

# Report on Statewide Home and Community-Based Services Waiver Review Sample September-December 2005

## I. Overview

The Seniors and People with Disabilities (SPD) Home and Community Based Services (HCBS) Waiver Review is a key component in measuring progress toward quality outcomes for services provided by the four waivers related to developmental disability services. The 2004 review established a baseline for performance across the waivers related to basic requirements such as assessment and review of recipient level of care, support planning, and offer of choice between institutional and community-based services. The 2005 review was compared with the baseline review for 2004; the results will be posted and used as a guideline for areas needing quality improvement.

**Scope of Review:** The original review list consisted of 409 names, representing 4.4% of all individuals enrolled in developmental disability waiver services in September 2005, including:

- 1) **Medically Fragile Model Waiver (MFW)**. Ten -13% of total recipients enrolled in the waiver---recipients of Children's Intensive In-Home Support (CIIS) Services.
- 2) **Behavior Model Waiver (DDB)**. Ten - 9.7% of total recipients enrolled in the waiver ---recipients of Children's Intensive In-Home Support (CIIS) Services.
- 3) **DD Comprehensive Services Waiver (DDC)**. Two hundred twenty-six - 4.2% of total recipients enrolled in the waiver ---recipients of Community Developmental Disability Programs (CDDPs) and the SPD Children's Residential Services (CRS) program.
- 4) **DD Support Services Waiver (DDS)**. One hundred forty-one – 3.9% of total recipients enrolled in the waiver, chosen through a combination of random HCBS Waiver Review Sample 2005 Report sampling and adjustments for representation of all Brokerages and CDDPs.

*\* The records were chosen through a combination of random sample and adjustments for representation across service coordinators.*

Twenty-two names were removed from the list after the review began due to a variety of reasons, primarily among individuals in DD Comprehensive Services and primarily because the individual was not in service in the county or Brokerage during the period of the review. Three hundred eighty-seven (387) reviews were finally completed (141 DDS, 10 MFW, 10 DDB, and 226 DDC) representing 4.1% of all individuals enrolled in developmental disability waiver services. Of these 387 individuals:

- 19% received foster home services;
- 32% received 24-hour residential services;
- 5% received supported living services;

- 36% received employment/alternative to employment services (as well as some type of comprehensive residential service);
- 36% received adult support services;
- 2% received adult comprehensive in-home support services;
- 0% received Comp. In Home services (over \$20,000/year);
- 6% received children's intensive in-home support services; and
- 1% received crisis/diversion services (as well as some other type of waiver service).

*\* The employment/alternative to employment services and crisis/diversion services may be paired with another waiver service on the listed.*

**Overall methodology:** SPD and CDDP personnel reviewed individual files using a standard instrument and instructions (attached). The SPD Quality Assurance (QA) Coordinator and respective program administrative staff conducted the reviews of Children's Intensive In-Home Services (CIIS) and Children's Residential Services (CRS) using files for service recipients located in Salem and Portland offices. CDDP QA Coordinators reviewed, or coordinated review of, files of individuals residing in their respective counties, using CDDP files and Brokerage individual support plan and review records. SPD gathered records of completed file reviews and entered information contained in those records into a central Microsoft Access database.

## **II. Findings Related to Current Quality Assurance Plans**

### **QA Plan Section 2: Developing, Monitoring, and Reviewing Plans of Care**

**Goal: Home and community-based waiver services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life in the community.**

**A. Desired Outcome:** Comprehensive information concerning each participants/child's preferences and personal goals, needs and abilities, health status and other available supports is gathered and used in developing a personalized plan.

#### **Question: Were individual annual plans current?**

a. **Performance Standard:** Date of signature of individual (or legal representative) on annual support plan found in individual's record and used to guide current services is no more than 12 months before the month that records are reviewed.

b. **Findings:** The 2004 sample report found 313 of 337 (93%) records reviewed had current annual plans. The 2005 sample report found 360 of 387 (93%) records contained current annual plans. There was no improvement from 2004 and the benchmark of 100% was not attained.

c. **Action Plan for Improvement:** Prior to 2006 it was unclear when the annual ISP was due. The practice varied from the 1<sup>st</sup> of the twelve month, with in the twelve month, or end of the twelve month. The Quality Assurance Coordinators who conducted the review also had varied practices on interpreting when to consider an annual ISP current.

Through out 2005 - 2006, an aggressive statewide strategy for revising the ISP tools and processes were undertaken. Once changes had been proposed and accepted, training was conducted through out the state, reaching approximately 1,000 providers and Services Coordinators. A segment of the training reinforced the importance of the role of Services Coordinator in assuring that a new ISP is developed within twelve months of the previous ISP. Additionally, a conference for Services Coordinators held in March, 2007 offered a session on the ISP process and timelines.

**Question: If plans were not current, was there record of reason for delay and a date by which an annual plan meeting would be held?**

a. **Performance Standard:** Individual file includes record of reason for delay. Date is specified in individual's file by which meeting to develop new annual plan will be held. Proposed schedule should result in a new annual plan, signed and dated by all parties, within 15 months of date of most recent annual plan.

b. **Findings:** In 2004 the reason for delay and date by which annual plan meeting would be held was found in 11 (46%) of the 24 records for which plans were not current. In 2005 the reason was found in 11 (50%) of 22 records. There was an increase of 4%; no benchmark is established for this question.

c. **Action Plan for Improvement:** During the same statewide training discussed above, participants were instructed in a process to follow when the annual ISP could not be met within the 12 month requirement. When such circumstances occur, the Services Coordinator is required to discuss with the team whether the needs of the individual can continue to be met under the old plan for a short and specified period of time. This discussion and decision must be documented and approved by all ISP participants.

In addition, a conference for Services Coordinators was held in March, 2007 where this was a training topic.

**B. Desired Outcome:** Individuals/children receive services required to meet needs.

**Question: Did individuals receive services consistent with their annual plans?**

a. **Performance Standard:** Service coordinator progress notes, service coordinator monitoring records, service coordinator plan reviews, or---for individuals in Support Services---personal agent plan reviews indicate paid services received were consistent with services outlined in most recent annual support plan.

b. **Findings:** In 2004 the records indicated paid services received were consistent with annual plans for 306 (91%) individuals. In 2005 the records indicated paid services received were consistent with annual plans for 320 (93%) individuals. There was an improvement of 2% the 2005 benchmark of 100% was not attained, however this is a marked improvement.

c. **Action Plan for Improvement:** In January 2004, the CDDP rule was changed to reflect the responsibility for Services Coordinators to conduct “almost monthly monitoring” for individuals receiving 24 hour comprehensive services. Training was provided in February, March and April, 2004 to discuss the process and the required series of questions, developed by a statewide stakeholders group.

Of the required questions, there are several which focus on the individual’s ISP, and Services Coordinators are required to address these questions within six months of the ISP, and again in preparation for the new ISP. The questions include: “Are services being provided as described in the plan document?” “Are action plans and individualized goals being implemented?” “Are the personal desires of the individual, the individual’s legal representative for the individual’s family addressed through out the ISP process?” “Do the services provided for in the plan continue to meet what is important to and for the individual?” “Are addenda to the current ISP present, document change and adjustments?”

As Services Coordinators continue to implement the monitoring, it is expected that improvement will continue to occur.

**Question: Was there evidence in the CDDP files for individuals in 24-hour residential or foster home services that service coordinators have monitored services per OAR 411-320-0130?**

a. **Performance Standard:** Individual receives 24-hour residential or foster home services as Checklist is being completed and individual’s services have been reviewed by a CDDP service coordinator, using the “Service Review Checklists”, an earlier SPD form of the “Monthly Monitoring

checklist”, or any local method of documenting monitoring specified by Oregon Administrative Rule since January 1, 2004.

b. **Findings:** In 2004 evidence of service monitoring was present in 132 (79%) of foster home and 24-hour residential service recipient files. In 2005 evidence of service monitoring was present in 147 of 198 (74%) of foster home and 24-hour residential service recipient files. There was a decline of 5% in 2005.

The findings may be skewed. Per Policy the Monthly Monitoring requirements vary by placement type and number of residents. In future reviews this question will include some additional review information placement type, number of residents, and frequency of monitoring demonstrated.

c. **Action Plan for Improvement:** The expectations for monthly monitoring have been clarified in 2006. The tool has been revised as well. This should increase the percentage of individuals whose records contain the appropriate documentation to ensure “monthly monitoring” is occurring per policy.

Comprehensive residential services (group home and foster home) are monitored based on the number of individuals in service. For homes serving two or fewer, a quarterly visit is required. For homes with three or more, at least ten visits per year must occur. Counties are directed to establish a schedule in January of each year that describes monitoring expectations based on the census of the residential services at that time. If fluctuation in numbers served occurs within specific homes, the schedule for review will remain consistent with the plan set forth in January of that year.

**C. Desired Outcome:** Individuals/children’s families freely choose between waiver services and institutional care, and among waiver services and providers.

**Question: Were individuals or their legal representatives offered a choice between institutional or community based services?.** (Note: This review evaluated the basic offer of choice between institutional and waiver services and did not assess the degree to which individual choice and preference is expressed and evident in planning and daily operations.)

a. **Performance Standard:** “Yes” box on TXIX Waiver Form is checked indicating individual (or individual’s legal representative) was offered choice of ICF/MR (or Medical) or Community Program services. Date choice was offered is written on or near line provided. Community Program box is checked, indicating individual (or individual’s legal representative) has chosen home and community-based services. (Or records associated with TXIX Waiver Form indicate corrective action in response to previous reviews, resulting in documented offer of choice.)

b. **Findings**: In 2004 choice was documented appropriately in 317 (94%) of records reviewed. In 2005 choice was documented appropriately in 359 (93%) of records reviewed. There was a decline of 1% the 2005.

c. **Action Plan for Improvement**: The policy for the Developmental Disabilities Case Management Program responsibilities was updated in 2006. How the offering of choice should be documented on the Title XIX Waiver form was clarified in 2006. Training was offered on how to complete the Title XIX Waiver Form (Level of Care).

**Question: Did we obtain appropriate signatures of individuals or their legal representatives documenting choice?**

a. **Performance Standard**: Individual has signed TXIX Waiver Form, Individual's legal representative has signed the form, or documentation associated with the TXIX Waiver Form indicates appropriate signatures have been obtained as part of corrective action taken in response to previous reviews.

b. **Findings**: In 2004 appropriate signatures were present in 301 (89%) of records reviewed. In 2005 appropriate signatures were present in 357 (92%) of records reviewed. There was an improvement of 3% the 2005, demonstrating marked improvement was made.

c. **Action Plan for Improvement**: See the above-mentioned action plan for improvement for offering of choice.

**QA Plan Section 4: Determining Level of Care Need**

**Goal: Each individual's need and eligibility for home and community based waiver services are assessed and determined promptly and accurately.**

**Desired Outcome:** Level of care assessments are completed accurately and on time.

**Question: Was there an initial review and verification of need for ICF/MR or Hospital level of care?**

a. **Performance Standard**: "Approve" box on Title XIX Waiver Form is checked and signatures and dates entered in lines provided or documentation associated with the form indicates appropriate signatures have been obtained as part of corrective action taken in response to previous reviews.

b. **Findings**: In 2004 the initial assessment signatures and dates---or evidence of

corrective actions---were in place for 321 (95%) of records reviewed. In 2005 the initial assessment signatures and dates---or evidence of corrective actions---were in place for 374 (97%) of records reviewed. There was an improvement of 2% the 2005 improvement was made.

c. **Action Plan for Improvement**: See the above-mentioned action plan for improvement for offering of choice.

**Question: Have there been annual ongoing verifications of need for ICF/MR or Hospital level of care?**

a. **Performance Standard**: More than 12 months have passed since date Diagnosis and Evaluation Coordinator reviewed and verified need for ICF/MR level of care on the TXIX Waiver Form and: 1) dates indicate that first verification is conducted by the end of the 12th month after D & E approval and subsequent reviews have been conducted at least annually in or before the same month or 2) if more than 12 months have elapsed between verifications, reasons for any delays in review over last four years are noted; 3) dates and QMRP/Service Coordinator signatures are present.

b. **Findings**: In 2004 the annual ongoing verification of need signatures and dates--or evidence of corrective actions---were in place for 276 (85%) of records reviewed. In 2005 the ongoing verification of need signatures and dates---or evidence of corrective actions---were in place for 320 Ongoing (22 New Records) (88%) records to new for an ongoing to be available (88%) of records reviewed. There was an increase of 3% the 2005 improvement was made.

c. **Action Plan for Improvement**: See the above-mentioned action plan for improvement for offering of choice. In 2007 recommended practice is being revised to complete an individual's annual ongoing verification at the same time as the annual ISP.

**Question: Were there concerns with documentation of eligibility (for developmental disability services) requiring correction or follow-up?**

a. **Performance Standard**: CDDP files indicate information that must be considered according to Department policy has been used services has been used to determine eligibility, the information confirms eligibility, and the information is present in the individual's CDDP files.

b. **Findings**: In 2004 the sample reflects eligibility determination was based on full scale IQ for 264 (94%) of reviewed records. In 2005 eligibility determination was based on full scale IQ in 362 (94%) of reviewed records. This remained the same for each year.

In 2004 the sample reflects eligibility determination was based on adaptive score in 175 (86%) of reviewed records. In 2005 eligibility determination was based on adaptive score in 367 (95%) of reviewed records. There was an increase of 9%; the 2005 benchmark of 90% was attained.

c. **Action Plan for Improvement:** In 2006 and 2007 the State has offered trainings as needed for eligibility documentation. This question will remain on the annual HCBS Title XIX Waiver Review Checklist; however it will be removed as a benchmark question.

**QA Plan Section 5: State Administrative Authority over the Waiver**

**Goal: The Department carries out its duties and responsibilities as Oregon's single state Medicaid Agency with regard to home and community-based services.**

**Desired Outcome:** Individuals are informed of, and exercise, the right to due process associated with waiver services.

**Question: Were individuals or their legal representatives informed of the right to a fair hearing?**

a. **Performance Standard:** *Situation 1:* "Yes" box on TXIX Waiver Form is checked and date entered to indicate individual (or legal representative) was informed of hearing rights, received an "Applicable Rules and Laws" form, and requested a hearing on that date. Or "No" box has been checked and date entered to indicate individual (or legal representative) was informed of hearing rights, received "Applicable Rules and Laws" form, and did NOT request a fair hearing on that date. *Situation 2:* "Yes" box has been checked indicating that individual (or legal representative) has been notified of right to fair hearing and "Applicable rules and Laws" form was provided at notification, date of notification is entered in space provided, and if hearing was requested the date and outcome of hearing is entered in space provided.

Records may also indicate corrective action has been taken in response to previous reviews, resulting in documented and appropriate notification of fair hearing rights.

b. **Findings:** In 2004 informing of hearing rights was documented appropriately in 263 (78%) of records reviewed. In 2005 informing of hearing rights was documented appropriately in 334 (86%) of records reviewed. There was an increase of 8% demonstrating marked improvement.



c. **Action Plan for Improvement**: The policy for the Developmental Disabilities Case Management Program responsibilities was updated in 2006. How the offering of choice and fair hearing rights should be documented on the Title XIX Waiver form was clarified in 2006. Training was offered on how to complete the Title XIX Waiver Form (Level of Care).

The current Title XIX Waiver form is being revised to better capture this information. The final revision will be piloted to test the accuracy of the form prior to statewide implementation.

### **III. Next Steps**

SPD will:

- Review findings from the 2005 Review at Statewide DD QA Committee DD, CDDP Program Manager and Brokerage Executive Director Meetings.
- Review findings with local QA Coordinators at the next statewide QA Coordinators Meeting May 3, 2007.
- Complete the 2006 HCBS Follow up Project. The project will focus on following up on the outstanding corrective actions from the 2005 review. The project direction is to review the same records identified for corrective actions taken since previous review.
- Review benchmarks and revise as needed for 2006-07 (see proposal in Section IV).
- Determine the Annual HCBS Waiver Review activity for 2007 and implement.
- Assure all services are represented during the review process for the ICF/MR Comprehensive Waiver, Support Services Waiver, ICF/MR Behavioral Model Waiver, and Hospital Model Waiver.

#### IV. Proposed Benchmarks

Item	2004 Base	2005 Benchmark	2005 Results	2006 Benchmark	2007 Benchmark
Individual plans current	93%	100%	93%	100%	100%
Services consistent w/annual plan	91%	100%	93%	100%	100%
Service Coordinator monitoring in FH, 24 –Hr. Res.	79%	90%	74%	100%	100%
Offer of choice (institutional or HCBS)	94%	100%	93%	100%	100%
Appropriate signatures	89%	100%	92%	100%	100%
Level of care initial review and verification	95%	100%	97%	100%	100%
Ongoing annual level of care verification	85%	95%	88%	100%	100%
Records for DD eligibility based on FS IQ	92%	100%	94%	100%	100%
Records for DD eligibility based wholly or in part on adaptive scores	85%	90%	95%	100%	100%
Documenting informing of fair hearing rights	78%	90%	86%	100%	100%

