

Quality Oversight For HCBS and CNRS Providers

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Learning Objectives



Learn about HCBS and CNRS quality oversight review processes.



Review standards evaluated in quality oversight reviews.



Understand how to write effective corrective action plans.



Discover what to provide for compliance evidence.

Purpose of Quality Oversight

- ▶ CMS works with states to assure and improve quality.
- ▶ States make assurances and sub-assurances when they submit applications and renewals for waivers and Habilitation.
- ▶ Iowa Medicaid is committed to ensuring that all members have equitable access to high quality services that promote dignity, barriers are removed to increase health engagement, and whole person health is improved across populations.

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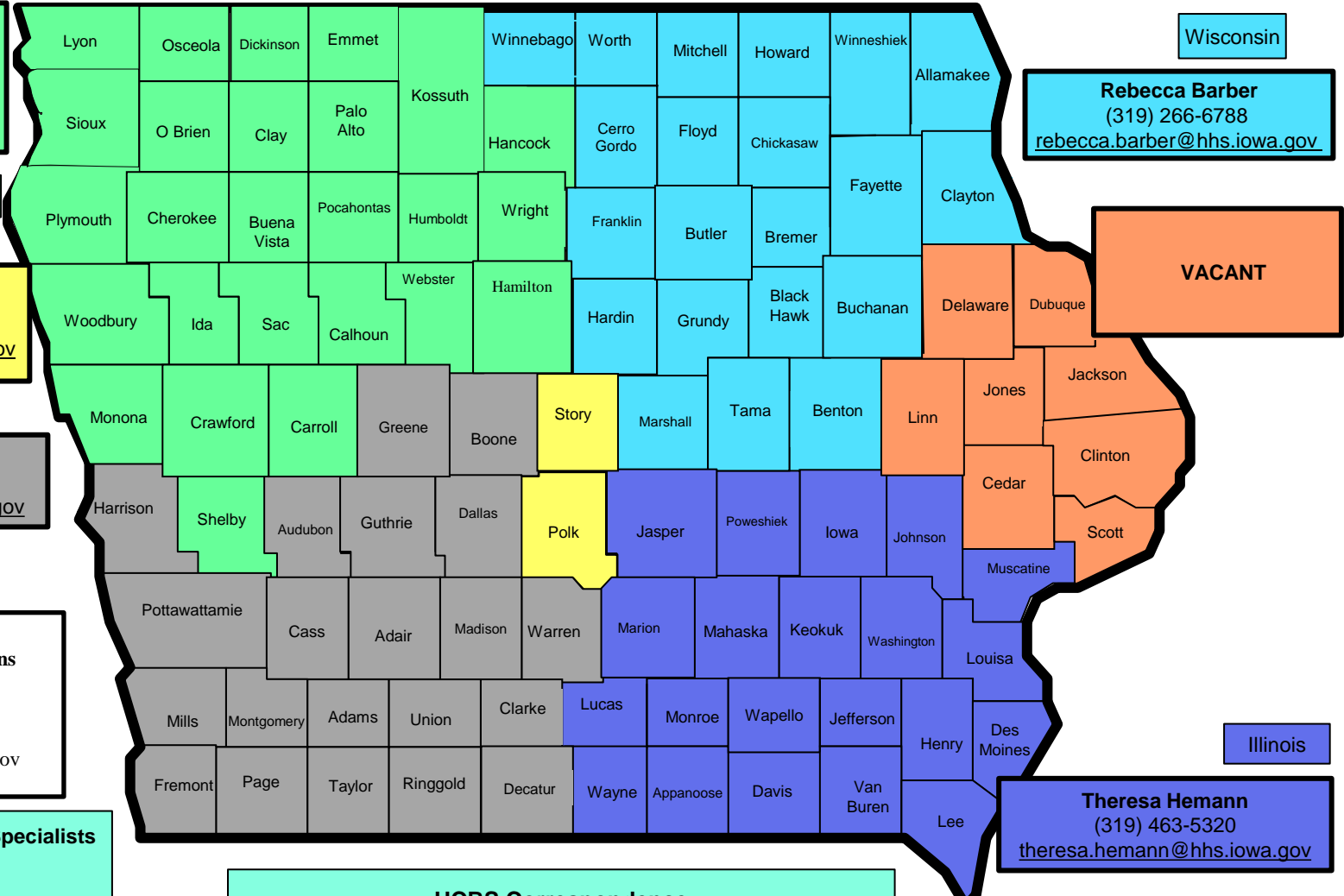
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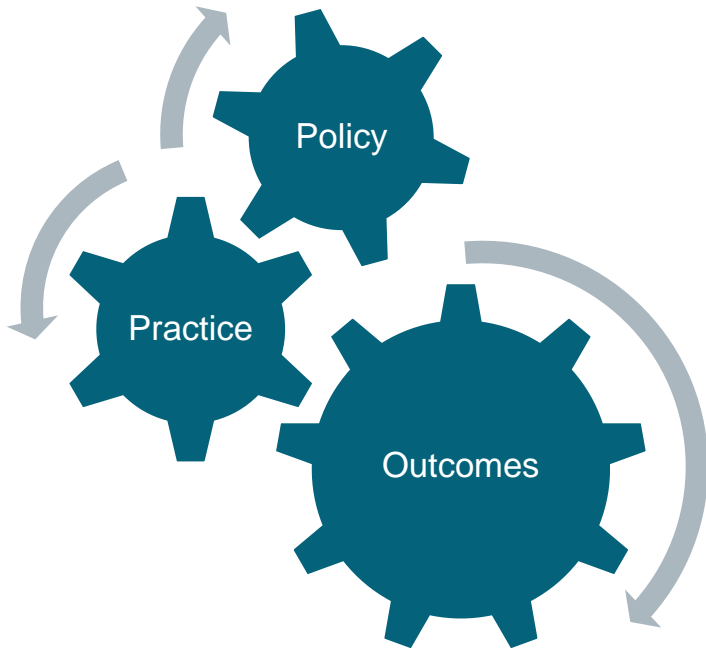


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Quality Oversight Framework



Policy



Practice



Outcomes

Negative
Positive
Neutral

Policy

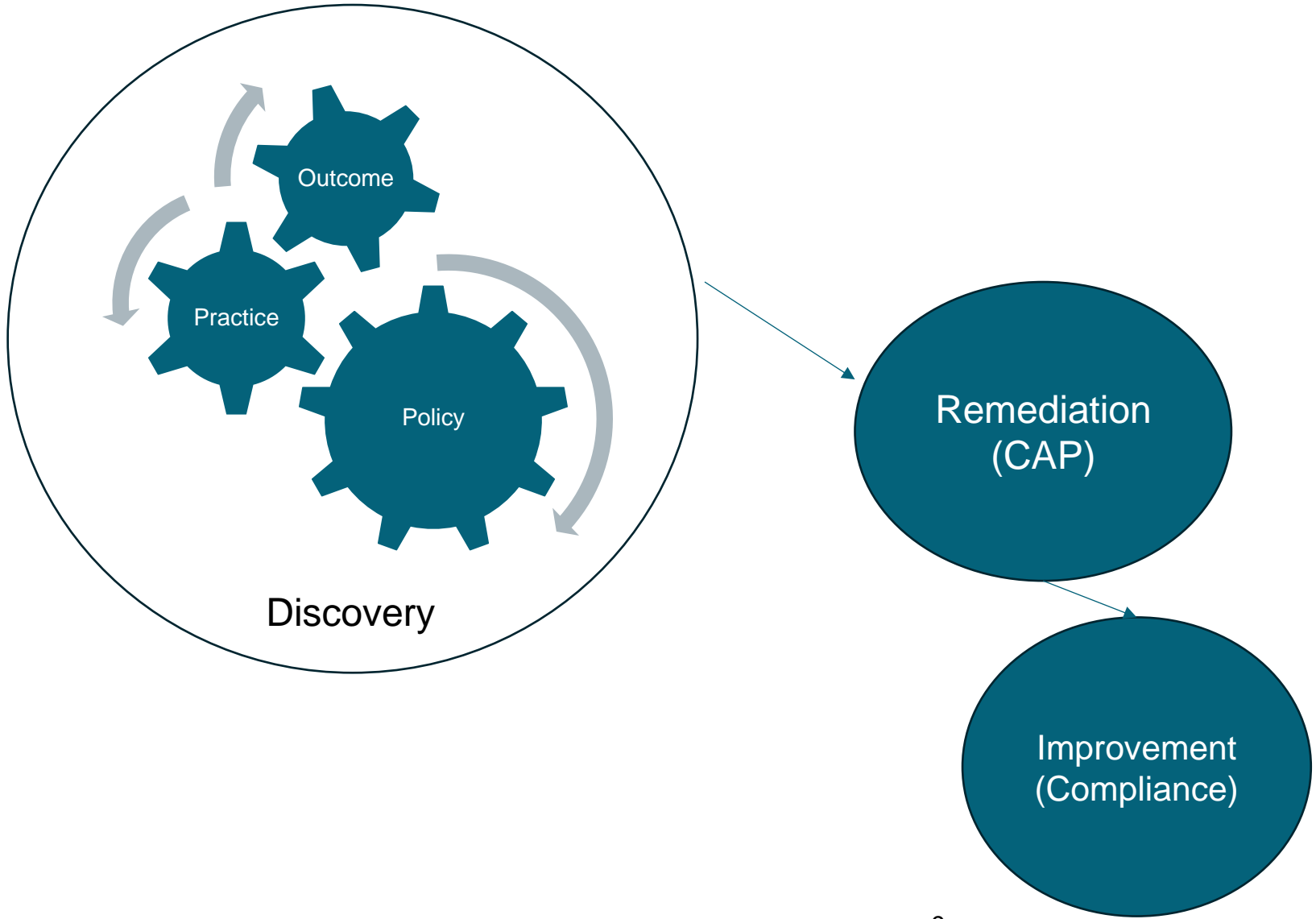
- ▶ Organizations must have a core set of written policies and procedures based on the services for which they are enrolled to provide intended modality of service (remote, telehealth, subcontracted), target populations, and the age groups.
- ▶ The policies and procedures are the foundation of an organization's performance and guide them in the provision of services.
- ▶ Policies and procedures should outline the organization's day-to-day operations, ensure compliance with laws and regulations, and give guidance to staff.

Practice

- ▶ “Practice” means the actions of the organization’s staff.
- ▶ Organizations must carry out their policies and procedures so that members receive fair, equal, consistent, and positive service experiences.
- ▶ Following policies and procedures increases the likelihood the organization is complying with requirements in their everyday work.
- ▶ Following policies and procedures ensures consistent practice.

Outcomes

- ▶ Outcomes are the product of the organization's practice and implementation of their policies and procedures.
- ▶ Outcomes may be:
 - Positive
 - Negative
 - Risk of negative outcome
 - Neutral



Corrective Action

Corrective action is usually issued:

- When a negative outcome or risk of negative outcomes is discovered.
- When a practice is out of alignment with adequate policies and procedures.
- When a policy is determined to be inadequate, even if it was previously found to be adequate.



Effective CAP/Remediation

Decide what needs to be done to prevent or reduce the likelihood that the issue will reoccur?

- Policy
- Practice
- Both

Ensure required and necessary components of an acceptable CAP are present.

- The specific problem areas cited.
- A description of the corrective actions to be implemented.
- Dates by which each corrective measure will be completed.
- Self-monitoring, quality assurance, and improvement activities to measure and ensure continued compliance.

Compliance

- ▶ If issued corrective action on an issue, a provider will be required to demonstrate that they successfully carried out the CAP and achieved compliance.
- ▶ Called the “compliance review”.
- ▶ The HCBS Specialist will ask for specific materials to demonstrate that compliance has been achieved.
- ▶ Providers can prepare for the compliance review phase of the quality oversight review by ensuring evidence is maintained demonstrate CAP implementation.

HCBS Standards

- ▶ Organization Oversight and Mission
- ▶ Intake and Discharge
- ▶ Person-Centered Planning/Approach
- ▶ Restrictive Interventions
- ▶ HCBS Settings and HCBS Philosophy
- ▶ Service contracts/agreements
- ▶ Abuse
- ▶ Incidents
- ▶ Appeals and Grievances
- ▶ Member Medications
- ▶ Personnel and Training
- ▶ Service Documentation (including documenting of medication management)
- ▶ Quality Improvement

CNRS Standards

- ▶ Organization Oversight and Mission
- ▶ Quality Improvement
- ▶ Personnel and Training
- ▶ Incidents
- ▶ Appeals and Grievances
- ▶ Treatment Planning
- ▶ Restrictive Interventions
- ▶ Member Rights and Responsibilities
- ▶ Service Documentation
- ▶ Member Outcomes

Provider Quality Self-Assessment

- ▶ The HCBS and CNRS Provider Quality Self-Assessment is required of all providers enrolled for the services identified, regardless of whether those services are currently being provided.
- ▶ The self-assessment must be completed, submitted and approved at application, annually and anytime there is a change in the provider's enrollment that warrants an updated self-assessment.

Organization Oversight and Mission



To provide quality services to members, both HCBS and CNRS providers must have sound administrative and organizational practices and a high degree of accountability and integrity.



Both HCBS and CNRS providers must have a committee, board, or advisory board to oversee operations.

Quality Improvement

- ▶ Both should have a planned, systematic, organization-wide approach to designing, measuring, evaluating, and improving its level of performance.
- ▶ Both follow the framework of discovery, remediation, and improvement.
- ▶ Each have some requirements for standards that they must measure through quality improvement.

Personnel and Training



Organizations must have qualified employees and contractors commensurate with the needs of the members served and requirements for the employee's or contractor's position.



Employees and contractors must be competent to perform duties and interact with members.



Employees and contractors must also be minimally qualified by age, education, certification, experience, and training required or recommended for the services provided and HCBS population served.

Admission and Discharge

- ▶ Consistent process for screening referrals.
 - Considering the member's wants, needs, and risks factors as well as the skill and training of the staff who will work with the member.
- ▶ Criteria for accepting a referral.
- ▶ Criteria for discharging a member, including involuntary and emergency discharges.
- ▶ Ensure ability to appeal a denial of admission or involuntary discharge.

Person-Centered Planning & Treatment Planning

HCBS

Person-Centered Planning

- ▶ Providers must participate in the member's IDT.
- ▶ The PCSP is written by the CM with input from the member and IDT.
- ▶ Providers must maintain a copy of the PCSP to guide service provision.
- ▶ Federal rules dictate the minimum content of the PCSP and the role of the CM versus providers.
- ▶ Providers may have supplemental plans but the plans may coincide with the PCSP.

CNRS

Treatment Planning

- ▶ Treatment plans are “mutually developed” by the member and their team.
- ▶ Treatment plans are written by the CNRS provider.
- ▶ Treatment plans are short-term (cannot run more than 180 days).
- ▶ Treatment plans are required include certain criteria such as strengths, barriers, goals, etc.
- ▶ CNRS providers must evaluate the treatment plan for progress at least quarterly.

Restrictive Interventions

“Restrictive interventions” is a collective term that refers to any behavioral intervention plans, restraint plans, or rights restrictions

HCBS

- ▶ Must be tied to an individual assessed need and justified in the PCSP.
- ▶ Must have policies and procedures on the topic.
- ▶ Requires quarterly review.

CNRS

- ▶ Policies are required for CNRS providers that allow for the use of physical holds, restraints, or other physical intervention techniques.
- ▶ Specific requirements are in place for when a physical intervention is used.

Incidents

- ▶ HCBS providers must have written policies and procedures related to recognizing and reporting incidents.
 - Requirements for major and minor incidents.
 - Tracking and trending requirements.
- ▶ CNRS providers must have policies and procedures must have written policies and procedures related to recognizing and reporting incidents that align with applicable IAC for DIAL licensed environments.
 - Must report according to policy.
 - Tracking and trending requirements.

Abuse

- ▶ HCBS providers must have written policies and procedures related to recognizing and reporting abuse.
 - Must provide policy to staff within 30 days of hire and anytime the policy changes.
- ▶ CNRS providers must have policies and procedures must have written policies and procedures related to recognizing and reporting abuse that align with applicable IAC for DIAL licensed environments.
 - Must report according to policy.

Appeals and Grievances

- ▶ Required in both CNRS and HCBS.
- ▶ Appeal and grievance policies should be provided to members at admission, annually, any time it changes, and as a best practice, at the time of any adverse action such as involuntary discharge.
- ▶ A grievance is a complaint or an expression of dissatisfaction towards services, staff, the environment etc.
- ▶ An appeal is asking the provider to change their mind about some action they took.

HCBS Philosophy/Settings

- ▶ The Centers for Medicare & Medicaid Services (CMS) issued regulations that define the settings in which it is permissible for states to pay for Medicaid HCBS.
- ▶ The purpose of these regulations is to ensure that individuals receive Medicaid HCBS in settings that are integrated in and support full access to the greater community.
- ▶ This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.

Service Documentation

- ▶ Both CNRS and HCBS have the same requirements for service documentation.
- ▶ Service documentation must demonstrate that all components are present.
 - Name of service provided
 - Member's first and last name
 - The complete date and time of the service.
 - Location of the service.
 - When transportation is provided as part of the service(s), the name, date, purpose of the trip, and total miles.
 - Incidents, illnesses, unusual or atypical occurrences that occur during service provision.
 - Supplies dispensed or medication administered including the name, dosage, and route of administration.
 - Legibly identification of the person providing the service(s) including first and last name, any applicable credentials and signature or initials if verifiable to a signature log.

Medications

- ▶ Both provider types must have written policies and procedures related to handling, storing, administering, and disposing of medications including identification of which staff (if any) have a role in one or more of the processes related to medication.
- ▶ Must have a method for documenting the administration of medication.

Other Standards



CONFIDENTIALITY



SERVICE
CONTRACTS



MEMBER RIGHTS
AND OUTCOMES

Resources

- ▶ **Iowa Administrative Code:**
<https://www.legis.iowa.gov/law/administrativeRules/rules?agency=441&chapter=77&pubDate=11-01-2023>
- ▶ **Iowa Code:**
<https://www.legis.iowa.gov/law/statutory>
- ▶ **Code of Federal Regulations:**
<https://www.ecfr.gov/>
- ▶ **HCBS Webpage:**
<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-medicaid-programs/hcbs>



Questions

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Health and
Human Services