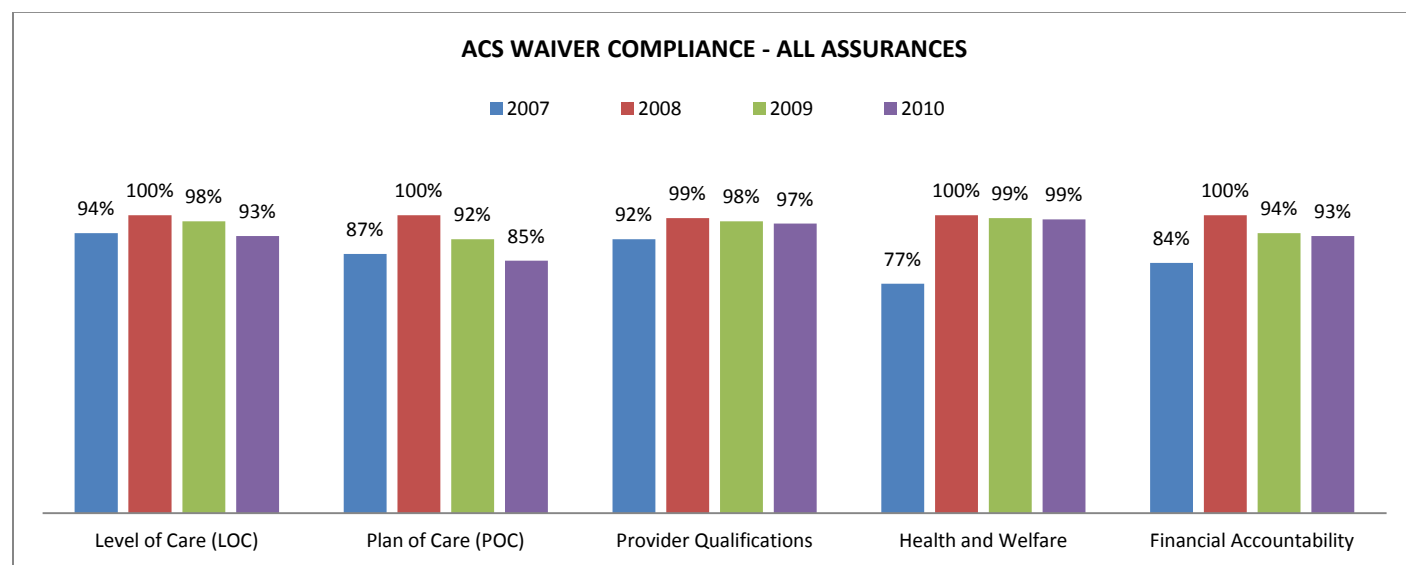
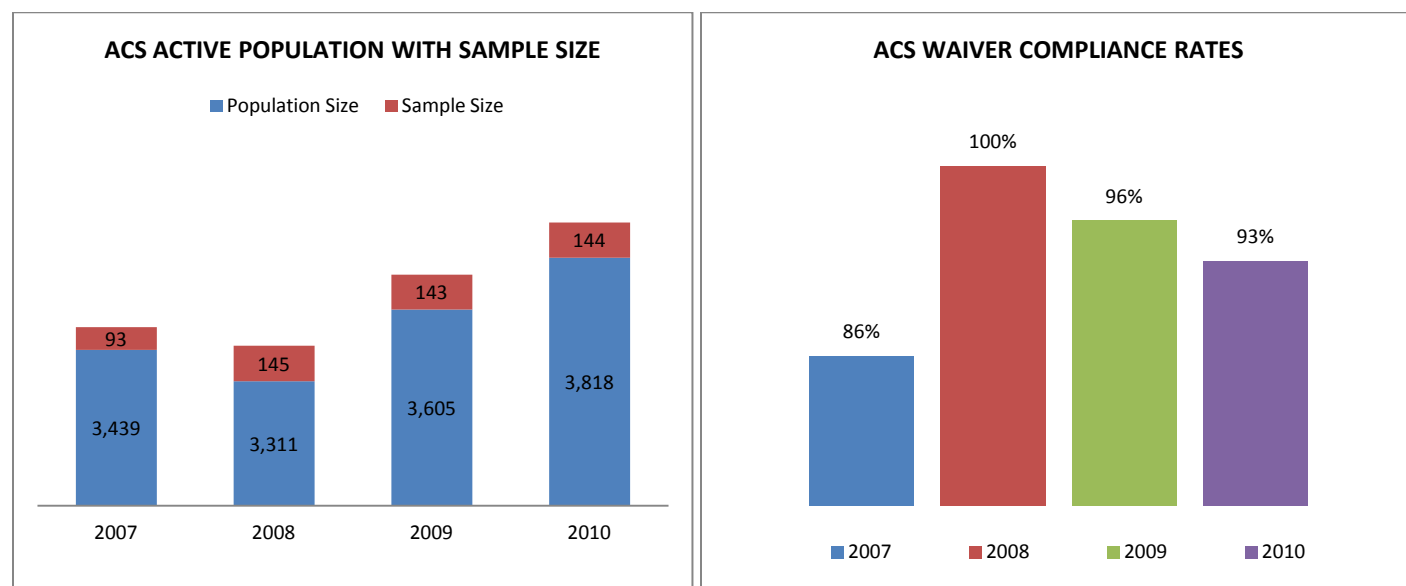


**Alternative Community Services Waiver  
Division of Medical Services Quality Assurance  
2010 Annual Report**

A systematic random sampling of the active case population was drawn. The population size is 3,818 with a sample size of 144. For each assurance (level of care, plan of care, provider qualifications, health and welfare, financial accountability) several performance measures have been identified to determine if the operating agency is in compliance with the approved waiver document.

ASSURANCE	% COMPLIANCE**
Level of Care (LOC)	93.1%
Plan of Care (POC)	84.7%
Provider Qualifications	97.2%
Health and Welfare	98.6%
Financial Accountability	93.1%
<b>Average Total Compliance Rate for Chart Reviews</b>	<b>93.3%</b>

\*\*The percentages above represent chart reviews performed during the 2010 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.. While corrective action may have been required of the operating agency to address findings during the 2010 reporting period, specifics will begin to be included in the 2011 quarterly reports and the results of these reviews will be incorporated into the 2011 annual reports.



### **Level of Care (LOC) Performance Measure**

Level of care is conducted using instruments and techniques included in the approved waiver applicable to the individual's age, diagnoses, and physical and medical conditions.

- **Issue:** Participant's annual LOC reevaluation was not performed prior to the expiration of the previous LOC evaluation  
**Remediation:** LOC assessment was performed and a copy submitted to DMS.  
**Corrective Action Plan:** The DDS will train and caution all personnel on timely tracking of re-evaluation dates. Specialists will pay close attention to expiration dates of ICF LOC prior to approving services. Specialists will also compare physician certification with medication management form.
- **Issue:** The appropriate assessment instruments were not used for the reassessment of LOC.  
**Remediation:** The DDS provided DMS with a copy of the LOC reassessment instrument.  
**Corrective Action Plan:** The DDS initiated second party review for completeness of scanned records before they are uploaded to the SharePoint site for DMS review.

### **Plan of Care (POC) Performance Measures**

Plan of Care (POC): The person centered plan of care process, inclusive of meeting individual needs and assuring health and safety, is monitored via a comprehensive data collection system for tracking and trending, on-site reviews and 100% plan of care review that is analyzed by DDS specialists, area managers and waiver administrators with corrective action taken 100% of the time when deficiencies are identified.

- **Issue:** The POC was not approved by DDS  
**Remediation:** DDS revised statement regarding POC issue and submitted to DMS.  
**Corrective Action Plan:** Training will be schedule to address this issue. The DDS Specialist was counseled to pay careful attention to dates specific to plan actions.
- **Issue:** Plan of Care was not approved by DDS.  
**Remediation:** 1) DDS has provided documentation identifying the case manager and direct care supervisor for case in question.  
2) DDS has provided copy of denial of adaptive equipment that had been requested and could not be carried out due to issues with documentation from participant's other insurance carrier.  
**Corrective Action Plan:** Training will be schedule to address this issue. The DDS Specialist was counseled to pay careful attention to dates specific to plan actions.

The DDS Specialist reviews MMIS payments and the prior year's plan for each participant to assure services were delivered in the type, scope, amount, duration and frequency of the approved plan. This review is conducted annually as the continued stay review is submitted for approval.

- **Issue:** The participant did not receive the type, duration, scope and frequency of services as identified in the POC, resulting in an overpayment to the provider.  
**Remediation:** DDS notified the provider of the overpayment and instructed the provider to refund the overbilled amount.  
**Corrective Action Plan:** DDS staff will closely monitor the transition of providers in order to prevent gaps in service coverage. DDS staff will review past utilization for approval of new plans and revision requests.

The DMS QA Unit reviews waiver participant case records to assure the service plans are current, a new service plan is completed prior to the expiration of the previous plan and the service plan is updated or revised as the participant's needs change.

- **Issue:** Plan of care not updated or revised as patient's needs change. POC submitted for bathroom equipment, but pended by DDS. Submitted a second time and was in process.  
**Remediation:** DDS revised the plan of care to address changes in the participant's needs.  
**Corrective Action Plan:** DDS staff will closely monitor revision requests for pended information. DDS will follow up in 30 days if response is not received.
- **Issue:** Plan of care does not address all participant's needs, personal goals and risk factors  
**Remediation:** DDS revised the plan of care to address all of the participant's need, personal goals, and risk factors.  
**Corrective Action Plan:** 1) DDS has received counseling and retraining. Instructions were given to be familiar with reasons or needs for submitted request to DDS Field Specialists. 2) DDS to issue clarifying statement regarding methods used to determine that no staff member is scheduled for more than 40 hours per week. Administrative clarification will come via waiver updates issued by DDS Waiver Director.

### **Provider Qualifications (PQ) Performance Measure**

Annually at the 60 day notice of the continued stay review, each participant is given a rights and choice form to designate ICF/MR or waiver services, as well as choice of certified providers.

- **Issue:** Participant not given a choice among qualified providers and the choice has not been properly documented.  
**Remediation:** The participant was given a choice among the qualified providers and the choice was documented on the annual choice form.  
**Corrective Action Plan:** DDS waiver administration issued a statement clarifying the annual choice form requirement for completion of the CSR. This was issued via updates.

### **Health and Welfare (H&W) Performance Measure**

DDS Q A requires an immediate intervention plan from the DDS certified provider with remedy up to & inclusive of revocation of DDS certification based on seriousness of the substantiation. Based on trending, specific training unique to the situation, annual training in the form of awareness and prevention; and awareness via power point presentation on the DDS and AWA Websites are accomplished.

The DDS Waiver Program Section conducts review of all initial and continued stay reviews (12 month) plans of care for the identification or omission of risk factors that may impede health and safety in the community; with action in the form of follow up, inclusive of plan of care denial, pending correction.

The DDS Quality Assurance Section conducts 100% review of all allegations of abuse, neglect and exploitation with referral to and collaboration with the applicable Arkansas protective agency 100% of the time. As a result of the legal investigation and review, administrative/corrective action is taken for 100% compliance with the findings and outcomes.

- **Issue:** Abuse, neglect and exploitation incidents not identified, tracked and actions taken to assure participant's safety.  
**Remediation:** DDS waiver administration staff reviewed this participant's case record, provided a report of outcome, including remediation to be taken as the result of this review.  
**Corrective Action Plan:** OA initiated retraining on proper actions to DDS Coordinator to submit required items. Issue of provider failing to report document incident has resulted in report to DDS licensure section. DDS Coordinator also to review participant's plan of care to assure services provided have been reviewed and revised as needed.

The DDS Quality Assurance Section reviews 100% all written and verbal concerns regardless of reporting source as the reports are received and conducts investigation and remedy in accordance with DDS Policy 1010 within 35 days from concern receipt.

- **Issue:** Situations in which participant's health and welfare have not been safeguarded or acted upon timely and appropriately. (Incident of hospitalization not reported.)  
**Remediation:** DDS waiver administration staff reviewed this participant's case record, provided a report of outcome, including remediation to be taken as the result of this review.  
**Corrective Action Plan:** OA initiated retraining on proper actions to DDS Coordinator to submit required items. Issue of provider failing to report document incident has resulted in report to DDS licensure section. DDS Coordinator also to review participant Positive Behavior Plan (PBP) to assure document has been reviewed and revised as needed.
- **Issue:** Participant not informed of his right to a fair hearing and the process to request hearings.  
**Remediation:** DDS Service Concern Referral submitted for participant in question. DDS staff to instruct providers to have their psychology teams focus on positive behavior support plans to reduce need for behavior programs that utilize restraints.  
**Corrective Action Plan:** DDS Waiver Specialists now utilize MMIS system to check PA utilization at time of CSR and/or revisions are reviewed/approved. If PA is not fully utilized, specialist will request justification from Provider regarding under utilization. DDS staff has been instructed to utilize tickler file to track non-receipt of provider responses.

### **Financial Accountability (FA) Performance Measure**

Percentage of claims paid in accordance with the reimbursement methodology specified in the approved waiver.

- **Issue:** Operating agency does not have an adequate and effective system to assure financial accountability. No prior authorization requested for DME.  
**Remediation:** DDS Specialist advised by OA to acquire another Medicaid application and send directly to Medicaid. Application was completed and the case was removed from pending to open. DDS specialist is to verify that 3330 has been received and that participant's case is open in WAIV screen prior to authorizing services. DDS forwarded requested to program integrity on 12-16-2010 to recoup funds over paid due to incorrect PA amount. DDS cancelled the duplicate prior authorization and provided DMS with copy of cancellation.

September 1, 2011

**Corrective Action Plan:** Documents filed with Program Integrity and provider repaid funds. DDS to use denial by AFMC as training tool by Program Manager for specialists. It will be stressed to specialists to carefully read and inquire as to any questions posed by these denials prior to approving services. Application was completed and the case was removed from pending to open.

1) DDS issued statements to DDS field staff detailing the directions for cancelling a prior authorization with 0% utilization. Copy was provided to DMS. 2) DDS provided DMS with a copy of retraining instructions for reviewing the MMIS PA screen that has been developed and provided to DDS staff.

#### Quality Improvement Plan Reports

The Division of Medical Services Quality Management and the Division of Developmental Disabilities Services Waiver Program receive and review management reports. The reports reviewed consist of the Abeyance report, the YTD Payments report, the Choice report, the Medicaid Reviews Due report, the Approved/Pended/Denied report, the ICF Reassessments report, the Incidents report, the Open, Closed, Reopen, Unduplicated Count report, the Physician Certification report, the LOC-QA Unit report, the Admission report, the MAPS Meetings Attended report, the Provider Certification report, the Revisions report, and the Utilization report.

- Issue: Operating agency does not produce the required Quality Improvement Plan reports timely

Remediation:

Corrective Action Plan:

Number of days late	Number of monthly reports produced late
60+	7
51-60	3
41-50	3
31 - 40	3
21-30	3
11-20	4
1-10	14
0	28

Number of days late	Number of quarterly reports produced late
60+	2*
41-50	1
31 - 40	1
21-30	2
11-20	1
1-10	1
0	17

\*Reports were never produced

Number of days late	Number of semi-annual reports produced late
60+	2 *
31 - 40	1
21-30	1
11-20	1
0	5

\*Reports were never produced

Number of days late	Number of annual reports produced late
31 - 40	9
1 - 10	1
0	4