

Welcome!



DMAS & DBHDS Quality Review Team (QRT) Quarterly Collaboration

SFY 23 Quarters 1-3

Facilitated by:

Jason Perkins, Program Manager

Division of High Needs Supports



Objectives

The purpose of this meeting is to:

- Present CMS Approved data for the DD HCBS Waiver
- Collaborate to address barriers
- Develop solutions & increase remediation efforts
- Optimize services for our members
- Prioritize & plan for improvement with monitoring the overall success of each stakeholder impacted by the DD HCBS Waiver



Developmental Disability Home Community Based Services (DD HCBS) Waiver Assurances:

- A. Administrative Authority
- B. Level of Care
- C. Qualified Providers
- D. Service Plan
- G. Health, Safety, & Welfare
- I. Financial Accountability

A. Administrative Authority

- ❑ The Administrative Authority Assurance measures oversight of the performance of all waiver functions.





A. Administrative Authority Summary

No deficiencies to report for SFY 23, Quarters 1-3.

B. Level of Care

- ❑ The Level of Care (LOC) Assurance: Evaluates a waiver applicant's / existing participant's LOC consistent with care provided in a hospital, NF or ICF/IID.

B. Level of Care Summary

Missing data for the following performance measures:

- *B1: # and percent of all new enrollees who have a LOC evaluation prior to receiving waiver services (DBHDS-WAMS)*
- *B2: # and percent of VIDES(LOC) completed within 60 days of application where there is a reasonable indication that services may be needed in the future (DBHDS-WAMS)*

No deficiencies for quarters 1-3 of the reported data!

C. Qualified Providers

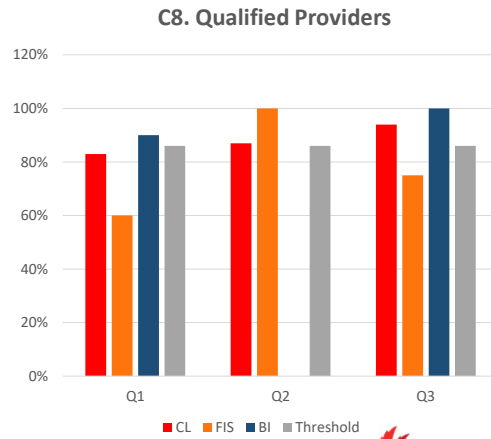
- ❑ The Qualified Providers Assurance: Ensures all waiver services are provided by qualified providers.



C. Qualified Providers Summary (cont.)

Areas of Concern

- C8. # and percent of provider agency staff meeting provider orientation training requirements.
- Q1. CL - 83% FIS - 60%
- Q1. Total Waiver Avg. - 82%
- Q2. BI – No data to report
- Q3. FIS - 75%



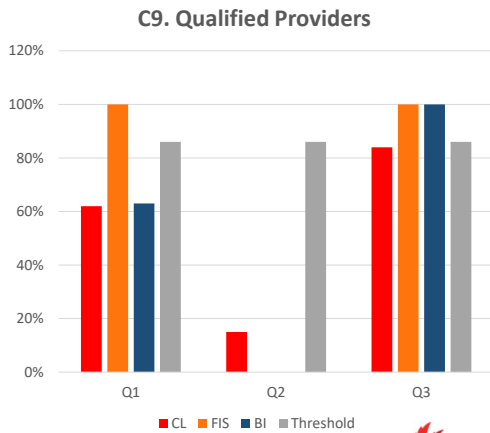
Orientations are not being scored and tests are missing

C. Qualified Providers Summary (cont.)

Areas of Concern

- C9. # and percent of provider agency direct support professionals meeting competency training requirements.

- Q1. CL- 62% BI- 63%
- Q2. CL- 15% FIS- 0%
- Q3. CL- 84% BI- No data to report



Common issues: not completing annually, missing, using the wrong forms, not completed within 180 window, missing DSP signatures

2nd Quarter consisted of a large provider. (Good Neighbor)

CSBs checked: Q1- Chesterfield, Rappahannock, Chesapeake

Q3- Dickenson, VA Beach

D. Service Plan

- ❑ The Service Plan Assurance: monitors adequacy of service plans for waiver participants.

D. Service Plan Summary

- D1. Number and percent of individuals who have Plans for Support that address their assessed needs, capabilities and desired outcomes.

- *Consistently below threshold*

D1. Service Plan (Q1-3)				
	CL	FIS	BI	THRESHOLD
Q1	56%	58%	71%	86%
Q2	58%	70%	83%	
Q3	59%	43%	60%	

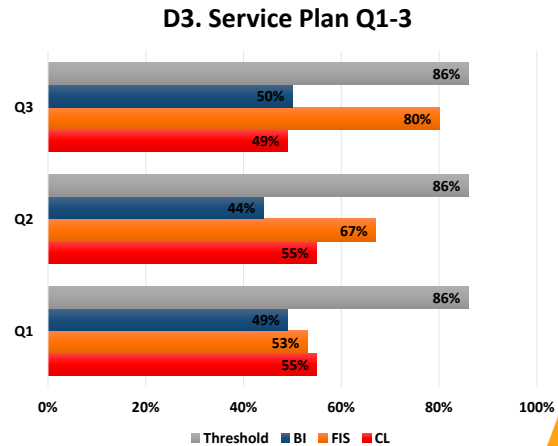


Q1-3. Plans missing information to support issues such as falls, bowel obstruction, pressure injuries, aspiration pneumonia, elopement, sepsis, seizures and lack of safety awareness. Also, RAT tools are missing. Risks are not being mitigated and supported in the plans with CSBs and Providers

D. Service Plan Summary (cont.)

- D3. Number and percent of individuals whose Plan for Supports includes a risk mitigation strategy when the risk assessment indicates a need.

• *Consistently below threshold*



This performance measure has the same issues as D1. Q1-3. Plans missing information to support issues such as falls, bowel obstruction, pressure injuries, aspiration pneumonia, elopement, sepsis, seizures and lack of safety awareness. Also, RAT tools are missing. Risks are not being mitigated and supported in the plans with CSBs and Providers



D. Service Plan Summary (cont.)

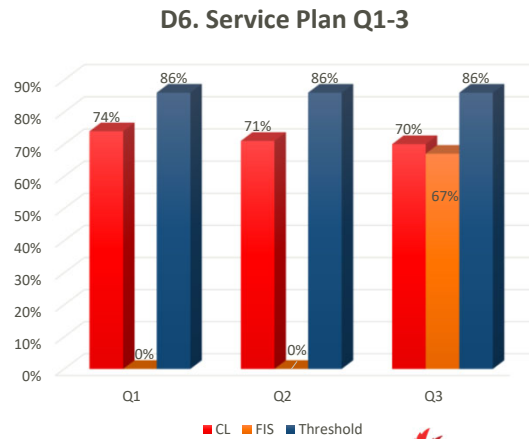
D4. Number and percent of service plans that include a back-up plan when required for services to include in home supports, personal assistance, respite, companion, and shared living.

Q1. CL - 38% Chesterfield County had no back up plan documented

All other data either met threshold or there was none reviewed

D. Service Plan Summary (cont.)

- D6. Number and percent of individuals whose service plan was revised, as needed, to address changing needs (Individual Support Plan was updated/revised when individual's needs changed)
- *CL & FIS consistently below threshold for Q1-3*



Individuals are having issues such as falls, surgery, breakthrough seizures, attendance changes, not utilizing documented equipment. Plans are not being revised to reflect these changes.



D. Service Plan Summary (cont.)

D7. Number and percent of individuals who received services in the frequency specified in the service plan.

Q2. CL- 60%

Q3. CL- 78% FIS- 67%

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2nd Quarter – CL 1 CAP Good Neighbor: no progress notes, no schedule of supports; BI: No records reviewed meeting this criteria

3rd Quarter –

CL 2 CAPs Cumberland Progress Notes do not reflect provision of supports on ISP, missing dates of service; Dickenson Not attending the # of days scheduled

FIS 1 CAP Dickenson Scheduled for 3 days but attended 5

D. Service Plan Summary (cont.)

D11. Number and percent of individuals who received services in the amount specified in the service plan

Q2. CL - **82%**

Q3. CL - **78%** FIS- **67%**

2nd Quarter – CL 1 CAP Good Neighbor: no progress notes, no schedule of supports; BI: No records reviewed meeting this criteria

3rd Quarter – CL 2 CAP Cumberland CSB not receiving the number of In-home hours scheduled Dickenson CSB – not attending as scheduled FIS 1 CAP Dickenson CSB – not attending as scheduled

G. Health & Welfare

- ❑ The Health and Welfare Assurance: monitors waiver participants health, safety, and welfare



G. Health & Welfare Summary

Missing data for the following performance measures:

G1: Number and percent of closed cases of abuse/neglect/exploitation for which DBHDS verified that the investigation conducted by the provider was done in accordance with regulations. *(DBHDS OHR)*

G2: Number and percent of substantiated cases of abuse/neglect/exploitation for which the required corrective action was verified by DBHDS as being implemented *(DBHDS CHRIS)*

G3: # and percent of unexpected deaths where the cause of the death/factor in the death, was potentially preventable & some intervention to remediate was taken *(DBHDS MRC)*

G. Health & Welfare Summary *(cont.)*

Missing data for the following performance measures:

G5. Number and percent of critical incidents reported to the Office of Licensing within the required timeframes as specified in the approved waiver. *(DBHDS CHRIS)*

G6. Number and percent of licensed DD providers that administer medications that were not cited for failure to review medication errors at least quarterly. *(OFFICE OF LICENSING)*

G7. Number and percent of individuals reviewed who did not have unauthorized restrictive interventions. *(DBHDS)*

G8. Number and percent of individuals who did not have unauthorized seclusion. *(DBHDS CHRIS)*

G9 & G10. Annual Reporting *(DMAS)*

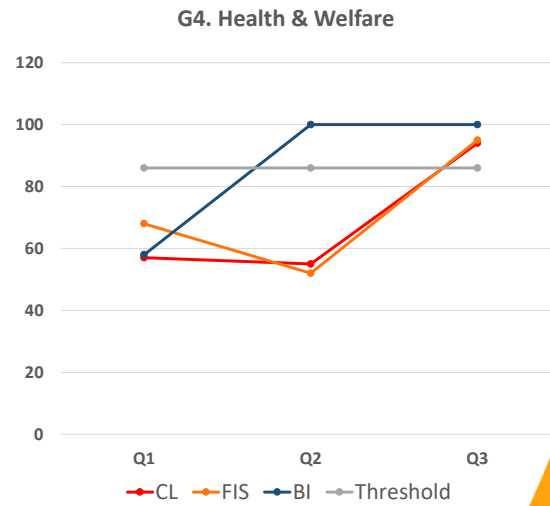
G. Health & Welfare Summary (cont.)

- G4. Number and percent of individuals who receive annual notification of rights and information to report ANE.

- Q1. CL-57% FIS – 68% BI -58%

- Q2. CL – 55% FIS- 52%

- Q3. All waivers met threshold



Common issues: Annual Rights not being completed annually, missing, and not signed by the proper entities (i.e. individual or Authorized Rep)

I. Financial Accountability

- ❑ The Financial Accountability Assurance monitors claims and reimbursement.



I. Financial Accountability Summary

No deficiencies reported for SFY 23 Quarters 1-3

Q & A

- We will now open the floor for Q & A with the stakeholders



Thank you for your participation &
valuable feedback



NEXT QRT MEETING

Please expect the next meeting invite in the near future!!

