ODDS Quality Assurance Overview

2019 SC/PA Conference

Medicaid Basics

Social Security Act

Centers for Medicare & Medicaid Services

Medicaid

Recipient

Why?

Federal Regulations

- **Social Security Act**—Title XIX authorized Medicaid program
- **Code of Federal Regulations**—Rules States must follow in order to qualify for federal Medicaid funding

What?

State Medicaid Plan (K Plan)
No enrollment Cap

The State Plan is a binding document describing how the state administers its Medicaid Program

K Plan allows Oregon residents eligible for state Medicaid plan and require institutional level of care to get ADL/IADL supports

Medicaid HCBS Waivers
(Five I/DD Waivers)

Allows the state to provide long-term care in a home or community setting instead of going to a nursing home or Institution.
The waiver(s) describes how Oregon will provide these services.

How do they (CMS) know?

- K plan and waiver performance measures are how we show CMS we are successfully implementing our K plan and waivers.
- It's also how ODDS monitors and measures success

How do <u>we</u> (ODDS) know?

- Through onsite reviews of providers (CMEs, Residential and Vocational providers):
  - Compiles statewide results
  - Assesses Trends
  - Develops action plans for improvement

Prove it!

Annual CMS 372 Report

The annual CMS 372 report summarizes each year's data relating to the State's waiver program. The report identifies positive and negative trends and what measures the State is taking to reverse negative trends.

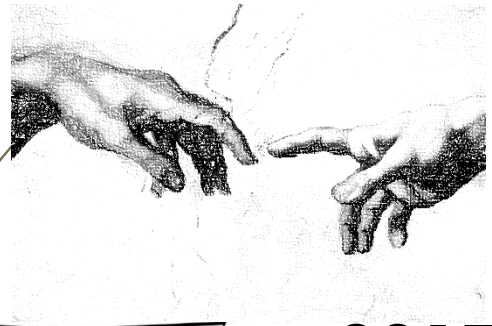
CMS also has the option of doing comprehensive or targeted audits of any of Oregon's I/DD waiver program, as well as K Plan services.
These audits often include a review of ODDS' quality assurance oversight.

Prove it!

ODDS is also subject to any number of internal audits—Secretary of State's office, Oregon Health Authority, etc.

ODDS' Recent CMS Audit History

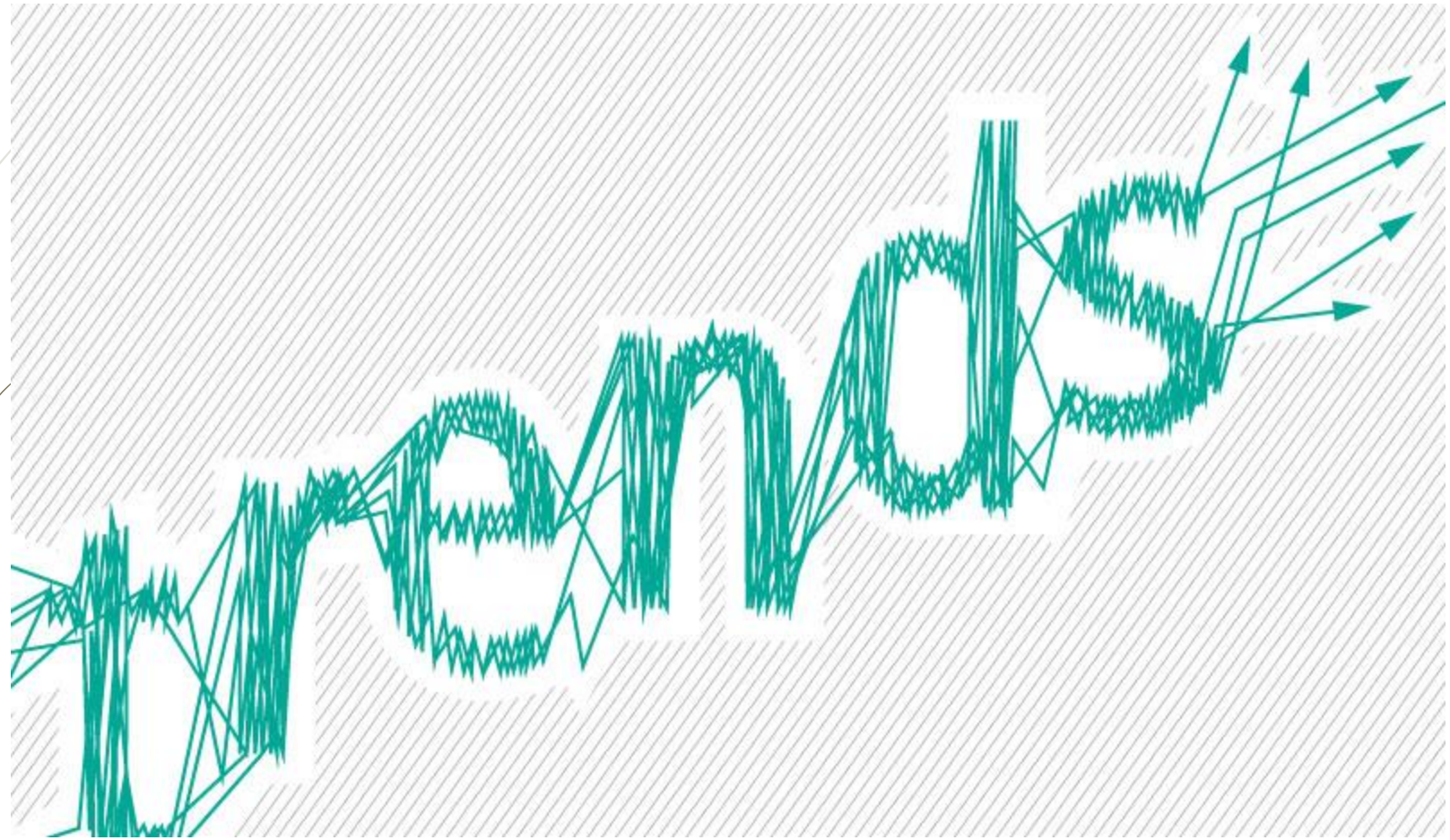
- **2011 CMS ODDS Audit: Failed to be in full compliance with ALL six CMS assurances**



- **2014 – Creation of new statewide QA process and QA unit**

- **2017 CMS ODDS Audit: ODDS in full compliance in 5 of 6 areas.**

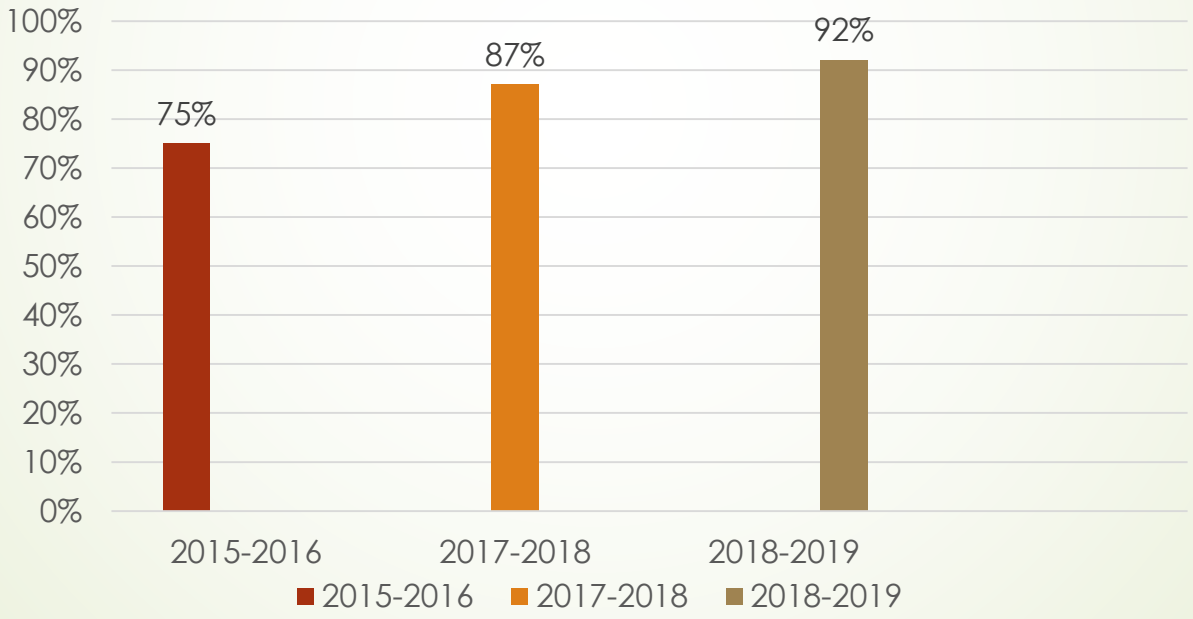
Note: Health and Welfare not in compliance but no additional corrective action since CAM in development


trends

You Got it!

Level of Care:

Documentation LOC was completed as part of a face-to-face contact



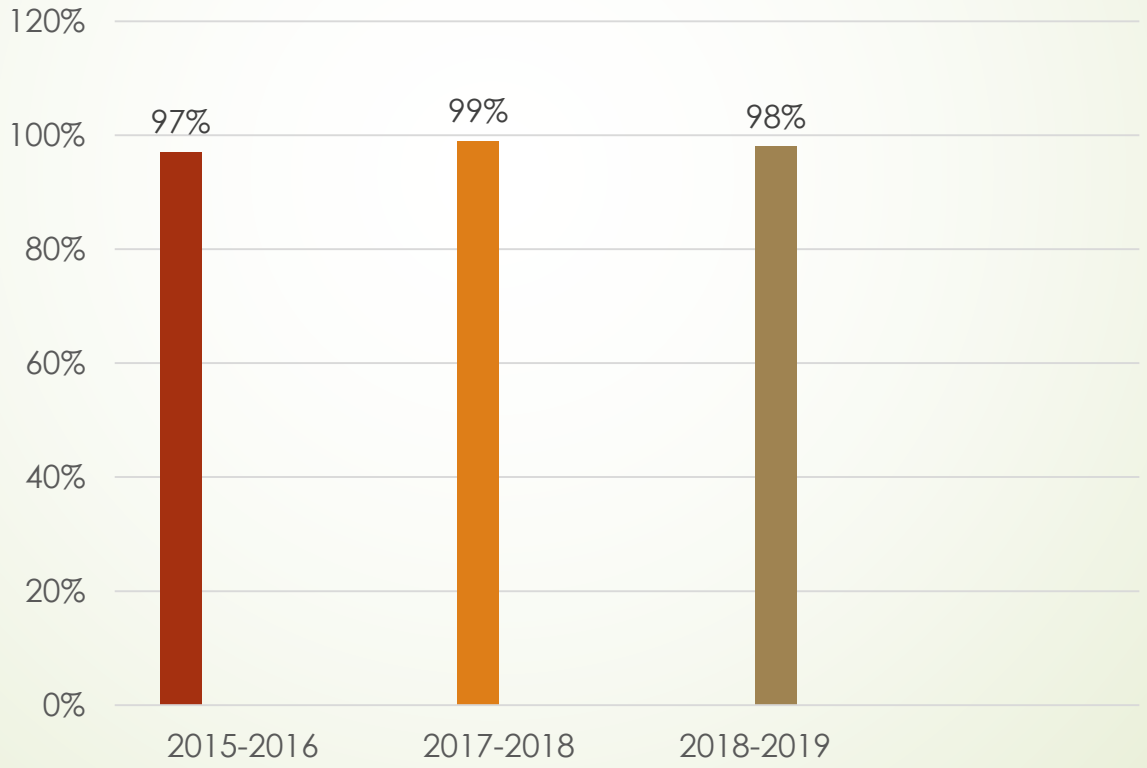
You Got it!

Service Planning: Plan was updated/revised within 12 months

98% Both years!

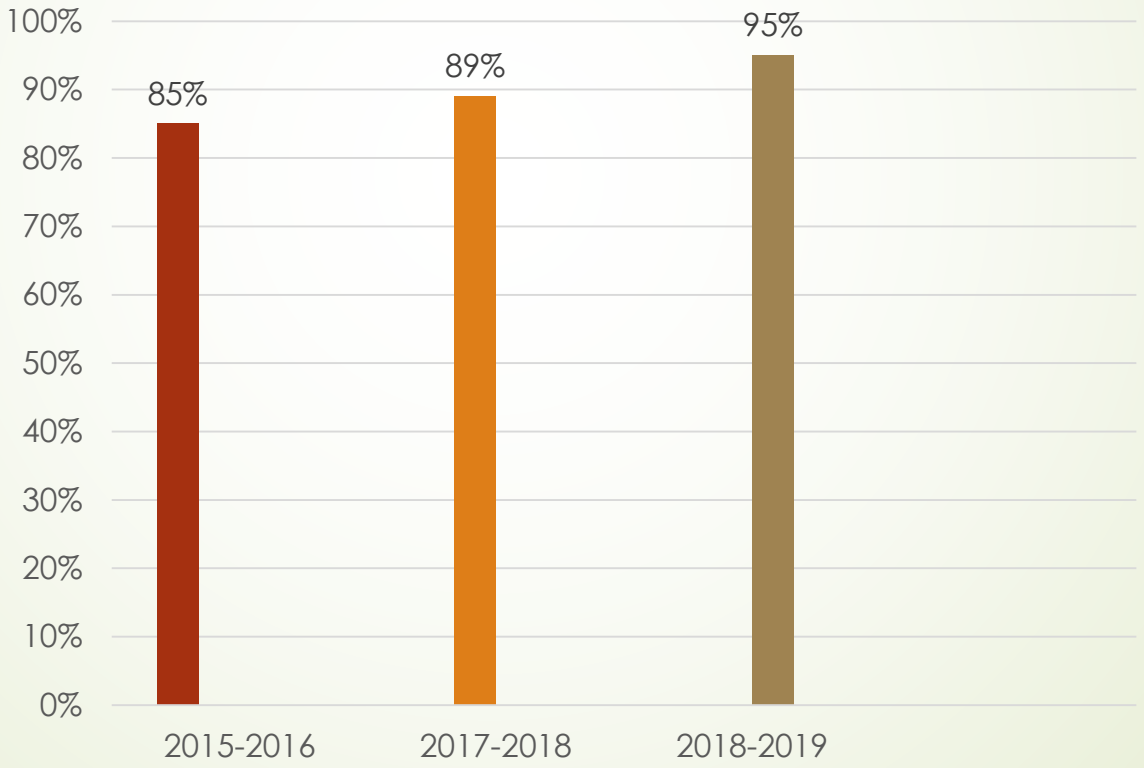
You Got it!

Monitoring: At least one Case Management Contact was face-to-face



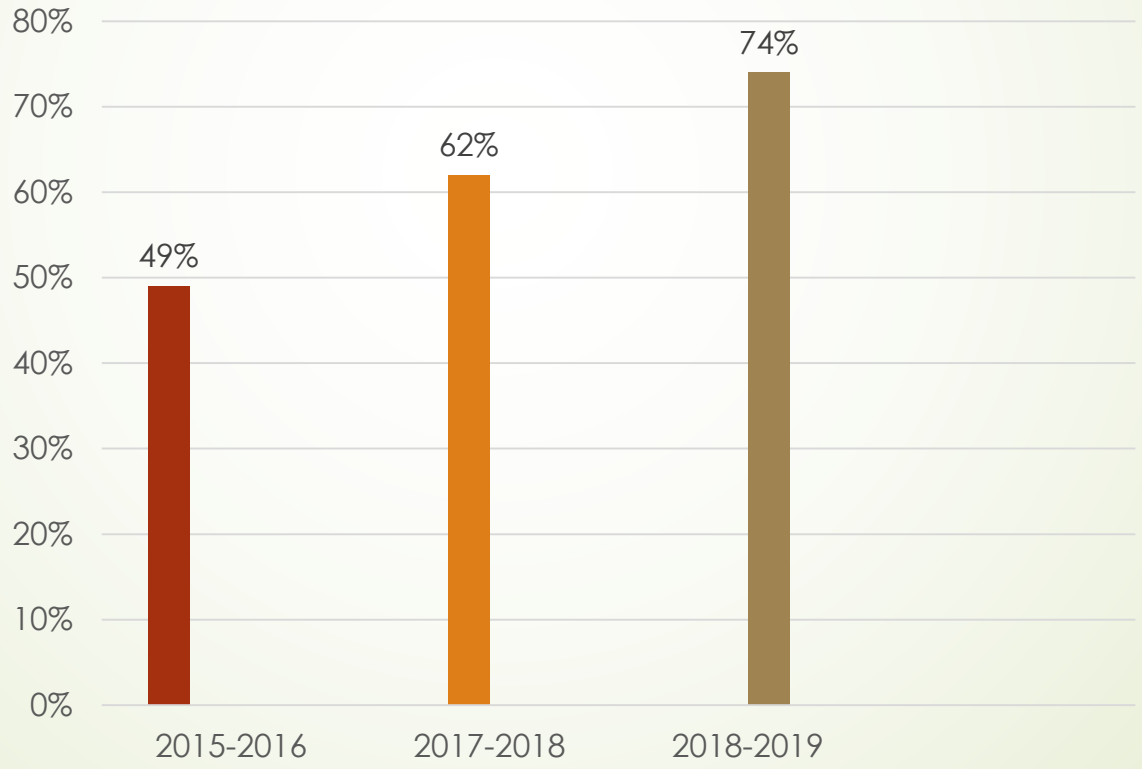
You Got it!

Progress Notes: Meet Qualifying Encounter Criteria



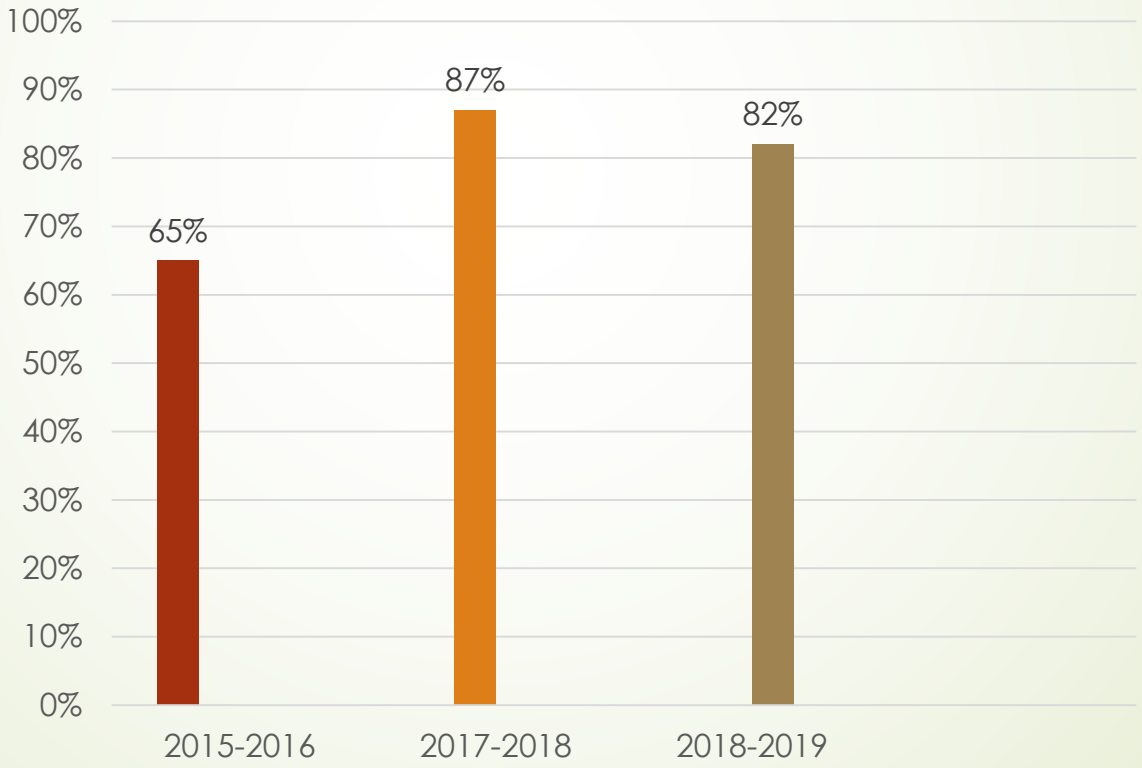
You're Getting there!

Service Planning: Discussion around alternative HCBS



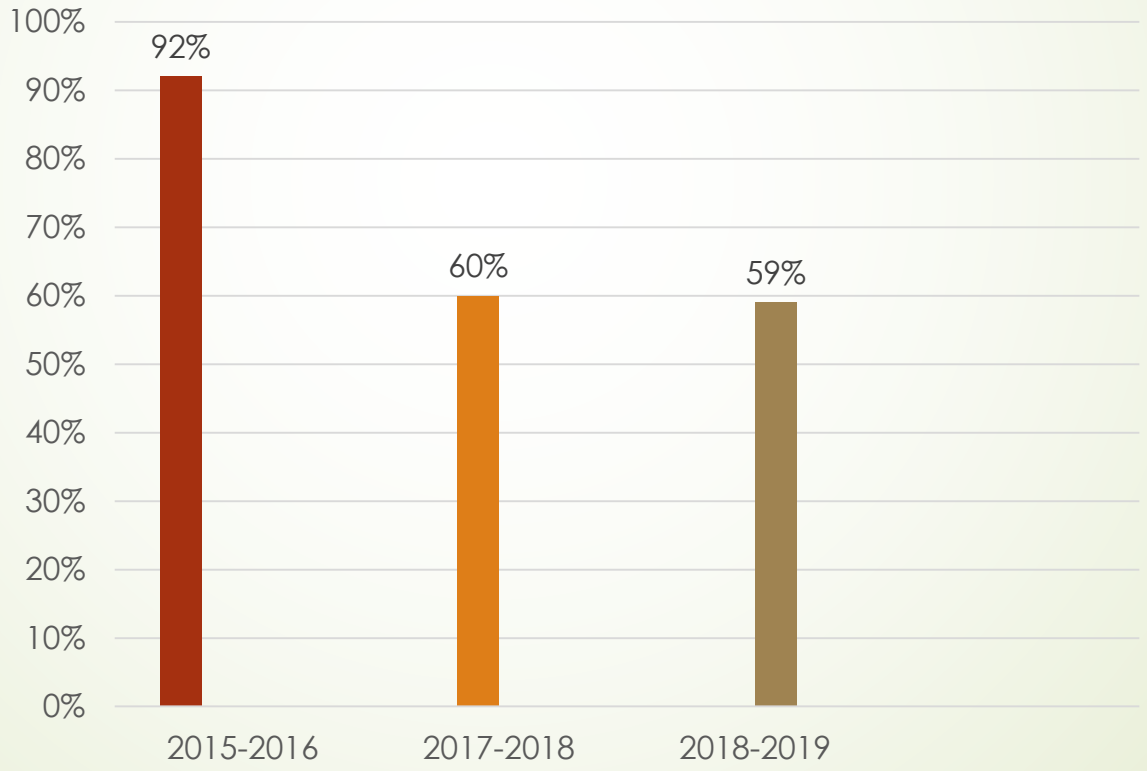
You're Getting there!

Needs Assessments: Completed every 12 months



Work to be Done!

Service Planning: Assessed needs addressed in ISP



Work to be Done!

Service Planning: Assessed needs addressed in ISP

Most Common Issues:

- **Needs are being generalized – e.g., "John needs assistance with all ADL and IADL supports."**
- **Partial list of assessed needs--one or more are not found anywhere in the ISP.**

Work to be Done!

Service Planning: Assessed needs addressed in ISP

Waiver Performance Measure: *"Number and percent of waiver participants whose service plans include services and supports that* ***address all*** *assessed needs."*

Work to be Done!

Service Planning: Assessed needs addressed in ISP

Examples:

Assessed Need: Transportation

Informal supports, community resources and other voluntary services and supports

Describe Supports	Provided by
Support for navigating the community while on the bus. Shawna needs support reading signs and finding her way to and from her destination. She needs support for communicating effectively with the bus driver, waiting safely at the bus stop, finding the proper bus route and knowing when to get on and off the bus.	Stacy (Shawna's friend)

Work to be Done!

Service Planning: Assessed needs addressed in ISP

Examples:

Assessed Need: Transportation

Chosen K plan residential services

Service Setting: Supported Living	Chosen provider: Blue Skies
Authorized dates: 1/1/19 to 12/31/19	
The K plan services already included in residential services (ADL/IADL, Skill Training…):	
Additional K Services included in residential services (Behavior and/or Nursing supports)	
List needs identified by the needs assessment this service will address: • John needs physical support for bathing/hygiene, personal care, meals and mobility, transportation, and accessing the community • He needs support with both expressive and receptive communication (see communication chart and support him to use communication board)	
John's preference on how this service will be delivered: See John's person-centered plan (in the book at her home and in SC file)	

Work to be Done!

Service Planning: Assessed needs addressed in ISP

Question: *"If I use the ONA, which needs must be addressed in the ISP?"*

Answer: See attached QA Review Checklist

Individual: _____

LOC Dates
Initial: _____ (D&E sign date)
Current: _____
Prior Year: _____
FOC (2808) Date: _____

Prime: _____ **NOR Date:** _____

ISP Dates
Current _____ Prior Year: _____

Asmnt Dates
Current _____ Prior Year: _____
Elig. Notice Date: _____ App Date:

SE #: _____ **DHS Initial:** 1 or 2

NOPA? Y N
Date: _____

Monitoring Schedule
Current: Annually / Quarterly / Monthly
Prior Yr: Annually / Quarterly / Monthly

Face-to-Face 1x/Yr Date: _____
In-Home 1x/Yr Date: _____

	Asmnt	ISP		Asmnt	ISP
Transportation			Safety		
Ambulation/Mobility			Fire Evacuation		
Transferring/Positioning			Med Mgt. Supports Oral		
Eating and Drinking			Med Mgt. Supports, Topicals, Inhalants, suppositories		
Meal Preparation			Med Mgt. Supports Inject.		
Bowel and Bladder			Health Mgt.-General		
Toileting			Complex Health Mgt. Supp.		
Laundry and Housekeeping			Nighttime Needs		
Bathing			Community-Integration		
Hygiene			Social Interaction		
Dressing and Hair Care			Beh. Supp-No Formal Plan		
Shopping and $ Mgt			Beh Supp-Plans		
Comm-Exp & Rec.			Beh. Supp-Supervision Home		
Telephone and Alt Comm			Beh. Supp. Exclusive Focus		
			Beh. Supp-Supervision Comm.		
ONA Date:	**Asmnt**	**ISP**		**Asmnt**	**ISP**
2.) Language Exp and Comprehension			12.) Housework		
3.) Dressing			13.) Meal Preparation		
4.) Transferring and Positioning			14.) Laundry		
5.) Mobility			15.) Transportation		
6.) Eating and Tube Feeding			16.) Money Management		
7.) Elimination			17.) Light Shopping		
8.) Showering and Bathing			**IV: Behaviors--(#18-39)**		
9.) Oral Hygiene			**V: Safety-------(#40-42)**		
10.) General Hygiene			**VI: Medical----(#43-47)**		

	RIT	RMP		RIT	RMP
RIT Date:					
Health & Medical			**Financial**		
1.) Aspiration			22.) Potential for financial abuse		
2.) Dehydration			**Mental Health**		
3.) Choking			23.) Mental health		
4.) Constipation			24.) Suicide		
5.) Seizures			25.) Other mental health issue		
6.) Unsafe medication management			**Behavior**		
7.) Complications of diabetes			26.) Physical aggression		
8.) Complications associated with			27.) Self-injury		
9.) Unreported pain or illness			28.) Property destruction		
10.) Lack of access to medical care			29.) Leaving supervised setting		
11.) Injury due to falling			30.) Use of flammable materials		
12.) Other serious heath or medical issues			31.) Substance abuse		
Safety			32.) Illegal behavior		
13.) Water temperature safety			33.) Court-mandated restrictions		
14.) Fire evacuation safety			34.) Ingesting non-edible objects		
15.) Household chemical safety			35.) Non-edible objects in mouth		
16.) Vehicle safety			36.) Refusing medical care		
17.) Court-mandated protection			37.) Extreme food or liquid-seeking behavior		
18.) Significant risk of exploitation			38.) Illegal or high risk sexual behavior		
19.) Enters into contracts			39.) Undesirable sexual behavior		

Employment
CDP: Y N *or* *DNE:* Y N

PCI: Cultural Consideration filled out?
Y N

ISP: Informal Supports filled out?
Y N

Differences section filled out?
Y N

Notes
Age:
Guardian/s:
Designated Rep:
Case Management Prefs Filled?
CMC Gaps?

ODDS QA Unit 05-20-19

Monitoring & Site Visits

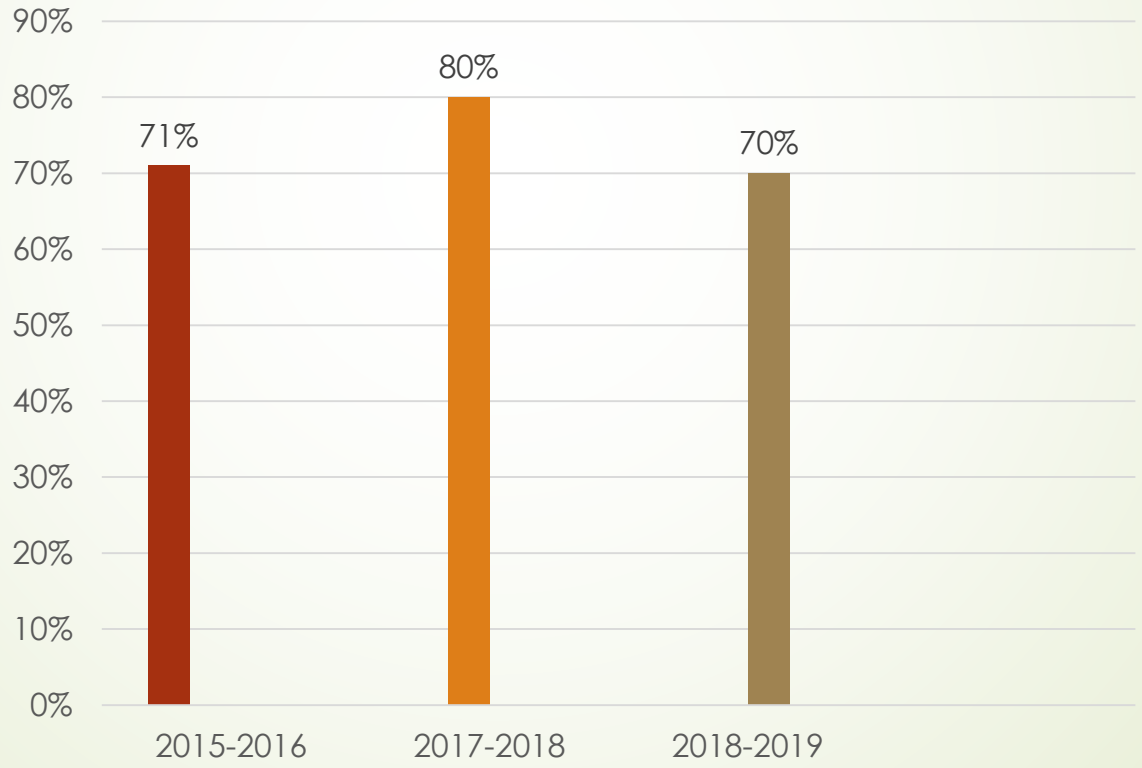
Foster / 24 Hr Group Home
Must be done quarterly.
#1: _____
#2: _____
#3: _____
#4: _____

Employment Path Facility
Must be done semi-annually.
Individual must be present.
#1: _____
#2: _____

Review of Funds
Must be done semi-annually:
SE 50, 51, 158 & 258 only.

Work to be Done!

Service Planning: Identified Risks addressed in RMP



Work to be Done!

Service Planning: Identified Risks addressed in RMP

Most Common Issue:

- **Forgetting to list each identified risk (those marked yes) from the Risk Identification Tool in the Risk Management Plan**

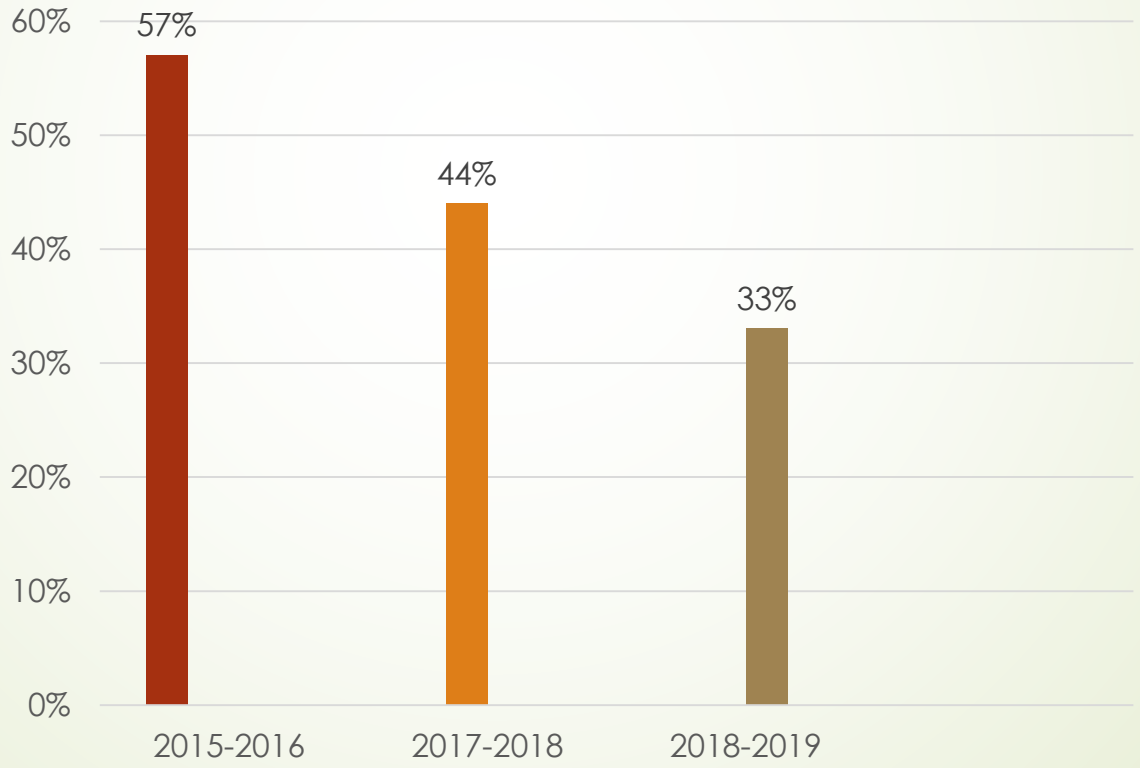
Work to be Done!

Monitoring:

- Case Management Contacts
- Site Visits
- Semi-Annual Financial Reviews
- Facility-Based Employment Path

Work to be Done!

Monitoring: Case Management Contacts



Work to be Done!

Monitoring: Case Management Contacts

Most Common Issues:

- **Contact did not occur within the timeframe identified in the Case Management Chosen Services section of ISP**
- **No CMC was attempted**
- **Contact made with non-designated person (e.g., parent/provider or other paid providers**
- **Unsecured methods (e.g., text messages, some email)**
- **Not documenting enough detail in progress note**

Case Management Contacts For Who?

Required for everyone with an ISP

Slide Courtesy of ODDS Training Team

Case Management **Contacts With Who?**

- Completed with the individual or designated representative who is *NOT a paid provider*

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Case Management Contacts Method of contact?

- At least one must be face-to-face annually
- Others may be by phone or other *interactive, secure methods*

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Case Management Contacts Topics

- Are health & safety risks addressed?
- Have support needs changed?
- Satisfied with current supports?

(Cover each topic during plan year.)

Slide Courtesy of ODDS Training Team

Case Management Contacts
How often?

- Every 3 months (for most people)

Monthly
- 3+ significant risks on Risk Management Plan
- ISP indicates monthly Case Management Contact
- SC/PA determines it necessary

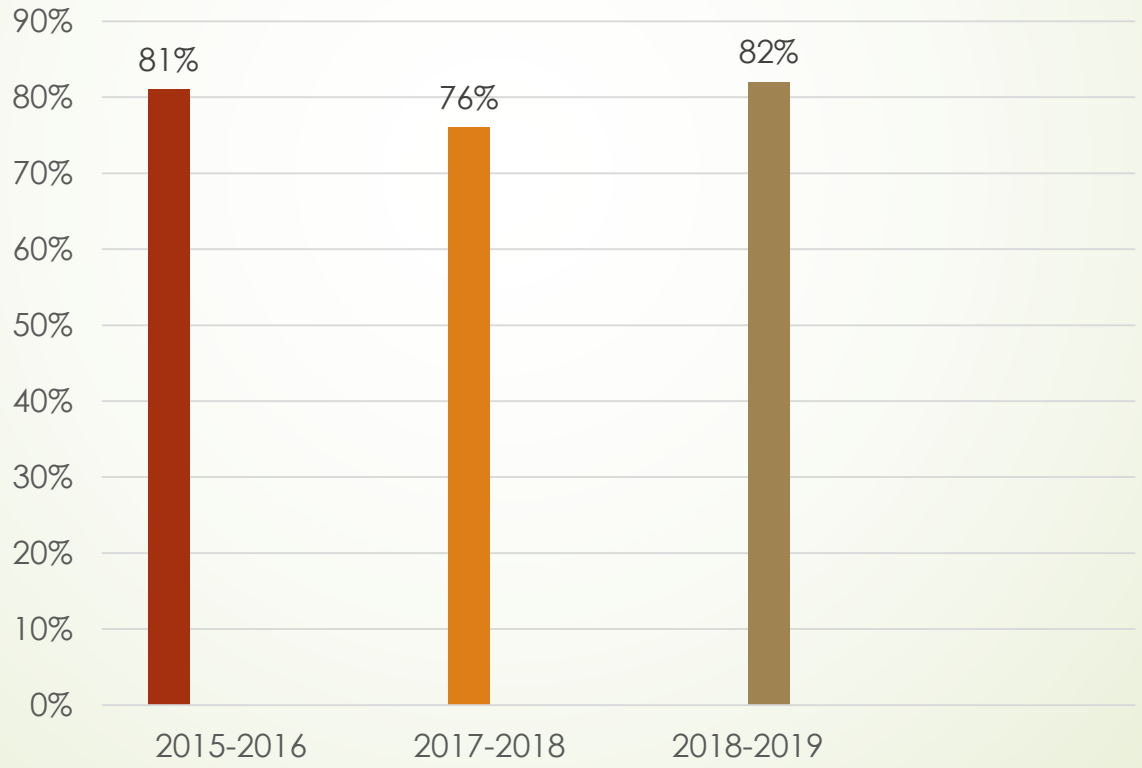
Case Management Contacts Documentation

The outcome of the case management contact must be documented in a progress note.

Slide Courtesy of ODDS Training Team

Work to be Done!

Monitoring: Site Visits



Work to be Done!

Monitoring: Site Visits

Most Common Issues:

- **Not visiting site at least once every calendar quarter**
- **Not documenting where the case management activity occurred (e.g., "Met with John to review his ISP.")** *Where did you meet?*

Site Visits

- CDDP must visit residential sites at least once every calendar quarterly (Jan.-Mar., Apr-Jun, etc.):
  - 24-hour residential
  - Foster homes

Slide Courtesy of ODDS Training Team

Site Visits

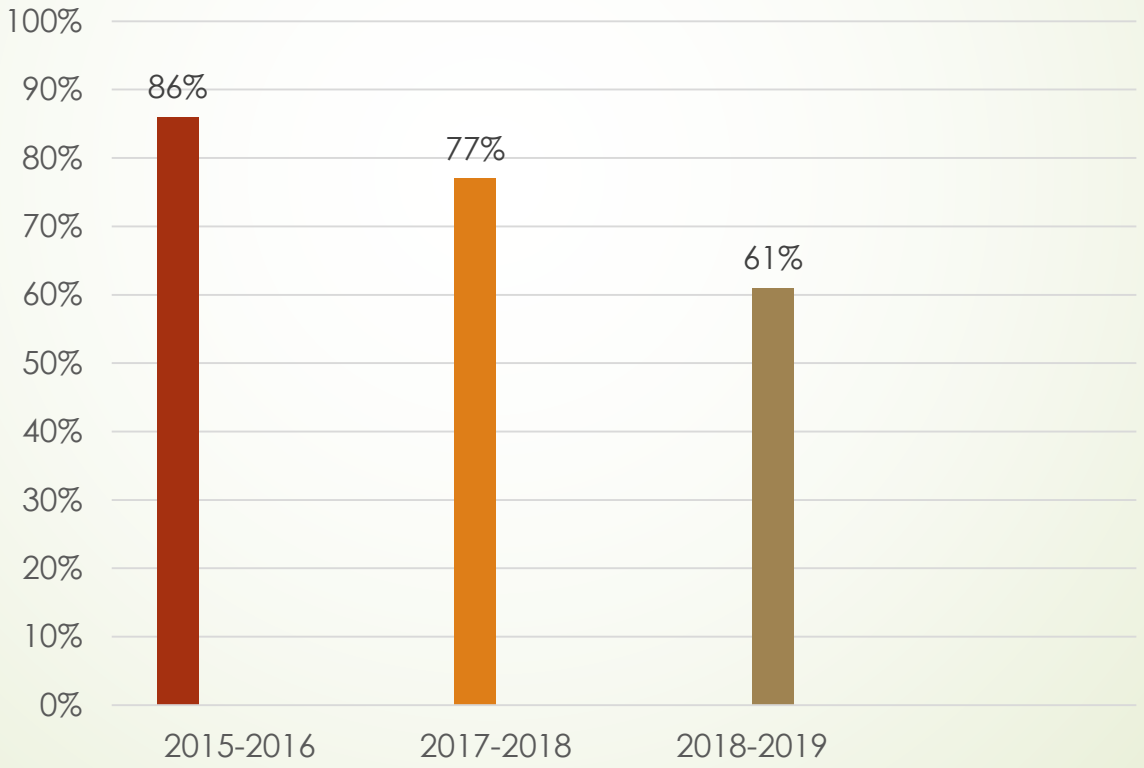
Annual visit to the home of individual receiving:

- Services delivered in their home
- Supported Living Services

Note: Visits are based on an ISP year. For instance, if John has an ISP effective July 1, 2019, the site visit needs to occur prior to June 30, 2020

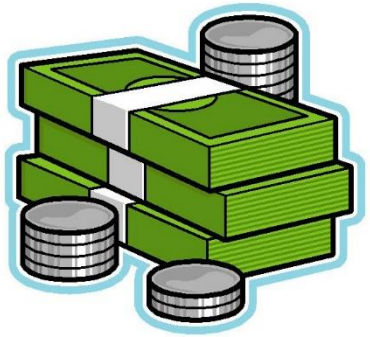
Work to be Done!

Monitoring: Semi Annual Financial Monitoring



Work to be Done!

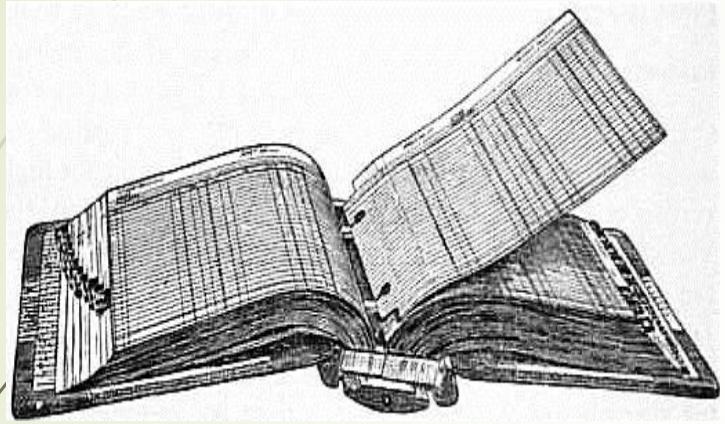
Monitoring: Semi-Annual Financial Monitoring



Most Common Issue:

- **Not documenting the activity**
- **Only one being completed**

Semi-Annual Financial Monitoring With Who?



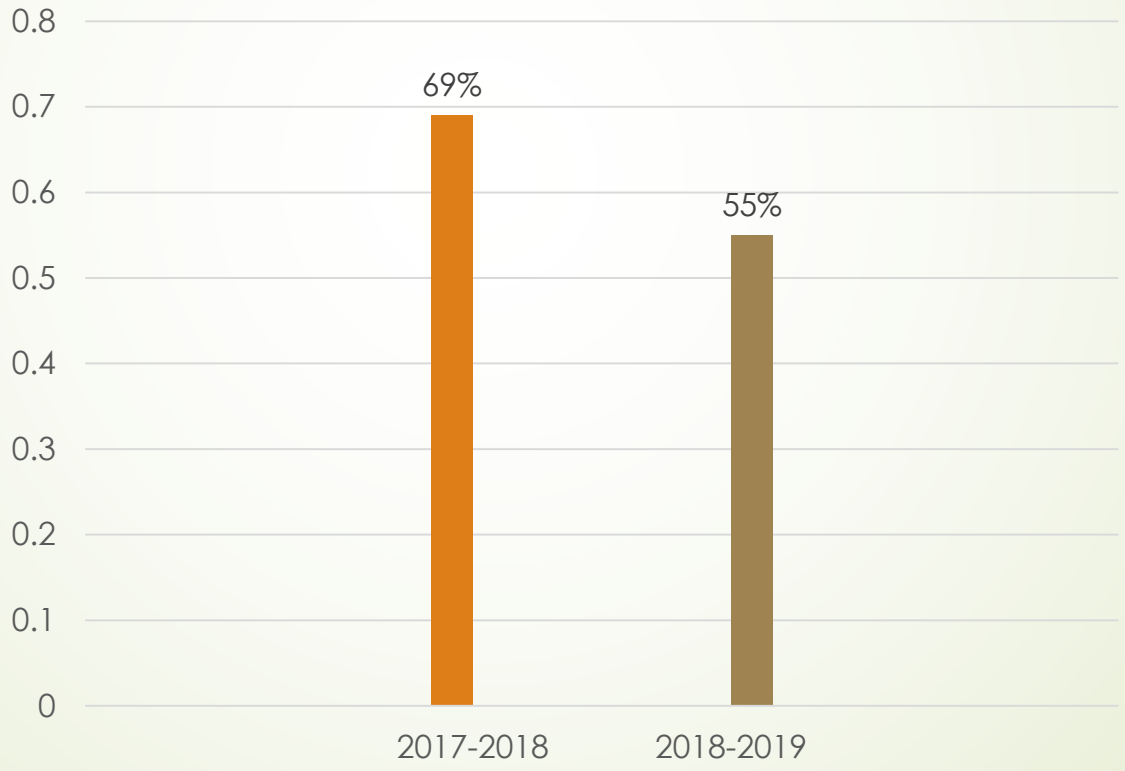
Semi-Annual Financial Reviews are required for most people in:

- Group Homes
- Foster Homes
- Supported Living

Note: The rule does not specifically state, but it is expected that two reviews of the individual's funds take place twice during the ISP year

Work to be Done!

Monitoring: Facility-Based Path Services



Facility-Based Employment Path Services What is Required?

- Visit employment setting while the person is present.
- "Present" means putting "eyes on" the person
- Document/verify progress being made to support achievement of employment goals in the Career Development Plan
- Visits must be twice an ISP year, but separated by no less than 3 months

Thank You!

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