

2024 HCBS Provider Quality Self-Assessment

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Medicaid Quality Improvement
Organization

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*Quality is never an accident.
It is always the result of
intelligent effort.*

-John Ruskin

Objectives:

- ▶ Understand the relationship between quality oversight tasks of the Iowa Medicaid Quality Improvement Organization (QIO).
- ▶ Learn about how the self-assessment process relates to quality oversight.
- ▶ Discover the requirements for completion and submission of the self-assessment for 2024.

Medicaid Federal Oversight



The Centers for Medicare & Medicaid Services (CMS) works with states to assure and improve quality across the Medicaid authorities that support long term services and supports, including the Medicaid section 1915(c) HCBS waiver program and 1915(i) Habilitation.



CMS seeks to maximize the quality of life, functional independence, health and well-being of individuals served by the HCBS programs.



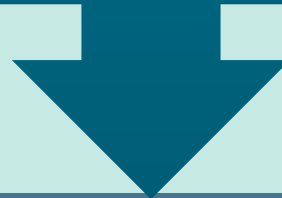
States make assurances and sub-assurances when they submit applications and renewals to CMS for waivers and Habilitation. The self-assessment process supports the quality framework as required by CMS.



The annual provider self-assessment process mirrors a CMS review process by requiring providers to attest to a system of monitoring their own performance and establishing corrective action, if needed, through this quality oversight process.

Medicaid State Oversight

Telligen contracts with the state of Iowa as the Quality Improvement Organization (QIO) for our state's long term care population.



QIO HCBS provides oversight for approximately 460 enrolled HCBS and Habilitation providers, primary functions include:

Incident & Complaint Specialists

- Critical incident management
- Complaint investigation
- Targeted reviews

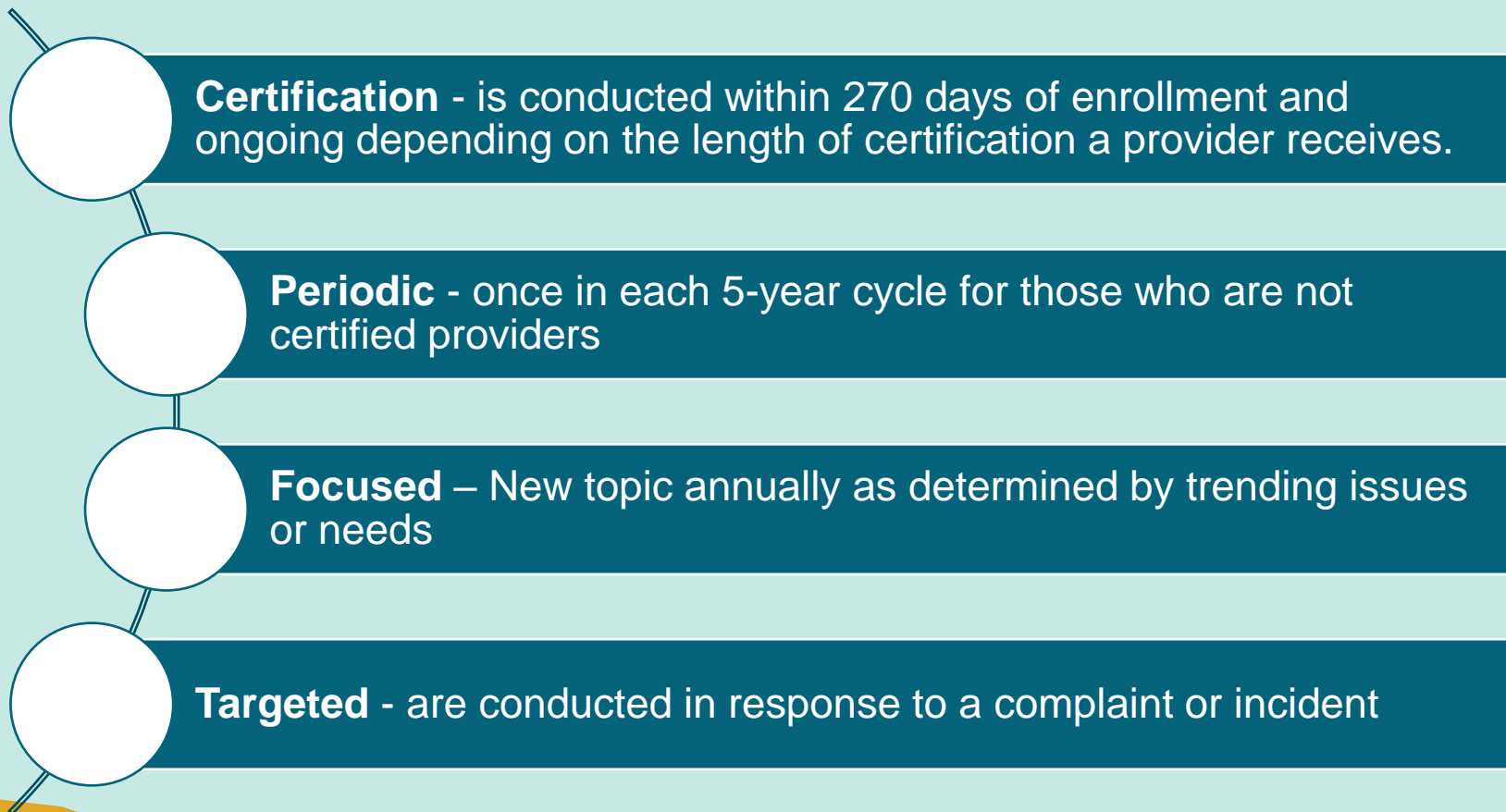
Provider Quality Specialists

- Quality oversight reviews
- Technical assistance
- HCBS applications

Member Experience Specialists

- Individual Participant Experience Surveys (IPES)
- Community-Based Case Manager (CBCM) service plan ride-alongs
- Self-directed services

QIO HCBS Review Process



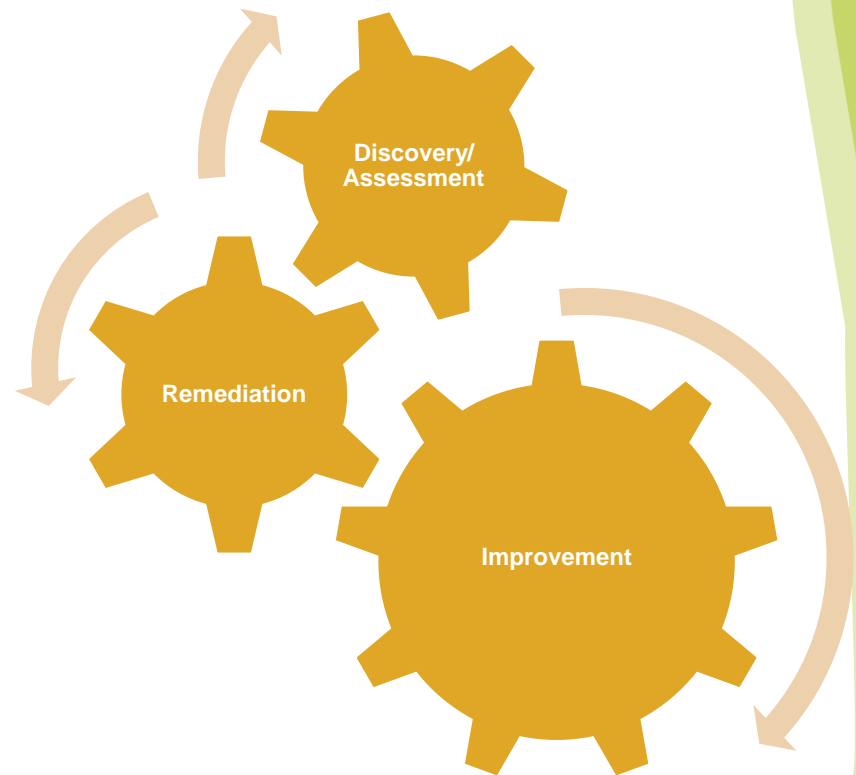
QIO HCBS Review Process

▶ All HCBS review types are:

- Evidence-based
 - Policy and procedure
 - Member files
 - Staff/personnel files
- Can result in the issuance of corrective action plans (CAPs):
 - Detailed plans that providers create to explain how they will remediate the issue.
 - Evidence of implementation of that CAP is requested to verify the provider has met compliance.

Quality Oversight Processes

- ▶ Iowa's approach to quality oversight and ensuring compliance with rules and regulations. This is an ongoing cycle.
- Discovery - Intentional, structured, and measured review of evidence to determine if a requirement or goal is met.
- Remediation – action plan taken to fix a discovered problem.
- Improvement - Re-assessment and analysis of compliance to assess effectiveness.



Quality Oversight Processes

- Self-assessment is the foundation from which to build your own internal oversight processes
- Completion of the SA requires providers to ask if they have policies and processes in place, and can they provide evidence of Iowa HCBS rules, requirements and best practice.
- Helps improve the outcome of your review.



Self-Assessment 2024

- ▶ Required for HCBS and Habilitation providers **enrolled** for any services listed, regardless if they are currently providing the service.
- ▶ New for 2024
 - One self-assessment per TIN
 - Added Medical Day Care for Children
 - Include contractors in Personnel and Training requirements
 - Additional best practice requirements to assure member health and safety, evidence-based practices, and to remediate trends
 - Section V. updated data collection

The Details

- ▶ The Self-Assessment is located here
<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-medicaid-programs/hcbs>
- ▶ Complete as a fillable PDF form and electronically sign by your agency's executive director/CEO
- ▶ Due date of January 31, 2025
- ▶ Submission via email to hcbsqi@hhs.iowa.gov
- ▶ Following submission
 - Your HCBS specialist will notify you that revisions are required or
 - You will receive a letter of acceptance
- ▶ **Failure to submit will result in a sanction of payment suspension and may result in disenrollment from HCBS services**

Instructions For Completion

- ▶ **Save to your computer or local drive before completing, do not complete in browser window**
- ▶ Do not submit a self-assessment that is printed, scanned, or copied
- ▶ Read all instructions
- ▶ Form features
 - [Blue](#) text is an active link which takes you to various sections within the form or to external resources
 - Use tab key to navigate cursor
 - Free-text boxes
 - Electronic signature attestation

Section I. Organization Details

- ▶ Tax ID number (TIN) (9 digit number)
 - Submit one self-assessment per tax ID number
- ▶ All applicable NPIs (10 digit numbers)
- ▶ Legal registered name, if different from common name or DBA (doing business as)
- ▶ Main Office Information
- ▶ Correct email addresses
- ▶ Additional lines for Subsidiaries or Affiliates under the same TIN. Subsidiaries or affiliates operate under your tax ID **but have a different name and typically a different location.**
 - Example: Your organization as registered is Heartland Management Company, but you have three affiliate locations enrolled for HCBS services that operate under your TIN – Iowa Acres, Restful Villas, and Prairie Manor. Those names, counties, and NPIs should be listed here.

Section II. Service Enrollment

- ▶ Check all enrolled waivers and services even if you are not currently serving members under that waiver or service.
- ▶ If your organization is not enrolled for any of the services in this section, you are not required to submit the self-assessment.
- ▶ You may be enrolled for additional waiver services not listed in Section II such as home-delivered meals, homemaker, chore, transportation, nursing, etc. These services are not part of the self-assessment.

Section III. Self-Assessment Questionnaire

- ▶ Select the most appropriate response.
 - Yes = your organization meets the standards and can provide verifiable evidence. The standard may be required by Iowa Medicaid law or rule, your own internal policy, as best practice, or because of another oversight entity outside of Iowa Medicaid.
 - No = your organization does not meet the standard or cannot provide evidence, but are required to by law, rule, your own policy, or the standard is otherwise necessary for the services your organization is enrolled to provide.
 - If you select No, you must describe a plan in the designated box that explains what you will do to correct the problem with specific timelines for achieving compliance.
 - This plan may be referred to a remediation plan, corrective action plan, or “CAP”.
 - NA = standard is not required by law, rule, or organization policy for the services you are enrolled to provide.
- ▶ At the end of each topic, there is a free-text box for your organization to highlight how your organization meets or exceeds the requirements.

Section III. Self-Assessment Questionnaire (Continued)

▶ Section III. Self-Assessment Questionnaire consists of the following areas:

■ A. Organizational Standards

- To provide quality services to members, organizations need to have sound administrative and organizational practices and a high degree of accountability and integrity. Organizations should have a planned, systematic, organization-wide approach to designing, measuring, evaluating, and improving its level of performance.

■ B. Personnel and Training

- Providers need to have qualified employees commensurate with the needs of the members served and requirements for the employee's position. Employees should be competent to perform duties and interact with members.

Section III. Self-Assessment Questionnaire (Continued)

- C. Policies and Procedures

- This section focuses on the core set of policies and procedures which guide the provision of services. Policies and procedures outline day-to-day operations, ensure compliance with laws and regulations, and guide staff. Policies and procedures are implemented so that members receive fair, equal, consistent, and positive service experiences.

- D. HCBS Settings

- If your organization is NOT enrolled for any of the services identified, check the box and proceed to Section IV. Guarantee of Accuracy.
- Use the questions to self-assess your organization's compliance with HCBS settings rules.

Section IV. Guarantee of Accuracy

- ▶ Attestation to the accuracy of your self-assessment responses
- ▶ Select applicable Accreditation, Licensing, or Certifications for your waiver or Habilitation services
 - Include start and end dates
- ▶ Digitally sign by typing your name within the document

Section V. Workforce, Setting, and Waitlist Data Collection

Revised for 2024 to include the following:

- ▶ HCBS workforce data, including
 - retention rate.
 - number and type of staff, including independent contractors.
 - position vacancies.
- ▶ Waitlist information and average wait time by service.
- ▶ Total settings by service and type.

Self-Assessment Submission

- ▶ **Do not submit a self-assessment that is printed, scanned, or copied**
- ▶ Save the self-assessment PDF and email as an attachment to hcbsqi@hhs.iowa.gov
 - Your agency's name in the Subject line
- ▶ Due by January 31st, 2025
 - Early submission is strongly recommended.
- ▶ Implementation of self-identified corrective action must be completed within 30 days.
- ▶ **Failure to submit the required 2024 Provider Quality Self-Assessment will jeopardize your agency's Medicaid enrollment and may result in sanction of payment suspension.**

HCBS Settings Final Rule Compliance

- ▶ Informational Letter #2492 was released in August 2023 to detail ongoing compliance with CMS' final rule, followed by informational letter #2571 in March 2024
- ▶ Iowa must ensure HCBS settings added after March 17, 2023 are assessed for compliance prior to funding.
- ▶ Providers should report changes to their residential and non-residential HCBS settings to their HCBS specialist within 30 days of the change.

New
presumptively
institutional
settings will also
require:

- Assessment and potential remediation.
- Service delivery through non-Medicaid funded sources.
- Public comment period.
- CMS referral for heightened scrutiny review.

HCBS Settings Final Rule Compliance

- ▶ A separate Address Collection Tool has previously been required to report settings where HCBS services are being delivered.
- **The annual Address Collection Tool is no longer required due to the ongoing reporting requirement**
- Providers are required to work with their HCBS specialist to validate current HCB settings data maintained by Iowa Medicaid QIO to ensure their settings are up-to-date.

Informational Letter #2492 and #2571

- <https://secureapp.dhs.state.ia.us/IMPA/Information/Bulletins.aspx>

Resources

▶ HCBS webpage

<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-medicaid-programs/hcbs>

- Self-Assessment Form and Training Slides
- Link to regional specialist map

▶ Archived Informational Letters

<https://secureapp.dhs.state.ia.us/IMPA/Information/Bulletins.aspx>

▶ Informational Letter sign-up

<https://secureapp.dhs.state.ia.us/impa>

Resources

- ▶ Centers for Medicare and Medicaid Services
<http://www.cms.gov/>
- ▶ Iowa Code and Iowa Administrative Code (IAC): <https://www.legis.iowa.gov/law>
- ▶ Provider Services:
imeproviderservices@hhs.iowa.gov
1-800-338-7909 (toll free) or 515-256-4609 (Des Moines)



Questions

QIO HCBS
Iowa Medicaid
hcbsqi@hhs.iowa.gov



Health and
Human Services