



Discovery, Remediation and Improvement

IACP HCBS Technical Assistance Program
Fall 2020 Regional Training



With you today




BEN WOODWORTH



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Quality, Compliance, & Continuous Quality Improvement

441-77.37 & 441-77.39

441-77.25 & 441-28.27

f. The organization has a systematic, organization wide, planned approach to designing, measuring, evaluating, and improving the level of its performance. The organization:

- (1) Measures and assesses organizational activities and services annually.
- (2) Gathers information from consumers, family members, and staff.
- (3) Conducts an internal review of consumer service records, including all major and minor incident reports according to subrule 77.37(8).
- (4) Tracks incident data and analyzes trends annually to assess the health and safety of consumers served by the organization.
- (5) Identifies areas in need of improvement.
- (6) Develops a plan to address the areas in need of improvement.
- (7) Implements the plan and documents the results

What HCBS Specialists are Looking For

Providers are required to develop and implement a Quality Improvement (QI) plan. This plan must have a systematic, organization wide, planned approach to designing, measuring, evaluating and improving the agency performance.

At a minimum:

1) Ongoing schedule or timeline for quality improvement activities, to include the specific timeframes for data collection, data analysis and to identify entities with whom results will be shared

At a minimum:

2) Discovery:

- 2.a) Collecting and reviewing data to identify issues to be monitored for quality improvement to include sample size and acceptable thresholds
- 2.b) Ongoing review of responses to all member/stakeholder input to determine the need for systemic changes
- 2.c) Ongoing review of member records to include medication management, health and safety incident reporting and documentation
- 2.d) Tracking and trending of incident reports

Discovery

A process for
checking
organizational
practices
against

- Rules
- Informational Letters
- Organizational Policy
- MCO Manuals
- Provider Manuals
- Organizational MCO Contract
- Accreditation Standards

At a minimum:

3) Remediation: The development of a plan to address areas of improvement identified during discovery, to include specific timelines for development and completion of action steps

Remediation

Create a
plan to
correct

- What areas were outside of the desired results?
- What is going to be done to fix?
- What is the timeline for correcting?
- Who will implement the plan to correct?
- Who/when will this be checked?

At a minimum:

4) Improvement: Summary of QI activities to include monitoring the impact of remediation plan

Improvement

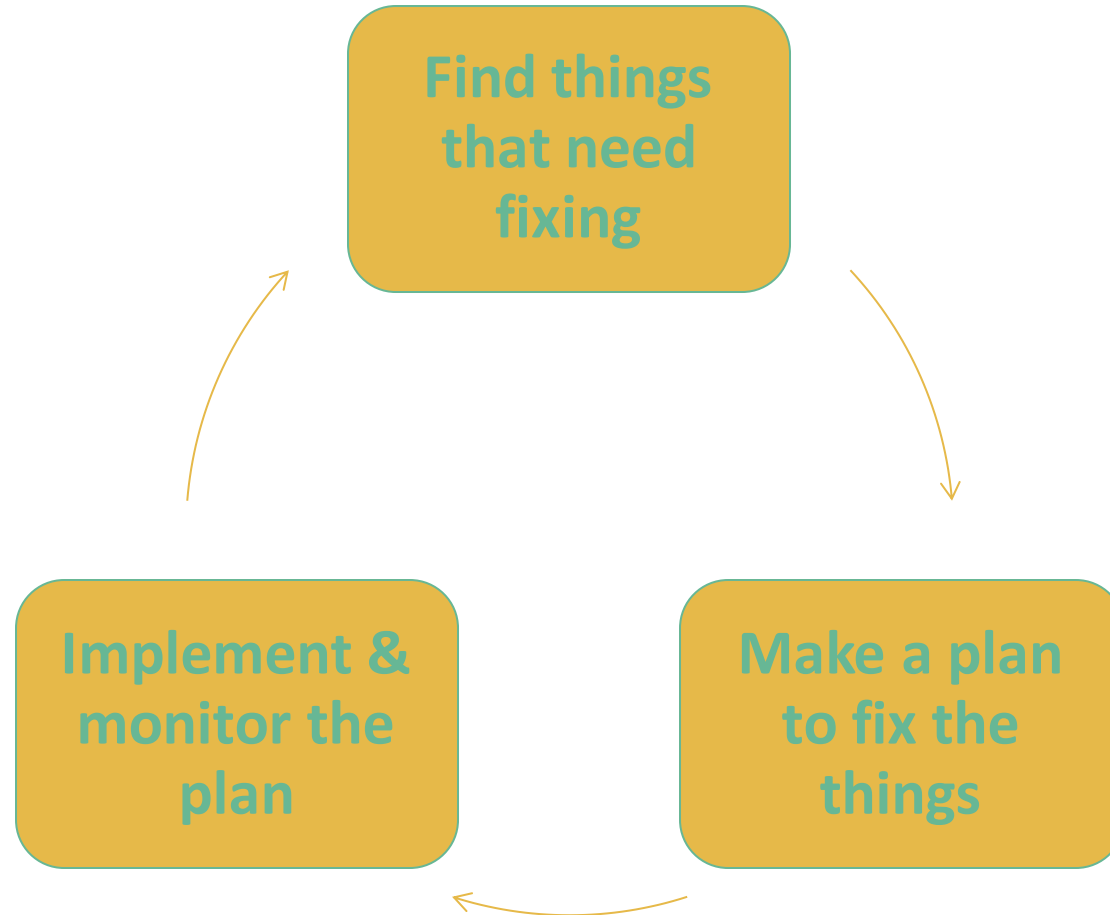
Fixing the
problems
you find

- Implement the remediation plan
- Assess effectiveness

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Things to Remember

Not a once-per-year thing!



It doesn't have to be complicated

- What did you find?
- If there was a problem,
 - How will it be fixed?
 - Who will fix it?
 - When do you expect it will be fixed?

You'll need to show proof via documentation

- Worksheet example



Quality Improvement in HCBS Services: Discovery, Remediation & Improvement Tool

Discovery

Date	Description of Concern (Including Who Made Discovery)	Person Notified	Date & Time of Notification

Remediation

Date	Description of Corrective Action Steps	Staff Responsible for Remediation	Notation Made in Personel File (Yes/No) if No Explain Why

Improvement

Date	Description of Actions to Revisit/Confirm Remediation is Continuously Effective	Staff Responsible for Improvement Action	Details on When to Revisit Improvement Action & Why

Supervisor Signature: _____ Date: _____

Director Signature: _____ Date: _____

Signatures Denote Approval of Discovery, Remediation and Improvement Tool According to Organization Policy and Procedures.



Aggregate Data - Organizations Assigned Corrective Action Plans

State Fiscal Year 2019



74

Agencies Had
Corrective Action Plans
for FY19.



Top 10

#1 Area of Concern: 30 Agencies

Specific interventions/supports,
including name, dosage and route of
medications administered.



Top 10

#2 Area of Concern: 26 Agencies

Member's response to staff interventions/supports.



Top 10

#3 Area of Concern: 25 Agencies

Process to ensure units of service billed for payment are based on services provided with substantiating documentation.

Top 10

#4 Area of Concern: 23 Agencies

At a minimum, service documentation shall include 1.a) Specific location, date, and times of service provision

Top 10

#5 Area of Concern: 22 Agencies

Restraint, restriction, and behavioral intervention programs shall be time-limited and shall be reviewed at least quarterly as needed



Top 10

#6 Area of Concern: 18 Agencies

Provider participates in interdisciplinary team meetings.

Top 10

#7 Area of Concern: 17 Agencies

Process for ensuring staff receive a statement of the abuse reporting requirements within one month of employment

Top 10

#8 Area of Concern: 16 Agencies

Bureau of Medical and Long Term Services and Support (MLTSS) or appropriate entity by the end of the next calendar day after the incident via Iowa Medicaid Portal Access (IMPA) or as determined by the department.

Top 10

#9 Area of Concern: 16 Agencies

Provider's service plan includes documentation of any rights restrictions, why there is a need for the restriction and a plan to restore those rights, or a reason why a plan is not necessary or appropriate.

Top 10

#10 Area of Concern: 16 Agencies

The provider shall have in place a system for the review, approval, and implementation of ethical, safe, humane, and efficient behavioral intervention procedures. All members receiving home and community based habilitation services shall be afforded the protections imposed by these rules when any restraint, restriction, or behavioral intervention is implemented: 1.a) The system shall include procedures to inform the member and the member's legal guardian of the restraint, restriction, and behavioral intervention policy and procedures at the time of service approval and as changes occur

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Current Trending Issues



Staff Training



Rights Restrictions

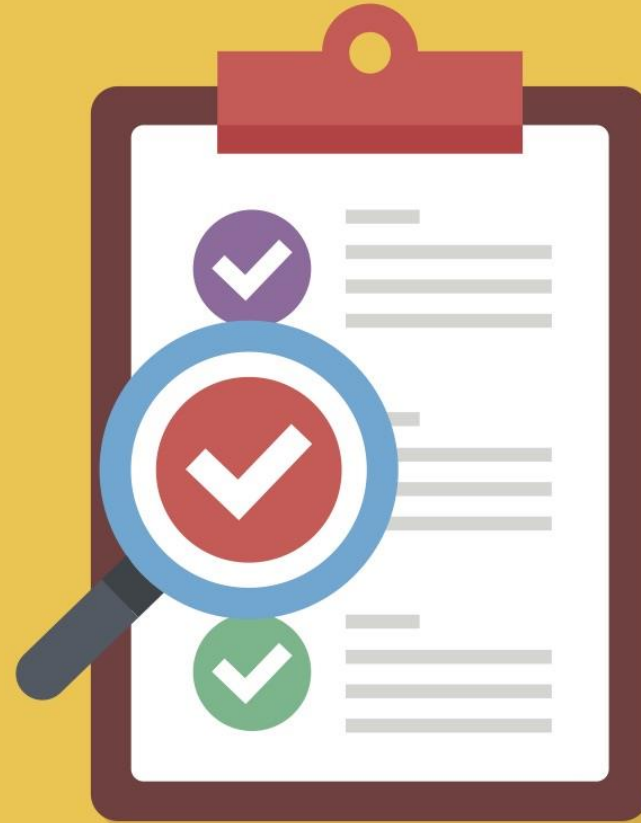


Documentation

Staff Training

Be sure not just that the training is done, but also documented.

Note: There are timeline waivers due to the pandemic.



Rights Restrictions

- Informational Letter 2166
 - Don't implement organization-wide restrictions
 - Base all restrictions on individualized circumstances
 - Follow the IDT process.
- If you have found your process does not comply, do you have a (written) plan documenting what you found and how you are going to fix it?

Documentation



Rules

<https://www.legis.iowa.gov/docs/iac/rule/11-06-2019.441.79.3.pdf>



Questions?

Thank you.

Resources

- Iowa HCBS Self Assessment General Page:
<https://dhs.iowa.gov/ime/providers/enrollment/provider-quality-management-self-assessment>
- Iowa HCBS Self Assessment 2019 Presentation:
<https://dhs.iowa.gov/sites/default/files/2019%20HCBS%20Self-Assessment%20Training%20Slides.pdf?100920191716>
- Medicaid - Measuring and Improving Quality HCBS:
<https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/measuring-and-improving-quality-home-and-community-based-services-hcbs/index.html>
- OIG Report on Incident Reporting:
<https://oig.hhs.gov/oas/reports/region7/71806081.asp>

Resources

- Rules –
<https://theiacp.memberclicks.net/assets/docs/TechnicalAssistance/IACPTARuleReferenceGuide02.2020%5B1%5D.pdf>
- Waiver Provider Manual:
<https://dhs.iowa.gov/sites/default/files/HCBS.pdf?091620201818>
- Habilitation Provider Manual:
<https://dhs.iowa.gov/sites/default/files/Habilitation.pdf?091620201818>
- IL 2166 - https://dhs.iowa.gov/sites/default/files/2166-MC-FFS_HCBS_PCP_during_COVID-19.pdf?091020201344
- Iowa Medicaid Provider Sanctions List:
<https://dhs.iowa.gov/ime/providers/program-integrity>

Resources

- DayHab Rule Changes: <https://www.legis.iowa.gov/docs/aco/arc/5166C.pdf>



IACP

Iowa Association *of* Community Providers