed of delivery.
* Participant satisfaction with products.
* “Zero defect” of products delivered.
* Hours/access of customer service support.
* “Zero” returns of products delivered.

## Data-Driven Outcomes

Data-driven outcomes are the results of the discovery process. For example, if a provider sent a survey to its participants, a data-driven outcome related to the “professional conduct” component of quality could look like this:

50% of the participants who were sent the survey responded. That is an outcome in itself. That means that only 50% of the people you hoped to hear from actually took the time to complete the survey. A QMP improvement measurable goal would likely include documentation about how the agency will change the survey process so that more people respond.

Of the surveys received, 65% of respondents rated “professional conduct” as “5, exceeded expectations.” 10% of respondents rated “professional conduct" as "4, met expectations.” 25% of respondents rated this item a “3” or lower. A QMP improvement measurable goal from the data could be: “We will achieve a score of 75% exceeded and 25% met expectations, moving our average above a ‘4’ on the survey.”

This raises the question of measurement. There are many ways to measure areas of quality. When it comes to participant satisfaction and participant outcomes, surveys are often the best way. Survey development is a discrete skill in itself. A best practice in quality improvement is to ask people to rate statements on a scale. This way, you can discover a baseline and set goals that reflect improvement.

Surveys are not the only way to measure quality. Let’s review other components of your plan.

## Corrective Action Plan (CAP)

Your Corrective Action Plan (or CAP) is required to be included in your Quality Management Plan. We’ll review the specific elements of the CAP later in this module. In short, the CAP is the list of activities that your organization commits to completing to ensure that it addresses all findings in an OLTL monitoring of your organization. Part of quality is your adherence to program requirements. So, it is important to include your CAP findings and remediation as part of your overall QMP.

## Complaints and Commendations

Complaints and commendations are excellent sources of data to develop measurable quality improvement goals. Both are important. People may work hard to submit complaints. They have an issue that needs to be addressed and resolved. People may not make the effort to tell you how well your organization has done something. Making it easy for them to commend you provides you with valuable information about areas in which you shine. That information can help you innovate across your organization.

Think about and document the entire complaint and commendation process: How do your participants submit complaints and commendations? Is it easy for them? How do you respond? How well and how fast do you resolve them? How do you review complaints in total? Are there trends? How do you integrate them into your quality plan?

## Critical Incidents and Risk Management

Your critical incident management plan is part of your quality plan. It can be a separate document as an addendum to the quality plan. The key thing to remember is that your QMP must address critical incidents.

Take a moment to read about critical incidents and risk management

### Critical Incidents

How does this work? At a basic level, you can measure how you respond to critical incidents as an organization. Is there an opportunity to prevent this kind of incident happening in the future? How will you implement a process or policy to prevent another incident from happening to this individual? This is how individual critical incidents can affect your quality management practices. Essentially, you document what you are learning from a situation.

### Risk Management

Another part of critical incident management is the process of risk management. You are required, as part of your critical incident management activities, to perform risk management. In this context, risk management refers to your set of policies and procedures that determine how you review critical incidents, how you measure trends, how you implement different policies and procedures to prevent similar incidents from occurring, and how you measure that your implementation plan worked. You improve participant safety, which is an aspect of delivering quality.

### Example

As an example, you notice in your management meetings reviewing critical incident data that 10 of your 100 Act 150 participants have fallen in the last 12 months. This is a trend. Your organization then decides to address this by implementing a semiannual fall risk assessment checklist process for all your program participants. The measurable quality goal related to this could be “reduce participant falls from 10% of participants to 1% of participants within six months of implementing fall risk assessments.”

### Summary

You have flexibility in terms of how you integrate critical incident outcomes into your QMP. Ensure that the link between critical incident management and quality is clearly documented.

## Documentation of Quality Procedures

Documentation is an essential element of everything you do. This includes your quality procedures. Part of your quality management plan is a list of the activities that you perform related to quality. This could be as simple as noting and documenting:

* The procedures you follow to conduct participant satisfaction surveys,
* The procedures you follow to review data in staff or leadership meetings,
* The policies you have implemented surrounding complaint resolutions and commendations, and/or
* The data gathering and data analysis procedures you follow.

Essentially, you are laying out and documenting all the activities that you perform related to quality management.

## Training

You are required to train all your employees on your quality management plan annually. You are required to document:

* Who took the training,
* When the training was delivered,
* The agenda or learning outcomes, and
* The training materials.

This is important for a number of reasons. Any quality management initiative will include getting all employees on board and motivated to deliver the best quality products and services possible. You can use this annual training to let your staff know how well they did. You can be specific about how they met or exceeded quality goals in the prior 12-month period. This can be highly motivating and rewarding. It can also be an opportunity for individuals to share best practices in working with your program participants. This kind of dialogue can lead to effective innovation.

Another reason it is critical to train employees on quality is so they know what the goals are. It is important for every employee to know “what good looks like” so that they can deliver it. Your quality goals can serve as a baseline for management expectations of employees. This annual training is a great way to lay out your quality expectations of every employee. That leaves no room for doubt about performance expectations in their minds or in the minds of your supervisory staff.

The required annual training is not prescribed. Your quality management planning practices are specific to your organization. If you are in doubt about the approach or contents that you have selected for training, you can contact your Quality Management Efficiency Team (QMET) representative for assistance.

Now that you have an understanding of how to develop and implement a Quality Management Plan, let’s address how the Commonwealth performs its quality management functions.

## OLTL Quality Management System

At the state level, OLTL developed a Quality Management System (QMS) for Home and Community-Based waiver programs to measure performance regarding service provision and to ensure the health and safety of participants.

The mission is to meet these goals in a manner which will bring about maximization of the quality of life, functional independence, health, wellbeing, and satisfaction of participants in OLTL programs and waivers.

OLTL Staff:

* Conducts quality monitoring of long-term living programs and services to ensure compliance with federal and state regulations.
* Uses data analysis to measure effectiveness of program design and operations.
* Recommends strategies for Continuous Quality Improvement.
* Establishes a quality improvement focus based on the six Waiver Assurances.
* Supports OLTL management in development and implementation of policies and protocols to achieve desired outcomes.
* Oversees the development of system-wide training for staff, providers, and participants.
* Works effectively with:
	+ Other OLTL Bureaus,
	+ Internal and external stakeholders,
	+ Other State Agencies,
	+ Contracted consultants, and
	+ Other individuals or entities regarding Quality Management activities.

Maintaining the quality of services delivered to its program participants is a high priority for OLTL. OLTL gathers and analyzes data at the Commonwealth level. Providers are accountable for delivering (and documenting) quality at the participant level. The group that supports and directly assists providers with this are QMETs.

## Quality Management Efficiency Teams (QMETS)

QMETs are the four regional monitoring agents within OLTL. The QMETs were developed as a response to CMS requirements for quality assurance.

QMETs are responsible for verifying that providers of HCBS Waivers provide services to participants in accordance with federal and state regulations, including but not limited to waiver applications and 55 Pa. Code Chapters 52, 1101 and 1150.

QMETs conduct comprehensive monitoring of HCBS providers every two years. QMETs also conduct ad-hoc monitoring activities to ensure the health and safety of participants when a provider complaint has been received.

QMET monitoring provides agencies with baseline information and identifies areas of quality improvement so that they can more effectively balance service delivery with service compliance in a consistent manner while promoting and enhancing the quality of services.

QMETs help providers with their quality and compliance activities. Let’s review the process.

## Stages of the QMET Monitoring Process

The process for every monitoring visit consists of three stages: preparation, monitoring, and follow up.

Take a moment to review the process.

### Stage 1: Preparation

During the preparation phase, OLTL notifies providers through a monitoring notification letter. The letter outlines the documents and files that will be reviewed during the QMET monitoring. Please note that monitoring may be announced or unannounced at the discretion of the Department of Human Services (DHS).

### Stage 2A: Monitoring

When the QMET arrives at your site, or the virtual equivalent, they will conduct an entrance conference. The entrance conference sets the stage and parameters for the monitoring. The purpose of the entrance conference is to introduce the QMET Monitoring Team, discuss team members responsibilities, provide an overview of the monitoring process, and communicate expectations. The provider is also encouraged to ask questions at this time. At the end of each day, the QMET Monitoring Team will provide a status update. At this point they may request additional documentation and they are available to answer questions. At the end of the monitoring, the QMET Monitoring Team will conduct an exit conference.

### Stage 2B: Monitoring

The exit conference occurs the final day of the monitoring. The objective of the exit conference is to communicate best practices and tentative findings. The QMET Monitoring Coordinator may present all findings or request that team members present their findings. All findings are presented as tentative. A final and complete analysis of the completed final Monitoring Tool, which contains determinations made during the on-site review, occurs after the monitoring. Under no circumstance does any member of the QMET staff approve or reject the provider’s remediation proposals during the exit conference, or prior to leaving the provider’s site. The process is transparent.

### Stage 3: Follow Up

The QMET issues a statement of findings to the provider within 15 business days of the monitoring. The next phase of the process is the submission of a Corrective Action Plan (CAP). The provider must submit the CAP within 15 business days of receiving the statement of findings from the QMET. The QMET will conduct follow-up monitoring sessions to ensure the CAP resolved the deficiencies.

## Corrective Action Plans (CAPs) Revisited

Let's look more closely at CAPs. The CAP is a document that ensures that every item in the statement of findings is resolved. The CAP rules are found in the Pennsylvania Code at 55 Pa. Code § 52.23. Failure to submit an accurate CAP can result in sanctions, suspension, or termination.

Providers shall respond to the written statement of findings with a CAP when requested by DHS. The provider shall submit a CAP to the Department on a form prescribed by the Department.

The CAP must contain at least the following:

(1) The provider’s name.

(2) The provider’s address.

(3) The provider’s MA identification number.

(4) The action steps to address a specific finding.

(5) The dates action steps will be completed.

(6) An explanation on how the action steps will remediate the finding.

(7) The date when a finding will be remediated.

(8) The provider’s signature indicating the provider will implement the CAP.

## Corrective Action Plans (CAPs) Revisited—Items 4-7

Items 4 through 7 of the CAP are critical and have sometimes presented challenges to providers.

### Item 4. Action Steps.

Providers are encouraged to be specific in the action steps necessary to correct a specific finding. Each step may have sub-steps.

### Item 5. Dates.

Each action step must have a date on which that action step will be completed. The QMET will follow up with you after the last date of remediation to see if you have implemented the action steps. These are not aspirational dates. These are dates of expected remediation.

### Item 6. How.

In addition to listing the action steps, providers are required to explain how the action step will remediate or fix the finding. Please do not assume that the action step listed is so obvious that you are not required to do this. Providers are required to connect the dots on how the action step will correct the finding.

### Item 7. Finding Remediation Date.

In addition to the dates of completion of individual action steps, providers are required to identify the date by which the finding will be remediated.

## Corrective Action Plans (CAPs) Revisited – Next Steps

DHS reviews CAPs and follows up on action steps and dates of remediation for findings. The time frame for follow up is dependent upon the dates of complete remediation identified by the provider. The QMET will determine the schedule and method to do follow-ups. CAPs are typically followed up between 30 and 90 days of the last date listed under the timeline for complete remediation.

Providers are notified of the type of follow up to be performed 10 business days in advance of the follow-up monitoring. All documents should be of sufficient quantity and scope to determine if the action steps have been implemented accurately, timely, and in accordance with the approved plan. If the follow up is performed and all the action items are verified as implemented, the CAP is closed. The CAP will remain open until all the items are implemented.

Now check your understanding of what’s been covered so far by answering these review questions.

## Lesson 2 Knowledge Check

Now, check your understanding of waiver services by answering these review questions.

1. True or False? CAPs are optional and contain suggestions for improvement.

Please pause.

The correct answer is False. CAPs are mandatory. They must be completed within specific timeframes.

2. QMETs typically perform monitoring visits every . . .

Year

Two years

Five years

Six months

Please pause.

QMETs typically perform monitoring visits every two years.

3. 55 Pa. Code § 52.24 requires providers’ QMPs to have data-driven outcomes, measurable goals, and . . .

Survey questions

Department-approved corrective action plan

Training plan

Mission statement

Please pause.

55 Pa. Code § 52.24 requires providers’ QMPs to have data-driven outcomes, measurable goals, and a department-approved corrective action plan.

4. True or False? Once a provider commits to remediating a finding, there is no need to provide a date for implementation.

Please pause.

The correct answer is False. Providers must provide dates for each step of the remediation and for the full remediation. This ensures that the work is completed in a timely manner. QMETs will follow-up with providers based on these dates.

5. True or False? The CAP is an optional part of the Quality Plan.

Please pause.

The correct answer is False. The CAP is a mandatory component of the QMP.

6. True or False? Quality Management training is not prescribed. Providers can develop their own.

Please pause.

The correct answer is True. Providers develop their own training because quality management is specific to their organization.

## Sample Outline of a Quality Management Plan

Before we conclude this training, take a moment to review this sample outline of a Quality Management Plan. This sample outline is based on the required components and best practices in quality monitoring and management.

Take a moment to read about each sample plan component

### Annual Summary

* Data-driven outcomes for reporting period.
* Measurable goals, tasks, and dates for next reporting period.
* Measurable goals, tasks, and dates for longer reporting period.

### Quality Measures

* Procedures to measure participant input.
	+ Survey development
	+ Survey implementation procedures and timeframes
* Procedures to measure employee elements.
	+ Tracking certifications
	+ Tracking internal trainings
	+ Employee monitoring in the field

### Complaints

* Procedures for participants to report complaints.
* Procedures to remediate each complaint.
* Procedures to analyze complaints quarterly to identify the number of resolved or unresolved complaints to participant satisfaction or referral to DHS.
* Procedures for management to review complaints so that they can develop improvement strategies.

### Commendations

* Procedures for participants to report commendations.
* Procedures for management to review commendations and take appropriate action.

### QMP Training

* Procedures to develop QMP training materials.
* Scheduling.
* Procedures to deliver training and document attendance.
* Copy of training materials.

### Critical Incidents

* Procedures for analyzing incidents and risks.
* Procedures for mitigating risks.
* Link to incident reports for reporting period.

### Corrective Action Plan

* Copy of submitted CAP.

### Appendix

* Quality team members and roles.
* Commendations received in the reporting period.
* Complaints received in the reporting period.
* Employee training sign-in sheets.
* Participant surveys for reporting period.
* Critical Incident Remediation Strategies for reporting period.

# Summary and Conclusion

Congratulations on completing the Introduction to Quality Management online training. The goal for this course was to provide a deeper understanding of the Commonwealth’s responsibilities to the federal government and your responsibilities to OLTL. At this point, you’re equipped to:

* Develop policies and procedures to manage complaints and commendations.
* Implement a successful quality management plan, using the HCBS Quality Framework.
* Develop and implement corrective action plans as required by OLTL.