

QIO – HCBS Residential Setting

Purpose:

Monitoring the state’s standards for residential settings standards set by federal regulations.

Identification of Roles:

HCBS slot manager – monitors HCBS slot releases.

HCBS operations manager – provides work assignments, supervision, and consultation to the HCBS slot manager, performs internal quality control (IQC).

HCBS specialist - complete desk reviews to determine HCBS provider compliance with Iowa Administrative Code (IAC), Iowa Code, provider policies, and the provider’s initial self-assessment responses.

HCBS unit manager or Policy designee – oversees and manages HCBS program activities.

Waiver program manager – oversees waiver program activities for a specific waiver.

Performance Standards:

Not applicable.

Path of Business Procedure – Provider and SID Report

Step 1: Completed residential assessment reports are pulled from IMPA monthly.

Step 2: The report is stored on the share drive.

Step 3: Once the report is run, place the names in the master provider list. Run the report and update the date range for the report. Select Excel and click on Export and save it to the drive with the date range in the name.

Step 4: Copy and paste the value of the Excel sheet that was previously saved on the Master Provider and SID Report.

Path of Business Procedure – Residential Assessment Follow Up

A residential assessment is submitted for each member on an annual basis. The residential assessment has three questions that require follow up by the QIO:

- a. The member has access and opportunity to use the community resources to meet individual needs and preferences.
- b. The residential setting supports the member to live, work, and recreate in the community to the degree desired by the member.

- c. All rights limitations that limit access to the greater community are documented in the member's person-centered plan.

On a monthly basis the HCBS team pulls a report from IMPA identifying the completed residential assessments for the past month.

The members that have a "No" response to the above three questions are marked for follow up on Part IV Response of No spreadsheet.

Step 1: An email is sent to the lead HCBS specialist advising there are residential assessments that need follow-up.

Step 2: The HCBS specialist logs into IMPA.

Step 3: If the residential assessment includes an explanation as to why the member is unable to meet the three questions and it is reasonable then the follow up can be marked complete with no further action.

Examples: Member is court ordered to the facility and is unable to access the community alone, member is in a locked dementia ward, etc.

Step 4: If there are no comments as to the reason the responses were marked "no" the HCBS specialist will contact the case manager (CM) for additional information.

Step 5: If the CM identifies it is an issue with the setting or the provider than the HCBS specialist will complete a complaint form, contact the HCBS incident and complaint specialist and the providers HCBS specialist. HCBS incident and complaint specialist will follow up with the CM or community-based case manager (CBCM), the member, guardian, and provider. Depending on the information provided a corrective action plan (CAP) may be required from the provider

Path of Business Procedure –Summary IMPA Report

Step 1: Run HCBS Member Assessment Report (Attachment 1) for the month before. Export the data as PDF and save to the drive under the member assessment folder with the dates. This data will be used to fill out the Master Data File.

Step 2: The date for the Master Data report should line up with the assessment report.

Step 3: Once the Master Sheet is completed go to the summary page and copy the data from the master sheet into the summary sheet in the Excel spreadsheet. It is possible to copy and paste multiple columns right click and paste values. Save a PDF of the summary report of the HCBS Residential Assessment Analysis (Attachment 2) on the shared drive.

Step 4: The second page of the Master Data File has the population numbers. Update the population numbers by looking at the weekly slot report and adding the enrolled numbers to the spreadsheet. HAB and MCO HAB numbers are from IoWANS.

Forms/Reports:

See attachments.

RFP References:

Not Applicable

Interfaces:

IoWANS, IMPA

Attachments:

Attachment I: HCBS Residential Member Assessment Report

HCBS Residential Member Assessment Report

Reporting Period: 5/1/2022 - 5/31/2022

Date of Report: 6/8/2022

Total number of assessments completed: 1023
 Total number of assessments that only completed Part 1: 770
 Total number of assessments that completed Part 2 (Where portions of Part 1 and Part 2 were completed): 253

Assessments by Waiver(s) selected:

Waiver	Total Count
AIDS - HIV	0
Brain Injury	46
CMH	12
Elderly	277
Habilitation Services	199
Health Disability	75
Intellectual Disability	385
Physical Disability	29

All Selected Waiver(s) for the Period

Question	Choice	Total Count
PART 1 Member's Residential Setting These settings are presumed to be integrated community settings. Members that meet one of the three settings and do not meet any criteria in part 2 below are required to only complete section I. Member Information of this assessment.	Lives with their family or legal representative	347
	Owns their home, or	100
	Rents a living unit from a community landlord that is not owned	431

Attachment 2: HCBS Residential Assessment Analysis

HCBS Residential Assessment Analysis
6/8/2022

	May-22	Total	% Complete		
# Assessments Completed	1023	16724	52.8%		
Part 2 Questions					
Lives in an Integrated Setting	770	12415	74.2%		
Lives with family or legal representative	347	6245	37.3%		
Owns their own home	100	1456	8.7%		
Rents from a community landlord	431	6654	39.8%		
Lives in a Provider owned or controlled location	253	4309	25.8%		
Located on the grounds of or directly adjacent to an institution	6	67	0.4%		
Lives in an RCF	46	927	5.5%		
Lives where two or more members are receiving services	196	3264	19.5%		
Lives near multiple HCBS/Habilitation living units	40	513	3.1%		
Other provider owned or controlled locations	127	2080	12.4%		
Part 3 Questions					
	Y	N	Y	N	%Y
Did the member choose where and with whom to live?	259	12	4364	242	94.7%
Does the member make choices about day-to-day activities and routines?	270	0	4518	62	98.6%
Does the member have the opportunity to work?	251	17	4318	261	94.3%
Is the member active in the community?	253	27	4309	499	89.6%
Does the member manage personal resources?	256	12	4306	273	94.0%
Is the member treated with respect?	269	1	4571	8	99.8%
Does the setting assure member privacy?	269	1	4566	11	99.8%
Does the member have the opportunities to use the resources of the community?	270	0	4550	28	99.4%
Does the member participate in community activities of their interest?	264	6	4526	52	98.9%
Is the member's home and community accessible?	270	0	4554	26	99.4%
Does the member understand and exercise their rights and responsibilities?	249	21	4326	253	94.5%
Are services provided based on a person centered plan?	270	0	4570	6	99.9%
Part 4 Questions					
	Y	N	Y	N	%Y
The member has access and opportunity to use the community resources to meet individual needs and preferences	393	0	6317	24	99.6%
The residential setting supports the member to live, work, and recreate in the community to the degree desired by the member	390	1	6311	26	99.6%
All right limitations that limit access to the greater community are documented in the member's person centered plan	392	0	6320	17	99.7%

* Total = Jun 21 - May 22 data