

Division of Medical Services Quality Assurance

2009 Annual Reports

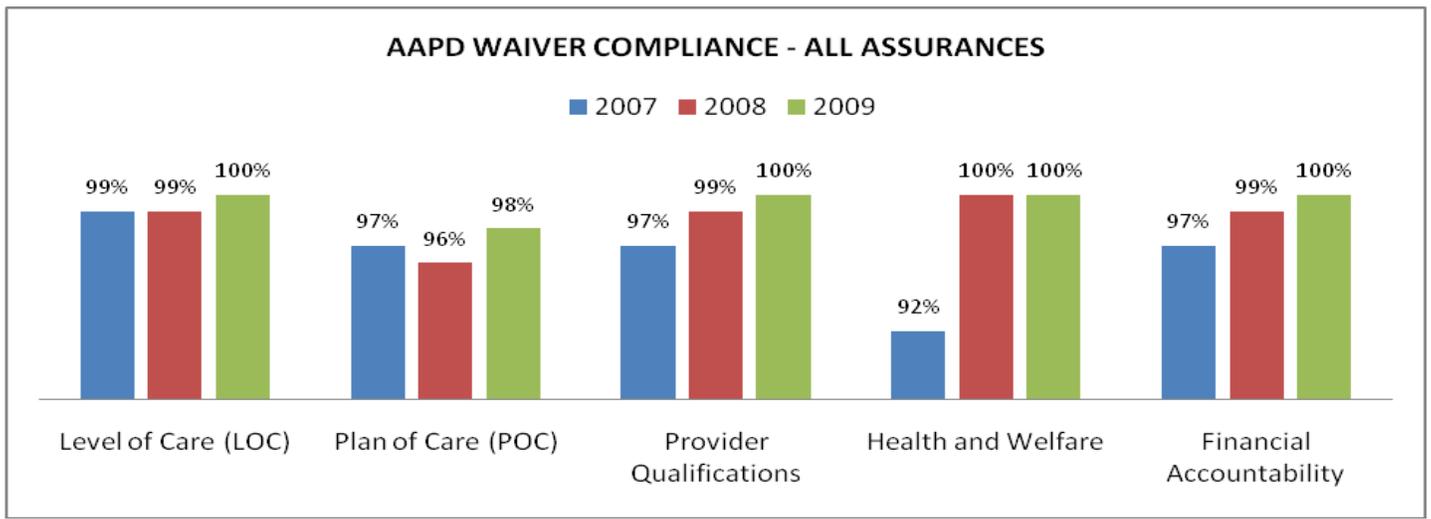
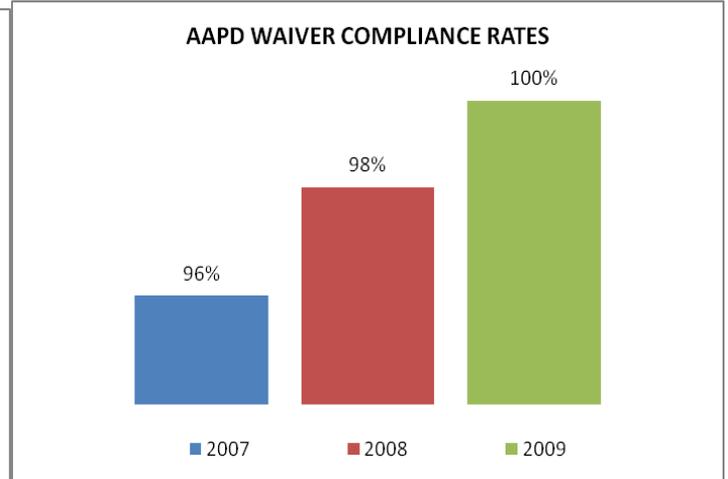
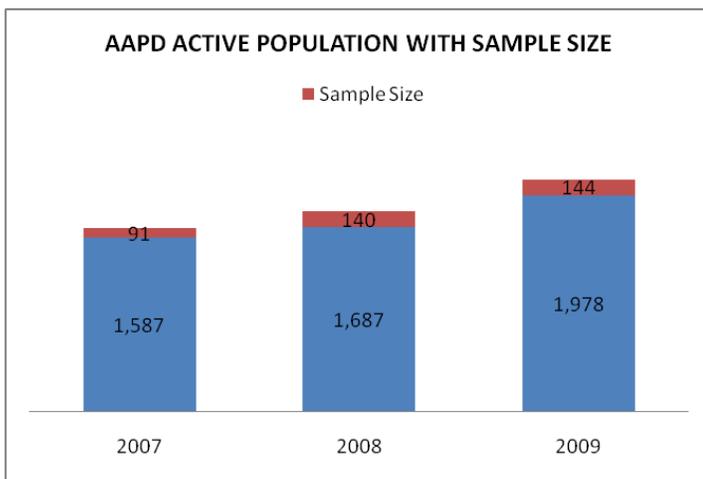
**Alternatives for Adults with Physical Disabilities Waiver
Division of Medical Services Quality Assurance
2009 Annual Report**

A systematic random sampling of the active case population was drawn. The population sized is 2122 with a sample size of 144. For each assurance (level of care, plan of care, provider qualifications, health and welfare, financial accountability) several measures have been identified to determine if the operating agency is in compliance with the approved waiver document.

ASSURANCE	% COMPLIANCE**
Level of Care (LOC)	99.9%
Plan of Care (POC)	98.2%
Provider Qualifications	100%
Health and Welfare	100%
Financial Accountability	100%

For all assurances the Division of Aging and Adult Services (DAAS) Alternatives for Adults with Physical Disabilities (AAPD) waiver was found to be 99.6% in compliance with all applicable rules, regulations, policies and procedures.

**The percentages above represent chart reviews performed during the 2009 calendar year only and do not include the results from reviews performed for performance measures relating to the provider certification files, qualified providers (certified and enrolled with Medicaid), freedom of choice, plan of care, and identified reports that monitor other mandates, such as one/no service per month and hospitalizations. While corrective action may have been required of the operating agency to address findings during the 2009 reporting period, specifics will begin to be included in the 2010 quarterly reports and the results of these reviews will be incorporated into the 2010 annual reports.



May 13, 2010

Recommended Remediation:

Over the course of the past year, the following recommendations were made by DMS to DAAS. These recommendations were made in an effort to bring the operating agency into compliance with all waiver assurances. DMS will monitor the following in the forthcoming year to determine if the actions specified by the operating agency were implemented.

1. DMS recommends that DAAS RN/Counselors reiterate to the waiver participant, waiver Participants' family, provider and agency provider the use of and the timely completion of Form AAS- 9511 Change of Client Status to document when services authorized in the plan of care are not provided.
 - DAAS responded that DAAS RN/Counselors are doing this. Instructions are sent via email and the Supervisors reinforce through chart reviews.

In addition, the following remediation steps were recommended in the 2008 annual report:

1. DMS recommends that DAAS implement the addition of a back-up plan to the plan of care as soon as possible. This will provide better documentation in the file to indicate who is providing care of if the family said no care was needed.
 - DAAS revised form AAS-9503 (7-1-08) to include a section Emergency Care/Backup Provider to be completed by the DHS/RN during the reevaluation assessment
2. DMS needs a response from DAAS regarding implementation of the Quality Management Strategy.
3. Provide a copy of the quarterly reports to DMS.
4. Provide DMS with a narrative that describes how the annual report of chart reviews for the AAPD waiver will be used to increase the performance thus increasing compliance with the assurance in the coming year.

Operating Agency's Remediation Plan:

DAAS AAPD waiver program will apply rules, regulations, policies and procedures as evidenced by the percentages on the annual report in each of the four areas. DAAS will use the annual report of chart reviews in the development of training plans and in-service training for new and current medical staff. DAAS revised form AAS-9503 (7-1-08) to include a section Emergency Care/Backup Provider to be completed by the DHS/RN during the reevaluation assessment. DAAS staff should discard out-dated copies of form AAS-9503 and began using the current form to ensure development and documentation of a backup plan. DAAS RN/Counselors will reiterate to waiver participants and agency providers the use of form AAS-9511 Client Change of Status to report and document when services authorized in the plan of care are not provided.

The DMS Quality Assurance staff will be monitoring all corrective action plans, implementation of any required activities and reporting of findings that continue to require action by the operating agency.

Glenda Higgs
Medical Assistance Manager

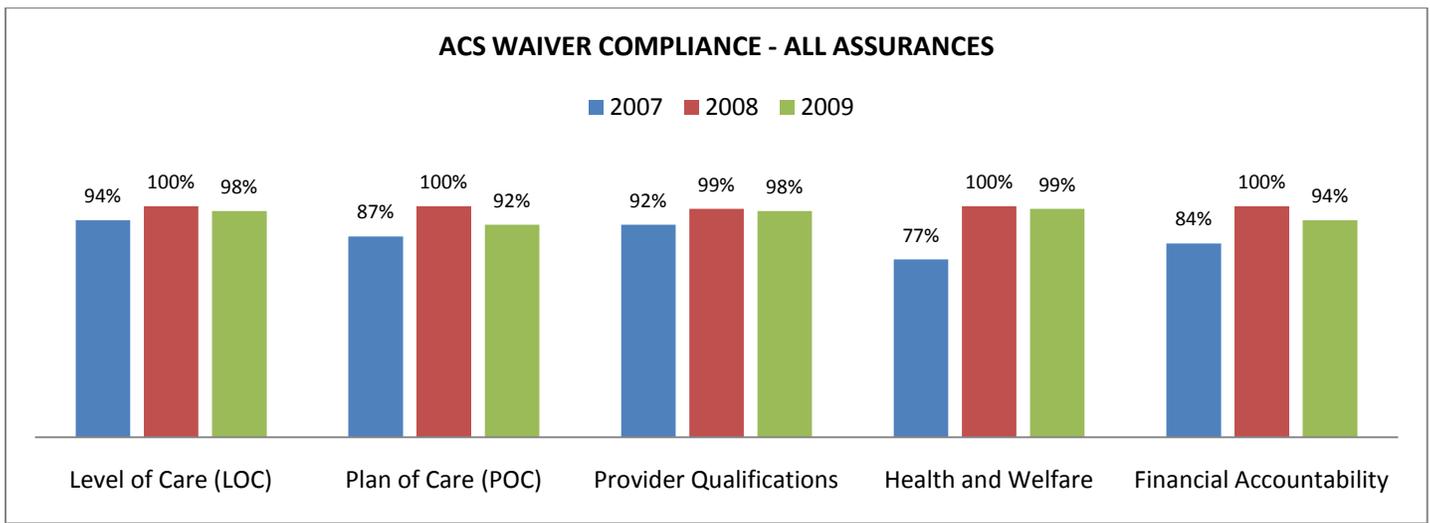
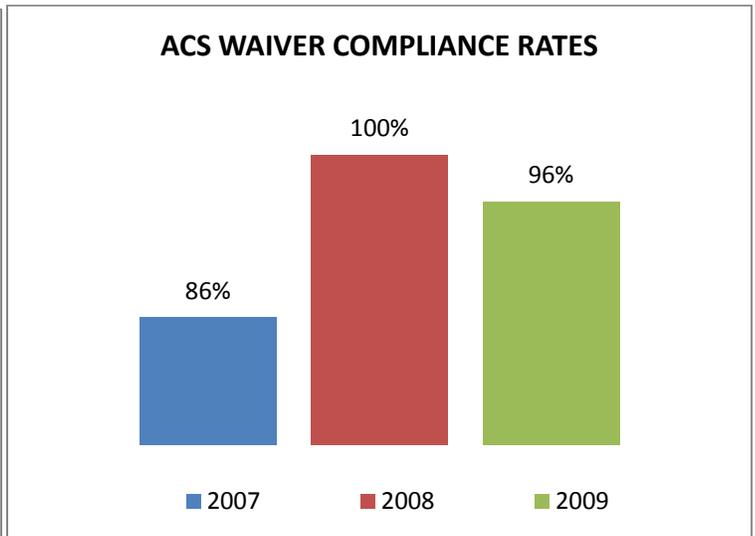
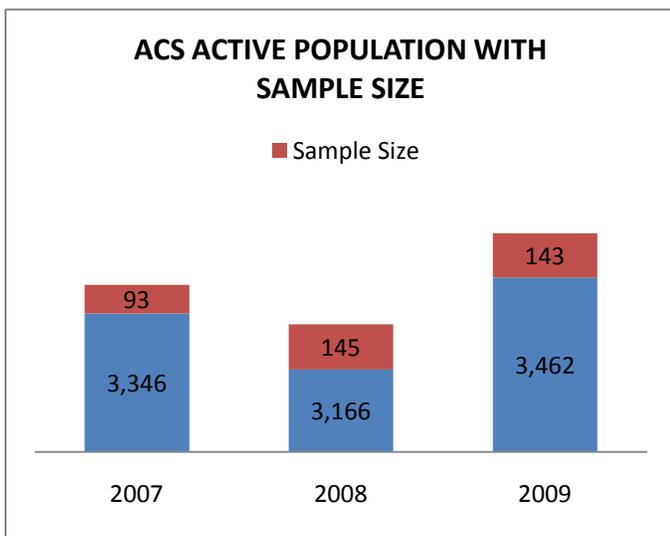
Evelyn Block
Waiver Quality Assurance Program Administrator

**Alternative Community Services Waiver
Division of Medical Services Quality Assurance
2009 Annual Report**

A systematic random sampling of the active case population was drawn. The population size is 3605 with a sample size of 143. For each assurance (level of care, plan of care, provider qualifications, health and welfare, financial accountability) several measures have been identified to determine if the operating agency is in compliance with the approved waiver document.

ASSURANCE	% COMPLIANCE**
Level of Care (LOC)	98%
Plan of Care (POC)	92%
Provider Qualifications	98%
Health and Welfare	99%
Financial Accountability	94%
For all assurances the Division of Developmental Disabilities (DDS) Alternative Community Services (ACS) Waiver was found to be 96% in compliance with all applicable rules, regulations, policies and procedures.	

**The percentages above represent chart reviews performed during the 2009 calendar year only and do not include the results from reviews performed for performance measures relating to the provider certification files, qualified providers (certified and enrolled with Medicaid), freedom of choice, plan of care, and identified reports that monitor other mandates, such as one/no service per month and hospitalizations. While corrective action may have been required of the operating agency to address findings during the 2009 reporting period, specifics will begin to be included in the 2010 quarterly reports and the results of these reviews will be incorporated into the 2010 annual reports.



May 13, 2010

Recommended Remediation:

Under utilization of prescribed services continues to be a concern for Division of Medical Services (DMS). It is understood that there are situations that are beyond the control of the provider when contemplating the budget and schedule for the upcoming year. DDS has done a good job of asking providers to explain the under utilization of services in the narrative portion of the plan of care. Generally, the provider's response regarding under utilization falls into one of a few categories – lack of available staff, family not comfortable with staff, and error on the part of the provider in billing. While the staffing issues cannot be controlled, the provider's ability to bill timely and correctly is something that can be monitored and improved upon.

There are several reoccurring concerns that are not part of the assurances but have caused errors to come to light during the reviews:

- There have been a number of errors in changing, cancelling, and issuing prior authorizations.
 - When a change occurs that results in issuing a new prior authorization, not only should the end date change, but the amount authorized should change to accurately reflect the amount of services allowed for that time period.
 - Requests to cancel prior authorizations should be handled timely in order to prevent billing errors.
 - There have been an increasing number of duplicate prior authorizations issued during the reviews this quarter. Extra care should be taken to ensure that only one prior authorization is issued so that billing errors, over billing, and the like do not occur.

Operating Agency's Remediation Plan:

DDS Response: Semi-annually DDS runs a Prior Authorization (PA) Report off Business Objects and looks at PA Utilization. The Manager reviews any underutilization and follows up with the providers regarding whether the services have been provided and are going to be billed. If a revision is submitted requesting to increase/decrease an existing service during the plan year, a utilization review is conducted on the service that is being changed. Also, DDS does quarterly review of reports from DMS showing persons with no services or only one service billed. When these reports are received, DDS staff research the data base and Medicaid Management Information System (MMIS) to see if issue has been resolved. If it has not, the Manager reviews and follows up with the providers to find out whether the approved services have been provided and are going to be billed. In addition to the above, the Specialist does a 100% utilization review of all approved services each year at the continued stay review. DDS does not have sufficient staffing to conduct any further utilization reviews.

DDS can notify all waiver providers of the need for proactive remediation as identified by DMS and advise providers that in the future, subsequent plan of care services will be reduced to the level of the prior plan of care services. Thus requiring that if there is a need for additional services, the provider will have to submit a revision after it is known that the approved service level will be insufficient and prior to the exhaustion of that year's approved service level. It is apparent that training and notification and requirements for justification are insufficient to eliminate this DMS concern and the impact of sanction in the form of following year reduction to the level of the prior year expenditures should serve as sufficient incentive to correct this problem. The only exception to this proactive stance is to be "Provider did not receive prior authorization for services". Specific to this "corrective action in the form of performance evaluation will be initiated".

The DMS Quality Assurance staff will be monitoring all corrective action plans, implementation of any required activities and reporting of findings that continue to require action by the operating agency.

Glenda Higgs
Medical Assistance Manager

Rachael Fitzhugh
Waiver Quality Assurance Program Administrator

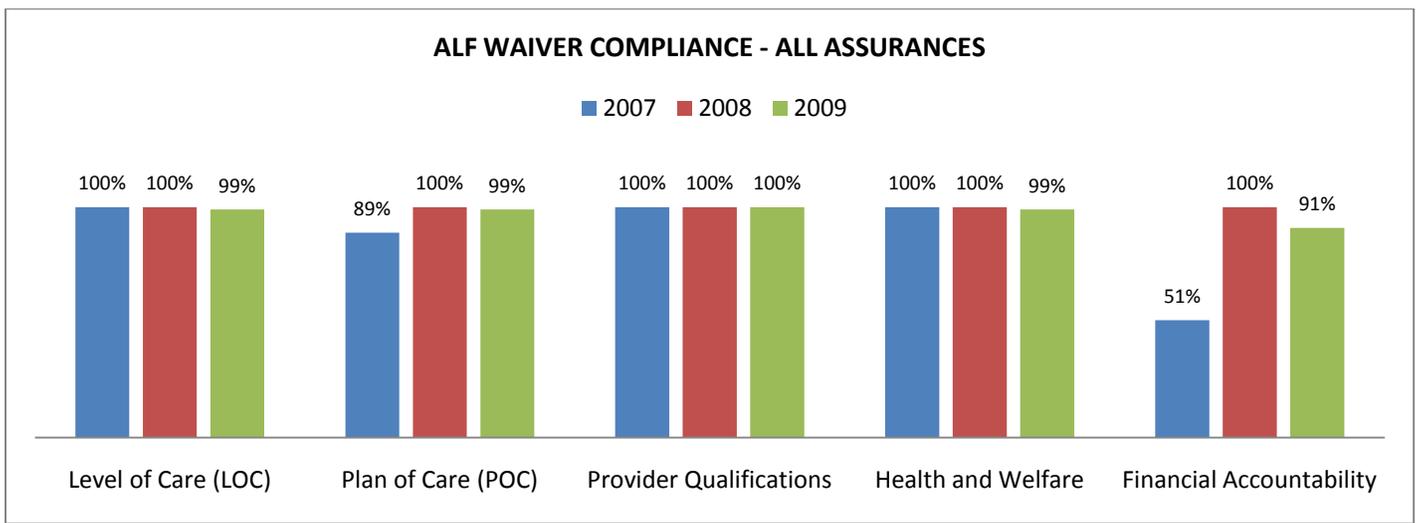
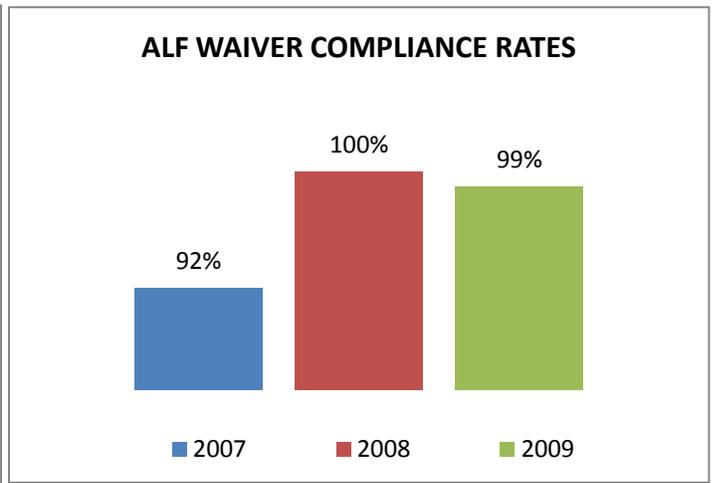
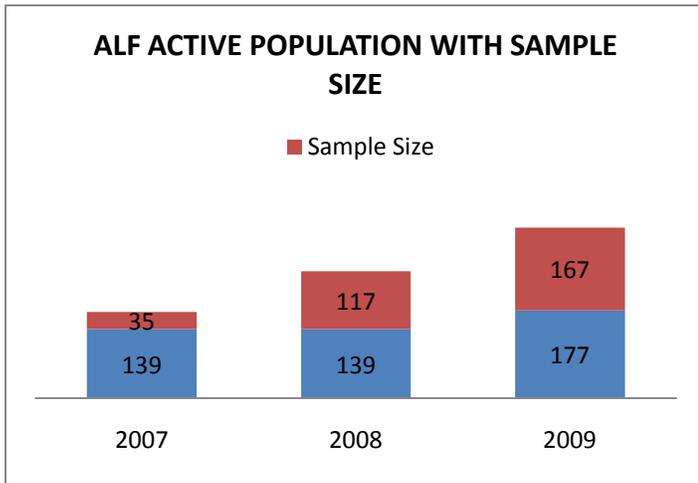
May 13, 2010

**Living Choices/Assisted Living Facility Waiver
Division of Medical Services Quality Assurance
2009 Annual Report**

A systematic random sampling of the active case population was drawn. The population size is 344 with a sample size of 167. For each assurance (level of care, plan of care, provider qualifications, health and welfare, financial accountability) several measures have been identified to determine if the operating agency is in compliance with the approved waiver document.

Assurance	% COMPLIANCE
Level of Care (LOC)	99%
Plan of Care (POC)	99%
Provider Qualifications	100%
Health and Welfare	99%
Financial Accountability	91%
For all assurances the Division of Aging and Adult Services (DAAS) Living Choices/Assisted Living Facility waiver was found to be 99% in compliance with all applicable rules, regulations, policies and procedures.	

**The percentages above represent chart reviews performed during the 2009 calendar year only and do not include the results from reviews performed for performance measures relating to the provider certification files, qualified providers (certified and enrolled with Medicaid), freedom of choice, plan of care, and identified reports that monitor other mandates, such as one/no service per month and hospitalizations. While corrective action may have been required of the operating agency to address findings during the 2009 reporting period, specifics will begin to be included in the 2010 quarterly reports and the results of these reviews will be incorporated into the 2010 annual reports.



Glenda Higgs
Medical Assistance Manager

Rachael Fitzhugh
Waiver Quality Assurance Program Administrator

May 13, 2010

Recommended Remediation:

Several concerns cited throughout the 2009 case reviews were due to a lack of communication between the facility and the DAAS nurses. Division of Medical Services (DMS) recommended that DAAS provide an outline of steps to be taken to ensure that proper communication via the 9511 form occurs. Additionally, DAAS was asked to include in their response the action steps to be taken to identify absences from the facility and a timely resolution of the absence.

Additional concerns involved incomplete case records. DMS has recommended that DAAS outline the steps to be taken to ensure that prior to the DMS case record review, that the file has been reviewed for completeness and that the case record is in proper date order.

Carrying over from reviews conducted in 2007 and 2008 is an outstanding concern involving automatic adjustments and claims processing. DMS, DAAS and the Medicaid Management Information System (MMIS) fiscal agent have been working to resolve the systems issue and it appears that the fix put into place by the MMIS fiscal agent in June 2009 has resolved the majority of these concerns. When performing an automatic adjustment, MMIS can only take into account the waiver participant's liability amount not the tier level. Overpayments or adjustments needed as a result of tier level changes must be submitted manually by either the facility or by DAAS.

Operating Agency's Remediation Plan:

1. DAAS will provide training to providers regarding use of 9511 for reporting changes. DAAS Nurses will be reminded to use Tickler system for "out of home clients" & to notify the Division of County Operations (DCO) when client has been without waiver services for 30 days.
2. DAAS will train Nurses to review case record to ensure all documents are on the record, prior to submitting to DMS for review. Include copy of 703 & 704 on current record when eligibility was based on current 703 or 704 from a different program. Waiver program handbooks have been combined into one Home and Community-Based Services (HCBS) handbook. Only specific procedures pertaining to a certain program will be separated by program. This will provide uniformity in waiver procedures.
3. DAAS contacted the MMIS fiscal agent via e-mail for status of outstanding adjustments. See responses highlighted in yellow under client's name that is highlighted in yellow. Adjustments that have not been processed due to DAAS error have been corrected, resubmitted to the MMIS fiscal agent, and copy attached to e-mail.

The DMS Quality Assurance staff will be monitoring all corrective action plans, implementation of any required activities and reporting of findings that continue to require action by the operating agency.

Glenda Higgs
Medical Assistance Manager

Rachael Fitzhugh
Waiver Quality Assurance Program Administrator

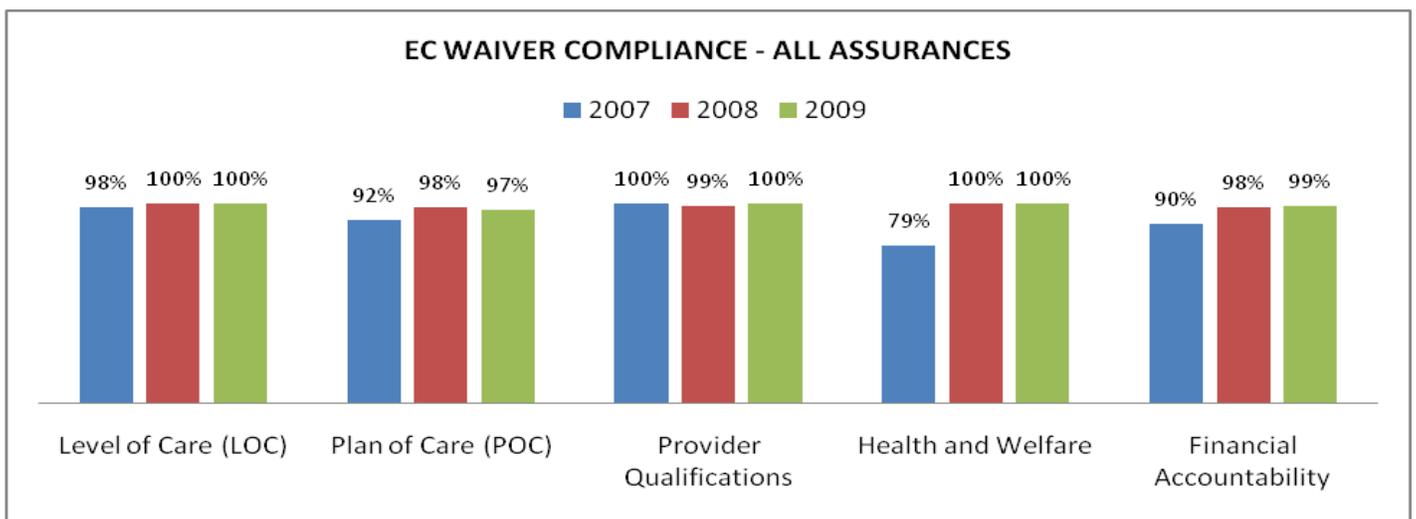
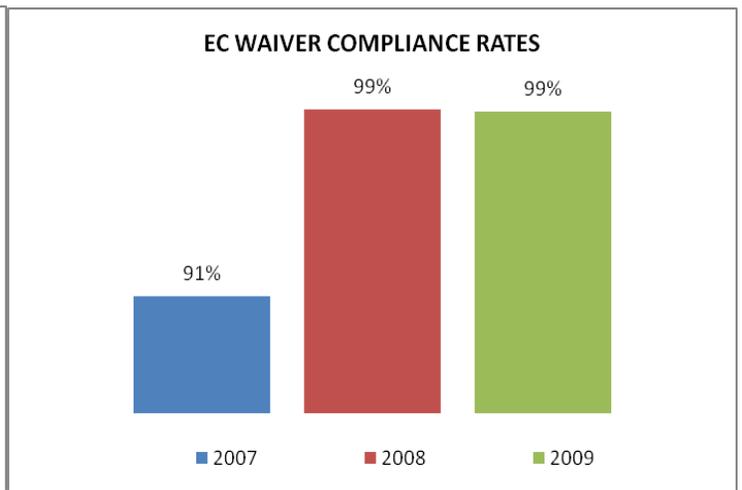
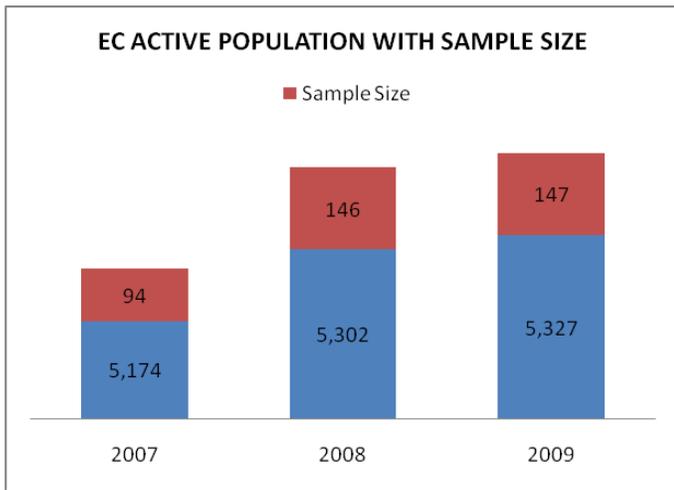
May 13, 2010

**ElderChoices Waiver
Division of Medical Services Quality Assurance
2009 Annual Report**

A systematic random sampling of the active case population was drawn. The population size is 5,474 with a sample size of 147. For each assurance (level of care, plan of care, provider qualifications, health and welfare, financial accountability) several measures have been identified to determine if the operating agency is in compliance with the approved waiver document.

ASSURANCE	% COMPLIANCE**
Level of Care (LOC)	100%
Plan of Care (POC)	96.6%
Provider Qualifications	100%
Health and Welfare	99.6%
Financial Accountability	98.6%
For all assurances the Division of Aging and Adult Services (DAAS) ElderChoices waiver was found to be 98.9 % in compliance with all applicable rules, regulations, policies and procedures.	

***The percentages above represent chart reviews performed during the 2009 calendar year only and do not include the results from reviews performed for performance measures relating to the provider certification files, qualified providers (certified and enrolled with Medicaid), freedom of choice, plan of care, and identified reports that monitor other mandates, such as one/no service per month and hospitalizations. While corrective action may have been required of the operating agency to address findings during the 2009 reporting period, specifics will begin to be included in the 2010 quarterly reports and the results of these reviews will be incorporated into the 2010 annual reports.*



Glenda Higgs
Medical Assistance Manager

Evelyn Block
Waiver Quality Assurance Program Administrator

May 13, 2010

Recommended Remediation:

Over the course of the past year, the following recommendations were made by the Division of Medical Services (DMS) to DAAS. These recommendations were made in an effort to bring the operating agency into compliance with all waiver assurances. DMS will monitor the following in the coming year to determine if the actions specified by the operating agency were implemented.

- DMS requests that DAAS develop and implement a plan to monitor the activity of homemaker services with regard to compliance with the waiver participant's plan of care.
- DMS requests that DAAS submit adjustments to the Medicaid Management Information Services (MMIS) fiscal agent regarding the overpayments noted during the DMS review.
- DMS recommends DAAS review the methods used to monitor the plan of care in order to identify changes in the participant's needs in a timely manner, discuss with the provider the agreement to provide services according to the written plan of care, and advise the provider to notify the DAAS RN immediately if they are unable to provide services according to the plan of care, utilizing form AAS-9511, Change of Client Status.

Operating Agency's Remediation Plan:

- DAAS conducts quarterly in-service training with RNs and Counseling Support Managers (CSM). Both have been advised when doing home monitoring visits to go over the plan of care with the client; services authorized on the plan of care, frequency services are to be provided, attendance of homemaker and performance of duties, documentation of homemaker arrival and departure, delivery of home delivered meals, personal emergency response system (PERS), etc. If there is an issue, the RN is to address it right then with the homemaker or agency provider. Due to a shortage of staff, CSMs are being trained to be a support to the RN.
- DAAS submitted adjustments to the MMIS fiscal agent regarding the overpayments noted during the DMS review and provided DMS Quality Assurance (QA) with copies. DAAS corrective action plan is acceptable as implemented. No further action is necessary.
- DAAS conducts quarterly in-service training with RNs, CSMs and agency providers. RNs are advised to contact the provider(s) when it is determined services are not being delivered as authorized in the plan of care. RNs are instructed to tell the provider to submit form AAS-9511 Change of Client Status with an explanation for non-compliance with the plan of care. DAAS intends to re-do the provider handbook to address non-compliance with the plan of care. DMS QA is to be notified when the changes are made. DAAS will also use the No Services Report developed and monitored by DMS to monitor plan of care services authorized.

The DMS Quality Assurance staff will be monitoring all corrective action plans, implementation of any required activities and reporting of findings that continue to require action by the operating agency.

Glenda Higgs
Medical Assistance Manager

Evelyn Block
Waiver Quality Assurance Program Administrator