

Introduction

- States providing Home and Community-Based Services (HCBS) must make specific assurances to the Centers for Medicare and Medicaid Services (CMS).
- Much of what case managers and other local office staff do is required by these assurances.
- States must regularly submit evidence to CMS showing compliance.
 - CMS defines compliance as 86% or better
 - The HCBS Waiver Review Team conducts Quality Assurance (QA) reviews and reports out on compliance
 - Statewide findings are submitted to CMS

The 1915(c) Waiver Six Assurances

- 1. Administrative Authority This is to assure the State Medicaid Agency is accountable to CMS.
 - For Oregon, the agency is Oregon Health Authority
- 2. Level of Care This is to assure consumers are eligible for the HCBS they receive.
 - We use a standardized assessment tool for consumers to ensure that they meet Service Priority Level
- 3. Qualified Providers This is to assure workers providing services are qualified based on what is approved in the Waiver.

Assurances (continued)

- 4. Service Plan This is to assure consumers' needs are accurately addressed in their person-centered service plan.
- 5. Health and Welfare This is to assure consumers are protected from abuse, neglect, and exploitation.
- 6. Financial Authority This is to assure only approved services are paid for.

Assurances (continued)

- Each of the assurances has performance measures to determine if the state has met the assurance.
 - An example Service Plan performance measure is:
 - Number and percent of waiver participants whose service plans include services and supports that address assessed needs
- The state determines how to meet the assurances.
 - How does the measure translate to how we do business
 - What data proves compliance
- To be in compliance, states must reach at least 86% accuracy for each performance measure and each assurance.

Findings

- CMS reporting is always a year and a half behind. For example, the report submitted in June 2023 was for calendar year 2021.
- For 2021, Aging and People with Disabilities (APD) met the minimum threshold for the following assurances.
 - Administrative Authority
 - Level of Care
 - Qualified Providers
 - Financial Authority

Findings (continued)

- For 2021, APD had findings below 86% for some of the performance measures under the following assurances.
 - Service Plan
 - Risks and safety
 - Risks and safety factors assessed as part of the service plan
 - Goals and preferences
 - Personal goals and preferences addressed as part of the service plan
 - Service plans completed according to policies and procedures
 - Service plans include services and supports that address assessed needs
 - Choice of HCBS
 - Choice of institutional care and waiver services

Findings (continued)

- Additionally:
 - · Health and Welfare
 - How to report abuse, neglect, and exploitation
 - Participants and/or guardians informed about the ways to identify and report abuse, neglect and exploitation
 - Due to a reporting error, APD could not document compliance

APDs' Corrective Action Plan

- Every District and Area Agency on Aging (AAA) must have a specific Corrective Action Plan, which may include:
 - The reassessment of participant needs
 - Service plan revisions
 - Assessment reviews
 - Training for staff
 - Review of rule
 - Analysis to determine root specific cause
 - Technical Assistance for case managers

- Statewide training
 - Example: Cognition webinars were done in 2020 and 2021 on how to assess each area of cognition
- Statewide remediation
 - Sending information on how to report abuse automatically when new to services and annually

Additional Information and In Closing

- Documentation and recordkeeping are essential under the 1915(c) Waiver.
 - Lack of documentation is the primary reason APD did not meet the requirements for the performance measures
- Improvement can take time and sometimes there are impacts to consider.
 - Examples: COVID-19 pandemic, case management turnover
- We are committed to transparency.

Questions

Questions or requests for more information may be sent to:

Beth Jackson

APD Medicaid State Plan and Waiver Policy Analyst

Beth.Jackson3@odhs.oregon.gov

Thank you!