

# Report on Statewide Home and Community-Based Services Waiver Review Sample August-December 2004

## I. Overview

The Seniors and People with Disabilities (SPD) Home and Community Based (HCBS) Waiver Review is a key component for measuring progress toward quality outcomes for services provided through four developmental disability services waivers. While some version of the review has been conducted locally, with results collected periodically by SPD, for several years, the 2004 review was the first to combine statewide standardization, a centralized database, and a specific time frame. Results will be the basis of published baseline performance across all 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. Results will be compared with subsequent annual reviews and supplemented by data from other quality assurance processes (e.g. service coordinator monitoring, support services field reviews, consumer satisfaction surveys, licensing/certification reviews) to produce a more comprehensive picture of waiver service quality.

**Scope of Review:** The original review list consisted of 372 names, representing 4.7% of all individuals enrolled in developmental disability waiver services in March 2004, including:

- 1) Medically Fragile Model Waiver (MFW). Five—6.9% of total enrolled in the waiver---recipients of Children's Intensive In-Home Support (CIIS) services, chosen through a combination of random sampling and adjustments for representation across service coordinators.
- 2) Behavior Model Waiver (DDB). Seven---7.4% of total enrolled in the waiver---recipients of Children's Intensive In-Home Support (CIIS) services, chosen through a combination of random sampling and adjustments for representation across service coordinators.
- 3) DD Comprehensive Services Waiver (DDC). Two hundred thirty-one---4.5% of total enrolled in the waiver---chosen through a combination of random sampling and adjustments for representation across Community Developmental Disability Programs (CDDPs) and the SPD Children's Residential Services (CRS) program.
- 4) DD Support Services Waiver (DDS). One hundred twenty-nine---5.4% of total enrolled in the waiver---chosen through a combination of random

sampling and adjustments for representation of all Brokerages and CDDPs.

Thirty-five 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 thirty-seven (337) reviews were finally completed (126 DDS, 5 MFW, 7 DDB, and 199 DDC) representing 4.3% of all individuals enrolled in developmental disability waiver services. Of these 337 individuals:

- 18% received foster home services;
- 31% received 24-hour residential services;
- 7% received supported living services;
- 30% received employment/alternative to employment services (as well as some type of comprehensive residential service);
- 37% received adult support services;
- 3% received adult comprehensive in-home support services;
- 0% received family support services (over \$20,000/year);
- 4% received children's intensive in-home support services; and
- 1% received crisis/diversion services (as well as some other type of waiver service).

**Overall methodology:** SPD and CDDP personnel reviewed individual files using a standard instrument and instructions (attached). The SPD QA Coordinator and respective program administrative staff conducted the reviews of CIIS and 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 participant's/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:** Current annual plans were found in 313 (93%) records reviewed.

#### **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:** 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.

**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:** Records indicated paid services received were consistent with annual plans for 306 (91%) individuals.

**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:** Evidence of service monitoring was present in 132 (79%) of foster home and 24-hour residential service recipient files.

**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 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:** Choice was documented appropriately in 317 (94%) of records reviewed.

**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:** Appropriate signatures were present in 301 (89%) of records reviewed.

**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:** Initial assessment signatures and dates---or evidence of corrective actions---were in place for 321 (95%) of records reviewed.

**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 12<sup>th</sup> 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:** Annual ongoing verification of need was evidenced in 276 (85%) of records where more than 12 months had passed since initial D & E review and verification of level of care need.

**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:** Criteria was met in 264 (92%) of cases where records indicated eligibility determination was based on full scale IQ, in 175 (86%) of cases where records indicated eligibility determination was based on adaptive score, and in 42 (61%) of cases where records indicate eligibility determination was based on other type of records.

## **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:** Informing of hearing rights was documented appropriately in 263 (78%) of records reviewed.

### III. Next Steps

SPD will:

- Review findings at DD Program Manager and Brokerage Executive Director meetings.
- Follow-up with programs or CDDPs where performance is significantly below statewide baseline.
- Request confirmation corrections have been made as indicated on a sample of reviews indicating correction was required.
- Adopt benchmarks for 2005-07 (see proposal in Section IV).
- Reduce expectations for local waiver file review to annual sample.
- Review issues with local QA Coordinators prior to next sample review (October-December, 2005).

### IV. Proposed Benchmarks

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