

Living Choices Quality Management Strategy

The Living Choices program maintains a multi-faceted quality management strategy (QMS) to address systematic and individual quality challenges:

1. Participation in the Long-Term Care Quality Initiatives Council / Living Choice Advisory Council (LTCQIC/LCAC). The LTCQIC/LCAC collaborates at the state level to manage and address quality in Oklahoma's long term care continuum.
2. Reporting and evaluation of Living Choice quality measures that address the overall quality of the program.
3. Quality framework developed for the ADvantage 1915(c) HCBS waiver. The Living Choice program uses ADvantage providers for all Demonstration services and the existing quality framework applies to the delivery of Living Choice services.

LTCQIC/LCAC Goals and Functions

The LTCQIC/LCAC objectively considers and evaluates the needs of Oklahomans who seek LTSS. The Council identifies gaps in the current service delivery system and makes recommendations to the OHCA LTSS unit, related to program development and service implementation, to best meet the needs of the older adult and physical disability populations in Oklahoma. The LTCQIC/LCAC provides a means for an active partnership with the State Medicaid Agency. The responsibility of this committee is to continuously build and maintain a collaborative approach in defining and addressing issues related to standards for quality care in LTSS programs. The council functions in an advisory capacity. Potential areas for input include:

1. Processes and Procedures
2. Monitoring service gaps and working with appropriate partners to address them
3. Improving the member experience
4. Have an active role in the service evaluation process with consumer input
5. Develop new resources to assist or enhance the LTSS system including plans for overcoming barriers.

Living Choice Quality Management

Oklahoma's Living Choice project currently faces a resource issue in terms of personnel and seeks to reduce the number of resources being used by revising its data collection methods. We propose to utilize the data collection of other divisions within the State Medicaid agency.

For the Qualified Provider assurance, and specifically, Oklahoma's performance measures QP 1.2 and QP 2.2, we will use the data collected by the Medicaid Enrollment unit to meet initial licensure, certification, or waiver requirements. Simply put, one unit (i.e., Medicaid Enrollment unit) can collect and supply the data on all Medicaid enrolled providers meeting initial requirements for all programs, Living Choice and across the waivers operated by the OHCA. Thus, each program doesn't have to separately collect its own data.

Oklahoma is also going to combine operating and monitoring processes. For our performance measure HW 1.4 there is the potential to reduce data collection resources by adding the data collection of this performance measure to the service authorization process during the service plan development phase of the Living Choice project. In addition to the saved resources in data collection, it provides the added opportunity to identify proactively any Living Choice participant who has not received the abuse, neglect, and exploitation education.

The Living Choice project is going to utilize a Member Experience Survey to support the data collection for the SP 4.1 performance measure. By using both the performance review results and the responses obtained on the Member Experience Survey, a more comprehensive approach can be achieved to give a more accurate estimate of compliance. Data for the SP 4.1 is currently collected using a combination of monthly reviews, comparison of the service plans, and a review of the progress notes for each participant.

Targeted Performance Requirements

Targeted performance requirements implemented by the Living Choice program are below:

(1) The state conducts level-of-care need determinations consistent with the need for institutionalization:

For the Living Choice demonstration, the level of care for participants has already been established as the participant has met the requirements for nursing facility level of care. Living Choice TCs coordinate with institution staff to obtain adequate documentation to confirm the individual meets institutional level of care. Most commonly, the TC collects the physician's order for admission, a list of diagnoses, and the medication administration record.

(2) Plans of care are responsive to participants' needs:

Living Choice TCs receive the same training as ADvantage waiver case managers regarding the development of person-centered plans of care. Living Choice staff actively review plans of care and provide technical assistance to TCs when required.

(3) Qualified providers serve participants:

The Living Choice program only enrolls current providers of the ADvantage waiver that are in good standing. See the 'Waiver Assurances and Quality Measures' of this section for more information on ADvantage waiver provider qualifications and assurances.

(4) Health and welfare of participants is protected:

Living Choice TCs receive the same training as ADvantage waiver case managers regarding the assurance of health and welfare of participants. Additionally, Living Choice staff actively review each critical incident reported for participants and work with TCs to develop individual and systematic resolutions. For additional information regarding the incident management system, refer to Section I.2.3 of this Operational Protocol.

(5) The state or territory Medicaid agency retains administrative authority over the program:

OHCA retains administrative authority for the Living Choice program. For additional information as to the administrative organization of the Living Choice program, see Section B of this Operational Protocol.

(6) The state or territory provides financial accountability of the program:

State financial oversight exists to ensure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved program. OHCA provides for financial accountability of the program through the submission of annual budgets that are approved by CMS. OHCA reviews and reconciles claims processed through the MMIS system no less than annually. For additional information on Billing and Reimbursement procedures, see Section B of this Operational Protocol.

System Improvements

Oklahoma's Living Choice program seeks to transform the current long term care system by HCBS instead of institutional services. Following the Olmstead decision from the United States Supreme Court, members of

the Oklahoma Legislature created the Olmstead Strategic Planning Committee to ensure that state agencies in Oklahoma used an “even-hand” to provide services to individuals who choose to live in the community. The recommendations of Oklahoma’s Olmstead Strategic Planning Committee influence the Oklahoma Living Choice program by providing the opportunity for statewide collaboration on long-term community-based care issues. To fulfill the mission of the Living Choice program, staff from OHCA along with Oklahoma’s key stakeholders plus case management agencies, home health agencies, durable medical equipment providers, assisted living centers, and other service agencies will accomplish the following goals as outlined in the Deficit Reduction Act of 2005.

The first goal of Oklahoma’s Living Choice Program is to increase the use of HCBS rather than institutional services. This involves facilitating the transition of people with disabilities from nursing facilities, marketing the project to relevant organizations, educating individuals on its benefits, and developing individualized transition plans.

The second goal is to eliminate barriers that restrict the flexible use of Medicaid funds, enabling individuals to receive necessary long-term services in their preferred settings. This includes strengthening housing efforts by collaborating with various entities to identify affordable and accessible housing options, conducting home visits to ensure safety, and funding demonstration services to support community living. The project also aims to expand self-direction options and ensure consistent long-term care services across different residential placements.

The third goal of Oklahoma’s Living Choice Program is to enhance the SoonerCare program’s ability to provide home and community-based long-term care services for individuals transitioning from institutions. This involves requesting additional state funds, developing political support, expanding the community-based residential services workforce, and collaborating with partners to identify and educate individuals at risk of institutionalization.

The fourth goal is to ensure quality assurance and continuous improvement for Medicaid home and community-based long-term care services. This includes expanding existing quality assurance efforts, providing peer mentoring, ensuring individuals’ rights to be free from abuse, neglect, and exploitation, and involving stakeholders in the continuous quality improvement process.

The fifth goal focuses on guaranteeing the safety of Living Choice participants, regardless of their location. This involves building upon existing risk assessment and mitigation policies, collaborating with the Oklahoma Department of Emergency Management to develop effective emergency plans, and ensuring these plans are implemented at state, county, and city levels.

The sixth goal aims to educate transition coordinators on employment pathways for participants transitioning from nursing facilities to the community. This includes providing options for work, returning to work, or volunteering, and collaborating with relevant agencies to support participants in understanding employment opportunities and their impact on income.

System Design Changes

Design changes within the Quality Management Strategies Committee (QMSC) are made through a structured process that involves tracking and evaluating performance measures and key quality indicators. These changes can stem from trends in performance measures, remediation details, recurring root causes of failures, or other quality indicators such as issues prompting fair hearings.

For each system improvement project or design change, the QMSC forms a subcommittee to oversee the implementation and measure outcomes. This subcommittee works with administrative program staff to

define performance measures, determine data sources, and establish data collection methods. They also set a timeframe for when meaningful changes in quality can be expected.

The subcommittee presents a summary of the improvement in design changes, tracking measures, and data collection procedures for the QMSC during quarterly meetings. The QMSC then evaluates the progress and trends, determining if the improvement is achieving its objectives or if adjustments are needed. If the effort is successful, it is re-evaluated after a longer period to confirm its impact. If not, a different approach is considered, and the cycle repeats.

The QMSC reports on these projects and outcomes during regular meetings and includes them in the LTCQIC/LCAC Meeting, which is shared with stakeholders and posted online for public access. This ensures transparency and continuous improvement in the quality of services provided.