

# North Dakota 1915(i) Medicaid Academy

Session 6: Ensuring Quality Services

Tuesday, December 6<sup>th</sup>, 2022

2-4 pm CT

# Today's Facilitators



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# Your Team Today Includes:





# Medicaid Academy Schedule

Topic	Date	Tools
Orientation and Provider Enrollment	10/25/22	Provider Enrollment Guide
Provider Enrollment Q&A	10/27/22	
Services Participant Enrollment	11/1/22	Participant Eligibility Tracker
Services Participant Enrollment Q&A	11/3/22	
Staffing and Budgeting	11/8/22	Services Budget Tool, Time Study Materials
Staffing and Budgeting Q&A	11/10/22	
Policies and Procedures	11/15/22	Sample Policies and Procedures
Policies and Procedures Q&A	11/17/22	
Documentation and Billing	11/29/22	Billing Guide
Documentation and Billing Q&A	12/1/22	
<b>Quality Assurance</b>	<b>12/6/22</b>	
Quality Assurance Q&A	12/8/22	

# Purpose of Medicaid Academy Learning Sessions

DHS provides the “WHAT”/ Policy Requirements

The TA Team helps with “HOW” so you can develop a plan for your agency



Each session will include:

Helpful tips and tools provided by the TA team

Opportunities for sharing experiences across agencies

Coaching for your agency

[1915\(i\) Website](#)

[North Dakota's 1915\(i\) Medicaid State Plan Amendment](#)

# What is impacted at the agency-level when becoming a Medicaid provider?



- Programmatic
  - Service provision
  - Staffing & Training
- Strategic
  - Business partnerships
  - Strategic long-term planning
- Analytical
  - Data management
  - Quality Assurance
- Logistic
  - Financial operations
  - Legal agreements
  - HR considerations



# Shared Tools and Materials

## Medicaid Academy Materials

- [1915\(i\) Trainings | Health and Human Services North Dakota](#)
- Web site will include:
  - Recordings of these trainings
  - Slide Decks

## Tools for Today

- QI plan examples and templates



# Key Takeaways





**Group Activity:**  
**Share how your  
agency ensures  
quality services.**



# Quality Activities



Compliance



Quality



# North Dakota DHHS Commitment to Quality

# 1915(i) Quality Improvement Strategy:

State: North Dakota §1915(i) State plan HCBS State plan Attachment 3.1–i:  
 TN: 21-0015 Page 139  
 Effective: January 1, 2022 Approved: Supersedes: 20-0010

## Quality Improvement Strategy

### Quality Measures

*(Describe the state’s quality improvement strategy. For each requirement, and lettered sub-requirement, complete the table below):*

- 1. Plan of Care (POC) a) address assessed needs of 1915(i) participants; b) are updated annually; and c) document choice of services and providers.**

<i>Requirement</i>	<i>1a. POCs address assessed needs of the 1915(i) participants</i>
<i>Discovery</i>	
<b>Discovery</b>	The number and percent of participant’s with POCs that identify and





# Quality Assurance

- Plan of Care is updated annually and reflects client choice
- Eligibility Requirements:
  - an evaluation for 1915(i) eligibility is provided to all applicants for whom there is reasonable indication that 1915(i) services may be needed in the future;
  - the processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately;
  - the 1915(i) eligibility of enrolled individuals is reevaluated at least annually
- Providers meet required qualifications
- Individuals reside in settings meeting the HCBS Final Rule requirements
- The State retains oversight role and responsibility
- The State maintains financial accountability
- The State identifies, addresses and seeks to prevent abuse and neglect



# Commitment to Quality: An Ongoing Process

# Outcomes – Client Satisfaction





## Questions to Ask:

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- Audits
  - Who?
  - When?
- Any other standards beyond those listed on the previous slide?
- If other standards will be developed? How? With what stakeholder engagement?





***Break***



# Quality Improvement and Compliance

# Quality Improvement Overview





# Growing Your Quality Improvement Program



DOCUMENTATION



FILE REVIEWS



PREPARING FOR  
AUDITS



CONTINUOUS QUALITY  
IMPROVEMENT

# Quality Improvement Plan

## Reviews

- Client File
- Billing
- Medicaid Compliance
- Targeted

Program Outcome  
Measures and Funder  
Requirements

Staff Training Plan

## Client Satisfaction Surveys

- Focus Reviews

Program and Services  
Overview

Program and QI staff  
Responsibilities

Policy and procedure  
review

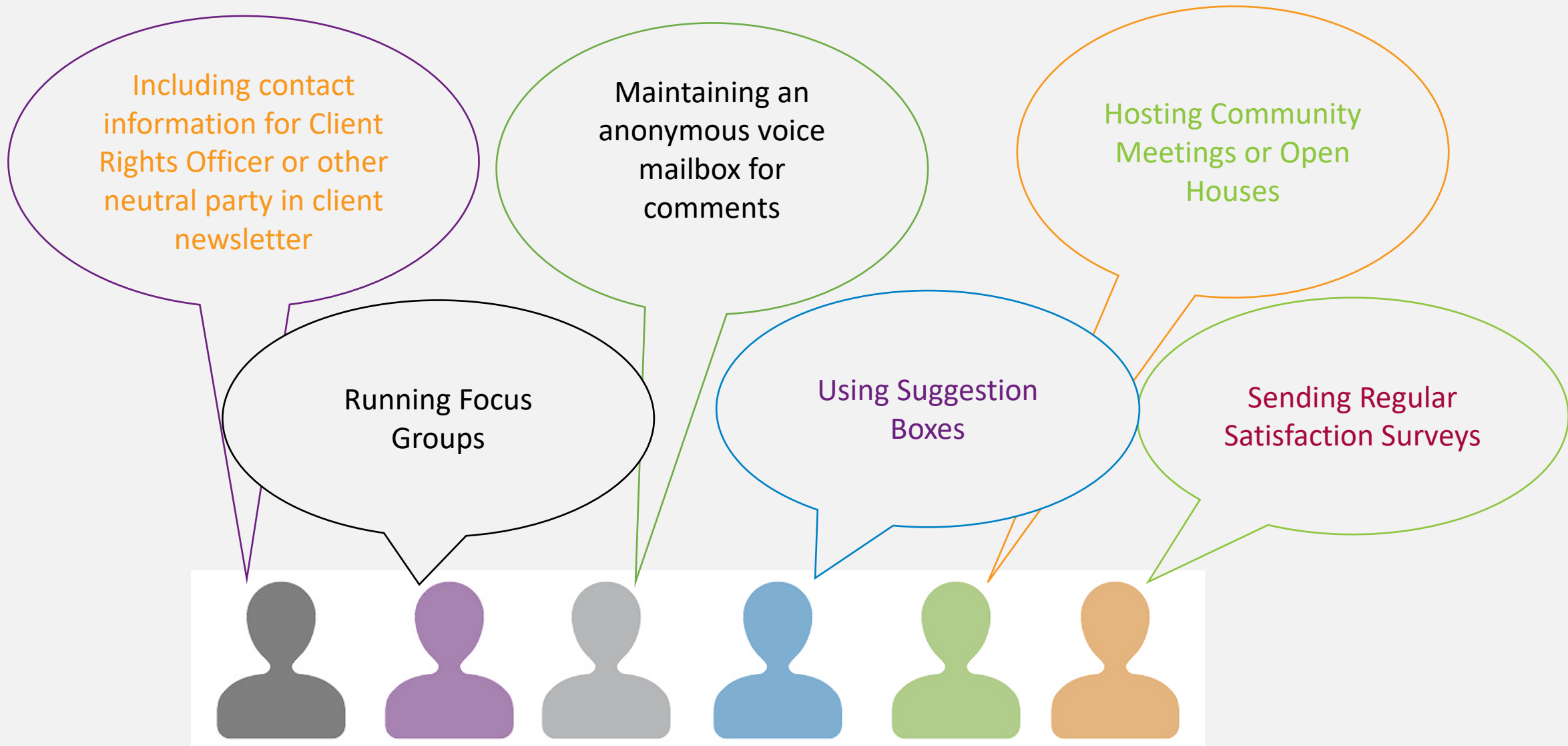


Staffing and  
Supervision  
Considerations



- Expertise & Skill Level
- Caseload Size
- Supervision
- Training

# Gathering and Incorporating Stakeholder Input



# CSH Has An Example Of A Tenant Survey That Can Be Revised To Reflect Other Services:

**CSH** QUALITY SUPPORTIVE HOUSING TENANT SATISFACTION SURVEY

Agency Name: \_\_\_\_\_ Project Name: \_\_\_\_\_

Dear Tenant,

Thank you for taking this survey. Please tell us what it is like living in your apartment. Thank you for your honest answers. There is a comment section at the end. Please feel free to comment on any of the questions.

Please do not put your name on this form. Your answers are anonymous and will not be shared with anyone.

1. How long have you lived in your apartment? (Check one)

- Less than 1 month
- 7-12 months
- More than 1 ½ years
- 1 to 6 months
- 13 to 18 months (1 ½ years)

2. Which services do you use? (Check any that apply)

- Employment
- Medical
- Education
- HIV Prevention Education
- Peer Support Worker or Direct Support Professional
- Other: \_\_\_\_\_
- Substance Abuse
- Mental Health
- Case Management

**CSH** QUALITY SUPPORTIVE HOUSING TENANT SATISFACTION SURVEY

Agency Name: \_\_\_\_\_ Project Name: \_\_\_\_\_

Please check Yes, No, or Not Sure for each question. (Check one box)

	Yes	No	Not Sure
3. Do you like your apartment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your apartment meet your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you like the available services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do the services meet your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you join community activities? This might be things like faith based groups or church, clubs, volunteering, going to a gym, or park district program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have better social supports and connections now than when you first moved in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you like the location of your apartment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you feel safe in your apartment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did you have an orientation for your apartment or building when you first moved in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Editable word doc;  
available in English and  
Spanish



# What Do You Do with All the Input?



- Review and revise policies and procedures
- Discuss at QI Committee to identify action steps
- Create new social, advocacy or training opportunities
- Offer opportunities for individuals to share their ideas with decision makers
- Other??
- Whatever you do – make it known

# Quality Improvement Strategies



Assign or designate a staff person

All levels of staff are part of the ongoing process

Schedule a calendar of meetings

Schedule a calendar of client chart reviews

Process and timelines for reviewing policies and procedures

Plan for communication of program outcomes, chart review results, programmatic changes, and changes in requirements

Plan for ongoing compliance

Close the loop



# Closing the Loop





**Reminder:  
Quality Assurance  
and Compliance  
Are  
Continual**



# Outcomes Planning

# Simple Outcome Measurement Plan

Outcome  
Measures

Calculation

Goal

Data  
Source

# Outcome Measurement Plan

CORE OUTCOMES MEASURES			
<u>Outcome Measure</u>	<u>Calculation</u>	<u>Goal</u>	<u>Data Source</u>
<p>Successful Outcomes:</p> <p>The percentage of service participants who remain in the community without need of hospitalization for one year.</p> <p>The percentage of service recipients who meet their community related goals around recovery, housing, employment or education.</p>	<p>The total number of participants who remain in the community without hospitalization divided by the total number of service participants for the time period.</p>	<p>At least 80%</p>	<p>Agency data systems and/or service participant files.</p>

# Outcome Measurement Plan



## Outcomes Measurement Plan: Results

Team Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

CORE OUTCOMES MEASURES									
Outcome Measure	Goal	Date	Result*	Date	Result	Date	Result	Date	Result*
Successful Housing Outcomes	At least 80%								
Increase in Income	At least 40%								
Tenant Satisfaction with Housing	At least 80%								
Annual Turnover Rate	Averages less than 20%								
ADDITIONAL OUTCOMES MEASURES									




# Example Quality Improvement Plan

Project Name:				Quality Improvement Action Plan				
Plan				Do	Check	Act		
Priority	Issues To Be Addressed (Based Upon Indicators)	Quality Improvement Strategy (Action Steps)	Planned Outcome (Expected Change)	Responsibility (Persons/Orgs)	Timing	Review (Progress & Outcomes)	Timing	Continue, End, or Revise Plans (Based on Review)



# Break Out Room Question

**What revisions to your agency's Quality Process are needed for new services?  
What is added to the work plan?**



15 minutes in  
your agency  
groups

**What needs to be  
added? Revised?**



# Up Next:

- **Thursday, December 8<sup>th</sup>**
- **10-11 am CT**

**Q&A on Ensuring  
Quality Services**

**Individual TA**

- **Process to access this  
TBD**



# THANK YOU

Please join us again for one of our many course offerings.

Visit [www.csh.or/training](http://www.csh.or/training)