

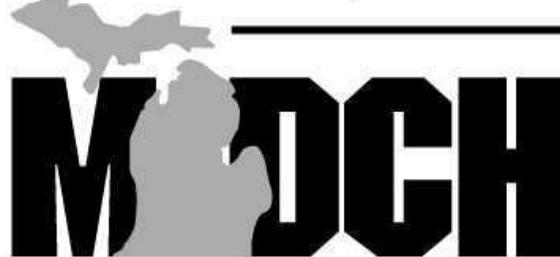
REPORT ON QUALITY ASSURANCE INDICATORS, QUALITY IMPROVEMENT PLANS, AND DATA COLLECTED ON CRITICAL INCIDENTS FOR THE HOME- AND COMMUNITY BASED SERVICES WAIVER PROGRAM

(FY2010 Appropriation Bill - Public Act 131 of 2009)

April 1, 2010

Section 1690: (1) The department shall submit a report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by April 1 of the current fiscal year, to include all data collected on the quality assurance indicators in the preceding fiscal year for the home- and community-based services waiver program, as well as quality improvement plans and data collected on critical incidents in the waiver program and their resolutions. (2) The department shall submit a report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by April 1 of the current fiscal year, to include all data collected on the quality assurance indicators in the preceding fiscal year for the adult home help program, as well as quality improvement plans and data collected on critical incidents in the adult home help program and their resolutions.

*Michigan Department
of Community Health*



**Rick Snyder, Governor
Olga Dazzo, Director**

**Report to the Michigan Legislature
Status Report on MI Choice Quality Assurance Indicators, Quality Improvement
Plans and Critical Incidents for FY 2009**

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STATUS REPORT ON MI CHOICE WAIVER PROGRAM

Report of Quality Assurances Indicators, Quality Improvement Plans and Critical Incidents for FY 2009

INTRODUCTION

The following report summarizes the quality management activities of the Department of Community Health (MDCH), Home and Community-Based Services (HCBS) Section, for the MI Choice waiver program for fiscal year (FY) 2009. This report addresses requests by the House and Senate Appropriations subcommittees on Community Health, the House and Senate Fiscal agencies, and the State Budget Director as defined in Public Act 131. Where possible, the data is from FY 2010. Clinical and Administrative Quality Reviews conducted in FY 2010 review records from FY 2009, so that is the most recent data available.

Michigan developed its strategy to address quality management with meaningful contributions from consumers, advocates and caregivers who participate in the Quality Management Collaborative created in 2003.

A. Quality Management Framework

MDCH formulates the quality management for the MI Choice Waiver Program on Centers for Medicare and Medicaid services' (CMS) Quality Framework. This framework contains seven desired outcomes for home and community- based services:

- 1) **Participant Access** – Participants have ready access to home and community based care and supports in their community.
- 2) **Participant-Centered Service Planning & Delivery** – Services and supports are planned and implemented in accordance with participant needs, preferences and decisions.
- 3) **Provider Capacity and Capabilities** – There are sufficient qualified agency and individual providers.
- 4) **Participant Safeguards** – Participants are safe and secure in their homes and communities, taking into account their informed and expressed choices.
- 5) **Participant Rights and Responsibilities** – Participants receive support to exercise their rights and accept personal responsibilities.
- 6) **Participant Outcomes and Satisfaction** – Participants are satisfied with their services and achieve desired outcomes.
- 7) **System Performance** – The system supports participants effectively and efficiently and strives to improve quality.

B. Quality Management Plans

- 1) **MDCH Plan:** The Home and Community Based Quality Management Plan was developed and implemented in 2005. The state updated the quality management plan in September 2007 to include statewide implementation of Person-Centered Planning and the Self Determination option. The MDCH continued all required assurances and improvements contained in the FYs 06 and 07 plans used to meet CMS and MDCH requirements. MDCH continued to utilize the Minimum Data Set for Home Care (MDS-HC) Quality Indicators in FY 08. A Summary of the Statewide MDS-HC Quality Indicators for July 2008 through September 2008 and Statewide Quarterly Quality Indicator Summary Reports for the period of 10/1/2007 to 9/30/2008 are attached.
- 2) **Waiver Agent's Plan:** Each waiver agent provided a Quality Management summary to the state on January 15, 2009. The requested information included; reporting of all required assurances and improvements, and quality indicators. Quality Management Summary Data from the waiver agent plans for the year 2008 is attached.

C. Administrative Quality Assurance Reviews (AQAR) & Clinical Quality Assurance Reviews (CQAR)

The MI Choice Waiver Agents receive an Administrative Quality Assurance Review (AQAR) on a bi-annual schedule. The review involves a team of MDCH employees working on-site at the waiver agency reviewing policies, procedures, billing records and other documents in order to evaluate the agency infrastructure needed to administer the program and meet the performance standards defined in the Clinical Quality Assurance Reviews and other documents. The AQAR is based upon the nine focus areas identified in the Quality Management Plan.

The statewide Administrative Quality Assurance Review data for the Year 2009 is attached.

The Clinical Quality Assurance Reviews (CQARs) are conducted by a team of reviewers, all of whom have worked in the MI Choice program. This new team began conducting reviews in 2010. Because of changes to the review methodology and the expertise of the reviewers, the 2009 reviews were conducted with a more stringent application of the standards. 401 case records were reviewed for 2009. The CQAR reviews also included home visits.

The statewide Clinical Quality Assurance Review data for the Year 2009 and Statewide In-Home Review Data for Year 2009 are attached.

D. Critical Incident Management

MDCH continued to require the reporting of Critical Incidents for FY 09. Adjustments to reporting requirements including the monitoring and reporting of self-neglect. MDCH requires waiver agents to report Critical Incidents twice a year on January 15 and July 15. Statewide Critical Incident and Resolution Report Data for Year 2009 is attached.

**Strategy for Assuring and Improving the
Quality of MI Choice Waiver
Services and Supports FY 2010-2011**

**STRATEGY FOR ASSURING AND IMPROVING
THE QUALITY OF MI CHOICE WAIVER SERVICES AND SUPPORTS
FY 2010-2011**

The following strategy is designed to assess and improve the quality of services and supports managed by twenty Organized Health Care Delivery Systems (OHCDs) (hereafter referred to as waiver agents) in the Home and Community Based Services Medicaid Waiver Program for the Elderly and Adults with Disabilities (hereafter referred to as MI Choice). The state agency responsible for establishing the components of the quality management plan (QMP) listed here is the Michigan Department of Community Health's (MDCH), Medical Services Administration (MSA), which assigned this function to the Home and Community Based Services Section.

1. STRUCTURE AND PROCESS FOR DEVELOPING, REVIEWING AND REVISING MICHIGAN'S STRATEGY FOR QUALITY MANAGEMENT

The MI Choice program operates through an agreement with the Centers for Medicare and Medicaid Services (CMS). This agreement, or waiver application, delineates MDCH's responsibilities for managing quality assurance and quality improvement in the waiver program. The Home and Community Based Services Section and the Long-Term Care Policy Section jointly developed the waiver agreement.

The MI Choice Quality Management Collaborative is an advisory group that contributes to development of the state's QMP, provides input to implementation activities, and is involved in interpreting data from quality activities. The collaborative meets approximately six times per year. A MI Choice participant chairs the collaborative, and the membership includes program participants, caregivers, staff from waiver agencies, and MDCH staff members.

The MDCH QMP encompasses the following elements.

- a. Design: The Quality Management strategy includes processes and safeguards to:
 - prevent problems with quality;
 - ensure the delivery of high quality services and supports;
 - implement performance measures to assure the quality of providers;
 - assure participants' health and safety; and
 - ensure appropriate and accurate payments.
- b. Discovery: MDCH uses several methods for gathering information to verify that the QMP is implemented and functioning as intended.
- c. Remediation: Using the results from the discovery methods, MDCH and the waiver agents develop action plans to remediate problems and ensure continuous quality improvement.

- d. Improvement: MDCH and waiver agents use participant assessment data and other information to identify methods to improve participants' experiences in the program. Together, they develop and implement Quality Improvement interventions and assess the interventions for effectiveness.
- e. Stakeholder Input: The MI Choice program benefits from the involvement of the MI Choice Quality Management Collaborative. This group's membership includes at least 7 members who are program participants, family members, caregivers and advocates. The group has an equal number of members that represent the MI Choice Waiver Agents, typically Program Directors or Quality Management staff persons. The Collaborative has two co-chairpersons from the participant/advocate members. The Collaborative provides input on the analysis of quality data reports, selection of quality indicators and design of instruments or initiatives aimed at quality management. The Collaborative meets bi-monthly.

2. HOME AND COMMUNITY-BASED SERVICES (HCBS) QUALITY FRAMEWORK

MDCH based the QMP on the CMS HCBS Quality Framework. The HCBS Quality Framework provides a common reference that encourages productive dialogue among all parties with interest in the quality of services and supports for the HCBS waiver population. The HCBS Quality Framework's focus on desired outcomes also keeps the essential goal of the MI Choice program, to support program participants effectively in the community, in the forefront of discussions regarding quality.

The HCBS Quality Framework contains seven focus areas with desired outcomes for home and community-based services. MDCH incorporates each of these focus areas and added two additional focus areas:

- 1) Participant Access – Participants have ready access to home and community based care and supports in their community.
- 2) Participant-Centered Service Planning & Delivery – Services and supports are planned and implemented in accordance with participant needs, preferences and decisions.
- 3) Provider Capacity and Capabilities – There are sufficient qualified agency and individual providers.
- 4) Participant Safeguards – Participants are safe and secure in their homes and communities, taking into account their informed and expressed choices.
- 5) Participant Rights and Responsibilities – Participants receive support to exercise their rights and accept personal responsibilities.
- 6) Participant Outcomes and Satisfaction – Participants are satisfied with their services and achieve desired outcomes.
- 7) System Performance – The system supports participants effectively and efficiently and strives to improve quality.

- 8) Administration – The MI Choice program is administered efficiently and effectively to maximize Medicaid buying power while giving precedence to the participant's best interests.
- 9) Services - Participants receive the MI Choice waiver services most appropriate for their needs.

3. QUALITY MANAGEMENT PLANS

MDCH utilizes a two-tiered approach to the design and development of the QMP. The first tier is the statewide MDCH QMP. The second tier is a waiver agent specific QMP.

a. MDCH QMP

Every two years, MDCH establishes a QMP that includes statewide goals and strategies. The MDCH QMP focuses on meeting CMS assurances and requirements for protecting the health and welfare of MI Choice participants, MDCH contract requirements, and targeted participant outcome improvement goals. MDCH reviews each waiver agent's annual QMP outcomes and adjusts its QMP to assure statewide continuous quality improvement. MDCH assists waiver agents in preparing and updating their specific QMPs based on agency results from quality reviews, participant outcomes, consumer survey results, complaint history, and other performance measured outcomes.

b. Waiver Agent QMPs

Each waiver agent establishes a QMP that includes a quality assurance and quality improvement strategies. MDCH requires that waiver agents update QMPs at least every two years. The QMP addresses how the waiver agent intends to meet State and Federal assurances. These assurances include requirements stipulated in the MI Choice contract, the CMS-approved waiver plan, and CMS requirements for assuring the health and welfare of MI Choice participants. Waiver Agents include the required goals from the MDCH QMP in their plans and add their own unique quality improvement goals. Waiver Agent plans focus on meeting waiver requirements and any MDCH or self-targeted quality improvement strategies, including service provider performance requirements, and administrative improvements.

4. QUALITY ASSURANCE

The waiver agent develops processes to ensure that activities and programs assure the quality of HCBS services and supports. The waiver agent QMP must include a systematic approach designed to continuously improve care and prevent or minimize problems prior to occurrence. Each waiver agent's QMP must include the following assurances.

Level of Care:

STRATEGY FOR ASSURING AND IMPROVING THE QUALITY OF MI CHOICE WAIVER SERVICES AND SUPPORTS FY 2010-2011

- Waiver agents provide applicants for whom there is reasonable indication that services may be needed in the future with an individual nursing facility level of care (NFLOC) evaluation.
- The waiver agent reevaluates MI Choice participants at least annually to assure each participant continues to meet NFLOC criteria.
- The waiver agent uses the processes and instruments described in the approved waiver when making NFLOC determinations.

Plan of Care (POC):

- The POC addresses all of the participant's assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.
- The waiver agent monitors the POC development process in accordance with its policies and procedures.
- The waiver agent updates, monitors, or revises the POC at least every 90 days or more frequently when warranted by changes in participant needs.
- The waiver agent assures that providers deliver services in accordance with the POC, including the type, scope, amount, duration, and frequency specified.
- The waiver agent assures that it affords each participant with the opportunity to choose between MI Choice enrollment and institutional care and among waiver services and providers.

Qualified Providers:

- The waiver agent verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to furnishing waiver services.
- The waiver agent monitors non-licensed/non-certified providers to assure adherence to MI Choice requirements.
- The waiver agent establishes policies and procedures for verifying that providers furnish training in accordance with State requirements and the approved waiver.

Health and Welfare

- On a continual basis, the waiver agent identifies, addresses, and seeks to prevent instances of abuse, neglect and exploitation. The waiver agent educates participants regarding their rights and responsibilities. The waiver agent establishes a system to monitor participant outcomes and satisfaction.

Financial Accountability:

- The waiver agent has processes in place to assure that staff code and pay claims in accordance with the reimbursement methodology specified in the approved waiver.

Administrative Authority:

- MDCH retains the administrative authority and responsibility for the operation of the MI Choice program by exercising oversight of the performance of waiver functions by waiver agents and other contracted entities.

5. MDCH QUALITY ASSURANCE REVIEWS

The MI Choice Site Review Protocol is structured according to the CMS Protocol for Conducting Full Reviews of State Medicaid HCBS Waiver Programs, the CMS Interim Procedural Guidance for Assessing HCBS Waiver Programs, and the CMS HCBS Quality Framework. MDCH addresses the discovery element of the state's QMP using several methods. MDCH staff and contractors review program, clinical, and administrative activities annually to assure that waiver agents meet CMS and MDCH requirements, thereby assuring the health and welfare of MI Choice participants.

a. Clinical Quality Assurance Reviews (CQAR)

MDCH developed the CQAR process to meet CMS requirements for the review of POC authorizations and case record reviews. The number of records reviewed is at least 5% of the waiver agent's MI Choice participants, with a maximum of 30 and a minimum of 10 records per waiver agent. MDCH conducts the CQAR on-site and includes interviews with waiver agent staff. In addition, MDCH interviews at least 10 MI Choice participants in their homes. The overall purpose of this review is to determine, based on written case record documentation and discussion with supports coordinators, whether the waiver agent protects each participant's health and welfare during the implementation and delivery of services and supports. If MDCH finds significant issues, concerns, or questions in the first set of case records reviewed, it may opt to review additional records to verify initial findings.

The CQAR process looks at nine focus areas consisting of 84 standards. Registered nurse (RN) reviewers examine participant enrollment, assessment data, NFLOC eligibility, the POC and care planning process, and reassessment data. The RN reviewers collect both qualitative and quantitative data, evaluate the waiver agent's assessment and POC, and review the actions of supports coordinators to assure that the waiver agent protects the health and welfare of the participants to the greatest extent possible, given participant preferences.

The RN reviewers compile CQAR data into reports and submit them to MDCH. The HCBS Section staff examines, summarizes, and forwards the reports to the waiver agent. Each report includes a summary of successes in practice and areas in need of improvement. HCBS Section staff divides the areas in need for improvement into citations and recommendations based upon algorithms for each standard. The waiver agent has 30 days to respond to the citations with a corrective action plan. MDCH either accepts the corrective action plan, or suggests other actions to bring each waiver agent into full compliance with this portion of the review. The HCBS Section staff works with the waiver agent to assure the corrective action plan will produce quality improvements. MDCH monitors implementation of the corrective action plan.

b. Administrative Quality Assurance Reviews (AQAR)

The AQAR process examines nine focus areas consisting of 194 standards. HCBS Section staff conducts on site visits to verify administrative and program policy and procedural requirements on a biennial basis. The AQAR includes an examination of each waiver agent's policy and procedure manuals, peer review reports, results from client satisfaction surveys, provider monitoring reports, provider contract templates, financial systems, claims accuracy, QMP, and required provider licenses to verify that the waiver agent meets all applicable requirements. HCBS Section staff also conducts home visits to assure participant satisfaction with services and assure that the POC meets all of the participant's needs.

While conducting the AQAR, HCBS Section staff thoroughly review waiver agent policy and procedure manuals and other related documents, compare required compliance items with items in the documents, and check off each item on the review tools when it is evident that the item met the requirement. If the HCBS Section staff determine that the waiver agent does not meet a requirement, staff discusses the missing requirements with waiver agent staff prior to issuing the AQAR report. Following the review of the entire compliance document, the HCBS Staff prepare the AQAR report. For each of the standards examined in the AQAR, the report identifies one of the following findings:

- 1) The HCBS Section staff found evidence that the waiver agent met the requirement.
- 2) The HCBS Section staff did not find evidence that the waiver agent met the requirement.
- 3) The HCBS Section staff found incomplete evidence that the waiver agent met the requirement.

As with the CQAR report, the AQAR report includes a summary of successes in practice and areas in need of improvement. The areas in need of improvement section of the report identifies instances where required documentation was not evident or not found. HCBS Section staff forward the report to the waiver agent. The waiver agent then has 30 days to respond to the findings. After receiving the waiver agent's written response and engaging in any necessary clarifying discussion, HCBS Section staff notifies the waiver agent of its acceptance of the corrective action plan. The HCBS Section provides the waiver agent 30 additional days to correct any deficiencies noted in the final corrective action plan. HCBS Section staff continue to monitor the waiver agent's progress toward meeting goals identified in the corrective action plan.

The MDCH Audit Office also conducts an audit on a sample of waiver agents every two to three years to validate that each waiver agent uses generally acceptable accounting procedures and meet financial assurances. The specific

criteria used for each audit changes depending on identified or suspected problems or issues.

c. Consumer Surveys

Michigan uses Consumer Satisfaction and Quality of Life Surveys as tools to identify weaknesses and problems in the MI Choice program so that MDCH and waiver agents can make improvements in the quality of services and supports participants receive. MDCH requires each waiver agent to conduct consumer surveys. At this time, the waiver agents use their own instruments and protocols. A standard instrument will be developed as part of this QMP.

d. Critical Incidents Management

CMS requires a formal plan, developed and implemented by the state, to define, identify, investigate and resolve incidents, events, or occurrences that jeopardize the health and welfare of a participant. Currently, waiver agents submit critical incident reports twice a year to the HCBS Section. MDCH anticipates changing to a continuous reporting process in FY 2010. The report includes the findings, actions taken to protect the health and welfare of the participant, resolution, prevention strategies, and trends.

6. QUALITY IMPROVEMENT

MDCH strives for continuous quality improvement in administering the MI Choice program. The quality improvement program is based on four key elements; design, discovery, remediation, and improvement. MDCH requires waiver agents to develop clear and quantifiable goals for improvement.

a. Existing Quality Improvement Goals

1) Integrity of Data

Goal: To Decrease the percent of missing data items in the MI Choice Assessment System by waiver agents and in statewide reports.

2) Access to Services

Goal: Decrease the percent of provider “No Shows” reported by waiver agents and statewide. Increase the percentage of planned services actually delivered through the decrease of provider “No Shows.”

3) Timeliness of Service Delivery

Goal: Improve the timeliness of service delivery following the assessment and enrollment of each participant to less than 5 days from the date of enrollment into the MI Choice program.

4) No Waiver Services

STRATEGY FOR ASSURING AND IMPROVING THE QUALITY OF MI CHOICE WAIVER SERVICES AND SUPPORTS FY 2010-2011

Goal: Decrease the number of enrolled MI Choice participants who did not receive MI Choice services for 30 or more continuous days to “0”.

5) Participant Outcomes

Goal: Decrease the percent of participants with a prevalence of disruptive or intense daily pain. MDCH defines “disruptive or intense daily pain” as daily pain, severe or excruciating pain, or pain that disrupts usual activities.

b. New Quality Improvement Goals for 2010 – 2011

1) Quality Indicators: Add clinical quality indicators once interRAI develops the methodology for the new iHC assessment tool (formerly MDS-HC).

2010 Goal: Select Quality Indicators from i-HC.

2011 Goal: Implement, measure, and report selected Quality Indicators

2) Self Determination Option

2010 Goal: Each waiver agent enrolls at least 5% of its total MI Choice participants in the self-determination option.

2011 (tentative) Goal: Each waiver agent enrolls at least 10% of total MI Choice participants in the self-determination option.

3) Nursing Facility Transition (NFT)

2010 Goal: Each waiver agent must meet the NFT benchmarks provided to them by MDCH.

2011 Goal: MDCH will develop and assign new NFT benchmarks based upon 2010 performance and funding appropriated for the program.

4) Consumer Survey

2010 Goal: MDCH will work with waiver agents and the Quality Management Collaboration Committee to develop a statewide consumer satisfaction and quality of life survey for MI Choice participants. This will include the development of a methodology for administering survey.

2011 Goal: Implement the consumer survey and report results.

5) Local Consumer, Provider, Waiver Agent Quality Collaborative Committees

Goal: Each waiver Agent will establish a local Quality Collaborative Committee during 2010 or develop the Quality Collaborative role within an existing group.

**Updates on Goals for
MI Choice Waiver Services and Supports
Quality Management Plans**

Updates on Goals for MI Choice Waiver Services and Supports Quality Management Plans

a. Existing Quality Improvement Goals

1) Integrity of Data

Goal: To Decrease the percent of missing data items in the MI Choice Assessment System by waiver agents and in statewide reports.

- According to the figures provided by Waiver Agencies, there was 2.50% of missing assessment items on the MDS-HC. This statewide figure has been decreased from last year's percentage of 8.75%.
- Supervisory review of assessments and reassessments has helped to improve the percent of missing assessment items. Additional training has also increased the collection of data.

2) Access to Services

Goal: Decrease the percent of provider "No Shows" reported by waiver agents and statewide. Increase the percentage of planned services actually delivered through the decrease of provider "No Shows."

- According to the figures provided by Waiver Agencies, 1.09% of services were a provider "No Show". This statewide figure is a decrease from last year's percentage of 1.11%.
- Waiver Agents continue to ensure back-up providers are in place for participants so that if workers are unavailable, services are still provided. Waiver Agents continue to encourage providers and participants to keep constant communication in an effort to reduce "no shows".

3) Timeliness of Service Delivery

Goal: Improve the timeliness of service delivery following the assessment and enrollment of each participant to less than 5 days from the date of enrollment into the MI Choice program.

- According to the figures provided by Waiver Agencies, there was an average of 4.71 days before the first day of service delivery. This statewide figure is an improvement from last year's average of 8.08 days and meets the goal in the Quality Management Plans.
- Waiver Agencies continue to monitor delays and provide training to staff which has helped to reduce this average. Familiarity with the Self Determination program has also helped to make Support Coordinators more efficient with paperwork and has helped to get services in place faster.
- Common reasons for continued delays include issues with Medicaid eligibility, Self Determination paperwork not being completed by

4) No Waiver Services

Goal: Decrease the number of enrolled MI Choice participants who did not receive MI Choice services for 30 or more continuous days to “0”.

- According to the figures provided by Waiver Agencies, there was an average of 6 participants who did not receive any waiver services for longer than 30 days. This statewide figure is a decrease from last year’s average of 10.11 participants.
- Waiver Agencies continue to monitor delays and provide training to staff which has helped to reduce this average. Informal services are often provided during the absence of waiver services and are documented in the participant’s record.
- Common reasons for continued delays in waiver services include issues with Medicaid eligibility and delays with participants accepting their plans of care.

5) Participant Outcomes

Goal: Decrease the percent of participants with a prevalence of disruptive or intense daily pain. MDCH defines “disruptive or intense daily pain” as daily pain, severe or excruciating pain, or pain that disrupts usual activities.

- According to the figures provided by Waiver Agencies, there was an average of 16.95% of participants reporting daily intense and/or disruptive pain. This statewide figure is a significant decrease from last year’s average of 39.92%.
- Currently Waiver Agencies are not able to run this data out of the iHC assessment tool as originally planned, therefore reporting of percentages was low.
- Waiver Agencies continue to provide enhanced education and coordination around pain management.

b. New Quality Improvement Goals for 2010 – 2011

1) **Quality Indicators:** Add clinical quality indicators once interRAI develops the methodology for the new iHC assessment tool (formerly MDS-HC).

2010 Goal: Select Quality Indicators from i-HC.

- The developers of the i-HC recently provided the algorithms for quality indicators. Baseline data will be collected in 2011 and priority quality indicators will be selected. Full implementation will be delayed until 2012.

2) **Self Determination Option**

2010 Goal: Each waiver agent enrolls at least 5% of its total MI Choice participants in the self-determination option.

- 100% of Waiver Agents met or exceeded this goal.
- 78% of the Waiver Agents exceeded 10% enrollment of Self Determination participants.
- 23% of all MI Choice enrollees across the state were enrolled in Self Determination in FY 2010.
- Note: Two Waiver Agents currently do not have their data accessible in the statewide system, therefore their information has been omitted in these percentages.

3) **Nursing Facility Transition (NFT)**

2010 Goal: Each waiver agent must meet the NFT benchmarks provided to them by MDCH.

- 45% of Waiver Agents met this goal.
- The statewide benchmark for 2010 was 900. The 2010 total transitions was 1,270 with 1,005 enrolling in MI Choice, 98 enrolling in Adult Home Help and 167 needing no Medicaid Long Term Care services. Nine Waiver Agents exceeded their agency benchmarks for transitions.

4) **Consumer Survey**

2010 Goal: MDCH will work with waiver agents and the Quality Management Collaboration Committee to develop a statewide consumer satisfaction and quality of life survey for MI Choice participants. This will include the development of a methodology for administering survey

- The Quality Management Collaboration Committee formed a Statewide Survey Workgroup which has created surveys for four separate events: Monthly Call, Quarterly Home Visit, Mail-in Survey and an Annual Survey. The electronic reporting system will soon be developed and the surveys will be tested prior to being implemented statewide.

5) **Local Consumer, Provider, Waiver Agent Quality Collaborative Committees**

2010 Goal: Each Waiver Agent will establish a local Quality Collaborative Committee during 2010 or develop the Quality Collaborative role within an existing group.

- The Waiver Agencies have established their local Quality Collaborative Committees and have started meetings with them. Waiver Agencies are conducting outreach to ensure they have strong consumer participation. The statewide Quality Collaborative Committees are exploring the possibilities of having one representative from each local committee sit on the statewide committee.

**MI Choice Waiver
Quality Improvement Goals
Summary Data
FY 2009**

This table provides data on the first five quality improvement goals described in the MI Choice Quality Management Plan.

**MI Choice Waiver
Quality Improvement Goals Summary Data
from Waiver Agencies
FY 2009**

AGENCY	Average Days for First Service Delivery	Count of participants with no waiver services for > 30 days	Percent of Provider No Shows	Percent of persons reporting daily intense and/or disruptive pain	Percent of missing assessment items on MDS-HC
A & D Home Health Care, Inc.	N/A	N/A	N/A	N/A	N/A
Area Agency on Aging 1B	3.00	0	0.60%	N/A	N/A
Area Agency on Aging of Northwest Michigan	3.47	0	1.30%	N/A	N/A
Area Agency on Aging of Western Michigan	2.40	0	0.01%	N/A	N/A
Detroit Area Agency on Aging	5.00	21	7.00%	11.00%	7.70%
HHS, Health Options	N/A	N/A	N/A	N/A	N/A
MORC Home Care, Inc.	N/A	N/A	N/A	N/A	N/A
Northeast Mich Community Service Agency	5.00	1	0.58%	N/A	N/A
Northern Lakes Community Mental Health	3.21	2	0.64%	18.90%	N/A
Region II Area Agency on Aging	6.63	19	1.19%	24.16%	1.50%
Region 3B Area Agency on Aging	6.79	3	0.30%	18.25%	N/A
Region IV Area Agency on Aging	8.80	12	0.50%	16.41%	N/A
Region VII Area Agency on Aging	2.37	0	0.20%	N/A	N/A
Senior Resources	N/A	24	1.60%	1.00%	N/A
Senior Services	7.79	8	0.40%	18.52%	N/A
The Information Center	4.87	10	1.66%	N/A	0.62%
Tri-County Office on Aging	2.33	0	0.23%	N/A	N/A
The Senior Alliance	4.00	0	1.10%	14.29%	0.18%
UPCAP Care Management	5.00	0	1.00%	N/A	N/A
Valley Area Agency on Aging	7.11	2	0.30%	30.00%	N/A
STATEWIDE AVERAGE	4.71	6	1.09%	16.95%	2.50%

N/A - Figures Not Available

**Critical Incident Summary Data
FY 2010**

This table shows the number of critical incidents in each category for each waiver agent. The second column under each category represents the number of unresolved critical incidents. MDCH follows up on all critical incidents until they are resolved.

**MI CHOICE CRITICAL INCIDENTS
FY 2010**

Agency	Illegal Activity in Home			Verbal Abuse			Theft			Worker Drugs /Alcohol			Exploitation			Physical Abuse			Neglect			No Show			Sexual Abuse			Suspectious Death			Total			APS Referral
	Resolved	Unresolved	Unresolved %	Resolved	Unresolved	Unresolved %	Resolved	Unresolved	Unresolved %	Resolved	Unresolved	Unresolved %	Resolved	Unresolved	Unresolved %	Resolved	Unresolved	Unresolved %	Resolved	Unresolved	Unresolved %	Resolved	Unresolved	Unresolved %	Resolved	Unresolved	Unresolved %	Resolved	Unresolved	Unresolved %				
A & D Home Health Care, Inc.	2	0	0%	2	0	0%	15	0	0%	0	0	0%	0	0	0%	4	0	0%	2	0	0%	1	0	0%	1	0	0%	0	0	0%	27	0	0%	9
Area Agency on Aging 1B	0	0	0%	0	0	0%	1	0	0%	1	0	0%	1	0	0%	0	0	0%	2	0	0%	0	0	0%	1	0	0%	0	0	0%	6	0	0%	3
Area Agency on Aging of Northwest Michigan	1	0	0%	2	0	0%	3	0	0%	0	0	0%	2	0	0%	0	0	0%	1	0	0%	1	0	0%	0	0	0%	0	0	0%	10	0	0%	5
Area Agency on Aging of Western Michigan	0	0	0%	1	0	0%	1	0	0%	0	0	0%	0	0	0%	1	0	0%	2	0	0%	0	0	0%	0	0	0%	0	0	0%	5	0	0%	3
Detroit Area Agency on Aging	1	0	0%	0	0	0%	4	2	33%	0	0	0%	0	0	0%	1	0	0%	1	0	0%	1	0	0%	0	0	0%	0	0	0%	8	2	20%	1
HHS, Health Options	0	0	0%	1	0	0%	2	0	0%	0	0	0%	1	0	0%	1	0	0%	0	0	0%	1	0	0%	0	0	0%	0	0	0%	6	0	0%	2
MORC Home Care, Inc.	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	1	0	0%	0	0	0%	0	0	0%	1	0	0%	0
Northeast Mich Community Service Agency	0	0	0%	0	0	0%	3	0	0%	0	0	0%	0	0	0%	1	0	0%	0	0	0%	1	0	0%	0	0	0%	0	0	0%	5	0	0%	0
Northern Lakes Community Mental Health	0	0	0%	0	0	0%	2	0	0%	0	0	0%	0	0	0%	0	0	0%	1	0	0%	0	0	0%	0	0	0%	0	0	0%	3	0	0%	1
Region II Area Agency on Aging	1	0	0%	0	0	0%	2	0	0%	1	0	0%	0	0	0%	1	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	5	0	0%	1
Region 3B Area Agency on Aging	0	0	0%	1	0	0%	1	0	0%	0	0	0%	1	0	0%	1	0	0%	10	4	29%	1	2	67%	0	0	0%	0	0	0%	15	6	29%	17
Region IV Area Agency on Aging	0	0	0%	2	0	0%	1	0	0%	0	0	0%	0	0	0%	1	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	4	0	0%	3
Region VII Area Agency on Aging	0	0	0%	1	0	0%	5	0	0%	0	0	0%	2	0	0%	2	0	0%	1	0	0%	0	0	0%	0	0	0%	0	0	0%	11	0	0%	5
Senior Resources	0	0	0%	0	0	0%	2	0	0%	0	0	0%	1	0	0%	0	0	0%	1	0	0%	0	0	0%	0	0	0%	0	0	0%	4	0	0%	1
Senior Services	0	0	0%	0	0	0%	2	0	0%	0	0	0%	2	2	50%	1	1	50%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	5	3	38%	6
The Information Center	0	0	0%	2	0	0%	2	0	0%	0	0	0%	0	0	0%	0	0	0%	15	1	6%	0	0	0%	0	0	0%	0	0	0%	19	1	5%	15
Tri-County Office on Aging	0	0	0%	2	0	0%	1	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	3	0	0%	2
The Senior Alliance	0	0	0%	0	1	100%	9	0	0%	0	0	0%	1	0	0%	1	0	0%	2	0	0%	7	0	0%	0	0	0%	2	0	0%	22	1	4%	3
UPCAP Care Management	0	0	0%	0	0	0%	2	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	2	0	0%	0
Valley Area Agency on Aging	0	0	0%	0	0	0%	5	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	1	0	0%	0	0	0%	0	0	0%	6	0	0%	0
Statewide Total	5	0	0%	14	1	7%	63	2	3%	2	0	0%	11	2	15%	15	1	6%	38	5	12%	15	2	12%	2	0	0%	2	0	0%	167	13	7%	27

Administrative Quality Assurance Review FY 2009

The MI Choice Waiver Agents receive an Administrative Quality Assurance Review (AQAR) on a bi-annual schedule. The review involves a team of MDCH employees working on-site at the waiver agency reviewing policies, procedures, billing records and other documents in order to evaluate the agency infrastructure needed to administer the program and meet the performance standards defined in the Clinical Quality Assurance Reviews and other documents. The AQAR is based upon the nine focus areas identified in the Quality Management Plan:

- 1) Participant Access – Participants have ready access to home and community based care and supports in their community.
- 2) Participant-Centered Service Planning & Delivery – Services and supports are planned and implemented in accordance with participant needs, preferences and decisions.
- 3) Provider Capacity and Capabilities – There are sufficient qualified agency and individual providers.
- 4) Participant Safeguards – Participants are safe and secure in their homes and communities, taking into account their informed and expressed choices.
- 5) Participant Rights and Responsibilities – Participants receive support to exercise their rights and accept personal responsibilities.
- 6) Participant Outcomes and Satisfaction – Participants are satisfied with their services and achieve desired outcomes.
- 7) System Performance – The system supports participants effectively and efficiently and strives to improve quality.
- 8) Administration – The MI Choice program is administered efficiently and effectively to maximize Medicaid buying power while giving precedence to the participant's best interests.
- 9) Services - Participants receive the MI Choice waiver services most appropriate for their needs.

**ADMINISTRATIVE QUALITY ASSURANCE REVIEW
FISCAL YEAR 2009
AVERAGE COMPLIANCE LEVEL**

AGENCY	FOCUS I: Participant Access	FOCUS II: Participant-Centered Service Planning & Delivery	FOCUS III: Provider Capacity and Capabilities	FOCUS IV: Participant Safeguards	FOCUS V: Participant Rights & Responsibilities	FOCUS VI: Participant Outcomes & Satisfaction	FOCUS VII: System Performance	FOCUS VIII: Administration	FOCUS IX: Services	OVERALL COMPLIANCE
A & D Home Health Care, Inc.	4.00	4.00	4.00	3.25	4.00	4.00	2.52	4.00	4.00	3.70
Area Agency on Aging 1B	4.00	4.00	4.00	4.00	4.00	4.00	4.00	3.04	4.00	3.76
Area Agency on Aging of Northwest Michigan	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Area Agency on Aging of Western Michigan	4.00	4.00	4.00	3.25	4.00	4.00	4.00	3.52	4.00	3.80
Detroit Area Agency on Aging	2.00	2.80	4.00	1.00	2.23	4.00	1.00	4.00	4.00	2.74
HHS, Health Options	4.00	4.00	4.00	4.00	3.23	4.00	4.00	4.00	1.00	3.93
MORC Home Care, Inc.	3.29	4.00	2.28	3.25	4.00	4.00	2.03	4.00	1.00	3.19
Northeast Mich Community Service Agency	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Northern Lakes Community Mental Health	4.00	3.60	4.00	4.00	4.00	4.00	4.00	3.52	4.00	3.85
Region II Area Agency on Aging	2.71	2.40	4.00	1.75	4.00	4.00	2.45	4.00	4.00	3.23
Region 3B Area Agency on Aging	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Region IV Area Agency on Aging	4.00	2.93	1.72	1.75	2.15	1.00	1.48	4.00	1.00	2.69
Region VII Area Agency on Aging	3.36	3.60	4.00	4.00	4.00	4.00	4.00	4.00	4.00	3.88
Senior Resources	4.00	3.60	4.00	3.25	3.38	4.00	3.48	3.00	4.00	3.53
Senior Services	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
The Information Center	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Tri-County Office on Aging	4.00	4.00	4.00	3.25	4.00	4.00	4.00	4.00	4.00	3.92
The Senior Alliance	4.00	4.00	2.78	1.50	3.23	4.00	2.03	4.00	1.00	3.15
UPCAP Care Management	3.36	4.00	4.00	2.50	3.23	3.00	4.00	4.00	1.00	3.66
Valley Area Agency on Aging	4.00	4.00	4.00	2.50	4.00	4.00	1.00	4.00	4.00	3.40
STATEWIDE AVERAGE	3.74	3.75	3.74	3.16	3.67	3.80	3.20	3.85	3.25	3.62

Rating Scale For Clinical Quality Assurance Review Compliance Level:

SUBSTANTIAL COMPLIANCE:	3.26 to 4.00
SOME COMPLIANCE, NEEDS IMPROVEMENT:	2.51 to 3.25
NOT FULL OR SUBSTANTIAL COMPLIANCE:	1.76 to 2.50

COMPLIANCE NOT DEMONSTRATED:	1.00 to 1.75
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**Clinical Quality Assurance Review
FY 2009**

The Clinical Quality Assurance Reviews (CQARs) are conducted by a team of reviewers, all of whom have worked in the MI Choice program. This new team began conducting reviews in 2010. Because of changes to the review methodology and the expertise of the reviewers, the 2009 reviews were conducted with a more stringent application of the standards. 401 case records were reviewed for 2009. The CQAR reviews also included home visits. The data on the CQAR standards is summarized in this chart.

**CLINICAL QUALITY ASSURANCE REVIEW
FISCAL YEAR 2009
AVERAGE COMPLIANCE LEVEL**

AGENCY	FOCUS I: Participant Access	FOCUS II A: Participant- Centered Service Planning	FOCUS II B: Participant- Centered Service Delivery	FOCUS III: Provider Capacity and Capabilities	FOCUS IV: Participant Safeguards	FOCUS V: Participant Rights & Responsibilities	FOCUS VI: Participant Outcomes & Satisfaction	FOCUS VII: System Performance	FOCUS VIII: Administration	FOCUS IX: Services	OVERALL COMPLIANCE
A & D Home Health Care, Inc.	4.00	4.00	4.00	4.00	4.00	4.00	4.00	2.00	4.00	4.00	3.93
Area Agency on Aging 1B	4.00	2.67	2.00	4.00	3.33	4.00	4.00	2.67	4.00	4.00	3.39
Area Agency on Aging of Northwest Michigan	2.87	2.87	2.87	4.00	4.00	4.00	4.00	2.30	4.00	4.00	3.44
Area Agency on Aging of Western Michigan	4.00	4.00	4.00	4.00	3.33	4.00	4.00	4.00	3.33	4.00	3.83
Detroit Area Agency on Aging	1.00	1.73	1.49	4.00	1.73	3.24	4.00	1.00	3.24	1.73	2.17
HHS, Health Options	2.00	2.00	2.00	4.00	1.67	2.67	4.00	2.00	2.00	2.67	2.27
MORC Home Care, Inc.	2.03	2.03	2.03	4.00	3.34	3.34	4.00	2.03	4.00	2.03	2.60
Northeast Michigan Community Service Agency, Inc.	3.58	2.83	2.25	4.00	4.00	4.00	4.00	1.83	2.25	4.00	3.45
Northern Lakes Community Mental Health	4.00	2.30	2.87	4.00	4.00	2.30	4.00	2.30	4.00	3.43	3.21
Northern Michigan Regional Health Systems	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Region II Area Agency on Aging	1.00	2.00	2.00	4.00	2.67	2.00	4.00	1.67	4.00	2.67	2.44
Region 3B Area Agency on Aging	4.00	4.00	2.00	4.00	4.00	4.00	4.00	2.00	3.33	4.00	3.69
Region IV Area Agency on Aging	4.00	4.00	3.33	4.00	3.00	4.00	4.00	2.00	4.00	4.00	3.67
Region VII Area Agency on Aging	4.00	4.00	3.33	4.00	4.00	4.00	4.00	2.00	4.00	4.00	3.85
Senior Resources	2.67	2.00	1.67	4.00	3.33	4.00	4.00	2.00	2.00	4.00	3.06
Senior Services	4.00	4.00	2.80	4.00	4.00	4.00	4.00	1.00	4.00	3.40	3.60
The Information Center	4.00	2.87	2.30	4.00	1.87	3.43	4.00	1.87	4.00	4.00	2.93
Tri-County Office on Aging	1.00	2.00	2.00	4.00	2.00	2.00	4.00	2.00	4.00	3.33	2.43
The Senior Alliance	4.00	3.25	1.75	4.00	2.75	4.00	2.50	3.25	4.00	4.00	3.34
UPCAP Care Management, Inc	4.00	3.33	3.33	4.00	4.00	3.33	4.00	1.67	2.00	4.00	3.69
Valley Area Agency on Aging	4.00	3.32	1.97	4.00	4.00	4.00	4.00	3.32	4.00	4.00	3.66
STATEWIDE AVERAGE	3.25	3.01	2.57	4.00	3.29	3.54	3.93	2.23	3.53	3.58	3.27

Rating Scale For Clinical Quality Assurance Review Compliance Level:

SUBSTANTIAL COMPLIANCE:	3.5 or higher
SOME COMPLIANCE, NEEDS IMPROVEMENT:	2.5 to 3.4
NOT FULL OR SUBSTANTIAL COMPLIANCE:	1.5 to 2.4
COMPLIANCE NOT DEMONSTRATED:	0 to 1.4

**Statewide In-Home Review Data
FY 2009**

The CQAR review process also includes home visits to MI Choice participants.
This table summarizes the results of those visits.

**IN-HOME REVIEW
FISCAL YEAR 2009
PERCENT EVIDENT FOR HOME VISITS**

AGENCY	FOCUS I: Participant Access	FOCUS II A: Participant- Centered Service Planning	FOCUS II B: Participant- Centered Service Delivery	FOCUS IV: Participant Safeguards	FOCUS V: Participant Rights & Responsibilities	FOCUS VI: Participant Outcomes & Satisfaction	FOCUS VII: System Performance	FOCUS VIII: Administration	FOCUS IX: Services	OVERALL PERCENT EVIDENT
A & D Home Health Care, Inc.	100.00%	100.00%	100.00%	100.00%	90.00%	100.00%	100.00%	100.00%	100.00%	99.63%
Area Agency on Aging 1B	100.00%	97.62%	97.73%	91.67%	100.00%	100.00%	100.00%	100.00%	100.00%	97.60%
Area Agency on Aging of Northwest Michigan	90.00%	96.39%	100.00%	91.67%	100.00%	90.00%	100.00%	100.00%	100.00%	96.86%
Area Agency on Aging of Western Michigan	100.00%	96.47%	100.00%	95.35%	80.00%	90.00%	100.00%	100.00%	100.00%	96.97%
Detroit Area Agency on Aging	70.00%	92.68%	82.98%	85.37%	100.00%	100.00%	70.00%	100.00%	89.19%	88.33%
HHS, Health Options	100.00%	87.50%	89.58%	84.09%	90.00%	90.00%	100.00%	100.00%	97.22%	90.31%
MORC Home Care, Inc.	90.00%	100.00%	97.62%	100.00%	100.00%	100.00%	90.91%	100.00%	93.33%	97.93%
Northeast Michigan Community Service Agency, Inc.	80.00%	98.75%	95.92%	100.00%	100.00%	100.00%	80.00%	100.00%	93.18%	96.15%
Northern Lakes Community Mental Health	90.00%	100.00%	100.00%	94.64%	100.00%	100.00%	100.00%	100.00%	98.33%	98.33%
Northern Michigan Regional Health Systems	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Region II Area Agency on Aging	50.00%	94.05%	97.73%	94.87%	90.00%	100.00%	80.00%	100.00%	98.00%	93.63%
Region 3B Area Agency on Aging	90.00%	100.00%	97.67%	97.50%	100.00%	100.00%	100.00%	100.00%	100.00%	98.80%
Region IV Area Agency on Aging	100.00%	93.83%	100.00%	74.47%	80.00%	100.00%	100.00%	100.00%	100.00%	92.40%
Region VII Area Agency on Aging	90.00%	98.81%	100.00%	100.00%	100.00%	80.00%	100.00%	100.00%	100.00%	98.51%
Senior Resources	90.00%	88.75%	84.09%	77.50%	90.00%	80.00%	90.00%	100.00%	100.00%	87.76%
Senior Services	100.00%	98.86%	100.00%	95.35%	100.00%	90.00%	72.73%	100.00%	86.49%	95.47%
The Information Center	90.00%	96.25%	95.65%	82.05%	100.00%	100.00%	80.00%	100.00%	100.00%	94.00%
Tri-County Office on Aging	60.00%	89.61%	95.45%	87.88%	100.00%	90.00%	92.31%	100.00%	93.75%	90.79%
The Senior Alliance	100.00%	84.71%	93.75%	76.32%	80.00%	60.00%	90.91%	100.00%	92.59%	86.35%
UPCAP Care Management, Inc	100.00%	100.00%	100.00%	100.00%	70.00%	100.00%	80.00%	100.00%	95.24%	97.25%
Valley Area Agency on Aging	100.00%	97.70%	100.00%	100.00%	90.00%	90.00%	90.00%	100.00%	97.96%	97.89%
STATEWIDE AVERAGE	89.50%	95.61%	96.41%	91.49%	93.00%	93.00%	90.87%	100.00%	96.96%	94.85%

Acronyms for the Statewide Waiver Agencies

Acronyms for the Statewide Waiver Agencies

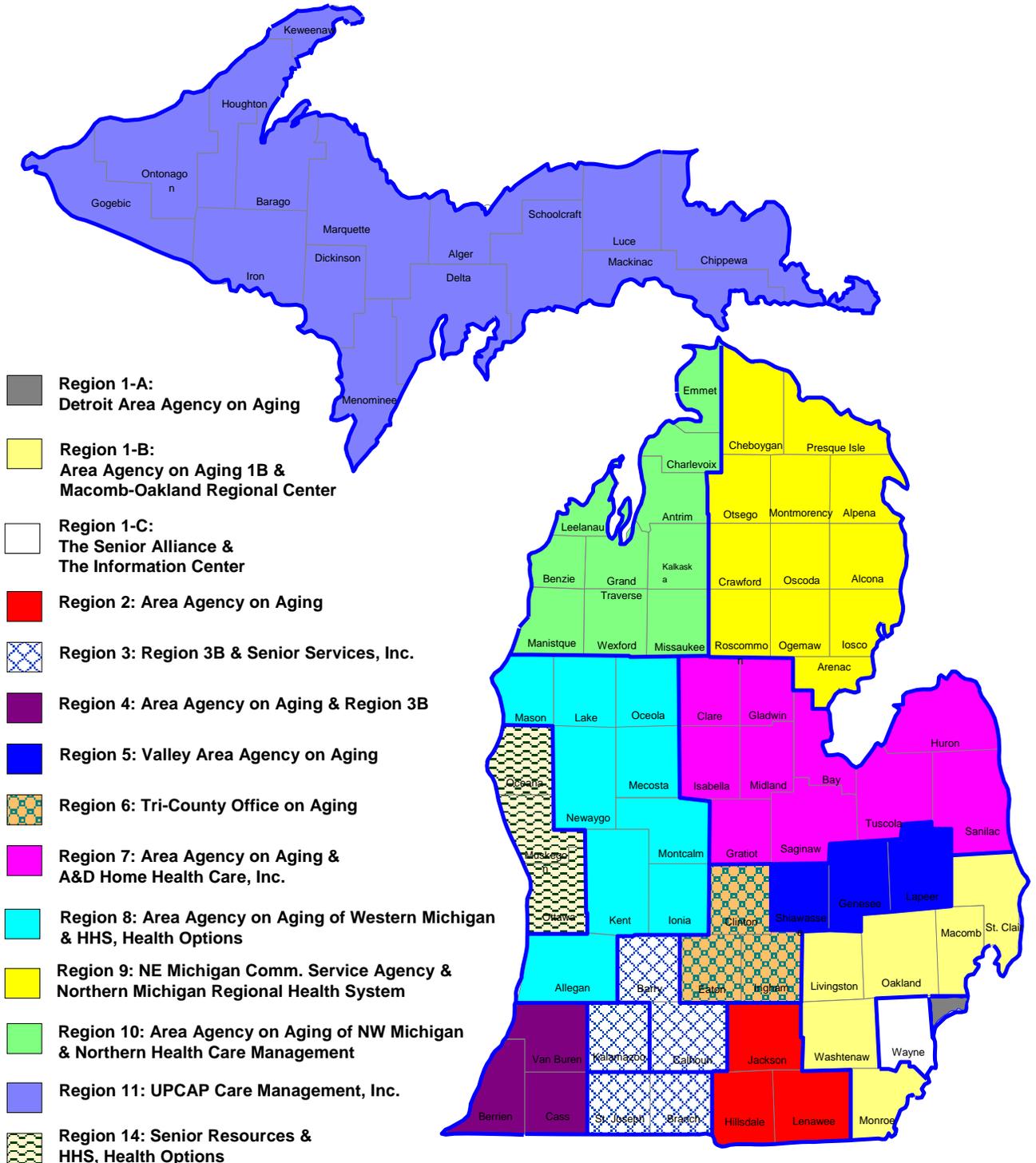
Agency	Full Name	Location
DAAA	Detroit Area Agency on Aging	Detroit
AAA1B	Area Agency on Aging 1B	Southfield
MORC	MORC Home Care, Inc	Clinton Township
TSA	The Senior Alliance	Wayne
TIC	The Information Center	Taylor
R2AAA	Region 2 Area Agency on Aging	Brooklyn
3B	Burnham Brook Center	Battle Creek
S. Services	Senior Services, Inc	Kalamazoo
R IV AAA	Region IV Area Agency on Aging	Saint Joseph
VAAA	Valley Area Agency on Aging	Flint
TCOA	Tri-County Office on Aging	Lansing
R VII AAA	Region VII Area Agency on Aging	Bay City
A & D	A&D Home Health Care, Inc.	Saginaw
AAAWM	Area Agency on Aging of Western Michigan	Grand Rapids
HHS	HHS, Health Options	Grand Rapids
NEMCSA	Northeast MI Community Service Agency	Alpena
NMRHS	Northern Michigan Regional Health System	Petoskey
AAANM	Area Agency on Aging of Northwest Michigan	Traverse City
NLCMH	Northern Lakes Community Mental Health	Traverse City
UPCAP	UP Area Agency on Aging	Escanaba
S. Resources	Senior Resources	Muskegon Heights

**MI Choice Home & Community-Based Services Waiver
for the Elderly & Disabled
Regional Service Area Map**

Michigan Department of Community Health

Home & Community-Based Services Waiver for the Elderly & Disabled

Regional Service Areas



Glossary of Acronyms and Terms

Glossary of Acronyms and Terms

AAAs – Area Agencies on aging. Planning, advocacy, and administrative agencies that plan and provide needed services to seniors in specified geographic regions of the state.

Administrative Quality Assurance Review (AQAR) – Focuses on assuring that each Waiver agent has policies and procedures consistent with waiver requirements. MDCH staff review waiver policy and procedures manuals, peer review reports, client satisfaction survey results, critical incident reports, quality management plans, waiver agent provider monitoring reports, waiver agent provider contract templates, and required provider licenses to verify that requirements are met.

Clinical Quality Assurance Review (CQAR) – This review include interviews with waiver agent staff and MI Choice participants in their homes. The overall purpose of this review is to determine, based on written case record documentation and discussion with supports coordinators, whether or not each participant’s health and welfare are being protected during the implementation and delivery of services and supports.

CMS – Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services

Consumer/Participant – Individual receiving services through the Waiver, also called beneficiary, client, participant.

Critical Incidents – CMS requires a formal plan, developed and implemented by the state, to define, identify, investigate, and resolve incidents, events, or occurrences that jeopardize the health and welfare of a participant.

FY – Fiscal Year

HCBS – Home and Community-Based Services

HIPAA – Health Insurance Portability and Accountability Act of 1996 – Federal rules regarding health care transactions, code sets and protection of confidential data.

InterRAI – International organization of researchers and clinicians who developed the Resident Assessment Instrument that includes the minimum data set (MDS) that CMS mandates be used to assess residents in every nursing facility in the United States.

MDCH – Michigan Department of Community Health

MDRC – Michigan Disability Rights Coalition

MDS-HC – Minimum Data Set for Home Care

MDS-NF – Minimum Data Set for Nursing Facilities

Money Follows Person (MFP) - A grant from the Centers for Medicare and Medicaid Services (CMS) to provide seniors and adults with disabilities the opportunity to transition from a nursing facility (NF) into their own home or apartment.

Nursing Facility Transition – This service is a non-recurring expense for a person who is transitioning from a nursing facility to another living arrangement in a private residence where a person is responsible for his or her own living arrangement.

OHCDS - Organized Health Care Delivery Systems – Organizations that perform waiver activities directly function as organized health care delivery systems and carry out their responsibilities in compliance with MDCH approved requirements for operation of an OHCDS.

Participant – A person enrolled in the MI Choice Home and Community Based Medicaid Waiver Program for Elderly and Younger Persons with Disabilities.

Person Centered Planning – means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices and abilities.

Quality Assurance (QA) - Quality assurance is a planned effort designed to organize and operate the program to meet contractual obligations in accordance with federal, state, local laws, regulations, and standards.

Quality Management Collaboration – Waiver agents, consumers/advocates and MDCH seek solutions together with guidance from researchers and subject area experts in the MI Choice Person Focused QM Collaboration as a way to identify effective strategies and interventions to improve quality of care in Michigan.

Quality Improvement (QI) - Quality improvement goes beyond compliance activities to measure the impact that services and supports have on participant outcomes. The focus of quality improvement is desired outcomes for Participant.

Quality Indicators (QIs) – Performance measures that gauge quality by examining the structure, process and participant outcomes of services and supports.

Quality Management (QM)- Quality management is a planned effort designed to improve and maximize the degree to which services and supports achieve desired participant outcomes while meeting state and federal government assurances, requirements and laws.

GLOSSARY OF ACRONYMS AND TERMS

Self Determination – It is a consumer directed care that integrates and maximizes consumer choice and control into all aspects of home and community-based care.

Special Memorandum of Understanding (SMOU) - A Special Memorandum of Understanding between MDCH and the Contractor for participants with complex medical acuity who require extensive MI Choice services.

Support Coordination (SC) - The method that facilitates access to and arrangement of services and other forms of support needed and wanted by MI Choice participants.

Support Coordinators (SCs) - SCs work with participants to determine how and who will meet the participant's long term care needs. SCs assist participants in arranging for services and supports and monitor the quality of services received.

Waiver – Federal Government allows or grants States permission to waive certain Federal requirements in order to operate a specific kind of program. (Example: MI Choice Home and Community Based Services Waiver for the Elderly and Disabled).

Waiver Agent – An administrative local agency that contracts directly with MDCH for the purpose of organizing a network of long term care services and supports to deliver MI Choice Waiver services.