CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 10397

Region: 02 New York

Contract Number / Name: H3329 COMPREHENSIVE CARE MANAGEMENT CORP.

Auditing Guide Version: PACE Audit Guide, Version 1
Auditing Element: ENV02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:05/02/2008
Element Accepted Date: 05/27/2008
Element Release Date: 05/27/2008
CAP Released Date:05/27/2008

Visit Start Date: 2/25/2008
Exit Conference Date: 02/29/2008
Date Report Issued: 03/28/2008
Date Report Due: 04/14/2008
CAP Accepted Date:05/27/2008
Audit Closed Date: 05/27/2008
Element Projected Completion Date:05/27/2008
MCO Response Due Date: 05/12/2008

Requirement:

(a) Standard procedures. The PACE organization must follow accepted policies and standard procedures with respect to infection control, including at least the standard precautions developed by the Centers for Disease Control and Prevention. (b) Infection control plan. The PACE organization must establish, implement, and maintain a documented infection control plan that meets the following requirements: (1) Ensures a safe and sanitary environment. (2) Prevents and controls the transmission of disease and infection. (c) Contents of infection control plan. The infection control plan must include, but is not limited to, the following: (1) Procedures to identify, investigate, control, and prevent infections in every center and in each participant's place of residence. (2) Procedures to record any incidents of infection. (3) Procedures to analyze the incidents of infection to identify trends and develop corrective actions related to the reduction of future incidents.

Deficiencies:

3. 460.74(a) Infection Control ENV 02 Requirement: The PACE organization must follow accepted policies and standard procedures with respect to infection control, including at least standard precautions developed by the Centers for Disease Control and Prevention. Status: Not Met Reference: 42 CFR §460.74(a) When observing a lower extremity dressing change requiring aseptic (clean) technique, the CMS reviewer watched the nurse don a pair of gloves and while gloved pick up a chair to use during the dressing change. The nurse then lowered the leg rest on the participants scooter. Without changing gloves, the nurse proceeded to open 4X4 gauze pads and touch one of the gauze pads with the gloved finger. Additional 4X4s were placed on top the compromised pad before the new dressing was applied, therefore creating a breach in infection control protocol.

Corrective Action Required:

The PACE organization is to provide ongoing training and competencies related to infection control and aseptic technique with a focus on dressing changes. The organization is to develop an infection control review and in-service training for the Nursing Staff. Indicate the time frame for completion, submit training program and include attendance records for related in-services.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 10397

Region: 02 New York

Contract Number / Name: H3329 COMPREHENSIVE CARE MANAGEMENT CORP.

Auditing Guide Version: PACE Audit Guide, Version 1
Auditing Element: QAP04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:05/02/2008
Element Accepted Date: 05/27/2008
Element Release Date: 05/27/2008
CAP Released Date:05/27/2008

Visit Start Date: 2/25/2008
Exit Conference Date: 02/29/2008
Date Report Issued: 03/28/2008
Date Report Due: 04/14/2008
CAP Accepted Date:05/27/2008
Audit Closed Date: 05/27/2008
Element Projected Completion Date:05/27/2008
MCO Response Due Date: 05/12/2008

Requirement:

a) Quality assessment and performance improvement requirements. A PACE organization must do the following: (1) Use a set of outcome measures to identify areas of good or problematic performance. (2) Take actions targeted at maintaining or improving care based on outcome measures. (3) Incorporate actions resulting in performance improvement into standards of practice for the delivery of care and periodically track performance to ensure that any performance improvements are sustained over time. (4) Set priorities for performance improvement, considering prevalence and severity of identified problems, and give priority to improvement activities that affect clinical outcomes. (5) Immediately correct any identified problem that directly or potentially threatens the health and safety of a PACE participant. (b) Quality assessment and performance improvement coordinator. A PACE organization must designate an individual to coordinate and oversee implementation of quality assessment and performance improvement activities. (c) Involvement in quality assessment and performance improvement activities. (1) A PACE organization must ensure that all interdisciplinary team members, PACE staff, and contract providers are involved in the development and implementation of quality assessment and performance improvement activities and are aware of the results of these activities. (2) The quality improvement coordinator must encourage a PACE participant and his or her caregivers to be involved in quality assessment and performance improvement activities, including providing information about their satisfaction with services.

Deficiencies:

A PACE organization must have a written QAPI plan. The PACE governing body must review the plan annually and revise it, if necessary. Status: Not Met Reference: 42 CFR 460.132 Documentation submitted for review does not reflect the governing body has reviewed and approved the annual QAPI evaluation and work plan. Board minues reviewed for calendar years 2006 and 2007 lack discussion and review of annual QAPI plan and approval of governing board regarding the PACE organization QAPI plans.

Corrective Action Required:

1. CCM must submit a corrective action plan that addresses: a) how it will utilize or amend its current procedures for communicating to the board with respect to PACE reporting, b) allocate time at board meetings to focus on the PACE organizations activities 3) ensure that the governing board has reviewed and approved 2007 evaluation and reviewed and revised or approved the 2008 QAPI plan. 2. The Plan must submit signed copies of Board minutes for two meetings which reflect discussion of ongoing PACE activities and review and approval of QAPI plan.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 10397

Region: 02 New York

Contract Number / Name: H3329 COMPREHENSIVE CARE MANAGEMENT CORP.

Auditing Guide Version: PACE Audit Guide, Version 1
Auditing Element: SDY05
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:05/02/2008
Element Accepted Date: 05/27/2008
Element Release Date: 05/27/2008
CAP Released Date:05/27/2008

Visit Start Date: 2/25/2008
Exit Conference Date: 02/29/2008
Date Report Issued: 03/28/2008
Date Report Due: 04/14/2008
CAP Accepted Date:05/27/2008
Audit Closed Date: 05/27/2008
Element Projected Completion Date:05/27/2008
MCO Response Due Date: 05/12/2008

Requirement:

(a) Basic requirement. The interdisciplinary team must promptly develop a comprehensive plan of care for each participant. (b)Content of plan of care. The plan of care must meet the following requirements: (1) Specify the care needed to meet the participant"s medical, physical, emotional, and social needs, as identified in the initial comprehensive assessment. (2)Identifiy measurable outcomes to be achieved. (c) Implementation of the plan of care. (1) The team must implement, coordinate, and monitor the plan of care whether the services are furnished by PACE employees or contractors. (2) The team must continuously monitor the participant"s health and psychosocial status, as well as the effectiveness of the plan of care, through the provision of services, informal observation, input from participants or caregivers, and communications among members of the interdisciplinary team and other providers. (d)Evaluation of plan of care. On at least a semi-annual basis, the inter-disciplinary team must revaluate the plan of care, including defined out-comes, and make changes as necessary.(e) Participant and caregiver involvement in plan of care. The team must develop, review, and reevaluate the plan of care in collaboration with the participant or caregiver, or both, to ensure that there is agreement with the pan of care and that the participant"s concerns are addressed.(f) Documentation. The team must document the plan of care, and any changes made to it, in the participant"s medical record.

Deficiencies:

460.106 (a) (b)(1) Plan of Care Requirement: The interdidisciplinary team must promptly develop a comprehensive plan of care ffor each participant. The plan of care must meet the following requirements: (1) specify the care needed to meet the participants medical, physical, emotional and social needs, as identified in the initial comprehensive assessment. On at least a semi-annual basis, the interdisciplinary team must reevaluate the plan of care, including defined outcomes, and make changes as necessary. Status: Not Met Reference: 42 CFR 460.106 Out of thirty (30) medicak records reviewed,the care plans for three (3) records did not specify the care required by the participant. The plan of care is not consistently updated bewteen each 6-month re-assessment if an when changes occur in the participants condition or in the treatment plan. In two cases, participants with swallowing disorders were required to receive thickened fluids to reduce the risk of choking and aspiration. The degree of thickness (nectar, honey or pudding consistency) is determined by the speech therapist based on the results of a standardized swallowing test and approved by the physician. In these cases, neither the physician orders, nor the plan of care specified the consistency recommended by the speech therapist. In the next case, the plans of care for the periods 12/02/07 - 02/01/08 and 02/02/08 - 04/01/08 did not address several identified issues related to the participant, including the problems associated with a documented hearing deficiency, the intervention(s) used (hearing aide, facing the participant when speaking, etc.). The plan of care did not reflect the recurrent basal cell carcinoma lesion of the right helix which was noted in the 12/31/07 consult note and the 02/08/2008 history and physical and the treatment addressed in the physicians orders. Although the problem list included the potential for falls due to general weakness and the participant did experience falls in October and November of 2007, the interventions did not include the use of the walker instead of the wheelchair or the times the participant is to use the equipment. CFR 460.106(f) Plan of Care SDY 05 Requirement: The IDT develop a comprehensive plan of care that specifies all care needed to meet the participants medical, physical, emotional and social needs as identified. (f) require that the participants plan of care and any changes in the plan must be documented in the participants medical record. Status: Noy Met Reference: 42 CFR 460.104 (b) 1. The plan of care was not accessible in the participants skilled nursing facility medical record.

Corrective Action Required:

460.106 (a) (b) (1) The PACE organization needs to indicate how they will assure that participant care plans include all pertinent current information, identified problems, recommended interventions and goals. For those participant¿s receiving thickened fluids, the PACE organization is to review existing care plans to assure the consistency of fluids is specified on the physician¿s orders and documented in the care plan. The PACE organization will update the Plan of Care when new needs are identified by the IDT team and will not wait for the bi-annual formal evaluation. The PACE Organization will develop an in-service training on the required documentation for Plans of Care. Indicate the time frame for completion, submit training program and include attendance records for related in-services. The PACE organization needs to develop a methodology to assure Plans of Care contain all required information. 460.104 (f) The PACE organization will develop a policy on transmittal of information to the SNF specific to the POC and Advance Directives. The PACE organization will maintain a copy of the most recent plan of care in the PACE participants skilled nursing facility medical record.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 10397

Region: 02 New York

Contract Number / Name: H3329 COMPREHENSIVE CARE MANAGEMENT CORP.

Auditing Guide Version: PACE Audit Guide, Version 1
Auditing Element: ZZ01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:05/02/2008
Element Accepted Date: 05/27/2008
Element Release Date: 05/27/2008
CAP Released Date:05/27/2008

Visit Start Date: 2/25/2008
Exit Conference Date: 02/29/2008
Date Report Issued: 03/28/2008
Date Report Due: 04/14/2008
CAP Accepted Date:05/27/2008
Audit Closed Date: 05/27/2008
Element Projected Completion Date:05/27/2008
MCO Response Due Date: 05/12/2008

Requirement:

Ad Hoc Compliance Event

Deficiencies:

6. To have the PACE organization explain advance directives and to establish them, if the participant so desires, in accordance with Sec. 489.100 and 489.102 of this chapter. Status: Not Met 460Review of the social services notes in the nursing home record of a PACE participant who is a permanent resident in the facility indicated in that the participant had no advance directives and the was no family member to serve as proxy. The PACE staff was questioned as to why a participant with a diagnosis of Alzheimer¿s Disease with behavior problems, who had been in the program for several years, had no advanced directives prior to placement in the nursing home. Review of the PACE record showed that the participant had signed an advance directive in June 2004 naming her daughter as the health care proxy. The advance directive was updated in 2005 and 2006. The PACE indicated this information is part of the package sent to a nursing home when a participant is admitted but was unable to explain the reason it was missing. .112 (e) (2) Specific Rights to Which a Participant is Entitled

Corrective Action Required:

The PACE organization will provide the nursing home with a copy of the participant¿s advance directive. The PACE organization will develop a plan to ensure that in the future, advance directives information is forwarded to the skilled nursing facility and is retained in the participant¿s medical record. The PACE organization will conduct an audit of PACE skilled nursing participants¿ medical records to ensure that advance directives is maintained in the skilled nursing facility medical record. Provide a timeline for accomplishment and results of audit.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 10397

Region: 02 New York

Contract Number / Name: H3329 COMPREHENSIVE CARE MANAGEMENT CORP.

Auditing Guide Version: PACE Audit Guide, Version 1
Auditing Element: ZZ95
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:05/02/2008
Element Accepted Date: 05/27/2008
Element Release Date: 05/27/2008
CAP Released Date:05/27/2008

Visit Start Date: 2/25/2008
Exit Conference Date: 02/29/2008
Date Report Issued: 03/28/2008
Date Report Due: 04/14/2008
CAP Accepted Date:05/27/2008
Audit Closed Date: 05/27/2008
Element Projected Completion Date:05/27/2008
MCO Response Due Date: 05/12/2008

Requirement:

Ad Hoc Compliance Event

Deficiencies:

ADM 03 Govering Body Review of the Board Meeting Minutes lacked evidence of a Board level awareness of CCM's annual Quality Plan, ongoing performance Improvement Projects, or Grievances and Incidents. There is insufficient evidence that supports the communication bewteen the PACE Organization and the board with regard to PACE such as ongoing activities, appeals and grievances, participant involvement and QAPI review and approval. The board minutes do not adequately reflect the ongoing communication from the PACE organization to the board. This was confirmed through interview with a Board member. In addition, there was no evidence of the consumer advisory committee represntative's participation at board mettings and providing advice to governing boady.

Corrective Action Required:

1. CCM must submit a corrective action plan that addresses a)how it will utilize or amend its current procedures for communicating to the board with respect to PACE reporting, b) how it will allocate time at board meetings to focus on the PACE organization i.e. member satisfaction, complaints and appeals, QAPI program, QA initiatives, c) how the PACE organization will implement the consumer advisory committee member to appropriately update the board. CCM must demonstrate Board Level accountability. 2. Submit signed copies of board minutes for two meetings with PACE information noted, consumer representation and QAPI review and approval, and review of ongoing QA activities.

CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 10397

Region: 02 New York

Contract Number / Name: H3329 COMPREHENSIVE CARE MANAGEMENT CORP.

Auditing Guide Version: PACE Audit Guide, Version 1
Auditing Element: ZZ96
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:05/02/2008
Element Accepted Date: 05/27/2008
Element Release Date: 05/27/2008
CAP Released Date:05/27/2008

Visit Start Date: 2/25/2008
Exit Conference Date: 02/29/2008
Date Report Issued: 03/28/2008
Date Report Due: 04/14/2008
CAP Accepted Date:05/27/2008
Audit Closed Date: 05/27/2008
Element Projected Completion Date:05/27/2008
MCO Response Due Date: 05/12/2008

Requirement:

Ad Hoc Compliance Event

Deficiencies:

ADM 04 Program Integrity Of the ten employee records reviewed, three had no evidence that a criminal background check was performed. Fingerprints had been submitted but found lacking by the reviewing agency. The employees had not been re-fingerprinted and follow up of background checks is inconsistent.

Corrective Action Required:

1. All employees, contracted staff and delegated vendor staff with direct participant contact must have criminal background checks completed during the hiring process and results to be filed in a separate file from the employee record. 2. The Human Resource department needs to develop a detailed checklist to document the steps that need to be completed during CCM's initial employment process. Develop a policy and process to review new employee records for completeness against the checklist. The internal review should be part of the ongoing quality measures for the Human Resources department. 3. Oversight of delegated vendors requires development of an audit tool that encompasses the required background checks. 4. Submit copy of policy and procedures regarding background checks and develop an audit process for employee files. Submit policy and procedures and checklist to the CMS Regional Office and the NYSDOH. Develop an audit process and audit tool for vendors and submit policy and procedures and audit tool for oversight of delegated vendors to the CMS Regional Office and NYSDOH.