



Department
of Health

1915(c) Children's Waiver

WY2021-2022 HCBS Provider Case Review Findings

Agenda

- HCBS Provider Case Review General Information
- HCBS Provider Case Review Findings
- IRR Overview
- Open Discussion

HCBS Provider Case Review General Information

December 2022

WY2021-2022 HCBS Provider Review Background

- WY2021-2022 case reviews for the first time, included reviews of HCBS Providers, in part to provide a holistic look at an enrollee's experience in the Children's Waiver.
- The HCBS Provider Review Tool was developed collaboratively by the NYSDOH and NYSTEC to evaluate the compliance to the Children's HCBS Provider Manual and quality measures identified in the 1915(c) HCBS Children's Waiver.
- This first review of HCBS providers included a strong focus on service plans, care team communication, and receipt of HCB services.
- While most of the evaluation focused on case record documentation, claims data was also reviewed in order to verify HCBS delivery.

WY 2021-2022 QA Review Sample

- The case review sample was comprised of a statistically random sample of individuals enrolled in the Children's Waiver from April 1, 2021 – March 31, 2022, who received HCB services from designated providers.
- A total of 564 HCBS Provider cases were reviewed by the QA case review team.
- 44 of the eligible cases were also selected for Interrater Reliability (IRR) Reviews by the NYS State Partners of OMH, and OCFS.
- For an evaluation item to be considered passing, an overall percentage of 65% had to have been met.
 - ***Due to this being the first review for HCBS providers the 85% requirement for the Children's Waiver was not required but noted for HCBS providers to be aware for the next year's review.***

HCBS Provider Case Review Findings

December 2022

Participant's Rights

Areas for Improvement:

- **Information Sharing Consents**
 - Case records missing information sharing consents.
 - Consents missing CMA/MCO information.
- **Participants Rights & Responsibilities**
 - Case records did not document that participant's rights were reviewed upon enrollment for new participants, or annually for continuously enrolled participants. *(This is not a DOH form nor does the HH/C-YES form count or is needed)*
- **Conflict-Free Care Management**
 - When provider and CMA same agency, records did not consistently demonstrate adherence to conflict-free care management standards.

Evaluation Item	Percentage
Is the care management provider indicated on information sharing consents?	43%
If applicable, is the MCO indicated on information sharing consents?	27%
Does the record demonstrate that the Participants Rights and Responsibilities were reviewed, either upon enrollment for new participants, or annually for participants? Examples including choice of service/provider, reporting abuse, complaints, and grievances, and requesting a conference or fair hearing.	68%
If the provider agency of this service is also the agency providing care management, is there evidence that conflict-free care management was adhered to?	72%

Participant Safeguards

Strengths:

- When reportable/critical incidents & complaints/grievances were filed, these were handled appropriately.

Areas for Improvement:

- Safety Planning- Lacking inclusion of actionable steps to mitigate risks identified in the record.
- Documentation was lacking to support that Mandated Reporting incidents were communicated to the Care Manager.

Evaluation Item	Percentage
If reportable incidents occurred, were these events reported and handled appropriately?	100%
If an incident(s) is identified where a complaint of grievance should have been filed, were these events reported and handled appropriately?	100%
Does the service plan outline adequate and appropriate strategies to address the participant's health and safety risks indicated in the assessment?	64%
If mandated reporting events occurred, was the HHCM/C-YES notified of the incident?	29%

Service Plan Evaluation

Strengths:

- Service Plans indicated Frequency/Scope/Duration of services.
- Service Plans were developed using person-centered planning guidelines.
- Service Plans were updated following changes in participant's needs.
- Service Plans defined appropriate interventions & strategies.

Evaluation Item	Percentage
Does the service plan include Frequency, Scope, Duration (F/S/D)?	90%
Was the service plan developed and/or monitored with the participant and/or family following person-centered service planning guidelines?	81%
Was the plan updated after a significant change in the participant's needs?	81%
Does the service plan define appropriate interventions and strategies that enable achievement of the desired needs and goals?	90%

Service Plan Evaluation

Areas for Improvement:

- **Communication**
 - Documentation was lacking evidence of communication with the Care Manager in the development of the Service Plan.
 - When changes were made to the Service Plan, these changes not communicated to MCO.
- **Signatures**
 - Service Plans were missing signatures of caregiver and/or participant (when appropriate).

Evaluation Item	Percentage
Did the provider solicit feedback from the HHCM/C-YES on the development and maintenance of the service plan?	40%
If any changes to the service plan occurred, including F/S/D, is there evidence this was communicated to the MCO, if applicable?	23%
Are all service plans in the record signed by the parent/primary caregiver/legal guardian, if a signature was required?	34%
If appropriate, did the participant sign their service plan(s) if a signature was required?	19%

WY2021-2022 QA Case Review Findings: HCBS Service Evaluation

Strengths:

- Service types were appropriate for participants reviewed.
- Providers worked to address barriers to service delivery.
- Services were delivered in appropriate setting.

Evaluation Item	Percentage
Based on the information in the record, is this service appropriate for the participant?	99%
If barriers to service delivery occurred, did the provider work with the participant/family and HHCM/C-YES to address barriers?	82%
There is no evidence of service delivery occurring in a setting restricted by the HCBS Final Rule.	100%

HCBS Service Evaluation

Areas for Improvement:

- Referrals and authorizations forms were not consistently completed &/or retained in the records.
- Lack of documentation of communication with CMA/MCO regarding authorization .
- Reauthorizations were not completed timely or discussed with participant/family.
- Lack of documentation of discussion of progress toward Service Plan goals.
- F/S/D – Lack of documentation for why service not was received per Service Plan. Ex: If the family canceled/missed the meeting/appointment.

Evaluation Item	Percentage
Is there evidence in the record that the child was referred for this service?	75%
Did the HCBS Provider complete the Children's HCBS Authorization and Care Manager Notification?	76%
Was the service authorization renewed 14 days prior to the end of the authorization period?	46%
Did the provider discuss with participant/family their interest in renewing service prior to seeking extension of authorization?	46%
If applicable, did the Provider communicate with the managed care plan to obtain approval of F/S/D?	71%
Did the HCBS Provider communicate the approval/denial of F/S/D with the HHCM?	46%
Was the service received as specified in the service plan for frequency, scope, and duration?	31%

HCBS Service Evaluation – F/S/D

- Person-Centered Planning:
 - Is ensuring that the right service is being provided to address a specific need/concern.
 - Is based upon participant and family choice.
 - F/S/D is based upon participant/family's needs, choice, and availability.
- Many Service Plans outlined the maximum allowed for the service F/S/D or even more:
 - HCBS providers must periodically review if the HCBS F/S/D is being met, discuss the changing needs, choice, and availability of the participant/family and may need to change the authorization for F/S/D.
 - Proper documentation of the reasons why F/S/D is not being met is important.
- This evaluation item impacts the case review performance of Health Home/C-YES care managers – Plan of Care items.
- This evaluation item assists in several performance measures reported to CMS.

Discharge

Areas for Improvement:

- Overall, discharges lacked documentation.
- Lack of collaboration between provider and care team to plan for discharge.
- Lack of discussion with family regarding other resources/services.
- Lack of documentation that MCO was notified of discharge.

Evaluation Item	Percentage
There was collaboration with the HHCM/C-YES to plan for the discharge.	29%
There was a review of the POC and HCBS Service Plan with the child/youth/family and interdisciplinary care team to determine whether other HCBS goals would be appropriate and necessary.	21%
Other services and resources were discussed with the child/youth/family prior to the discharge.	43%
If applicable, the Managed Care Organization was notified of the discharge from the service.	5%

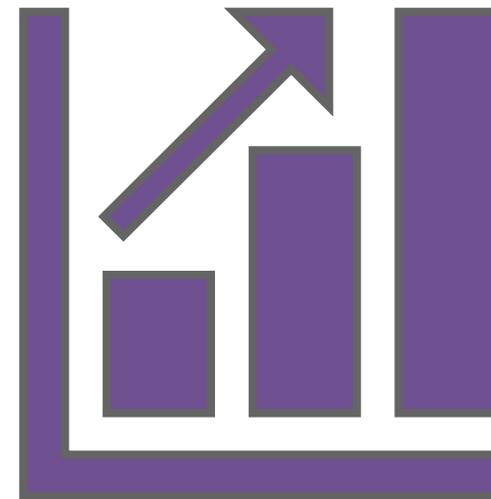
WY2021-2022 Corrective Action Plans

- During WY 2021-2022, corrective action plans (CAPs) were limited to specific case review evaluation items.
- Corrective action plan monitoring will occur as part of the annual case review process, and all will be inventoried, tracked, and monitored for future annual case reviews.



Future Corrective Action Plan Thresholds

- As this was the first review of HCBS Providers, and many sample sizes include fewer than 5 participants, the threshold for compliance was chosen as 65%. However, the expectation is that future reviews will follow the Children's Waiver compliance rate of 85%.
- Time between annual case reviews will allow for quality improvement activities to be implemented to address deficiencies identified.
- ***Though many items are excluded from the issuance of a CAP, agencies are encouraged to enact quality improvement activities toward all areas assessed.***



Frequently Identified Provider CAP Concerns

- Missing required elements of the CAP template, such as Performance Plans and Quality Monitoring Plans, for CAP evaluation items listed on Summary of Findings.
- Incomplete or missing Completion Timelines with actionable steps and target dates for both new and already completed steps.
- Lack of details included for Performance Plan and Quality Monitoring Plans.
- Confusion regarding policies related to evaluation items included in CAPs.

Provider Corrective Action Plan Recommendations

- Complete Performance Plans and Quality Monitoring Plans for all CAP evaluation items.
- Complete/Resubmit Completion Timelines with **actionable steps** and **specific target dates**.
- If steps have already been taken by your agency prior to the issued CAP, identify these steps taken toward maintaining compliance.
- Provide training details to include recommending mandatory trainings, identifying a training schedule, tracking the trainings for compliance, and implementing trainings into onboarding for new staff.
- Provide audit details (as part of the Quality Monitoring Plan) to include sample size, audit schedule/cycle, compliance threshold, and a follow up plan if threshold not met.
- Provide examples of tools and resources to be used for training and monitoring compliance, as well as any updates to trainings, policies, procedures and preexisting resources based on review findings.
- Include plan to incorporate documentation of communication (for example, with CMAs and MCOs), and barriers to service delivery, such as why F/S/D was not met.

Inter-rater Reliability (IRR) Reviews - Background

- The main purposes of IRR reviews are:
 - To ensure alignment with State Partners regarding case evaluation methodology.
 - To identify and discuss any potential issues with the case review tool.
 - For example: unclear evaluation item language or guidance.
- For WY21-22, the IRR reviews focused specifically on HCBS providers
 - Beginning with WY22-23 reviews, goal is to conduct IRR reviews concurrently with the main case reviews to act as further quality oversight.
- The IRR sample included a subset of 44 cases from the larger WY21-22 case review sample.
 - Cases were allocated to State partner agencies based on the waiver participant's target population (OCFS – children/youth served by the foster care system and OMH – Serious Mental Illness).
- The overall percentage of agreement was 88%.

Questions and Open Discussion