

# **Section IX**

## **QUALITY MANAGEMENT**

## Introduction

An effective, comprehensive Quality Management Program (QMP) combines quality assurance and quality improvement strategies to assure there is a system in place that continuously measures performance, identifies opportunities for improvement and monitors outcomes. For this program to be successful, participants, waiver providers, DOH and all contracted entities must work collaboratively to identify and address problems. This can only be done through open and effective communication between all entities.

By following the activities provided in the QMP outlined in this section, each provider can achieve the greatest probability of success serving participants in a manner that reflects the highest level of quality. This can be measured through participant success and overall satisfaction pursuing desired goals.

## Framework for a Quality Management Program

CMS has developed a Quality Framework which provides an excellent model for constructing a viable and practical approach to dealing with the quality aspects of a waiver. This Quality Framework contains three distinct functions: Discovery, Remediation and Improvement. Just as the NHTD waiver has adopted this approach, it is expected waiver providers will also. By incorporating these three functions into its quality activities, providers can better meet the responsibility of identifying problems, understanding the extent of each problem and developing appropriate interventions to resolve the problem.

The **Discovery** function focuses on the ability and willingness to become aware of those events that may compromise the waiver's pursuit of meeting its assurances to the federal government. On a more concrete level, are there policies and procedures in place that will identify issues of concern to the participant, provider, community or program? Do we know when a participant experiences neglect or other critical incident? Do we know when waiver policies and procedures have a negative impact on providers' ability to meet the standards established for hiring qualified staff? Do we have a way of documenting and sharing best practices? These are the types of questions that must be positively responded to if the NHTD waiver is to understand whether it is successful in fulfilling its primary goals.

Once Discovery processes are in place, the QMP must respond to individual situations via **Remediation** and, when necessary, to initiate Improvements on a system-wide level. The Remediation processes established to provide amelioration of an individual's problem must be ones that can be carried out in a timely and efficient manner. Overwhelmingly, situations requiring Remediation would be considered Serious Reportable Incidents (SRI) (refer to Section X - Incident Reporting Policy and Complaint Procedure). Such events must be catalogued by both the waiver (through the QMS) and provider to understand whether they are isolated events or if a pattern has developed.

**Improvement** on a system-wide basis is also essential in order for the waiver to respond to changes in healthcare and other environments. Resource and reimbursement concerns, along with the shifting interests and needs of participants and providers, must be considered as the waiver continues to mature and grow. New barriers and concerns may evolve and must be managed. System-wide improvements, clarifications or changes to existing policies and procedures will impact the other two components of the QMP – Discovery and Remediation. These improvements may also be reflected in changes to the basic waiver design or to its policies and procedures. Often, the system-wide improvements being sought are based on the recognition that there are faults within the Discovery or Remediation functions that cannot be corrected in any other way. This type of self-correcting closed loop model of improvement -where feedback from the system is used to initiate changes in that system-provides the opportunity for an ongoing quality improvement process.

### **NHTD Quality Management Program**

Through a robust system of Discovery, information is gathered, when there are problems and analyzed to determine where the locus of the problem primarily lies, for example at provider or program level. Once appropriate action is taken to remedy the problem, the system of Discovery is used continuously to assure the proposed solution has been successful. Embracing the “participant-centered approach” to service provision, the Department of Health (DOH), Quality Management Specialists (QMS), Regional Resource Development Centers (RRDC), Regional Resource Development Specialists (RRDS), Nurse Evaluators (NE), Service Coordinators (SC) and other provider agencies work collaboratively with waiver participants with a focus on choice and satisfaction.

The NHTD QMP uses a five-level approach. Each level has a responsibility and an opportunity for identifying problems (Discovery), creating solutions at the provider level (Remediation) and assisting in changes in program policy (Improvement).

**Level One** is the waiver participant and natural (informal) supports. Waiver participants work with waiver providers to develop a Service Plan that reflects personal goals and strategies to assure successful outcomes.

The QMP assures waiver participants receive ongoing support and monitoring of their health and welfare throughout their participation in the waiver through:

- waiver participant education;
- Team Meetings;
- visits with the SCs;
- access to all waiver providers and the NHTD Complaint Line;
- annual Participant Satisfaction Surveys; and
- timely response to concerns or SRI.

Waiver participants play an active role in the Discovery process through communicating problems or issues to waiver providers. Working with the DOH, QMS, RRDC and waiver providers, waiver participants are part of the remediation process and provide input into solutions to assure successful outcomes.

**Level Two** is the SCs and other waiver service providers. Providers must employ self-monitoring strategies that assure the agency's policies and procedures regarding service provision to waiver participants meet the standards of the waiver (Discovery). When problems are identified, waiver providers must evaluate whether the difficulty is staff-specific and/or related to provider-specific or programmatic policies and procedures. If the provider's policies and procedures are the source of the problem, then the provider must assure changes in policies and procedures are made that continue to support the waiver participants and maintain compliance with the standards of the waiver.

Using the NHTD Program Manual as a guide, each provider will have the tools needed to understand and measure the quality of service provision. These tools include:

- policies regarding Service Plan (SP) development;
- changing procedures;
- Participant Satisfaction Surveys;
- Complaint procedures and SRI protocols;
- Serious Incident Review Committee (SIRC);
- Team Meetings; and
- outcomes of DOH surveys and Office of Medicaid Inspector General (OMIG) audits.

**Level Three** is the RRDC which employs the RRDS and NE. The RRDC has a lead role in the transition and diversion of waiver participants. It is responsible for:

- outreach, education and training;
- resource identification and referral, networking, assuring level of care, maintaining an aggregate budget and approving SPs;
- the RRDS acts as a gatekeeper and a point of contact for the NHTD waiver. He/she interviews all potential waiver providers;
- interviews all potential waiver participants;
- reviews every Application Packet and SP, and assures cost neutrality in the region; and
- the RRDS also compiles and reviews data collected from waiver providers and waiver participants in his/her region for quality assurance.

The NE must be a Registered Nurse certified to conduct PRI and SCREEN (refer to Appendix F) assessments to evaluate, as necessary, new waiver participants and participants returning to the community following a significant medical event that may have altered the individual's cognitive or physical abilities. The NE will

evaluate

- SPs at the direction of the RRDS, as appropriate; and
- provide the results of his/her evaluation to the SC selected by the waiver participant, as well as to other appropriate parties at the direction of the RRDS.

The RRDC personnel maintain regular contact with the QMS and DOH Waiver Management staff (WMS) regarding quality management issues. Through these activities, the RRDC staff plays an essential role in the Discovery, Remediation and Improvement processes.

**Level Four** is the QMS, another key resource in the waiver. The QMS is responsible for

- overseeing the SRI process;
- providing technical assistance to the RRDS as requested;
- analyzing data obtained from RRDS reports, participant complaints and retrospective record reviews, monitoring for regional trends;
- working with the RRDS and waiver providers to remedy any issues discovered and makes recommendations to DOH WMS for systemic improvements;
- reviewing SPs over \$300 per day to assure the health and welfare needs of the waiver participant are met in a cost effective manner; and
- assuring Participant Satisfaction Surveys are conducted through face-to-face visits with participants to assess satisfaction.

The QMS personnel maintain regular contact with the RRDC personnel and DOH WMS regarding quality management issues.

**Level Five** is the DOH WMS, who has the overall responsibility for the waiver. The DOH WMS consists of skilled professionals who have knowledge regarding diverting and transitioning individuals from nursing homes and maintaining them in the community. This team works collaboratively with the OMIG and other State agencies to share information useful to the waiver's success.

DOH WMS conduct ongoing reviews of Discovery information received through:

- SRIs;
- Regional Forums;
- RRDS, QMS and waiver provider reports;
- fair Hearings;
- Complaint Line calls;
- quarterly meetings with QMS and RRDS;
- random retrospective record reviews;
- financial audits; and
- surveys.

Through the team's ongoing collaborative efforts, data is shared and analyzed for use in implementing remediation at the provider and/or regional level and

developing strategies for implementation on a state or system-wide level. DOH WMS may initiate remediation actions including additional provider training, restriction of the provider opportunity level (vendor hold) for providing services to participants, or termination of a provider agreement. The staff maintains open communication through a variety of forums with all entities involved with the waiver, providing feedback and direction for change or improvement. DOH WMS meets at least quarterly with the RRDS and QMS to identify concerns and examine remedial actions.

DOH WMS continuously monitors the outcomes of these changes or improvements through ongoing Discovery measures to assure the standards of the waiver program are maintained through all levels of the QMP. That staff works with the RRDS and QMS to identify trends that need response by Remediation and/or Improvement activities to assure the underlying philosophy and assurances of this waiver are maintained. DOH WMS also monitors the QMS and RRDC by conducting on-site visits and annual evaluations to assure they are meeting contractual obligations.

Another forum important for data sharing is a Quality Advisory Board, designed to keep waiver participants, stakeholders, advocates and community representatives informed and involved in the process for change or improvement to the NHTD waiver program. This Board works with DOH WMS at least twice a year to review trends and provide feedback.

The QMP is an ongoing process whose strategies change over time in response to the changing needs of the NHTD waiver and New York State. The success of the QMP strategies are reviewed minimally at every quarterly RRDS and QMS meeting, with the submission of RRDS and QMS quarterly reports, annually and at other times at the discretion of DOH WMS. An annual summary and report is sent to CMS describing the ability of the waiver to meet the assurances described in the application.

## **CMS Waiver Assurances**

Through the dynamic QMP, New York State will be able to continuously ensure the waiver assurances and other federal requirements are met.

This section explains the waiver assurances required by CMS and the NHTD activities related to Discovery, Remediation and Improvement, including performance measures and the entity(s) responsible for each activity.

### **A. Level of Care (LOC) – Nursing Home Eligibility**

- 1. Waiver applicants for whom there is reasonable indication that waiver services may be needed in the future are provided an individual LOC evaluation.**

#### **Activities:**

- a. The RRDS is responsible for assuring individuals are informed

about the waiver application process including the need for a LOC evaluation, using the PRI and SCREEN.

- b. As part of the application process, the SC assures a current PRI and SCREEN has been completed and that the individual meets the LOC requirement.
- c. The SC submits the Application Packet, including the PRI and SCREEN, to the RRDS who reviews 100% of all applications received to assure compliance with waiver eligibility criteria, including LOC.
- d. If the finding of a LOC evaluation poses any concerns or questions for the RRDS, the NE reviews the PRI and SCREEN and/or completes a new PRI and SCREEN for LOC determination.
- e. If the individual does not meet the nursing home level of care criteria, the RRDS assures that the individual is referred to other community resources and tracks all referrals.
- f. The QMS monitors for regional trends and suggests any additional training to the RRDS regarding the LOC process and waiver eligibility.
- g. During an annual random retrospective record review of at least five-percent (5%) in Year One of the waiver, two-percent (2%) in Year Two, and one-percent (1%) in Year Three, QMS and DOH WMS evaluate the LOC evaluations.
- h. The data gathered regarding this assurance must be included in the RRDS and/or QMS Quarterly Reports for review by DOH WMS. That staff, in consultation with the QMS and RRDS evaluates the need to change and/or improve policies/procedures.

**2. The LOC of enrolled participants are reevaluated at least annually or as specified in the approved waiver**

**Activities:**

- a. Waiver participants are reevaluated at least annually for LOC through completion of the PRI and SCREEN. This is done from the anniversary date of the last LOC determination. The RRDS reviews 100% of all Revised Service Plans (RSP) (refer to Appendix C – form C.13) to assure ongoing compliance with waiver standards regarding LOC determinations.
- b. The SC creates and maintains a tracking system to assure timely LOC reevaluations.
- c. At a minimum of every six months, with the waiver participant present, the SC conducts a Team Meeting to review the SP for revision. If the team has concerns about the LOC, a new LOC evaluation must be completed.
- d. During review of an RSP, the RRDS informs the Service Coordinator if an updated PRI and SCREEN is needed or if the PRI and SCREEN indicate an inappropriate LOC. The RRDS maintains

a system to track all LOC reevaluations to assure timeliness of submission.

- e. The NE who must be a certified assessor completes an updated PRI and SCREEN for LOC determination if the validity of the PRI and SCREEN is in question.
- f. The RRDS tracks data regarding all LOC reevaluations to monitor this assurance is being met.
- g. The QMS monitors for regional trends and suggest any additional training to the RRDS regarding the LOC process and waiver eligibility.
- h. The QMS and DOH WMS conducts an annual random retrospective record review of at least five-percent (5%) of all LOC reevaluations in Year One of the waiver, two-percent (2%) in Year Two, and one-percent (1%) in Year Three. Findings are evaluated for trends warranting any individual, regional or systemic changes or improvements.
- i. DOH conducts record reviews during surveys of Service Coordination agencies to assure LOC determinations were timely and appropriate.
- j. The data gathered regarding this assurance must be included in the RRDS and/or QMS Quarterly Reports for review by DOH WMS. That staff, in consultation with the QMS and RRDS will evaluate the need to change and/or improve policies/procedures.

**3. The processes and instruments described in the approved waiver are applied to determine LOC**

**Activities:**

- a. The NYS PRI and SCREEN are designated tools for documenting LOC and can only be completed by individuals properly trained and certified by the NYS DOH. The completed PRI and SCREEN must be signed by the assessor, attesting to the validity of the assessment. If necessary, DOH WMS has the ability to verify the credentials of the qualified assessor completing the PRI and SCREEN.
- b. The RRDS reviews 100% of all initial and subsequent PRI and SCREENS for timeliness and to be sure the instrument indicates the waiver participant meets the LOC requirement.
- c. Each RRDC maintains a system to track the timeliness and appropriateness of all LOC evaluations/reevaluations.
- d. The data gathered regarding this assurance must be included in the RRDS and/or QMS Quarterly Reports for review by DOH WMS.
- e. That staff, in consultation with the QMS and RRDS evaluates the need to change and/or improve policies/procedures.

**4. The state monitors LOC decisions and takes action to address inappropriate LOC determinations**

### **Activities:**

- a. The RRDS reviews 100% of all initial and subsequent PRI and SCREENS to be sure the instruments indicate the waiver participant does meet the LOC requirement.
- b. When the accuracy of LOC data is questioned by the waiver participant, RRDS or SC, the NE reviews the data and, if necessary, completes a new PRI and SCREEN.
- c. The RRDS asks the NE to review all LOC denials when the denial is based on PRI and SCREEN results that do not meet the nursing home level of care requirement. The NE will evaluate the circumstances of the denial, the appropriateness and will assist the RRDS in monitoring regional trends.
- d. RRDC staff and DOH WMS takes action when inappropriate denials have been made e.g. reinforce RRDS training on the policies and protocols for LOC determinations.
- e. The RRDS may request technical assistance from DOH WMS when a problem or trend regarding LOC evaluations and decisions is noted.
- f. If a re-evaluation for LOC determines the waiver participant is no longer eligible for the waiver because he/she no longer meets the nursing home level of care requirement, and the participant disagrees with this decision, the NE may be asked to review the LOC evaluation. If the NE review confirms ineligibility, the RRDS, through a Notice of Decision informs the waiver participant of his/her right to a Conference and/or a Fair Hearing and Aid to Continue if he/she disagrees with the determination. The SC works with the waiver participant to ensure he/she understands his/her rights. If the NE review determines the original LOC decision to be incorrect, the NE will complete a new LOC assessment providing the assessment and determination to the RRDS and the SC.
- g. Before a participant is discontinued from the waiver, the SC assists the participant with referrals for other services, if needed.
- h. The RRDS notifies DOH WMS of any Fair Hearings initiated due to LOC denials.
- i. The RRDS tracks all LOC denials.
- j. The QMS analyzes data received from the RRDS for regional trends and addresses issues with the RRDS accordingly.
- k. The data gathered regarding this assurance must be included in the RRDS and/or QMS Quarterly Reports for review by DOH WMS. That staff, in consultation with the QMS and RRDS evaluates the need to change and/or improve in policies/procedures.

### **B. Individual Service Plan (ISP)**

- 1. Service Plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the**

**provision of waiver services or through other means.**

**Activities:**

- a. The RRDS meets every potential waiver participant prior to the development of the ISP. This provides the RRDS with information regarding the potential waiver participant's unique strengths and needs. This information is used when the reviews the Initial SP. The information acquired by the RRDS during this interview is documented on a standardized Intake Form which is shared with the selected SC and used to develop the ISP.
- b. The SC works with the waiver participant to establish the ISP, RSP and any Addenda (refer to Appendix C – form C.15). The SP includes the range of services needed by the waiver participant including waiver and non-waiver services. It combines all services needed to address the waiver participant's health and welfare, personal goals, preferences and cultural traditions.
- c. The waiver participant's signature on the SP signifies that he/she has read it or it has been read to him/her and they understand its contents and purpose.
- d. A Plan of Protective Oversight (PPO) (refer to Appendix C – form C.4) is completed with the waiver participant by the SC during the development of the ISP and at each RSP.
- e. The PPO is reviewed with the participant by the SC during the development of an Addendum. Any changes in the PPO will result in the completion of a new PPO for submission to the RRDS with the Addendum. If no changes are indicated, the PPO is signed indicating the contents remain the same and attached to the Addendum.
- f. All SPs are forwarded to the RRDS for final review and approval. The RRDS conducts a comprehensive review of 100% of all SPs assuring the waiver participant's goals and preferences are recognized and the plan meets his/her health and welfare needs.
- g. If the RRDS finds the SP does not reflect the waiver participant's needs and goals, support health and welfare or follow the program's policies, immediate corrective action must be requested from the SC and completed before the SP can be resubmitted to the RRDS for re-review.
- h. If a SP exceeds \$300/day, the RRDS sends it to the QMS for review before approval.
- i. Waiver Service providers assess waiver participant satisfaction by conducting annual Participant Satisfaction Surveys and by investigating all complaints/grievances received. These surveys and complaints/grievances investigations will be viewed by DOH during the survey process.
- j. Any calls received regarding the SP by DOH WMS, directly or through the NHTD Complaint Line, or issues raised to DOH WMS

during the annual Regional Forums regarding waiver participant SPs, will be directed by DOH WMS to the RRDS. If the issues are of significant concerns and constitutes ad SRI, it must be referred to the QMS for follow up. As a result of the investigation, changes may be required to the SP.

- k. The QMS assures Participant Satisfaction Surveys are conducted annually, analyzing data for waiver provider performance, SP implementation and regional trends. The outcomes of these surveys must be provided to DOH WMS. When individual issues arise as a result of these interviews, the QMS informs the RRDS to assure action is taken to remedy the situation.
- l. During annual random retrospective record review conducted by the QMS and DOH WMS, all approved SPs will be reviewed at a rate of at least five-percent (5%) in Year One of the waiver, two-percent (2%) in Year Two, and one-percent (1%) in Year Three.
- m. The data gathered regarding this assurance must be included in the RRDS and/or QMS Quarterly Reports for review by DOH Waiver Management staff. That staff, in consultation with the QMS and RRDS will evaluate the need to change and/or improve policies/procedures.

**2. The state monitors Service Plan development in accordance with its policies and procedures and takes appropriate action when it identifies inadequacies in Service Plan development.**

**Activities:**

- a. The RRDS is responsible to review 100% of all SPs to assure the plans are developed in accordance with waiver participant needs and goals, meet health and welfare, and reflect the policies and procedures of the waiver program. Any discrepancies in the SP must be referred back to the SC by the RRDS for further assessment and/or modification before re-review by the RRDS for approval.
- b. Each SP submitted to the RRDS for review and approval must be signed by the waiver participant to assure the waiver participant has read it or it has been read to him/her and that he/she understand its contents and purpose.
- c. The RRDS assures all SPs over \$300/day are reviewed by QMS prior to final approval.
- d. The RRDS examines all SRIs in relationship to the SP to understand if a change in the type or amount of service is needed and works with the SC to assure any immediate needed changes in the SP are made at the waiver provider level.
- e. The SC is responsible to assure that a safe and effective SP is established with the waiver participant's involvement and support. Plans are formulated initially and revised at least every six months

- or with more frequent Addenda, as needed. The SC must have a tracking system in place to guarantee the timeliness of SPs.
- f. The SC is responsible for facilitating Team Meetings with the waiver participant and all key parties to review the SP for revisions, to ensure the waiver participant is involved and the waiver participant's preferences are reflected in the SP.
  - g. The SC submits the SP to the RRDS for review as specified in this Program Manual (refer to Section V- The Service Plan) to assure the SP is appropriate and to avoid any lapse in service coverage.
  - h. DOH WMS monitor NHTD Complaint Line calls, data from the Regional Forums, complaints and annual Participant Satisfaction Surveys for trends or issues related to the SP. They will initiate an investigation to obtain further information regarding any identified issues.
  - i. DOH WMS may place restrictions on waiver providers for late submission of RSPs and/or Individual Service Reports (ISR) (refer to Appendix C – form C.16). Restrictions may include the discontinuance of the waiver provider agreement or a vendor hold, which prevents the waiver provider from accepting new waiver participants until the RSP and/or ISR is submitted and approved by the RRDS. In addition, the waiver provider may have to submit a plan of action if the submission of late SPs is an ongoing problem.
  - j. Where inadequacies in the SP development process are identified, DOH WMS request a review by the RRDS or QMS and/or a DOH survey of any waiver provider.
  - k. DOH WMS and QMS conduct annual random retrospective reviews of five-percent (5%) of all SPs in Year One of the waiver, two-percent (2%) in Year Two, and one-percent (1%) in Year Three. DOH WMS reserve the right to review SPs at any time.
  - l. The data gathered regarding this assurance must be included in the RRDS and/or QMS Quarterly Reports for review by DOH WMS. That staff, in consultation with the QMS and RRDS evaluates the need to change and/or improve policies/procedures.

**3. Service Plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs. In the NHTD waiver, Service Plans are update/revised at least every six (6) months.**

**Activities:**

- a. The SC must assure Team Meetings are held at least every six months with the waiver participant, key parties and anyone the waiver participant requests for the purpose of reviewing the SP for needed revisions and development of an RSP.
- b. An Addendum is used when there is a need for minor adjustments in the SP. The Addendum is a short form the RRDS can review

and approve quickly. An RSP is used when there are major changes in the types and amounts of waiver services needed to assure health and welfare.

- c. All RSPs and Addenda must be reviewed and approved by the RRDS assuring waiver participant needs, goals, and health and welfare are met.
- d. A waiver participant may request a review of his/her SP at any time and the SC must comply with this request. If needed, a Team Meeting will be held with all appropriate persons in attendance.
- e. In the event the outcome of an investigation of an SRI, Recordable Incident or complaint leads to an Addenda or revisions in the SP, the RRDS assures changes are implemented in a timely manner by waiver providers.
- f. The SC and RRDS track the submission and review of all SPs according to policy and procedure.
- g. In the event SPs are delinquent, RRDS notifies DOH WMS. (refer to Section V – The Service Plan).
- h. The data gathered regarding this assurance must be included in the RRDS and/or QMS Quarterly Reports for review by DOH Waiver Management staff. That staff in consultation with the QMS and RRDS evaluates the need to change and/or improve policies/procedures.

**4. Services are delivered in accordance with the Service Plan, including in the type, scope, amount, duration, and frequency specified in the Service Plan.**

**Activities:**

- a. The SC maintains regular contact with the waiver participant to discuss the delivery of services as approved in his/her SP.
- b. Discrepancies between SPs and actual service utilization may be discovered through a range of methods including a random retrospective review by DOH WMS of SPs against claims data acquired through eMedNY, OMIG audits of waiver providers, DOH surveys and audits of waiver providers, Line calls, waiver provider Participant Satisfaction Surveys, QMS Participant Satisfaction Surveys and Regional Forums regarding waiver participant experiences with provision of services. If problems are discovered, further investigation will be pursued. If it is found services are not being delivered in accordance with the SP, DOH WMS will take appropriate action which may include a Vendor Hold or termination of the Provider Agreement.
- c. The data gathered regarding this assurance must be included in the RRDS and/or QMS Quarterly Reports for review by DOH WMS. That staff, in consultation with the QMS and RRDS will evaluate the need to change and/or improve policies/procedures.

**5. Participants are afforded choice between waiver services and institutional care.**

**Activities:**

- a. The RRDC staff is responsible for outreach and community education regarding the NHTD Waiver.
- b. The RRDS interviews all potential waiver participants and offers them informed choice between community-based services versus institutional care. The RRDS tracks the number of potential waiver participants interviewed and the number of potential waiver participants who chose waiver services instead of institutionalization.
- c. The RRDS documents that potential waiver participants are offered choice by having the potential waiver participant sign the Freedom of Choice form (refer to Appendix B – form B.4) during the initial phase of the application process.
- d. The QMS and DOH WMS conducts an annual random retrospective review of five-percent (5%) of waiver participant records in Year One of the waiver, two-percent (2%) in Year Two, and one-percent (1%) in Year Three to assure that the Freedom of Choice form was completed and included in the Application Packet.
- e. DOH WMS conducts annual visits to the RRDC. These visits include review of Freedom of Choice forms.
- f. Potential waiver participants may contact the NHTD Complaint Line to express concerns about Freedom of Choice. DOH WMS will monitor the NHTD Complaint Line and take appropriate action to assure all potential waiver participants are offered the choice between community based services, including waiver services and institutional care.
- g. The QMS conducts an annual Participant Satisfaction Survey to assure waiver participants continue to be afforded choice between community services and institutional care. DOH WMS monitors these Surveys for trends related to freedom of choice and issues corrective action as necessary for remediation and improvement.
- h. The data gathered regarding this assurance must be included in the RRDS and/or QMS Quarterly Reports for review by DOH WMS. That staff, in consultation with the QMS and RRDS will evaluate the need to change and/or improve policies/procedures.

**6. Participants are afforded choice between/among waiver services and providers.**

**Activities:**

- a. In the intake interview with the potential waiver participant, the RRDS explains the use of waiver services.
- b. During the intake interview, the RRDS assures individuals are

offered choice in selection of SC by providing a list of available SC agencies. The potential waiver participant is encouraged to interview SCs prior to making a selection. Upon selection of a SC by the waiver participant, the RRDS assures the Service Coordination Selection form (refer to Appendix B – form B.4) is completed and signed by the waiver participant and maintained in his/her record.

- c. The waiver participant is informed during the initial interview with the RRDS and again by the SC that at any time he/she may request a change in waiver providers, including SCs and complete a Change of Provider Request form (refer to Appendix C – form C.18). The SC assures each waiver participant is given a list of available qualified waiver service providers for selection which is attached to the Change of Provider Request form. Upon selection of waiver service provider(s), the SC will assure the agency can accept the waiver participant. The SC maintains the completed and signed Change of Provider Request form in the participant's record.
- d. The SC assures the waiver participant signs the SP indicating his/her acceptance of waiver providers and waiver services.
- e. On an annual basis, the SC assures the waiver participant reviews and signs a Waiver Participant Rights and Responsibilities form (refer to Appendix C – form C.5) which includes information regarding a waiver participant's right to choose between/among waiver services/providers. A copy is kept in the waiver participant's record and is given to the waiver participant.
- f. During data collection from annual QMS Participant Satisfaction Surveys, DOH WMS and QMS will note any negative responses regarding a waiver participant's right to choose waiver services and waiver providers. QMS initiates action to further investigate any response and report findings to DOH WMS. DOH WMS imposes penalties on waiver providers as necessary.
- g. All waiver providers are responsible for conducting annual Participant Satisfaction Surveys containing questions about "choice". These surveys can be reviewed during DOH surveys and upon request by the RRDS, QMS and DOH WMS.
- h. DOH WMS and the QMS will conduct annual random retrospective review of at least five-percent (5%) of waiver participant records in Year One of the waiver, two-percent (2%) in Year Two, and one-percent (1%) in Year Three to assure Provider Selection forms have been appropriately completed and to monitor trends that warrant changes in protocol.
- i. During annual Regional Forums DOH WMS collects feedback from waiver participants regarding their choice of waiver services. That staff analyzes the information to determine if agency specific or system-wide improvements are needed.
- j. The data gathered regarding this assurance must be included in the

RRDS and/or QMS Quarterly Reports for review by DOH WMS. That staff, in consultation with the QMS and RRDS will evaluate the need to change and/or improve policies/procedures.

### **C. Qualified Providers**

- 1. The state verifies that providers meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services; and the state verifies on a periodic basis that providers continue to meet required licensure and/or certification standards and/or adhere to other state standards; and the state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.**

#### **Activities:**

- a. NYS will only enter into Provider Agreements with agencies that meet the requirements for qualified staff.
- b. Prior to approval of waiver service providers, the RRDS conducts interviews of potential waiver service providers which include evaluation of employee resumes to ensure employees meet the required qualifications. During implementation of the waiver, DOH WMS and QMS may also participate in the interview process of potential providers using a standard interview form (refer to Section III - Becoming a Waiver Provider).
- c. Waiver providers are responsible for assuring their staff meets all qualification requirements set by the waiver.
- d. The RRDS submits recommendations to DOH WMS regarding qualified providers.
- f. Character and competency verification will be obtained by DOH WMS through direct contact with other State agencies where applicable.
- g. Certain waiver providers are mandated to obtain Criminal History Record reports from the U.S. Attorney General's Office for all prospective direct care and supervisory staff prior to employment other than those persons licensed under Title 8 of the Education law or Article 28-D of the Public Health Law.
- h. If licensure or certification is a requirement for a waiver provider, DOH WMS verifies waiver provider agency qualifications before approving the agency as an NHTD waiver provider.
- i. The waiver provider must report any subsequent change in status to DOH WMS and/or RRDS/QMS (i.e. the provider is unable to maintain qualified staff and therefore, is unable to provide the waiver service(s), or if license or certification status changes).
- j. DOH will survey all licensed and/or certified and non-licensed/non-certified waiver provider agencies within the first three-years of the waiver including a component on staff qualifications.
- k. DOH conducts surveys of waiver providers to assure they adhere to

policies and procedures including Incident Reporting, Detailed Plans and Individual Service Reports, concerns/grievances and SPs.

- l. During surveys of waiver providers, DOH will also evaluate whether waiver provider employees meets job qualifications.
- m. The RRDS communicates specific concerns regarding waiver provider practices to DOH WMS, possibly leading to DOH survey, audit by OMIG or other further action.
- n. If a waiver provider is found not to have met licensure/certification requirements (including the mandatory statutes for Employee Criminal History Record checks), DOH WMS reserves the right to place a Vendor Hold against the waiver provider and/or terminate the Provider Agreement.
- o. A number of processes allow the RRDS, QMS and DOH WMS to develop an understanding of waiver provider capabilities and competencies. These are: review of SPs, SRI reports, annual waiver provider Incident Reports, training materials and staff interactions.
- p. The data gathered regarding this assurance must be included in the RRDS and/or QMS Quarterly Reports for review by DOH WMS. That staff, in consultation with the QMS and RRDS will evaluate the need to change and/or improve policies/procedures.

**2. The state implements its policies and procedures for verifying that provider training has been conducted in accordance with state requirements and the approved waiver.**

**Activities:**

- a. DOH WMS provides ongoing training and educational programs for QMS, RRDS and NE.
- b. DOH provides training modules for “Overview of NHTD and TBI Waiver Programs”, HCSS, Service Coordination, and ILST. These are to be used by waiver providers unless they have their own DOH approved training.
- c. The Program Manual sets forth areas of training and competencies required for all staff of each waiver provider.
- d. Waiver providers are responsible for maintaining ongoing training for their staff to assure waiver standards are met.
- e. The RRDS provides training that includes Basic Orientation Training, Participant Rights, and service specific training programs to all approved waiver providers utilizing the training course “Overview of NHTD and TBI Waiver Programs.” The RRDS will maintain a list of all those trained and include this information in quarterly reports.
- f. The RRDS conducts 8-10 training programs per year to waiver providers in their region.

- g. Documentation of training includes training curriculum, qualifications and name of trainer, attendance records, date and place of training, goals, and evaluation tools by waiver providers.
- h. During DOH surveys and audits of waiver providers, documentation is reviewed to assure compliance with training standards. If compliance is not met, a plan of correction will be required and, if unsatisfactory, may lead to termination of the Provider Agreement.
- i. DOH WMS, QMS or RRDS may examine waiver provider's training curriculum or training records at any time.
- j. The data gathered regarding this assurance must be included in the RRDS and/or QMS Quarterly Reports for review by DOH WMS. That staff, in consultation with the QMS and RRDS will evaluate the need to change and/or improve policies/procedures.

#### **D. Health and Welfare**

##### **1. There is continuous monitoring of the health and welfare of waiver participant and remediation actions are initiated when appropriate**

###### **Activities:**

- a. The SC serves as a liaison between waiver providers facilitating communication regarding issues pertinent to the waiver participant's health and welfare.
- b. The SC will provide all waiver participants with a Waiver Contact Sheet (refer to Appendix C – form C.6) listing SC, other waiver service providers, RRDS, QMS and DOH WMS. This information will be updated and provided to the waiver participant if any entity should change. These contacts allow for easier accessibility for waiver participants to communicate concerns regarding health and welfare.
- c. At least every six (6) months, the SC will facilitate Team Meetings with the waiver participant, anyone he/she chooses to attend, service providers and other key parties to review and revise the SP.
- d. Every SP and PPO will be reviewed by the RRDS to assure the waiver participant's health and welfare needs are being met.
- e. The SC will conduct face-to-face visits with the waiver participant based on the participant's health and welfare needs.
- f. All waiver provider staff will be trained to observe and report changes in the waiver participant's behavioral, physical and cognitive functioning and the process to follow if concerns arise.
- g. Waiver providers conduct a random sample of Participant Satisfaction Surveys annually including health and welfare issues.
- h. DOH WMS monitors calls received from the NHTD Complaint Line for trends.
- i. All SRI reports received will be investigated according to policy and procedure. (refer to Section X – Incident Reporting Policy and

- Complaint Procedure).
- j. On an ongoing basis, the QMS reviews the SRIs for trends and, as needed, the QMS or the DOH WMS may provide technical assistance to waiver providers.
  - k. Waiver providers submit annual reports to the QMS who reviews and analyzes the information in their region and sends the report to the DOH WMS.
  - l. DOH WMS initiates the development of a Quality Advisory Board to review statewide trends with a focus on health and welfare.
  - m. The data gathered regarding this assurance must be included in the RRDS and/or QMS Quarterly Reports for review by DOH WMS. That staff, in consultation with the QMS and RRDS will evaluate the need to change and/or improve policies/procedures.
  - n. If warranted, DOH WMS initiates additional remediation actions including restriction of a provider's opportunity level (vendor hold) for providing services to participants or termination of a provider agreement.
  - o. DOH WMS manages system performance ongoing based on the outcome of trend analysis, including SRI, complaints/grievances and Participant Satisfaction Surveys.

**2. The state, on an on-going basis, identifies and addresses and seeks to prevent the occurrence of abuse, neglect and exploitation (SRI policy).**

**Activities:**

- a. This Program Manual provides each waiver provider with the policies and procedures for SRI including abuse, neglect and exploitation reporting, investigation and monitoring of outcomes.
- b. The Program Manual describes the waiver provider's need to have a SIRC which has the responsibility for investigating reports of SRI and Recordable incidents, assuring appropriate and immediate corrective or disciplinary action has been taken and preventive measures are in place. Waiver providers must submit an annual report for review to the QMS. The QMS analyzes the data for trends and makes recommendations for changes/improvements on a provider and regional level. This data is compiled and sent by the QMS to DOH WMS with a copy forwarded to the RRDS.
- c. The QMS is the primary party to provide training regarding the SRI policy. The RRDS is available for any assistance that may be needed.
- d. During surveys, DOH will review a waiver provider's policies and procedures for managing complaints and grievances. The Provider's complaint/grievance log is reviewed to assure appropriate documentation, investigation and resolution has occurred within timeframes specified in the NHTD Program Manual.

Results of these provider surveys are forwarded to DOH WMS, QMS and RRDS for review, discussion and development/implementation of Remediation and/or Improvement initiatives. DOH WMS maintain survey results in a database for regional and statewide trend analysis.

- e. The QMS is the entity responsible for the management of the NHTD SRIs Policy and is responsible for alerting the DOH WMS of the most serious reports of allegations.
- f. To measure system performance and to identify active or potential instances of abuse, neglect and/or exploitation, the QMS annually conducts a random sample of face-to-face Participant Satisfaction Surveys.
- g. DOH WMS reviews Participant Satisfaction Surveys conducted by the QMS, analyzes these for trends and identifies any warranted programmatic changes.
- h. To meet this assurance, the DOH Waiver Management unit serves as a centralized collection site to receive data compiled from NHTD Complaint Line calls, SRI, Provider survey outcomes as well as quarterly and annual reports. Data is analyzed by staff for regional and statewide trends. Outcomes are reviewed with the QMS and RRDS for needed interventions which may include additional training programs, changes and/or improvements in policy/procedure, restriction of provider opportunity level (Vendor Hold) and/or termination of provider agreement.

## **E. Administrative Authority**

- 1. The Medicaid (NYS Department of Health) agency retains ultimate authority and responsibility for the operation of the waiver by exercising oversight over the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.**

### **Activities:**

- a. DOH WMS maintains overall authority and responsibility for the operation of the waiver by exercising oversight of the performance of waiver functions by contractors, such as the QMS and RRDC staff.
- b. DOH WMS manages and oversees the performance of the contractors (QMS and RRDC) through annual random retrospective reviews of the SPs, NHTD Complaint Line calls, quarterly and annual reports, complaints/grievances, and annual on-site visits with the QMS, RRDC staff. If DOH WMS determines a decision by the QMS or the RRDC staff does not reflect established policy, corrective actions must be initiated.
- c. DOH WMS has the final authority regarding acceptance/denial of an applicant and discontinuance of a waiver participant from the.

- d. DOH WMS has the final authority regarding approval and termination of waiver providers.
- e. DOH WMS maintains open discussion with waiver participants, QMS, RRDC's staff, waiver providers, Local Department of Social Services (LDSS), advocates and other community based organizations serving people with disabilities and seniors to understand and evaluate the functioning of contractor's staff.
- f. DOH WMS will maintain a database to gather, evaluate and monitor data collected from reports and survey results including Plan of Correction information for trend analysis and identification of the need for program changes or improvements.
- g. DOH WMS attends annual Regional Forums with waiver participants, families, advocates and waiver providers to gather information pertinent to contract or performance.
- h. DOH WMS maintains a NHTD Complaint Line for use by waiver participants and others.
- i. DOH WMS chairs RRDS and QMS Quarterly Meetings to review policies, network, present new policies/procedures, discuss regional trends and address waiver issues.
- j. Any data gathered regarding this assurance must be included in the RRDS and/or QMS quarterly reports for review by DOH WMS. That staff, in consultation with QMS and RRDS evaluates the need to change policies/procedures.

## **F. Financial Accountability**

- 1. Claims for federal financial participation in the costs of waiver services are based on state payments for waiver services that have been rendered to waiver participants, authorized in the service plan, and properly billed by qualified waiver providers in accordance with the approved waiver.**

### **Activities:**

- a. The claims for federal financial participation for these waiver services are subject to the same policies and procedures that the DOH - Office of Health Insurance Programs (OHIP) through the eMedNY system uses to claim federal financial participation for all other Medicaid services.
- b. Each waiver provider is assigned a separate waiver provider identification number in eMedNY to assure only qualified waiver providers are billing for services. Each waiver service is assigned a unique rate code.
- c. Upon approval of the waiver participant's ISP, a waiver participant Exception Code 60, which is unique to the NHTD waiver, is assigned by the LDSS to assure that claims are paid only for individuals enrolled in the waiver on the date of service.
- d. All Medicaid claims submitted to eMedNY are subject to a series of

- edits to ensure validation of data. These edits include: whether the waiver participant is Medicaid eligible; whether the individual was enrolled in the waiver on the date of service; and whether the Service Providers are enrolled waiver providers.
- e. The QMS and DOH WMS performs a random retrospective review of at least five-percent (5%) of SPs in Year One of the waiver; two-percent (2%) in Year Two; and one-percent (1%) in Year Three. DOH WMS compares the SPs reviewed with the claims for each waiver participant in this review to verify the waiver services provided are authorized in the SP. DOH WMS runs queries to review participant SPs against claims data from the eMedNY system. Discrepancies may be referred to the OMIG.
  - f. The responsibilities of the OMIG include, among other responsibilities, the Medicaid audit function. At least five-percent (5%) of NHTD waiver providers will be audited annually by the OMIG. The DOH WMS, QMS, and/or the RRDS may also recommend waiver providers to be audited.
  - g. Upon completion of each audit, final audit reports will be written disclosing deficiencies pertaining to claiming, record keeping and provision of service. These final audit reports will be sent to the waiver provider with a copy provided to DOH WMS.
  - h. The QMS conducts Participant Satisfaction Surveys to ask waiver participants about their experiences with the services they have received and whether they have received the services authorized in their SP. Responses will be shared with the RRDS and DOH WMS who may request a financial audit of the waiver providers if there are areas of concern.
  - i. Based on DOH surveys, a financial audit may be triggered if areas of concern are identified.
  - j. To ensure providers of Environmental Modifications (E-mods), Assistive Technology (AT), Community Transitional Services (CTS) and Moving Assistance are billing properly, they are required to submit projected cost estimates and actual costs to the SC. Upon financial audit of these providers, DOH WMS will ensure the claim amount is the same as the amount that was approved.
  - k. As with any Medicaid service, the costs of waiver services that are the responsibility of a third party must be paid by that third party. If a waiver participant has third-party insurance coverage, he/she is required to inform the LDSS of that coverage.
  - l. Waiver service billing is the same as all Medicaid billing. Claims will be subject to the same adjudication process, which involves prepayment edits for third party billing. If a waiver participant has third party coverage in the system and a waiver provider tries to submit a bill to Medicaid prior to billing the third party, an edit will prevent the waiver provider from receiving payment.
  - m. If it was found that a claim was paid prior to the input of third party

insurance information, the State will pursue retroactive recovery of funds from the potentially liable third party insurance.

- n. The Explanation of Medical Benefits (EOMB) process is designed to inform waiver participants of services provided to them according to Medicaid records and to verify that services billed by waiver providers were actually delivered. eMedNY provides waiver participants with EOMBs including instructions to communicate any discrepancies. The forms are returned directly to the Department of Health EOMB unit.
- o. EOMBs can be produced for all, or for a random sample of waiver participants who received services. They can also be produced for specific waiver participants, waiver participants who received services from a specified waiver provider, or waiver participants receiving services related to a specified procedure or formulary code. The population of waiver participants who receive EOMBs is dictated by a set of user specified criteria.
- p. To meet this assurance, DOH WMS compiles data received from internal queries, audits of claim detail reports, retrospective record reviews, QMS quarterly reports, OMIG audits, DOH surveys and participant complaints (EOMBs). Data will be analyzed for regional and statewide trends.
- q. Remediation efforts may include additional provider audits by OMIG, DOH provider surveys, audits by DOH WMS, restriction of provider opportunity level (Vendor Hold), and/or termination of Provider Agreements.

### **NHTD Quality Management Program Tools and Processes**

There are many tools and processes associated with the NHTD waiver's QMP. These are described elsewhere in this Program Manual and include, but are not limited to:

- 1. NHTD Waiver Program Manual
- 2. RRDS Interview with Potential Participants
- 3. Participants' Choice of Waiver Services and Providers
- 4. Provider Self-Monitoring Tools
- 5. Provider Participant Satisfaction Survey
- 6. Fair Hearing Procedures
- 7. Participants' Rights and Responsibilities Form
- 8. Waiver Contact List
- 9. RRDS Interview with Potential Waiver Service Providers
- 10. DOH Surveillance of Providers
- 11. Vendor Hold and Disenrollment of Providers
- 12. Review of Service Plans by RRDS/QMS
- 13. Retrospective Record Review
- 14. Participant Satisfaction Survey
- 15. Participants' Signature On Service Plans

16. Plan for Protective Oversight
17. Assurances for Timely Submission of Service Plans and Individual Service Reports
18. Addendum to Service Plan
19. Complaint/Grievance Reporting and Investigation
20. Incident Reporting Policy
21. Examination of Claim Detail Reports
22. DOH Coordination with Other State Agencies
23. DOH Technical Assistance to RRDC and to QMS Contracts
24. DOH/RRDS Quarterly Meetings with DOH
25. RRDS Technical Assistance to Providers, Waiver Participants and Family Members
26. DOH/QMS Quarterly Meetings with DOH
27. QMS Technical Assistance to Providers
28. Accessibility of DOH WMS
29. Policy Clarification Letters
30. Coordination with LDSSs
31. Technical Amendment Requests to CMS
32. DOH Annual Report to CMS
33. Standardized Reporting by Contractors
34. Waiver Complaint Line
35. Regional Forums
36. Quality Advisory Board