

# *QIS Program Review Deficiency Remediation Process*

Date / Time:

February 24, 2016

11:00 am - 12:00 pm

Audio Options:

Use Telephone

Dial: 1-877-820-7831

Access Code: 982280



Presented by Jennifer Larsen



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# *Our Mission*

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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# *How to Participate*

- Use Chat Panel to enter questions
- This presentation is being recorded
- Use Files Panel to access training materials
- Training materials and webinar recording will be posted on our LTSS Training website
  - [www.colorado.gov/hcpf/long-term-services-and-supports-training](http://www.colorado.gov/hcpf/long-term-services-and-supports-training)



# *What you will learn*

- Review QIS Process
  - Common Deficiencies
- How to review and address deficiencies in Remediation workbook
  - Examples
- How to review and address issues in trend report
  - Examples
- Timelines and Resources



# *Why are we doing this?*

- Ensure clients are receiving the services and supports they need
- CMS requirement
  - Annual and periodic reports
- Guide training development



# *What are we looking for?*

- Six Federal Assurances

- Level of Care
- Service Plan
- Health and Welfare
- Qualified Provider
- Administrative Authority
- Financial Accountability

# QIS Program Review Process

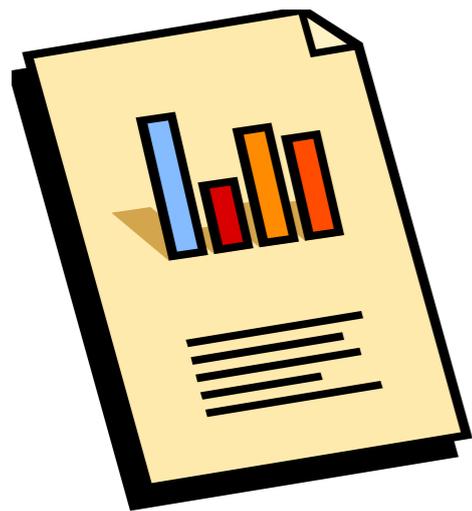
Data Pull



Super  
Aggregate



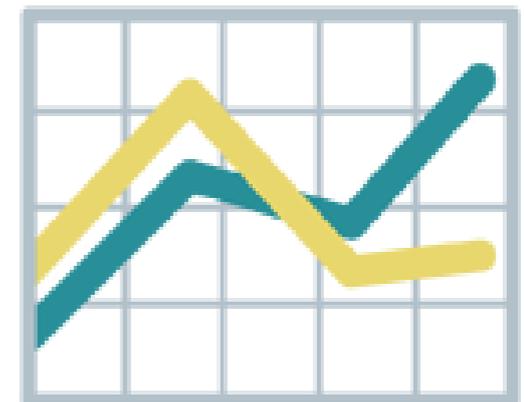
Super  
Aggregate



Analyze

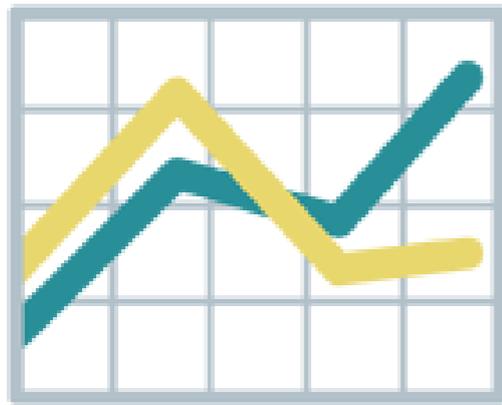


Deficiency  
Report



# QIS Remediation Process

**CMA Reviews  
Remediation  
Workbook**



**Remediate  
Deficiencies**



**Submit**



**Trend  
Report**



**Develop  
Plan of Action**



# *What is a deficiency?*

- Items in a client's level of care assessment and/or service plan that have **not been completed** according to the performance measures based on State and Federal regulations
- These items were found in two ways:
  - By the data pull conducted by the Department
  - By your agency's in house Program Tool reviewers



# *Common Deficiencies*

- Deficiencies found by the Department
  - Service Plan to Utilization Comparison
    - Services need to be listed in the service plan
    - Many CMAs are showing improvement here!!
  - Mental Health Provider Contacts - (CMHS waiver)
- Deficiencies found by your agency's Program Tool Review staff
  - ULTC Assessments are not applied appropriately
    - Due to's are not sufficiently justified in the comments section
  - Service Plan Revisions
    - Was a revision required to address changing needs



# *Questions or Concerns?*



# Remediation Workbook

CMHS

CMHS SP-Utilization Comparison

CMHS-MH Contacts PM

EBD

EBD SP-Utilization Comparison

EBD-ACF Contacts PM

- There are at least two worksheets (tabs) for each waiver
  - Performance Measure deficiencies
  - Service Plan to Utilization deficiencies
  - **Note:** CMHS and EBD waivers include tabs for Mental Health and/or Alternative Care Facility Provider Contacts
- Simpler this year
  - No color coding individual deficiencies
  - **Do NOT type in the cells** - only make a selection from menu - no need to provide detailed explanations in the workbook itself



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# Performance Measure Tab

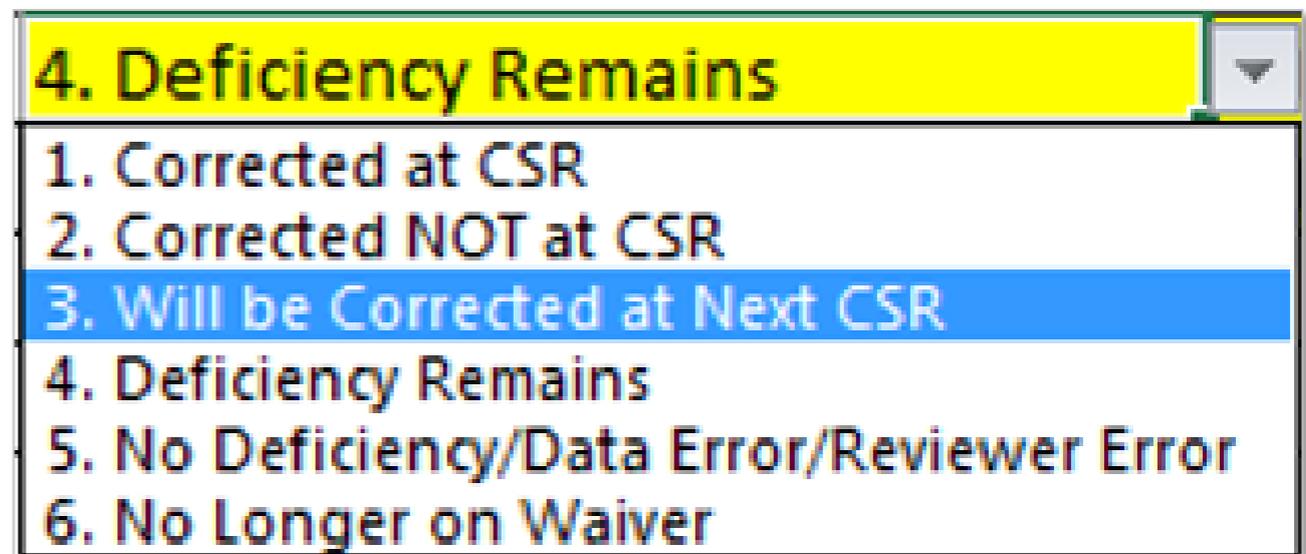
- Identified by waiver acronym
- Performance measures are listed by column
- Clients are listed by row showing data about their assessments and service plans
- Deficiencies are highlighted in yellow and require your attention

<b>Summary 29-33</b> <b>Q28_LOC_3C</b> ULTC assessments not applied appropriately. This is a summary of Q29-31.	<b>Not accurately scored on ULTC (Summary 32-33)</b> <b>Q31_LOC_3CA</b> This is a summary of Q32-33.	<b>ULTC 100.2 Due To Scores not Justified in Comment Section</b> <b>Q32_LOC_3C3</b> All "Due To" scores must be sufficiently justified in the comment section. This is a summary of the CMA reviewer responses from the QIS Program Review Tool Questions 27-34.
Q28_LOC_3C	Q31_LOC_3CA	Q32_LOC_3C3
0	0	0
0	0	0
4. Deficiency Remains	4. Deficiency Remains	4. Deficiency Remains
4. Deficiency Remains	4. Deficiency Remains	4. Deficiency Remains



# Reviewing Performance Measure Deficiencies

- Click in the yellow highlighted cell (drop-down menu appears)
- Determine/select appropriate code based on current remediation status
- Do not select or leave Deficiency Remains
- Do not type in these cells - make a selection only



4. Deficiency Remains

1. Corrected at CSR
2. Corrected NOT at CSR
3. Will be Corrected at Next CSR
4. Deficiency Remains
5. No Deficiency/Data Error/Reviewer Error
6. No Longer on Waiver

# *Performance Measure Remediation Status Codes*

## 1 – Corrected at CSR

- *Use of this code indicates that the issue existed in previous service plan, however, issue no longer exists in service plan following a CSR*

## 2 – Corrected NOT at CSR

- *Use of this code indicates that the issue existed in previous service plan but has been resolved either during a SP revision, unscheduled review, or upon receipt of medical records or additional client documentation*

## 3 – Will be Corrected at Next CSR

- *Use of this code indicates the intention that this issue will be corrected at the next CSR*



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# *Performance Measure Remediation Status Codes*

## 4 – Deficiency remains

- *Do not use this code - All deficiencies must be remediated*

## 5 – No deficiency/Data Error/Reviewer Error

- *Use of this code indicates a potential data entry error or reviewer error*

## 6 – No Longer on Waiver

- *Use this code to indicate the client's services on the waiver have ended. State staff utilized this code during preliminary analysis; CMAs may use this code if they have more up-to-date information about a client ending services*



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# Service Plan to Utilization Tab

- Clients are listed by column showing data about their assessments and service plans
- Deficiencies are highlighted in yellow and require your attention

SERVICE NAME	Non Medical Transportation	Personal Care
TOTAL PAID UNITS		488
TOTAL UNITS FROM SERVICE PLAN	43	620
RATIO OF PAID UNITS TO PLANNED UNITS		79%
QIS RETURNED CASE MANAGEMENT AGENCY		
SERVICE PLAN EVENT NUMBER	4	4
SERVICE PLAN START DATE	2/1/2015	2/1/2015
SERVICE PLAN END DATE	1/31/2016	1/31/2016
SERVICE PLAN EVENT TYPE	CSR	CSR
ASSESSING CASE MANAGER FIRST NAME		
ASSESSING CASE MANAGER LAST NAME		
INITIAL COMPLIANCE %	0%	79%
INITIAL COMPLIANCE CODE	3. Deficiency Remains	3. Deficiency Remains

# Reviewing Service Plan Utilization Deficiencies

- Click in the yellow highlighted cell (drop-down box appears)
- Determine/select appropriate code based on current remediation status
- Do not select or leave Deficiency Remains
- Do not type in these cells - make a selection only

1. Already Corrected at CSR
2. Corrected Not at CSR
3. Deficiency Remains
4. No Deficiency/Data Error/Utilization appropriate
5. No longer on waiver
6. Provider Capacity
7. Utilization Appropriate (State Use Only)



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# *Service Plan to Utilization Remediation Status Codes*

## 1 – Corrected at CSR

- *Use of this code indicates that the issue existed in previous service plan, however, HCBS services have been adjusted to reflect the client's assessed and actual needs following a CSR*

## 2 – Corrected NOT at CSR

- *Use of this code indicates that the issue existed in previous service plan, however, HCBS services have been adjusted to reflect the client's assessed and actual needs following a SP revision or an unscheduled review*

## 3 – Deficiency Remains

- *Do not use this code - All deficiencies must be remediated*



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# *Service Plan to Utilization Remediation Status Codes*

## 4 – No deficiency/Data Error/Utilization Appropriate

- *Use of this code indicates a potential data entry error or is appropriate if the client experiences a lapse of services due to situations including hospitalization, family caregiving, lag time before initial services, etc.; but SP services accurately reflect the client's assessed needs outside of these circumstances*
- *Over-utilization is never appropriate and needs to be marked by one of the other codes*

## 5 – No Longer on Waiver

- *Use of this code indicates the client's services on the waiver have ended - State staff utilized this code during preliminary analysis; CMAs may use this code if they have more up-to-date information about a client ending services*



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# *Service Plan to Utilization Remediation Status Codes*

## 6 – Provider Capacity

- *Use of this code indicates the client is not able to access services in the amount or frequency designated in the Service Plan due to provider limitations*

## 7 – Utilization Appropriate (Department Use Only)

- *This code is only to be used by HCPF staff only - State staff utilized this code during preliminary analysis; CMAs may indicate appropriate utilization by using code 4 (above) and including an explanation*



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# *Mental Health Contacts*

- Required for Community Mental Health Supports (CMHS) waiver clients only
- Case managers must contact client's mental health provider once every 180 days to meet compliance
- Contact or attempt to contact must be documented as a mental health provider contact in the log notes section of the BUS
- If a contact was completed that is not indicated in the spreadsheet, please insert the contact date in the highlighted cells
- Remediation for these performance measures will need to be addressed in LTSS QIS Trend Report with steps your agency is taking, or plans to take, to achieve compliance in the future



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# Mental Health Contacts

- Only address yellow highlighted cells
- If contact was made, enter that in the cell
- If contact was not made, leave blank
- Note in Trend Report how agency will improve this in the future

HCPF Staff Research					
STATE_ID	QIS RETURNED_AGENCY	MH-Dte 1	MH-Dte 2	Compliance	Comments
D222222	Appleseed Agency			0	
M444444	Appleseed Agency			1	No MH provider
M666666	Appleseed Agency		4/15/2015	1	
N888888	Appleseed Agency	2/19/2015	5/14/2015	1	10/14/14;12/5/14
W101010	Appleseed Agency			1	No MH provider
			<b>Numerator</b>	<b>4</b>	
			<b>Denominator</b>	<b>5</b>	
			<b>Compliance%</b>	<b>80%</b>	

BUS Data Pull from Log Note Type/Contact					
STATE_ID	QIS RETURNED_AGENCY	FIRST SIX MOS	SECOND SIX MOS	STD MET	WAIVER
D222222	Appleseed Agency		1	0	CMHS
M444444	Appleseed Agency			0	CMHS
M666666	Appleseed Agency			0	CMHS
N888888	Appleseed Agency	3	5	1	CMHS
W101010	Appleseed Agency			0	CMHS
			<b>Numerator</b>	<b>1</b>	
			<b>Denominator</b>	<b>5</b>	
			<b>Compliance%</b>	<b>20%</b>	



# *ACF Contacts*

- Required for Community Mental Health Supports (CMHS) and Elderly, Blind and Disabled (EBD) waiver clients only
- Case managers must contact client's Alternative Care Facility once every 180 days to meet compliance
- Contact or attempt to contact must be documented as an ACF provider contact in the log notes section of the BUS
- If a contact was completed that is not indicated in the spreadsheet, please insert the contact date in the yellow highlighted cells
- Remediation for these performance measures will need to be addressed in LTSS QIS Trend Report with steps your agency is taking, or plans to take, to achieve compliance in the future



# ACF Contacts

- Only address yellow highlighted cells
- If contact was made, enter that in the cell
- If contact was not made, leave blank
- Note in Trend Report how agency will improve this in the future

HCPF Staff Manual Review of Lognotes						
#NAME?	RETURNED_AGENCY	FIRST SIX MOS	SECOND SIX MOS		STD MET=1	NOTES
G111111	Appleseed Agency	7/30/2014	9/17/2014		1	NF 10/23/14
O333333	Appleseed Agency	3/17/2015	9/29/2015		1	
R555555	Appleseed Agency	9/22/2014	12/18/2014	6/16/2015	1	
V777777	Appleseed Agency					Not in ACF?
Y999999	Appleseed Agency	1	1		1	BUS lognote Pull
				Numerator	4	
				Denominator	5	
				Initial Compliance	80%	

BUS Data Pull Lognote by Type/Contact						
SAMPLE STATE_ID	RETURNED_AGENCY	FIRST SIX MOS	SECOND SIX MOS	STD MET=1	WAIVER	ACF STAY
G111111	Appleseed Agency	1		0	EBD	ACF CLIENT
O333333	Appleseed Agency			0	EBD	ACF CLIENT
R555555	Appleseed Agency	1	1	1	EBD	ACF CLIENT
V777777	Appleseed Agency		2	0	EBD	ACF CLIENT
Y999999	Appleseed Agency	1	1	1	EBD	ACF CLIENT
				Numerator	2	
				Denominator	5	
				Initial Compliance	40%	



# *Questions or Concerns?*



# *Trend Report*

- Started in 2015
- Summarizes the top compliance and deficiency trends identified for your agency
- Helps your agency see big picture of issues with service planning and case management
- Program Review only shows issues with a few clients
- Your response should include the steps your agency is taking or plans to take to reverse the trends



# *Plan of Action Examples*

- In July 2015, we started a training program for new and current case managers regarding Service Planning. All staff has now completed this training and subsequent trainings will also occur throughout the course of this calendar year which should have a positive effect on future QIS reviews.
- In May 2015, the Department released some guidelines for Writing Narratives in the Assessment which has helped provide best practices for our case managers going forward.



# *Plan of Action Examples*

- Service Plan to Utilization
  - Conduct regular training for all staff regarding removing services from the service plan that are not utilized due to lack of provider, or lack of need
  - Conduct regular training for all staff to ensure the Service Plan aligns with changes made to the PAR
  - Conduct regular training for all staff to document information obtained during contacts with client about service utilization
- Mental Health and ACF Provider Contacts
  - Conduct regular training for all staff to document mental health and ACF provider contacts correctly



# *Questions about Trend Reports and Action Plans?*



# *Timelines*

- Your Agency received information February 22
- All agencies have 30 calendar days from the date of receipt to return completed remediation workbooks and trend reports with a plan of action
- Due date March 23, 2016
- Return by encrypted email to:  
[Elaine.Osbment@state.co.us](mailto:Elaine.Osbment@state.co.us)



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# Resources

- LTSS Training Website

[www.colorado.gov/hcpf/long-term-services-and-supports-training](http://www.colorado.gov/hcpf/long-term-services-and-supports-training)

- QIS Heading

- Recording of this webinar
- This PowerPoint presentation
- 2016 Remediation instructions

- BUS Heading

- Writing Narratives in the Assessment Guidelines - May 2015
  - DAL 05-15-01 - [www.colorado.gov/hcpf/long-term-services-and-supports-dear-administrator-letters](http://www.colorado.gov/hcpf/long-term-services-and-supports-dear-administrator-letters)
- Entering Service Plan into the BUS - August 2013



# Contact Information

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*Thank You!*



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