

**FY 2021 2nd Qtr. QRT Meeting Agenda  
2/17/2021**

**Meeting Attendance (via Google Meet [meet.google.com/iad-dhvr-byr](https://meet.google.com/iad-dhvr-byr))**

- Thren Baugh, QMR Supervisor  or N
- Donna Boyce, DMAS Program Advisor Y or N
- Patricia Cafaro, DBHDS Mortality Review Program Clinical Manager Y or N
- Tracy Stith Harris, DMAS Contract Monitor  or N
- Jennifer Kurtz, DBHDS Community Resource Consultant  or N
- Taneika Goldman, DBHDS Director of Human Rights  or N
- Jae Benz, DBHDS Director of Licensing Y or N
- Ann Bevan, DMAS Director of Developmental Services Y or N
- Deanna Parker, DBHDS Sr. DD Policy Analyst  or N
- Jason Perkins, DMAS DD Program Manager Y or N
- Jenni Schodt, DBHDS Settlement Agreement Director Y or N
- ~~Challis Smith, DBHDS Director Office of Community Quality Improvement Y or N~~
- Susan Moon, DBHDS Director of the Office of Integrated Health Y or N
- Dawn Traver, DBHDS Waiver Operations Director Y or N
- Patrick Buzzee-Penfold, DMAS Contract Monitor  or N
- Katie Morris, DMAS Sr. Policy Analyst  or N
- Andrew Greer, Sr. Policy Analyst  or N
- Rupinder Kaur, DBHDS Data Analyst Y or N
- Heather Norton, Guest Y
- Maureen Kennedy, DBHDS SIS Manager  or N

	<b>Agenda Item</b>	<b>Meeting Discussion</b>	
<b>I</b>	<b>Follow-up/updates from 11/17/2020 meeting</b>		<b>Follow-up</b>
<b>1.0</b>	<b>Settlement Agreement Reporting</b>	Heather Norton - summary of the last IR consultant report and next steps.	

2.0	<b>G7: QSR Contractor Alerts</b>	<p>Update on QSR data (2020 and 2021)</p> <p>The QSR Round 1 reviews will include a review of documents dated July 1, 2019 – June 30, 2020. Beginning July 2020, HSAG conducted reviews of individuals receiving services from selected providers or CSBs for the most recent timeframe of July 1, 2019 through June 30, 2020 for support coordination and October 1, 2019 through March 31, 2020 for <b>provider documentation</b>. These reports are being finalized and are expected to be received from HSAG by March 1, 2021.</p>	
3.0	<b>G9/G10: NCQA Data</b>	The NCQA (MCO) data that is used to capture the PM’s G9 and G10 is still being compiled for FY2020	
4.0	<b>Update on Waiver Regulations</b>	The proposed permanent waiver regulations have been signed by the Governor and are being prepared for a 30 day public comment period.	Finalized by 4/1
5.0	<b>Corrections from 4<sup>th</sup> Qtr. report</b>	<p>Correction to #D11 have been made as a result of a spreadsheet error. CL= 380/472 (81%), FIS 88/97 (91%), BI 31/43 (72%)</p> <p>This change correctly identifies this PM as out of compliance for <b>FY2020 499/612 (82%.)</b></p>	

<b>II.</b>	<b>Review and Discussion of 1st Qtr. QRT Data (PM's with percentages reported below the 86% threshold for 1st Quarter.</b>	
<b>C2</b>	<p>Number &amp; percent of licensed/certified waiver provider agency staff who have criminal background checks as specified in policy/regulation with satisfactory results.</p> <p><b>The percentage compliant for the BI waiver for 4<sup>th</sup> Qtr <u>has been revised from as follows</u> from</b></p> <p><b>4<sup>th</sup> Qtr. BI 41/54 (75.9%) to 4<sup>th</sup> Qtr. BI 7/8 (87.5%)</b></p> <p><b>2020 EOY compliance for the PM (all waivers combined)= 746/845 = 88% OK</b></p>	<p><b>Remediation:</b></p> <p><b>Follow-up:</b></p> <p>Please see new number highlighted and recalculate combined. Thanks</p>
<b>C5</b>	<p>Number &amp; percent of non-licensed/noncertified provider agency DSPs who have criminal background checks as specified in policy/regulation with satisfactory results.</p> <p><b>Only FIS out of compliance for 1<sup>st</sup> Qtr. 8/10 (80%) CL and BI Waivers 100%.</b></p> <p><b><u>CAPS</u></b></p> <p><b>FIS 2 CAPS</b></p> <ul style="list-style-type: none"> <li>• All Ways There Home Care - ? (Reason for CAP) Providers have not verified that it was done <u>or results</u> (effort to maintain confidentiality)</li> <li>• Inspired Resolutions - ? (Reason for CAP) Providers have not verified that it was done <u>or results</u> (effort to maintain confidentiality)</li> </ul>	<p><b>Remediation:</b></p> <p><b>No background check- Thren will double check. Need to engage service facilitators more. Can add this to the manual (Chapter 2). Providers are required to keep these results on file.</b></p> <p>GA rules to remind people that background checks should not be shared with anyone other than the requester. Need to clarify that the results are needed to indicate no barrier crimes. Both agencies need to have discussion about what QMR is expecting to see wo that it can be added to the manual. Putting a pin in this.</p>

<p><b>C8</b></p>	<p>Number and percent of provider agency staff meeting provider orientation training requirements.</p> <p><b>1st Qtr. compliance CL 43/56 (76.8%), FIS 6/14 (42.9%)</b></p> <p><u><b>CAPS</b></u></p> <p><b>CL 3 CAPS</b></p> <ul style="list-style-type: none"> <li>• 7 Star – ? Missing</li> <li>• MPNNCSB - ? Missing</li> <li>• Valley CSB - ? Missing</li> </ul> <p><b>FIS – 1 CAP</b></p> <ul style="list-style-type: none"> <li>• Star Home Care - No employees have completed the orientation training</li> </ul>	<p><b>Remediation:</b></p>
<p><b>C9</b></p>	<p>Number and percent of provider agency direct support professionals (DSPs) meeting competency training requirements.</p> <p><b>1<sup>st</sup> Qtr. compliance CL 15/40 (37.5%), FIS 0/0*, BI, 0/0*</b></p> <p><b>QMR reporting tool error – per DMAS these services have been added to the FIS and BI waiver sheets and will be reported for future meeting.</b></p> <p><u><b>CAPS</b></u></p> <p><b>CL – 2 CAPs</b></p> <ul style="list-style-type: none"> <li>• MPNNCSB-Not updated annually, not completed within 180 days</li> <li>• Valley CSB- Not completed annually</li> </ul>	<p><b>Remediation:</b></p>

<p><b>D4</b></p>	<p>Number and percent of service plans that include a back-up plan when required <u>for services to include in home supports, personal assistance, respite, companion, and shared living.</u></p> <p><b>1st Qtr. compliance: CL 3/5 (60%)</b></p> <p><b><u>CAPS</u></b></p> <ul style="list-style-type: none"> <li>• <b>CL 1 CAP Inspired Resolutions-?</b></li> </ul>	<p><b>Remediation:</b></p>
<p><b>D11</b></p>	<p>Number and percent of individuals who received services in the amount specified in the service plan.</p> <p><b>1<sup>st</sup> Qtr compliance CL 33/46 (71.7%)</b></p> <p><b><u>CAPS</u></b></p> <p><b>CL – 3 CAPS</b></p> <ul style="list-style-type: none"> <li>• AEM Love- CE PLAN &amp; SCHED FOR SUPPTS DOES NOT INDICATE THE NUMBER HRS CE SERVICES (HRS LEFT BLANK), IT IS NOT CLEAR WHAT THE SCHEDULE FOR CE SERVICES IS</li> <li>• Greater Unity - Hours not delivered as outlined in the plan.</li> <li>• Inspired Resolutions - scheduled 25 hr/wk. No doc (QTR or other) to verify svcs provided/PA not identified.</li> </ul> <p>*An error in the spreadsheet used to calculate the yearly QRT percentages resulted in incorrect information reported during the last quarter’s meeting. This PM will be reported to CMS as out of compliance for FY 2020.<b>EOY compliance all waivers combined 499/612 =82%.</b></p>	<p><b>Remediation:</b> check to see if the # of CAPS was a typo</p>

<p><b>D13</b></p>	<p>Number and percent of individuals whose case management records contain an appropriately completed and signed form that specifies choice was offered among waiver services</p> <p><b>1<sup>st</sup> Qtr compliance BI 4/5 (80%)</b></p> <p><b><u>CAPS</u></b></p> <p><b>BI – 1 CAP - Valley CSB</b> documentation not provided</p>	
<p><b>G6</b></p>	<p>Number and percent of licensed DD providers that administer medication that were not cited for failure to review medication errors at least quarterly</p> <p><b>1st Qtr. compliance aggregate waivers = 116/156 (74%) *Below compliance for next quarter as well (79%)</b></p> <p>**DBHDS Licensing has instituted a new reporting methodology for this PM which counts licensed congregate settings owned by a provider under one license and one inspection. The new report was developed based on new priorities under the Settlement Agreement and will replace the previous report.</p>	<p><b>Remediation:</b></p>
	<p><b>New agenda items added?</b></p> <p>.</p>	