Advanced Issues in the Habilitation Supports Waiver

Home and Community Based Waiver Conference
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Charlyss Ray
Belinda Hawks
Yingxu Zhang
Cindy Gilpin

Agenda

- Welcome & Introductions
- Amendment and Renewal to the HSW
- Quality Improvement Strategy (QIS) and Performance Measures (PMs)
- Assessment-Related Issues
- Service-related Issues
- Waiver Support Application (WSA)
- Year-End Activities

Amendment and Renewal to the HSW

HSW and CMS

- Amendment to HSW application to allow for Healthy Michigan benefit retroactive to April 1, 2014.
- Amendment triggered the HSW transition plan for the HCBS requirement.
- 30 day public comment period ended September 25, 2014
- HSW amendment and Transition Plan submitted to CMS September 30, 2014.
- CMS has until December 30 to approve or provide comment
- Amendment and Transition Plan can be found on the DCH website under the Behavioral Health and DD tab

HSW and CMS continued

- HCBS rule – On January 10, 2014 the Centers for Medicare and Medicaid Services (CMS) released their final rule concerning Medicaid Home and Community-Based Services (HCBS). This rule defined the settings in which states would be permitted to pay for Medicaid HCBS. The intent of the rule was to ensure that participants have full access to the greater community and have the opportunity to receive services in the most integrated setting appropriate. The rule also provided increased protections to participants, control over their work lives and personal resources **to the same degree** as individuals who do not receive HCBS.

Highlights of HSW transition plan

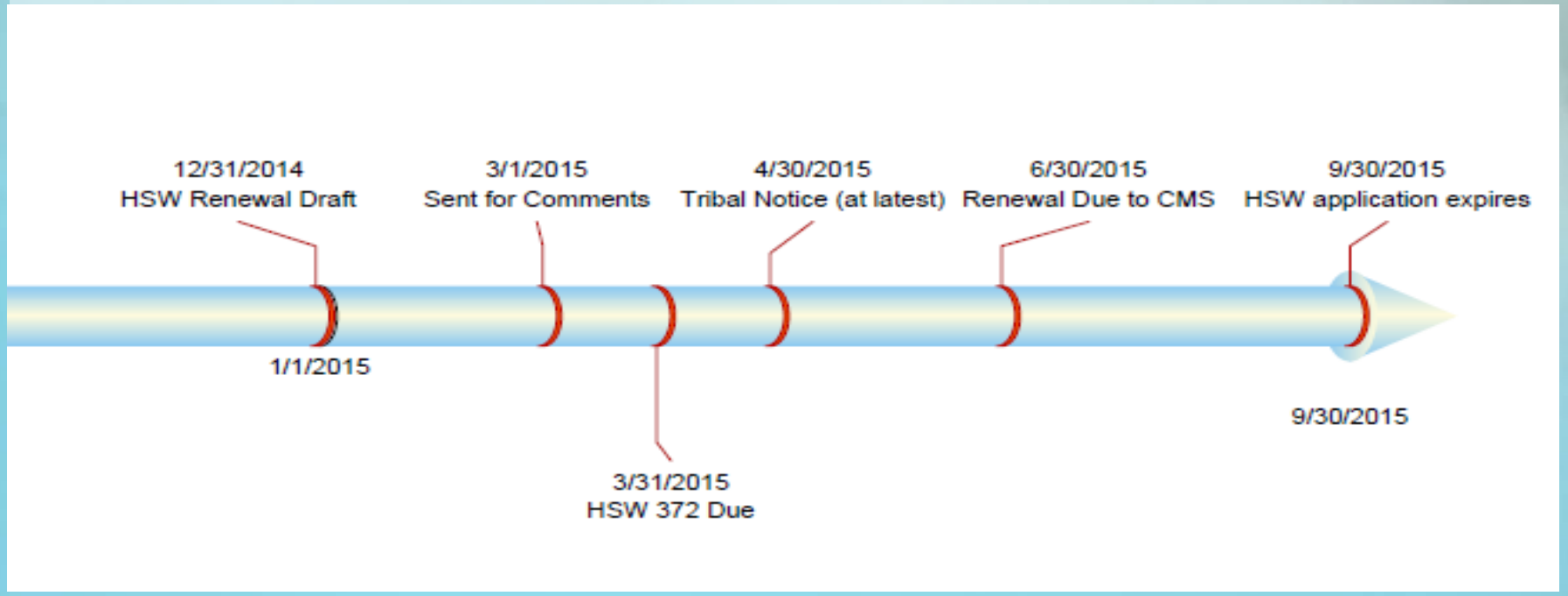
- HSW amendment and transition plan can be found on the MDCH website under the BHDDA tab.
- Obtain active list of residential settings- RLA codes 6, 8, and 16 (Spec.res,General AFC, and private owned/operated by provider)
- Obtain active list of nonresidential service types- HCP codes of H2014, T2015, H2023 (non voc, pre voc, and supported employment)

HSW transition plan

- Settings Assessment tools are being developed for HCBS HSW providers, enrollees, and PIHP's.
- Testing on tools – during conference
- Plan to administer tools – March 2015
- Data will be collected and incorporated in HSW renewal application to CMS – June 2015

HSW and CMS

- HSW renewal time line



HSW and CMS

- Interim Payments change with the 2016 renewal
- State to implement a change in payment methodology to a traditional capitation payment.
- State to implement the change in payment methodology and the addition of a PM related to individuals not receiving HSW services.

HSW and CMS

- IPG response –types of things CMS requires with renewal
  - Changes in Assurances/Subassurances leads to new Performance Measures with a focus on Health and Welfare – fall prevention

  Remediation:
  - Individual level remediation – CMS no longer requires except in cases of abuse/neglect/exploitation. State will still require CAP as a result of site review citations.
  - System level remediation – Performance Improvement Project is required when performance is 85% or below
  - Add a PM for Abuse/Neglect/Exploitation
  - Revise the PM related to prior authorization

Site Reviews

- The site review is the data source for 14 of the 35 PMs in the HSW .The site reviews include:
  - clinical record reviews
  - an administrative review focused on policies, procedures, and initiatives that are not otherwise reviewed by the EQR and that need improvement
  - grievance and appeals tracking
  - sentinel event and critical incident reporting
  - health and welfare
  - consumer interviews
  - visits to consumers' homes and other programs where services are delivered – New HCBS rules

Quality Improvement Strategy (QIS) & Performance Measures

QIS & Performance Measures

- CMS approved the HSW 372 narrative report for FY13, Year Three of the five-year waiver cycle.
- This was the third report using the new Performance Measures and sampling methodology
- Approval by CMS was the culmination of a lot of hard work by PIHP staff, the HSW Coordinators, and the DCH team.

HSW Data by the Numbers

FY12 HSW

- Initial Certification: 400
- Recertification Audit: 389
- Site Review: 8 PIHPs, 203 records

FY13 HSW

- Initial Certification: 394
- Recertification Audit: 370
- Site Review: 8 PIHPs, 124 records

QIS Discovery Phase

- Currently tracking information on Excel worksheets
- We indicate full compliance with a "1" and non-compliance with a "0". It's all or nothing – no "kinda sorta" partial compliance.

	Prior Authorization Process followed for Waiver Home Mods & Equip (not for Medicare & Medicaid)	Credentialing Standards met prior to enrollment of the provider	Credentialing Standards continue to be met after formal enrollment of the provider	Non Licensed providers meet provider qualifications identified in the Medicaid Provider Manual	Providers meet staff training requirements	Service and supports identified in IPOS address individual's needs	Person-centered planning addressed health and safety	Person-centered planning addressed individual's goals, interests and desires	IPOS has been developed in accordance with policies and procedures established by MDCH	The IPOS for individuals enrolled in HSW updated within 365 days of their last IPOS	IPOS is modified in response to changes in the individual's needs	Services and treatment identified in the IPOS are provided as specified in the plan	Individual had an ability to choose among various waiver services (approved HSW services only)	Individual had the ability to choose their providers of HSW services (HSW provider only)
Bene ID	**A4 (A.3.1)**	**C1 (Q.2.1.)**	**C2 (Q.2.2.)**	**C3 (Q.2.3.)**	**C4 (Q2.4.)**	**D1 (P.5.1.)**	**D2 (P.2.6)**	**D3 (P.2.1.)**	**D4 (P.2.7)**	**D5 (P.5.3.)**	**D6 (P.2.4)**	**D7 (P.5.2.)**	**D10 (F2.1.)**	**D11 (F2.2.)**
A	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1
B	N/A	0	1	0	0	1	1	1	1	1	1	1	0	1
C	1	0	1	1	1	1	1	1	1	1	1	0	1	1
D	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1

1=compliance, 0=non-compliance, N/A=Not Applicable

QIS Discovery Phase

- Evidence needed for PMs

  - **Level of Care** – must meet the requirements for ICF/IID LOC for either initial certification or recertification:

    - PIHPs have been completing the review worksheets for re-certifications and new applications as a quality check for accuracy (Pink sheets & Blue sheets).

  - **Freedom of Choice** – Preplanning meeting (or IPOS) should document explanation of
    - Freedom of choice of providers
    - Freedom of choice of waiver services

QIS Discovery Phase

- Evidence needed for PMs
  - **Qualified Providers** – PIHP records must demonstrate credentialing, training, and each provider of waiver services meets the MPM provider qualifications initially and on-going.
  - **Timeliness of Recertification** – must be within 365 days of previous certification date on HSW Database. If timeliness not met due to guardian not signing in timely manner, remediation is how you will change process for future years to prevent late approval.
  - **Timeliness of PCP Meeting** – If record includes *documentation* that meeting was convened after 365 days at request of the person or guardian, that is not considered out-of-compliance.

QIS Discovery Phase

- CMS requires that the State comply with all conditions of the approved waiver.
- Currently, the approved waiver identifies the Site Review process as the method for discovery for nearly ½ of the PMs
- Other Data Sources of the PMs: WSA, Medicaid Fair Hearing Requests, EQR Technical Report, CIRS, initial app & recertification, CHAMPS.
- Any change in the sampling or discovery methodology would require that DCH submit an amendment to CMS and the changes must be approved before implementing any new processes.

372 Findings

D-5: Number and percent of enrolled participants whose IPOS are updated within 365 days of their last plan of service. Numerator: Number of enrolled participants whose IPOS were updated within 365 days of their last plan of service. Denominator: All enrolled participants.	FY2011	FY2012	FY2013
Participants whose IPOS were updated within 365 days of their last plan of service [Numerator]	162 (98.8%)	178 (87.7%)	117 (94.4%)
All enrolled participants [Denominator]	164	203	124

- There was an 11.1% decline in compliance rate in FY2012.
- There is no way to do retroactive remediation on a date-sensitive measure.
- **Remediation:** MDCH implemented a state level monitoring and tickler system through the web-based application on 10/01/2013. The tickler system includes the capability for PIHPs to run reports 60 and 30 days before IPOS are due, as well as flag any IPOS that is overdue.

372 Findings

D-10: Number and percent of enrolled participants who are informed of their right to choose among the various waiver services. Numerator: Number of enrolled participants who are informed of their right to choose among the various waiver services. Denominator: All enrolled participants.	FY2011	FY2012	FY2013
Participants who are informed of their right to choose among the various waiver services [Numerator]	99 (60.4%)	93 (45.8%)	104 (83.9%)
All enrolled participants [Denominator]	164	203	124

- Issue 1: The handbook to the HSW participants described the choice of services in general terms.
- Issue 2: The information provided was in written form. It was difficult to determine if HSW participants really understood their ability to choose among HSW services.
- Issue 3: Documentation was inconsistent in records (not documented in the same way or same place each time) reviewed to readily verify that the information was provided.
- Remediation: After two years of monitoring, all the PIHPs have policies and processes in place to ensure that the supports coordinator provides a verbal explanation to the HSW participant or legal representative about the ability to choose among HSW services and document this on the write-up for the pre-planning meeting or in the IPOS.

372 Findings

D-11: Number and percent of enrolled participants who are informed of their right to choose among the various waiver providers. Numerator: Number of enrolled participants who are informed of their right to choose among the various waiver providers. Denominator: All enrolled participants.	FY2011	FY2012	FY2013
Participants who are informed of their right to choose among the various waiver providers. [Numerator]	120(73.2%)	126 (62.1%)	104 (83.9%)
All enrolled participants [Denominator]	164	203	124

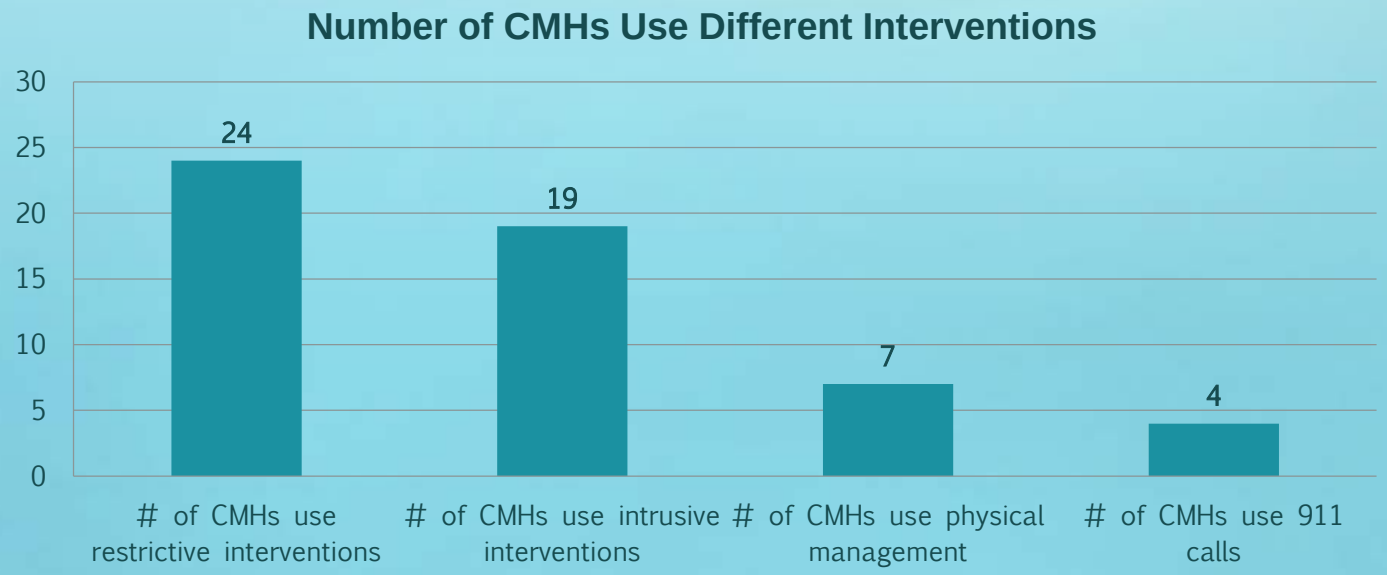
- Issue 1: The handbook to the HSW participants described the choice of providers in general terms.
- Issue 2: The information provided was in written form. It was difficult to determine if HSW participants really understood their ability to choose among HSW providers.
- **Remediation: After two years of monitoring on this performance measure, all the PIHPs have policies and processes in place which requires verbal explanation of choice of providers with documentation at the pre-planning meeting or in IPOS.**

Behavior Treatment Review Committee Tracking

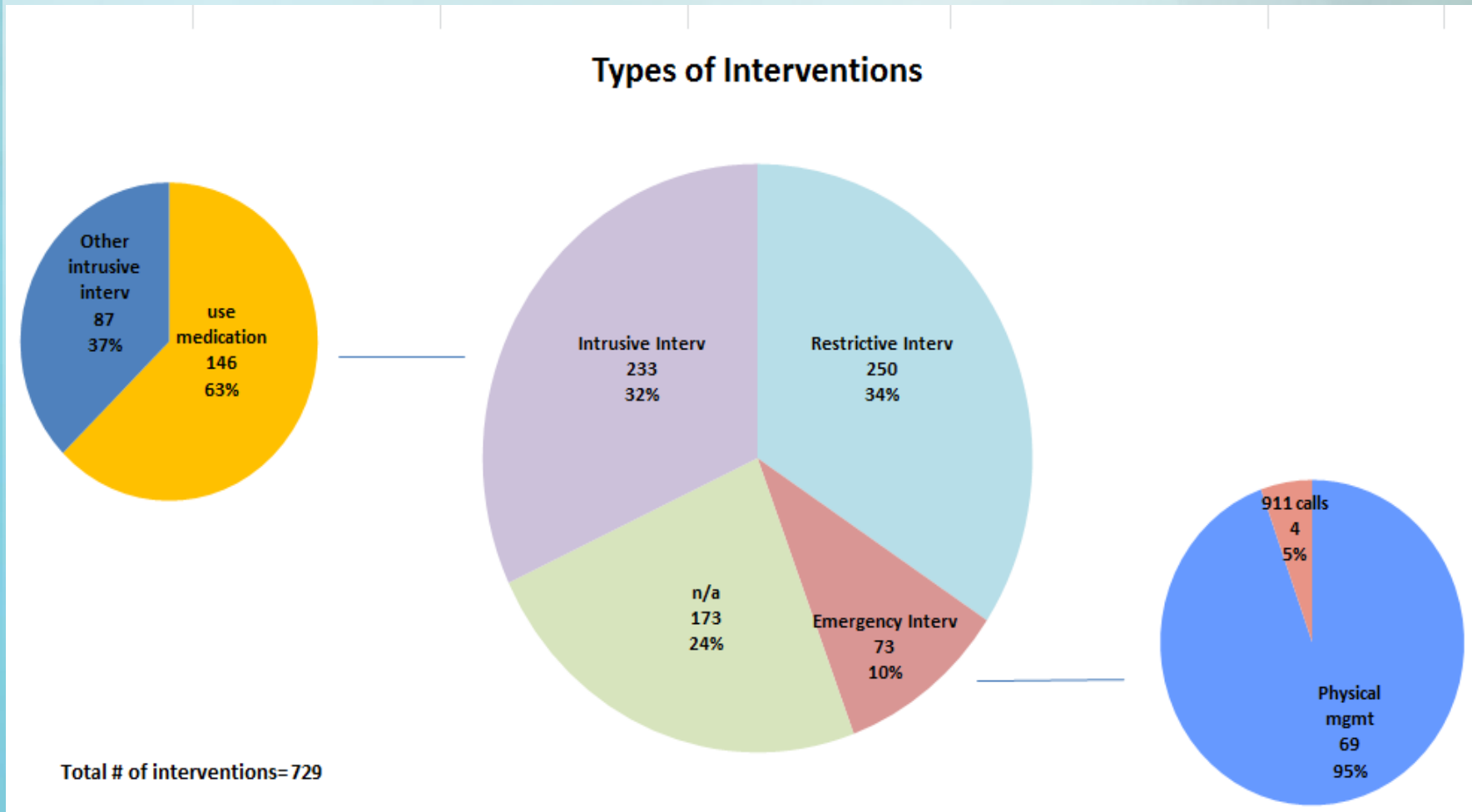
- New process effective April 1, 2014

HSW	CWP	SEDW	Total
472	5	0	477
99.0%	1.0%	0.0%	100.0%

# of people on more than 3 medications	# of people on less than or equal to 3 medications	Total
159	318	477
33.3%	66.7%	100.0%



Behavior Treatment Review Committee Tracking



HSW Mortality Review

HSW Database

- PIHP: enters death information in the HSW Database
- PIHP: moves the person to MDCH queue for disenrollment
- MDCH: approves disenrollment in the HSW database
- MDCH: enters demographic information of deceased on the HSW Death Master List.

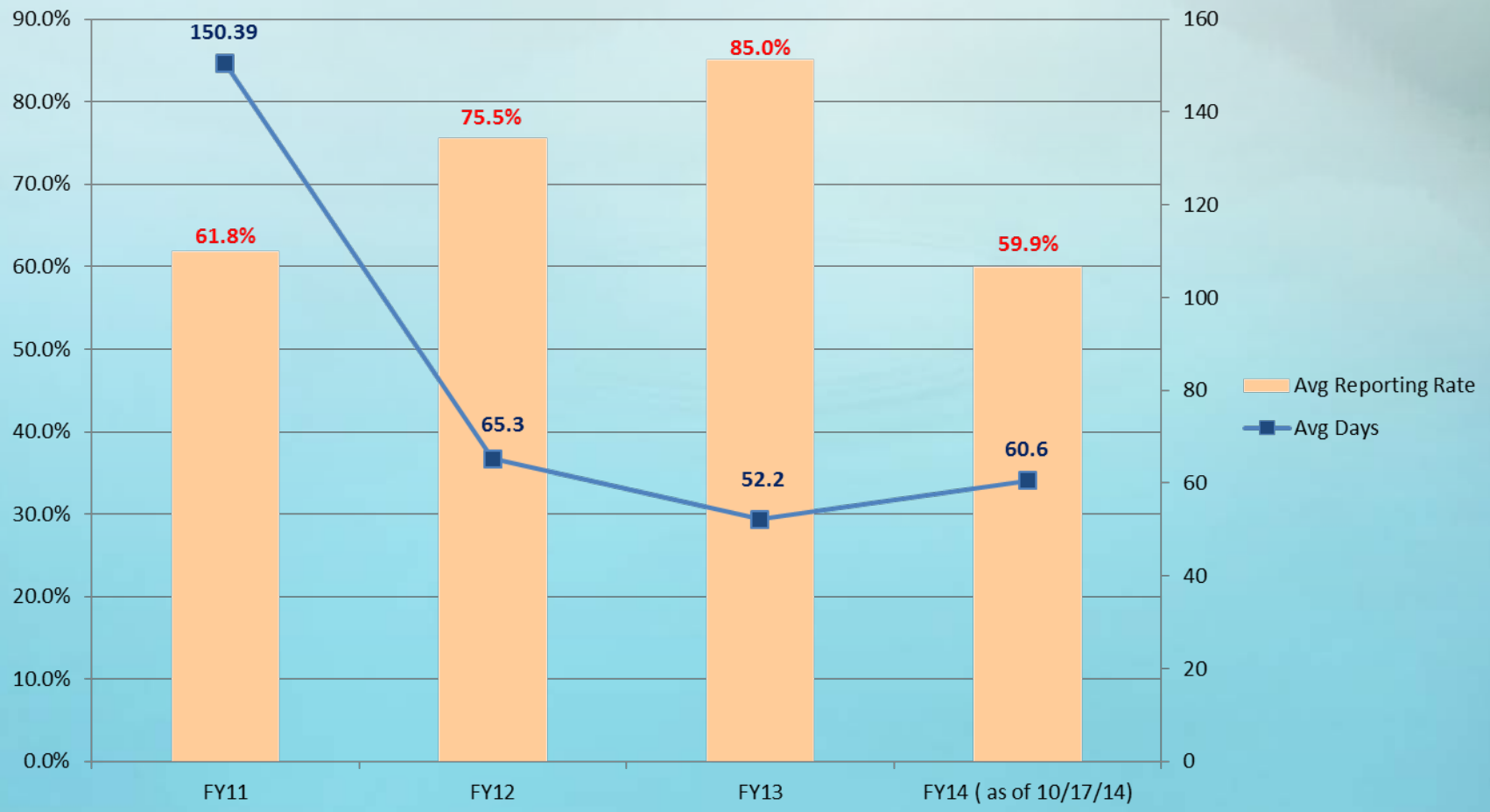
CIRS

- PIHP: enters death information into the CIRS
- MDCH: extracts death data from CIRS by defining event date
- MDCH: uses “Consumer unique ID", "PIHP ID", “CMH ID“ to find the Medicaid ID.
- MDCH: uses Medicaid ID to find HSW enrollees who were reported in CIRS as deceased.

HSW Mortality Review

- FY14 Totals from two different data sources:
  - HSW WSA: 202 deaths that occurred more than 60 days ago [208 Deaths as of 10/14/2014 minus 6 deaths within 60 days]
  - CIRS: 121 Deaths [no duplicates]
  - 202-121= 81 unreported deaths in CIRS as required by contract
- Final unreported deaths in CIRS =81 death
- State average reporting rate: 59.9%
- State average reporting days: 60.6 days (range from 3days to 222 days)

HSW Mortality Review



Fall-Related Injuries

- Fall is a common cause of severe injuries resulting in hospitalization for adults across all age groups.
- MDCH site review team is now offering technical assistance to the PIHPs regarding fall prevention procedures.
- CMS recommended the state adding the requirement to develop and implement a fall prevention program to the PIHP contract.

QIS Remediation Phase

- Most of the PMs require individual-level remediation, including LOC, IPOS, Qualified Providers, and Health & Welfare.
  - Timeframes for remediation must be followed
  - PIHPs did very well on remediating issues in timely manner
  - Site review team is now looking for remediation within 90 days instead of waiting until next year follow-up reviews.
- Injuries due to medication error
  - Type of medication error: wrong dose, wrong medication, wrong time, wrong person, etc.
  - Remediation: staff training is a required remediation if the staff is not terminated.
- Long-term goal is to incorporate all individual-level compliance issues and remediation into the WSA.

QIS Improvement Phase

- Continuous improvement as issues are identified – may be improvement at the individual, local, regional, and/or state level.
- Example of individual & system improvement: Noting that freedom of choice of providers and waiver services is now being incorporated into pre-planning meetings and some PIHPs are documenting this for all recipients of services, not just HSW enrollees.
- Example of new system improvement focus: As we identify areas for improvement, we will modify performance measures, such as a new PM to monitor timeliness of reporting into CIRS for critical incidents.

Modifications to Quality Measures and Reporting

Highlights:

- Emphasize on Health and welfare monitoring and outcomes.
- The reporting on individual remediation to CMS will not be required except in substantiated instances of abuse, neglect or exploitation.
- Quality improvement projects will be required when the threshold of compliance with a measure is below 86%.

Assessment-Related Issues

ICF/IID (formerly called ICF/MR)

- § 483.440(a)(2) Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program.
  - Guideline: The regulations define the target population eligible for the ICF/MR benefit, by defining the services that are required for a facility to provide in order for it to qualify as an ICF/MR and receive Federal Financial Participation (FFP). At the front end, one of the "required services" is training in basic fundamental skills. The type of skills described in W242, by their very nature, target a population who have significant deficits in growth and development.

ICF/IID (formerly called ICF/MR)

- W242 of the CMS Surveyor's Guide for ICF/MR

  https://www.cms.gov/manuals/Downloads/som107ap_j_intermcare.pdf

- § 483.440(c)(6)(iii) Include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.
  - Guidelines: The receipt of training targeted toward amelioration of these most basic skill deficit areas is a critical component of the active treatment program needed by individuals who are eligible for the ICF/MR benefit, and therefore, is a required ICF/MR service.

Service-Related Issues

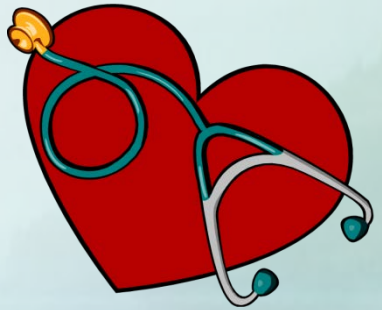
Goods & Services

- Starting to see some utilization
- Ten people used G&S during FY13, up from eight in FY11
- What did folks use G&S for at their PIHPs?
- What are the outstanding issues still posing challenges?

Respite

- 781 people received Medicaid Respite services during FY13, or a little less than 10% of the HSW population
- Proportionally, HSW enrollees use less respite than people using b-3s
- Why is that?
  - Are people using CLS instead of respite?
  - Are people using family friend (GF) respite instead?
- Quality Assurance – this info is just something to watch for, may have very good explanations for differences in utilization of respite

Private Duty Nursing



- CHANGE IN STATE POLICY affects HSW enrollees, effective 10/1/12.
  - Anyone receiving PDN (not limited to State Plan PDN under age 21) is EXEMPT from enrollment in Medicaid Health Plans.

  - Attend MI choice vs HSW and PDN session for specific information.

Private Duty Nursing

- Expedited Process:
  - We must be able to identify, as quickly as possible
    - Any NEW recipient of PDN (state plan under age 21 or HSW over age 21)
    - Any recipient for whom PDN is terminated
- Submission Process:
  - Submit new packets with nursing assessment, IPOS, five days of nursing notes, and a script with reason for needing PDN for a ***new*** PDN recipient to DCH regardless of whether receiving state plan PDN or HSW PDN
  - Submit ***annual*** packets for HSW enrollees getting PDN under age 21 through state plan only. Do not submit annual packets for HSW enrollees getting PDN over age 21 through HSW.
  - Submit a written notification (fax is fine) if someone is being ***terminated*** from PDN and effective date.

HOUSEKEEPING ISSUES

- Please do not send emails with Protected Health Information like name, Medicaid ID, etc. unless it is encrypted. An alternative is to use the WSA case id #.
- If a packet is larger than 20 pages, please send via snail mail unless it is a highest-priority situation.
- Please remember to enter the packet into the WSA before you send it in.
- PIHP to PIHP Transfers – coordinate timing of CEO letters and include name of enrollee and name of CMH.
- Update your certs to say FY15.
- This PPT will be available on the WSA under the training materials tab.

Waiver Support Application (WSA)

WSA/Slot Counter

- Michigan has a specific number of HSW slots approved by the Centers for Medicare and Medicaid Services (CMS) per fiscal year.
  - 7,902 at any given point in time
  - 8,268 cumulative unduplicated count in the fiscal year
- The assignment of slots is managed by DCH. Each PIHP has an annual allocation of active enrollments that cannot be exceeded.
- Priority for filling slots (in no particular order):
  - Children aging off the Children's Waiver
  - People who are determined to be at a high risk of institutional placement
  - People at age 21 and older who need PDN and meet HSW eligibility

WSA/Slot Counter

- The PIHP HSW Coordinator monitors its slot allocations closely to determine when to submit applications to DCH. When someone disenrolls, the vacancy opens on the first day of the following month, whether the person left the HSW on the 1st or last day of the month, they fill that slot for the entire month.
- If someone is waiting for an opening, he or she can receive b-3 services so there should be no delay in services.

Reminders

- Can't be on both MI choice and HSW
- Transfers are initiated by the PIHP HSW coordinators in each region.
- Please write out goals from IPOS on the cover sheet for HSW new (blue)and recertification (pink) applications
- Make sure IPOS is signed by the individual/guardian
- Check eligibility every year and disenroll those individuals who *no longer meet eligibility*
- Check your PIHP's WSA approved users list and notify MDCH immediately if a user is no longer authorized access.
- When making a change on the enrollment tab ie: changing the CMH name due to a move, please add a line rather than overriding the information already in the system.
- PIHP HSW Coordinator needs to update the WSA when a beneficiary transfers from one CMH to another CMH within your region.
- Use the WSA generated Case Number when communicating with MDCH. This number is a random number so you don't need to encrypt the email.
- Withdrawals – please be as descriptive as possible

Year-End Activities

RESIDENTIAL CODES

- Validation process went very smoothly this year
- Please check to make sure the codes we entered are correct and let us know if we need to fix any.
- Please keep QI demographic living arrangement codes up to date even though we do not change them in the WSA until the end of fiscal year.

Questions?

Contact Information

- Belinda Hawks – Federal Compliance Section Manager – HSW, CWP, SEDW, Site Reviews – 517.335.1134 or hawksb@michigan.gov
- Charlyss Ray – DD Specialist, 517-373-3678 or rayc7@michigan.gov
- Yingxu Zhang- Analyst, 517-335-0887 or zhangy1@michigan.gov
- Cindy Gilpin – Database/Admin Support, 517-241-2596 or gilpinc@michigan.gov

Thank you for all you do to keep us moving forward!!!