

Cathy Cooper
Authorized Signature

Number: SPD-AR-08-011

Issue Date: 4/14/2008

CORRECTED

Topic: Developmental Disabilities

Due Date: 7/31/2008

Subject: Corrected: Home and Community Based Services (HCBS) Waiver Review
Checklist and Statewide Sample information

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): CDDP Quality Assurance Coordinators, DD Brokerage Directors, SPD- Regional Coordinators, SPD- Support Services Liasons. |

Action Required:

The Centers for Medicare and Medicaid Services (CMS) sets conditions for participation in Title XIX Medicaid Waivers. The community developmental disability programs (CDDPs) must complete file reviews to ensure these conditions are met. The reviews involve initial examination of CDDP files and specific support services brokerage records for compliance. The support services brokerages are assisting with the review by providing copies of certain records to the CDDP staff conducting the review. These records include quarterly reviews of individual plans, annual reviews of individual plans, written grievances and complaints, and resolution of written grievances and complaints.

The CDDP will identify areas requiring follow up and assure the follow up is completed. If a review identifies service provider records that might require correction, CDDP staff will inform the appropriate agency staff who, in turn, will communicate correction timelines to the CDDP staff. The CDDP will be responsible for tracking all required follow up; SPD may request an update on the status.

The prior version of the form had to be changed to meet the needs of our updated processes and procedures. The form has been streamlined to improve clarity and ensure the results are measurable. There will not be a separate Frequently Asked Questions (FAQ) or Instructions document; the hard copy of the checklist has all the questions and instructions identified by the Local Quality Assurance Coordinators (QAC), Senior, and People with Disabilities (SPD),

Office of Developmental Disabilities (ODDS), and CDDP Program Managers included on the form. This project will establish a baseline and benchmarks will be set as result of the findings. Input from all stakeholders will be considered when setting the benchmarks.

What:

The HCBS Title XIX Waiver Review Project for 2007 has two parts; the Individual Checklist and Provider Checklist. The Individual Checklist focuses on questions related to a specific individual's records (Individual Support Plan (ISP), Monthly Monitoring Checklists, Title XIX Waiver Form, and Eligibility Documentation). The Provider Checklist focuses on questions specific to provider site visits; dependent on each CDDP process this information might be located in a provider file or an individual's record.

When:

The official start date of the project is April 14, 2008. All Individual and Provider Checklists must be submitted on line by 5:00 PM on July 31, 2008.

Who:

The individuals on each of the four Developmental Disability (DD) Waivers during the calendar year of 2007 are subject to review. The 24-Hr Residential Providers, Adult Foster Home providers, and State Operated Community Programs for children and adults that were licensed or certified during the 2007 calendar year are subject review.

Individual Checklist

The four waivers were separated prior to doing a sample pull. This is to ensure each CDDP reviews at least one individual in the Comprehensive Waiver and Support Services Waiver.

The Comprehensive Waiver sample was broken down into adults and children. Children under 18 years old were separated for a 2% sample assigned to the Children's Residential Support (CRS). The adults were sorted by CDDP, using Service Element 48 (Case Management) to determine the CDDP.

For the Comprehensive Waiver, the statewide sample size is 2% weighted by CDDP and the following Service Elements 49 (In-Home Comprehensive), 50 (Adult 24-Hr Residential), 51 (Supported Living), 53 (Transportation), 54 (Employment/Alternatives to Employment), 58 (Foster Care), and 141 (State Operated Community Programs). Each CDDP was given 2% of the unduplicated individuals who billed for SE 48 during the calendar year 2007. If a CDDP sample size of 2% of the population would result in no records being reviewed, then at least one record was assigned to review.

For the Support Services Waiver, the statewide sample size is 2% weighted by CDDP and brokerage. The Support Services Waiver sample was broken down by CDDP, using the Service Element 48 (Case Management) to determine the CDDP managing the individual's record. Then the sample was weighted by unduplicated individuals receiving

Service Element 149 (Brokerage Support Services) to ensure all brokerages were reviewed. If a CDDP sample size of 2% of the population would result in no records being reviewed, then at least one record was assigned to review.

The Children's Hospital and Behavioral Model Waivers were assigned to the Children's Intensive In-Home Support Unit to do a 2% sample review.

Provider Checklist

All providers of 24-hour support who are subject to Monthly Monitoring per OAR 411-320-0130 in the calendar year 2007 were subject to review. The sample size is set at 2% for each Service Element 50 (Adult 24-Hr Residential), 58 (Foster Care), 142 (Children's 24-Hr Residential), and 141 (State Operated Community Programs). Each CDDP will receive 2% of each provider type that was licensed or certified in the calendar year 2007. If a CDDP had a minimal number of providers available in the calendar year 2007, then at least one record was assigned to review.

The providers selected for review under Service Element 142 will be reviewed by the CRS. The sample size will be 2%.

How:

The Individual Checklist will be used to answer questions for each individual selected for the four waiver samples. The Provider Checklist will be used to answer questions for each provider selected for the review. The checklist is available in hard copy to take notes only. The final data must be submitted online using the websites provided below. The website is secured. The websites will allow a user to save their work and return to the checklist later. The user must click "save" prior to exiting the checklist. The user will automatically return to the saved individual or provider checklist; the website will not allow the user to start a new checklist until the saved one is completed (as long as they use the same computer). The saved checklist will sit pending until the user returns to the machine it was originated; completes and submits. If the user moves to a new machine then they can start another checklist.

To access the checklists go to the links below:

Individual Checklist

https://surveys.dhs.state.or.us/inquisite/data/spd/dandersson_hcbs_2007.html

Provider Checklist

https://surveys.dhs.state.or.us/inquisite/data/provmonitor08/dandersson_hcbs_2007_provider_monitoring.html

Checklists:

[Individual Checklist](#)

[Provider Checklist](#)

Once the survey is submitted, the data will be stored in a database and converted into a report each week. The individual checklists will be returned to each reviewer on a weekly basis in the same format as the hardcopy of the checklists. The expected turn around time will be two weeks from on-line submission. They will be returned by email as a PDF document. The email will be encrypted to ensure all data is secure.

At the end of the review, an excel file of all the data entered for a specific CDDP will be available upon request to the SPD QAC.

Reason for Action: CMS requires SPD to collect, analyze and act upon information to maintain and improve quality in waiver services. SPD has made contract arrangements to support statewide and local waiver quality assurance processes through specific resources located in CDDPs. This annual random sample review of individual files is a primary means of assessing SPD compliance with basic Medicaid requirements for individuals' waiver services.

Field/Stakeholder review: Yes No

If yes, reviewed by: SPD ODDS, SPD Office of Federal Reporting & Financial Eligibility, CDDP Program Managers, CDDP QAC, Brokerage Directors, and Quality Assurance Committee (DD Waivers). Thank you to everyone who assisted in the development of the revised checklists, database, and process.

If you have any questions about this action request, contact:

Contact(s):	Dawn Andersson		
Phone:	503-945-6976	Fax:	503-373-7274
E-mail:	dawn.c.andersson@state.or.us		