

**STATE OF WISCONSIN
CLASSIFICATION SPECIFICATION**

AREA QUALITY SPECIALIST

I. INTRODUCTION

A. Purpose of This Classification Specification

This classification specification is the basic authority under ER 2.04, Wis. Adm. Code, for making classification decisions relative to professional positions located within the Department of Health Services, Division of Long Term Care. This classification specification will not specifically identify every eventuality or combination of duties and responsibilities of positions that currently exist, or those that result from changing program emphasis in the future. Rather, it is designed to serve as a framework for classification decision-making in this occupational area.

Classification decisions must be based on the “best fit” of the duties within the existing classification structure. The “best fit” is determined by the majority (i.e., more than 50%) of the work assigned to and performed by the position when compared to the class concepts and definition of this specification or through other methods of position analysis. Position analysis defines the nature and character of the specialization; representative examples of work performed; allocation patterns of representative positions; job evaluation guide charts, standards or factors; statements of inclusion and exclusion; licensure or certification requirements; and other such information necessary to facilitate the assignment of positions to the appropriate classification.

B. Inclusions

This classification encompasses professional positions located within the Department of Health Services, Division of Long Term Care, Bureau of Long Term Support (BLTS), Office of Family Care Expansion (OFCE) and the Office of Resource Center Development (ORCD). Positions allocated to this classification provide monitoring of Medicaid Home and Community-Based Services Waivers (HCBS), Managed Care Organization (MCO) or Aging and Disability Resource Center (ADRC) quality. Positions in BLTS consult with HCBS Waiver Agencies care management teams about specific care plans and must be very knowledgeable about the service and support requirements of the HCBS Waivers and related operational procedures.

C. Exclusions

Excluded from this classification are the following types of positions:

1. Positions which meet statutory definitions of supervisor and/or management as defined in Wis. Stats. 111.81(19) and (13) as interpreted and administered by the Wisconsin Employment Relations Commission.
2. Positions which are engaged in conducting inspection surveys of long term care providers for a majority of the time and are more appropriately classified as Health Services Specialists.
3. Positions which are involved in the provision of direct services to individuals residing in one of the Centers for the Developmentally Disabled for a majority of the time.

4. Positions which provide direct social work services for a majority of the time and are more appropriately classified as Social Workers.
5. All other positions which are more appropriately identified by other classification specifications.

D. Entrance Into this Classification

Employees enter position in this classification by competition.

II. DEFINITIONS

This classification encompasses professional positions located within the Department of Health Services that ensure shared and complete understanding of the issues, conditions and circumstances that are affecting the performance of Medicaid Home and Community-Based Services (HSBS) Waiver Agencies engaged in HCBS Waiver operations, Managed Care Organizations (MCO) and Aging and Disability Resource Centers (ADRCs). Positions investigate appeals and grievances to facilitate resolutions.

Positions assigned with responsibility for Home and Community-Based Services (HCBS) Waiver Agencies review initial service and support plans, monitor quality through ongoing reviews of individuals participating in the waiver and provide comprehensive reviews of HCBS waiver agency records and audit findings. These positions develop and provide technical assistance to HCBS Waiver Agencies; complete ongoing quality discovery and remediation requirements; monitor and assure adequate community supports and services; support and contribute to rigorous state-level oversight of the HCBS Waiver programs, by collaborating with state-level content experts, and HCBS Waiver Agency staff and managers; develop and present reports on the quality of HCBS Waivers to stakeholders and the Centers for Medicare and Medicaid Services; and on an ongoing basis follow up on all quality and compliance issues identified.

Positions assigned responsibility for Managed Care Organizations (MCO) review and approve the Managed Care Organization's new and updated policies that affect member-care quality and quality-management practices; monitor and understand the nature of member-care quality of service being provided by each MCO, and the circumstances that are supporting or impairing member-care quality. These positions develop and provide technical assistance in member-care quality to Managed Care Organizations; in collaboration with the External Quality Review Organization (EQRO), monitor and understand the adequacy and effectiveness of the MCO's quality-management program; support and contribute to rigorous state-level oversight of the Family Care program, by collaborating with member-care quality specialists assigned to other MCOs, content experts, and Family Care managers; develop and present reports on the quality of MCOs to stakeholders.

Positions in OFCE consult with care management teams about specific care plans and must be very knowledgeable about the MCO provider network and operational procedures. In general, they will participate on an ongoing basis in discovery activities and MCO remediation efforts. They are responsible for following up on all appeals and grievances, as well as monitoring the MCO's internal appeal and grievance process.

Positions assigned responsibility for Aging and Disability Resource Centers (ADRC) consult with ADRCs to assure compliance and quality, provide technical assistance to ensure effective operation, quality service to consumers, and consistency in services provided. They are responsible for providing guidance and interpretation of ADRC program requirements, reviewing and approving local ADRC quality assurance plans, assessing performance and recommending performance improvements. They may respond to consumer complaints and grievances and follow up with recommendations for needed process or program changes.

III. QUALIFICATIONS

The qualifications required for these positions will be determined at the time of recruitment. Such determinations will be made based on an analysis of the goals and worker activities performed and by an identification of the education, training, work or other life experience which would provide reasonable assurance that the knowledge and skills required upon appointment have been acquired.

IV. ADMINISTRATIVE INFORMATION

Area Quality Specialist was created effective January 4, 2009. Area Quality Specialist replaces the Community Integration Specialist classification. This classification was created as a result of changes to the statewide family care programs which substantially changed the duties of the Community Integration Specialist classification and was announced in Bulletin OSER-0232-MRS/SC dated January 4, 2009.

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