TEXAS
Health and Human Services

Texas Department of State Health Services

2019 Texas Ryan White HIV/AID's Part-B and State Services (SS) Quality Assurance Monitoring Program

Response Plan & Process for Deficiency

Overview

TEXAS Health and Human Services

Texas Department of State Health Services

- 2019 Response Plan for Deficiency Findings in Quality Assurance (QA) Services and Program Monitoring
- Reasons for Change
- Changes
- Delineating Quality Assurance from Quality Improvement
- Process and Timeline for Response
- Integrating Technology
- Using Data for Selecting Priority Indicators
- DSHS Corrective Action Plan Tools (CAP/PAC)
- Performance Improvement Plan's (PIP's)

Reasons for Change

TEXAS Health and Human Services

Texas Department of State Health Services

- Structure
  - Delineating QA and QI
  - Data Driven Decision Making
- Standardize
  - QA ⟹ Corrective Action Plan's (CAP's)
  - QI ⟹ Plan, Do, Study, Act (PDSA's)
- Streamline
  - Prioritize
  - Reduce Burden
- Support
  - Increase Guidance
  - Improve Communication

Changes for 2019

TEXAS Health and Human Services

Texas Department of State Health Services

Monitoring Tool Updates:

- Universal and Eligibility Standards Separated into Individual Sections *(No Changes to Service Standards)*
- Streamlined Outpatient Ambulatory Health Service (OAHS) Indicators Selected for Monitoring *(No Changes to Service Standards)*
- Demographic Data Section Added

Corrective Action Plan (CAP) Requirement Updates:

- CAP Requirements for Priority Services and Indicators
  (*Universal-Eligibility-Medical Case Management-Outpatient Ambulatory Health Services*)
- Data Informed Prioritization Process Using 2018 Results
- Performance Improvement Plan (PIP)'s

Delineating QA from QI

TEXAS Health and Human Services

Texas Department of State Health Services

Quality Assurance

Quality Assurance Process with Defined Policies and Procedures

- QA Monitoring Calendar
- QA Deficiency Response Plan
- Using Data for Compliance Dashboard & Prioritization Efforts
- Process for QA Reporting to Stakeholders

Readiness Rounds

- Be Prepared for a Site Visits at Anytime (However DSHS Provides Ample Notice for Program Monitoring)
- Perform Monthly or Quarterly Readiness Rounds to Ensure Staff Knows Process
- Where Are the Policies and Procedures Kept
- Are Files & Records Accessible on Demand within a Reasonable Time-Frame

Monitoring Site Visits for Compliance to RWHAP Part-B & SS Program

- Policies, Procedures
- State Law
- Service Standards
- HHS HIV Clinical Guidelines (OAHS)

Follow up on Deficiency Response as Applicable

- Corrective Action Plan(s)
- Develop and Implement in a Timely Manner with Urgency
- Validate Corrective Actions are Effective through Chart Reviews
- Self-Monitor to Ensure Sustained Compliance

Delineating QA from QI

TEXAS Health and Human Services

Texas Department of State Health Services

Quality Improvement

Process for Project Planning for Setting and Achieving Goals

- QM Plans – PDSA's
- Regional & Agency QM Committees
- Quarterly QM Meetings

Collaborating

- Working with Interdisciplinary Teams to Share Best Practices
- Workgroups to Plan Improvement Projects
- Working with other Community Partners to Maximize Resources

Capacity Building & System Changes

- Working with Management to Build Capacity and Make Systemic Changes for Improvement (EMR)'s,- (Agency Culture Assessments) – (Adding or Changing Hours) – (Hierarchy Changes) – (Engaging Community) – (Supporting Ending The Epidemic in Texas Plan)
- Customer Service Initiatives
- Education & Training Related to Care & Services Provided

Using Data for Improving Outcomes

- Regional Needs Assessments for Project Planning
- Project Performance Monitoring Dashboards
- Sharing Data with Stakeholders

CAP Process & 180 Day Timeline

TEXAS Health and Human Services

Texas Department of State Health Services

- Process & Timeline
  - Monitoring Occurs, Exit Conference is Day 0 of 180 Day Timeline
  - AA Receives Results Report within 30 Days of Exit Conference
  - Subrecipient Receives Results Report within 45 Days of Exit Conference
- Notification of CAP Requirements
  - Monitoring Results Report will Outline Any/All CAP's Required for Deficiencies Identified on Monitoring for Subrecipient and AA
  - 3 Zoom CAP Check-in Meetings Scheduled at Day 60 – 90- 180
  - Questions/Concerns will Be Addressed on CAP Check-in#1 on Day 60 Post Exit Conference if Needed
- Approval, Implementation and Close-out of CAP
  - Zoom Check-in #2 for Approval and Implementation
  - Zoom Check-in #3 for Final Guidance and Close-out
  - Standardizing the Timeline with DSHS Fiscal Monitoring and CMS Applying 180 Day or 6 Month Timelines for Closing CAPs

CAP Process and Timeline Continued

- Virtual Zoom Meetings to Integrate Technology into CAP Process
  - Improve Communication & Efficiency
- Zoom Check In #1 at 60 Days:
  - Clarify CAP's Required for Sub as Applicable
  - Check Status
  - Q & A
- Zoom Check In #2 at 90 Days:
  - Implementation & Approval (5 day turnaround on CAP's Requiring Re-work for Approval)
  - Q & A
  - Guidance
- Zoom Check In #3 at 180 Days:
  - Submission of 5 Chart Checks for Validation of Correction
  - Indicators Related to Policy and Procedures Do Not Require Chart Checks
  - DSHS Close-Out
  - Guidance for Spot Check or Continued Self Monitoring
- Zoom Check In Required Participants:
  - DSHS RN Assigned to Region
  - At Least One Quality Leader from Regional AA Staff (no limit to number of staff on zoom)
  - At Least One Quality Leader from Subrecipient Staff (no limit to number of staff on zoom)

TEXAS
Health and Human Services
Texas Department of State Health Services

	Day 0 Timeline Starts On Date of Exit Conference	60 Days Post-Monitoring CAP Check-in #1 Progress of CAP	90 Days Post-Monitoring CAP Check-in #2 Implement CAP	180 Days Post-Monitoring CAP Check-in #3 Close-out of CAP
DSHS	• Schedule CAP Check-in #1 • Provide Review of New Process • Q & A	• Co-Lead Check-in #1 • Progress Check • Verify CAP Indicator Requirements if Applicable • Provide Guidance • Q & A • Schedule Check-in #2 if any CAPS are Required	• Co-Lead CAP Check-in #2 • Approve/Reject CAP • Provide Guidance • Q & A • Schedule Check-in #3	• Co-Lead CAP Check-in #3 • Check Chart Reviews • Provide Observations on Outcomes • Provide Guidance for Unmet Goals • Q & A • Close-out CAP
AA	• Save the Date for CAP Check-in #1 • Q & A	• Co-Lead Check-in #1 • Ensure Receipt by Sub of Report • Progress Check • Provide Guidance • Q & A • Save the Date for Check-in #2	• Co-Lead CAP Check-in #2 • Approve/Reject CAP • Provide Guidance • Q & A • Save the Date for Check-in #3	• Co-Lead Check-in #3 • Check Chart Reviews • Provide Observations on Outcomes • Provide Guidance • Q & A • Close-out CAP • Encourage Continued Self-Monitoring
Sub	• Save the Date for CAP Check-in #1 • Q & A	• Attend Check-in #1 • Update on Progress of CAP(s) • Indicators Selected or Required • Q & A • Begin Developing Plan • Plan to Submit for Approval & Implementation in Next 30 days • Plan for 5 Chart Record Reviews	• Attend Check-in #2 • Submit CAP(s) • Implement if Approved • Revise if Rejected • 5 Days for Re-Submit • Begin Review of 5 Records to Validate Correction is Effective • Save the Date for CAP Check-in#3	• Attend Check-in #3 • Submit Completed CAP/PAC • Follow Guidance for Unmet Goals • Q & A • Close-out CAP with DSHS • Continue to Spot Check to Ensure Sustained Compliance to Standard

2019 Corrective Action Plan (CAP) Requirements

TEXAS Health and Human Services

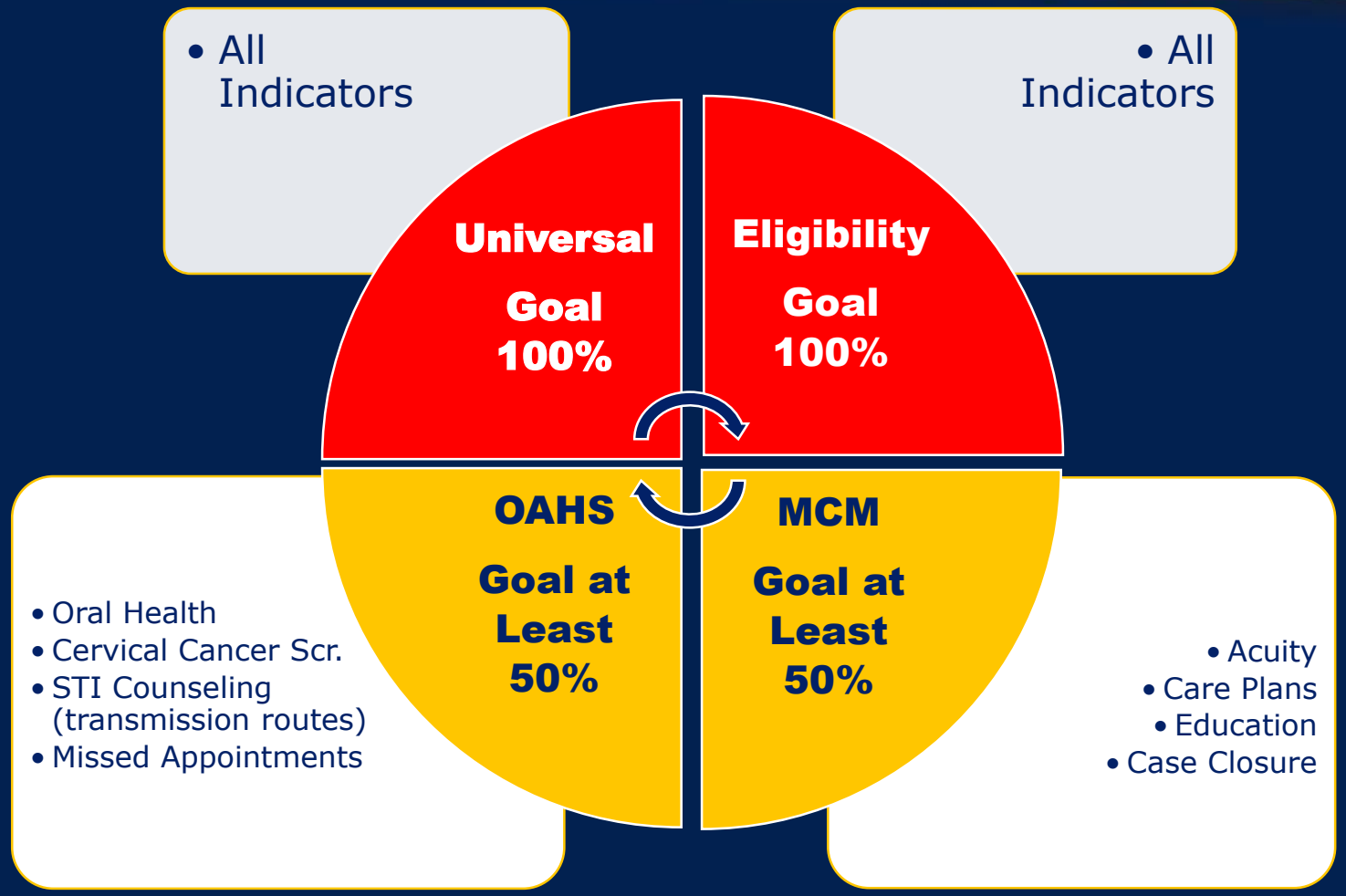
Texas Department of State Health Services

Service Category	CAP Requirement
Universal Standards	1 CAP for Each Section Addressing all Indicators <100%
Eligibility	1 CAP Addressing all Indicators <100%
OAHS & MCM	1 CAP for Each Service Addressing All **Priority Indicators** <50%
All other Service Categories	0 CAP Requirement for 2019

2019 Priority Service Standard Indicators & Goals

TEXAS Health and Human Services

Texas Department of State Health Services



Methodology for Prioritizing Service Categories

TEXAS Health and Human Services

Texas Department of State Health Services

- DSHS Strives to Prioritize Indicators from our Service Standards that Impact Care and Services to the Greatest Number of People Living with HIV in Texas
- Universal and Eligibility Standards are **Top Priority** and Must be Met at 100% to Ensure Compliance and Protect Grant Funding
- OAHS and MCM are 2 Core Medical Services with High Utilization in Texas with **High Alert** Deficiencies from 2018 that Must be Corrected ASAP

Methodology for Selecting Priority Indicators

TEXAS Health and Human Services

Texas Department of State Health Services

- DSHS Prioritized MCM & OAHS Using 2018 Aggregate Monitoring Results from All Regions
- Indicators with Results of <50% Compliance in 2018 Were Prioritized for 2019
- Compliance Results at <50% are Unacceptable and Must be Corrected ASAP

Medical Case Management (MCM) CAP Requirements

TEXAS Health and Human Services

Texas Department of State Health Services

CAP Required in 4 Priority Areas for 8 Indicators <50%

1. Acuity

1a: Acuity Review for Appropriateness Each 3 Months – Indicator #11 – 2018 Result: 14%

1b: There is Documentation of Decreased Acuity During the Measurement Year – Indicator #12 - 2018 Result: 29%

2. Care Plans

2a: Developed & Complete - Indicator #14 - 2018 Result: 45%

2b: Care Plan Update – Indicator #15 - 2018 Result: 38%

2c: Care Plan Case Notes Match Stated Needs - #16 - 2018 Result: 48%

3. Education

3a: Medication-Treatment Adherence-HIV Disease Process-Risk Reduction-Nutrition-Oral Health – Indicator #8 - 2018 Result: 29%

4. Case Closure

4a. Documented Reasons – Indicator #30 - 2018 Result: 39%

4b. Documentation of Process to Re-establish MCM – Indicator #31 - 2018 Result: 40%

Outpatient Ambulatory Health Services (OAHS) CAP Requirements

TEXAS Health and Human Services

Texas Department of State Health Services

CAP Required in 4 Priority Areas for 6 Indicators <50%

1. Oral Health Exam

1a: New to Care Client – Indicator #3 – 2018 Result: 13%

1b: Ongoing Care Clients – Indicator #28 – 2018 Result: 22%

2. Cervical Cancer Screening

2a: New Clients – Indicator #19 – 2018 Result: 27%

2b: Existing Clients – Indicator #46 – 2018 Result: 33%

3. STI Risk Counseling

3a: STI Risk Counseling Performed to Include All Routes of Transmission During the Measurement Year – Indicator #63 2018 Result: 34%

4. Missed Appointments

4a: Specific Barriers and Efforts to Address Missed Appts. Indicator #74 – 2018 Result: 38%

All Other Service Categories

TEXAS Health and Human Services

Texas Department of State Health Services

- No CAP Requirements for the 2019 Quality Assurance Monitoring Program
- Please Prioritize Your Time and Efforts to Meet Compliance in Following Areas:

- **Universal Standards**
- **Eligibility**
- **OAHS (if funded for this service)**
- **MCM (if funded for this service)**

DSHS Deficiency Response Tools-CAP/PAC

TEXAS
Health and Human Services
Texas Department of State Health Services

Your CAP Requirements	Email Attachment: DSHS Quality Assurance Program Monitoring Results Report for 2019
DSHS Ryan White Program Policies and Procedures	https://www.dshs.texas.gov/hivstd/policy/?terms=policies%20and%20procedure
Health & Human Services Clinical HIV/AIDS Guidelines	https://aidsinfo.nih.gov/guidelines
HRSA/HAB Clinical Care & Quality Management	https://hab.hrsa.gov/clinical-quality-management
DSHS RWHAP Part-B CAP Template DSHS RWHAP Part-B Service Standards for Each Service Category	https://www.dshs.texas.gov/hivstd/taxonomy/#section1

Sample CAP (Additional Indicators to be Added to Same CAP Form if From Same Service Category)

1. FINDINGS Indicate outcome indicator standard and finding(s) OAHS – Oral Health 2018 Result: 29%	2. CORRECTIVE ACTION Describe change in policy, procedure, or process to correct the issue.	3. NAME & TITLE OF PERSON(S) Accountable for change implementation and follow-up	4. DATE IMPLEMENTED	5. SUBRECIPIENT/ AA COMMENTS	6. DSHS COMMENTS	7. APPROVED/ NOT APPROVED BY DSHS
Standard/ Indicator OAHS #28: Oral health exam by dentist x 1 during the measure year for existing clients	1. Nursing staff to assess last dental visit and document in record 2. If > 6 months: Offer Referral 3. If Referral Declined: Document 4. If Referral Accepted: Process, Document and Track 5. Request Dental Plan to add to Medical Chart	• Nursing Staff, Referral Staff and Provider Staff • 5 Chart Checks for compliance to process changes to be completed by QA Leader after process implementation • Create dashboard to monitor results and share data with staff • Sample spot checks on a weekly basis to check sustainability	• 3/1/2019	• Guidance, questions or other feedback	• Guidance, questions or other feedback • Exit on 1/01/2019 • Zoom Check-in #1 Completed 3/01/2019, subrecipient's on track no issues noted. • Zoom Check-in#2 Completed on 4/1/2019 and approved for implementation • Zoom Check-in#3 scheduled for: 6/1/2019	• Approved by Julie Saber, RN, DSHS on 4/01/2019

Performance Improvement Plan's (PIP)'s

- What is a PIP
  - Performance Improvement Plan's (PIP)'s
  - Risk Assessment Performed on Agency
  - Risk Assessment Tool's (RAT)'s
  - For AA's & Subrecipient's with High Rates of Deficiency
  - For AA's & Subrecipient's with Repeat Deficiencies
  - For AA's & Subrecipient's with Poor Response to CAP Process

- The Purpose of a PIP
  - Increased Technical Assistance from AA and DSHS
  - Increased Guidance to Help Subrecipient Meet Compliance
  - Accelerated Monitoring to Ensure Deficiencies are Corrected and Sustained
- PIP Notification
  - AA and Subrecipient will be Notified in Monitoring Result Report if Placed on a PIP with Further Instructions
- Collaboration in Development of the Performance Improvement Plan's
  - Subrecipient Quality Leader
  - AA Quality Leader
  - DSHS Consultants & Nurses

Summary

TEXAS Health and Human Services

Texas Department of State Health Services

- CAP's for QA
- PDSA's for QI
- PIP's for High Rates of Deficiency
- Timeline – Acceptable to Move Up if Sub is Ready to Implement or Close-out Early
- Ask Questions and Communicate Issues
- Use Your Tools - DSHS CAP Template, Service Standard Definitions, The Clinical Guidelines and Other Resources Available
- Compliance to All Service Standards is a Requirement

Contact Information

- **Your Regional AA Quality Leader is Your 1st Point of Contact**
  - Please Include AA Staff on All Communications with DSHS
  - DSHS Staff are **Always** Happy to Hear Feedback **Good or Bad** and **Answer Questions**

Julie Saber, BSN,ACRN, HACP
Quality Coordinator
Department of State Health Services
HIV/STD/TB Prevention & Care Unit
Julie.saber@dshs.texas.gov
Direct phone number: 512-552-9281

Brian Rosemond, BSN, RN
Clinical Nurse Consultant
Department of State Health Services
HIV/STD/TB Prevention & Care Unit
Brian.rosemond@dshs.texas.gov
Direct phone number: 512-571-0079

TEXAS
Health and Human Services

Texas Department of State Health Services

Thank you