HCBS Reports in WSA for the Habilitation Support Waiver (HSW)

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OPTUM
WHAT TO EXPECT TODAY

- Overview of all the HCBS reports in the Waiver Supports Application (WSA).
- Understand each HCBS report in the WSA and its functions.
- Knowledge of expectations on HCBS compliance related activities for the HSW.
HCBS Rule

- HSW is a Medicaid HCBS waiver
- Under §1915(c) of Social Security Act
- 1/16/2014 CMS published HCBS rule to take effect March 17, 2014
HCBS Rule: Intent

- a) to ensure that individuals receiving long-term services and supports through home and community based service (HCBS) programs under the 1915(c), 1915(i), and 1915(k)

- b) and to enhance the quality of HCBS and provide protections to participants. (CMS, 2014)
HCBS Survey

- Contracted with Wayne State University to conduct survey—DDI
- Assess compliance with HCBS ruling among HSW participants
- MDHHS finished Statewide Assessment (Survey) Phase One: August 4th, 2016
HCBS Reports in WSA

INFORMATIONAL REPORTS:

1. STATUS COUNT REPORT
2. SURVEY BY SETTING REPORT
3. COMPLIANCE/OUT OF COMPLIANCE PROVIDER REPORT
# HCBS Reports List

<table>
<thead>
<tr>
<th>Program</th>
<th>Name</th>
<th>Default Format</th>
<th>Description</th>
<th>Run Report</th>
<th>Report Hidden</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAB</td>
<td>HCBSMatchMismatch.rpt</td>
<td></td>
<td>This report is for matching provider and participant answers for a set of questions.</td>
<td>PDF</td>
<td></td>
</tr>
<tr>
<td>HAB</td>
<td>HCBSOutOfComplianceProviderTD.rpt</td>
<td></td>
<td>This is out of compliance report for providers.</td>
<td>PDF</td>
<td></td>
</tr>
<tr>
<td>HAB</td>
<td>HCBSOutOfComplianceTD.rpt</td>
<td></td>
<td>This is out of compliance report for participants and providers.</td>
<td>PDF</td>
<td></td>
</tr>
<tr>
<td>HAB</td>
<td>HCBSProviderInformation.rpt</td>
<td></td>
<td>HCBS Provider Information</td>
<td>PDF</td>
<td></td>
</tr>
<tr>
<td>HAB</td>
<td>HCBSStatusCountTD.rpt</td>
<td></td>
<td># and % of settings which completed the survey, # and % of settings in compliance with HCBS rules, # and % of settings out of compliance.</td>
<td>PDF</td>
<td></td>
</tr>
<tr>
<td>HAB</td>
<td>HCBSSurveyBySettingTD.rpt</td>
<td></td>
<td>This report is for surveys with questions and answers.</td>
<td>PDF</td>
<td></td>
</tr>
<tr>
<td>HAB</td>
<td>HCBSSurveyCompletionTD.rpt</td>
<td></td>
<td>Assessment Completion for Participants, Residential and Non-Residential</td>
<td>PDF</td>
<td></td>
</tr>
<tr>
<td>HAB</td>
<td>HCBSUnknownMatchDataTD.rpt</td>
<td></td>
<td>Unknown match report for surveys with a unmatched BCAL or NPI or EIN number.</td>
<td>PDF</td>
<td></td>
</tr>
</tbody>
</table>
Summary of completion rate within PIHP
Summary of compliance rate within PIHP
Format of the report is shown as the screenshot below
Parameter Name:
- Survey Type:
  - Residential
  - Non-residential
  - Participants
Introduction
Survey by Setting Report

- Displays survey response for a specific case or a specific provider
- Format of the report is shown as the screenshot below: residential provider
Functional Demonstration Survey by Setting Report

Parameter Name:

- **WSA Case ID**: WSA case ID
- **Survey ID**: Unique survey identifier
- **Survey Number**: Generally ‘1’; will be sequentially higher if multiple instances of the same survey exist
- **Survey Type**: Residential, Non-Residential, or Participant
- **Unique ID Type**:
  - BCAL (Bureau of Children and Adult Licensing),
  - Case ID (WSA case identification number),
  - EIN (Federal Employer Identification Number), or
  - NPI (National Provider Identifier)
- **Unique ID**: ID associated to the **Unique ID Type**
• List of providers in compliance
• List of providers out of compliance
• PIHPs will use this report prior to sending out notification letters
• Format of the report is shown as the screenshot below
Functional Demonstration
Compliance/Out of Compliance Provider Report

- **Survey Type:**
  - Residential,
  - Non-Residential, or
  - Participant
HCBS Reports in WSA

COMPLIANCE RELATED REPORTS:

1. SURVEY COMPLETION REPORT
2. OUT OF COMPLIANCE REPORT
3. MISMATCH REPORT
4. NOTIFICATION LETTER REPORT (TO BE DEVELOPED)
Introduction
Survey Completion Report

- A list of the participants/providers that finished or did not finish the survey in Phase One.
- Format of the report is shown as the screenshot below
Survey Type:
- Residential,
- Non-Residential, or
- Participant
• All providers need to complete the HCBS survey as part of contract agreement.

• Failure to complete the surveys within the required timeframe established by MDHHS for each phase of the survey implementation of the HCBS assessment and remediation process will result in the loss of Medicaid funding.

• MDHHS PIHP Contract: 18.1.13 HCBS Transition Implementation:
• The PIHPs will work with MDHHS to establish policy guidance and monitoring standards which will include what functions may be delegated, oversight standards and expectations, remediation strategies for both initial and ongoing compliance, to assure full compliance with the Home and Community Based Setting requirements and the state's approved transition plan no later than March 2019 as required by the rule.
• Identify providers that are out of compliance based on their survey answers.
• List the areas of out of compliance for each provider and case.
• Format of the report is shown as the screenshot below
Functional Demonstration
Out of Compliance Report

- **Survey Type:** Residential, Non-Residential, or Participant
- **Unique ID Type:** BCAL, Case ID, EIN, or NPI
- **Unique ID** - ID associated to the Unique ID Type
Compliance Related Activities
Out of Compliance Report

• Providers need to address all issues identified on the Out of Compliance report.
• PIHP will notify the providers about their out of compliance issues by using a notification letter report to be available in the WSA.
• Providers will develop corrective action plans (CAPs) with remediation strategy included and submit to the PIHPs.
• The CAP needs to be submitted to PIHP within **30** days from the date the notification letter was generated.
• Providers will complete remediation within **90** days after the CAP is approved by the PIHPs.
• PIHP will conduct a new survey once they have verified the remediation has been completed.
Introduction

Match Mismatch Report

- Displays mismatches between the participant and the provider answers on the survey.
- Calculation of the total number of mismatches
- Will be available 10/5/16 –screenshots of the report not available at this point.

Stay Tuned. Coming Soon!
Functional Demonstration
Match Mismatch Report

- Screenshots of the report not available at this point.

- **Case ID:** WSA case ID

- **Survey Type:** Residential, Non-Residential, or Participant

- **Unique ID Type:** BCAL, Case ID, EIN, or NPI

- **Unique ID:** ID associated to the **Unique ID Type**

- **Report Type:** Match or Mismatch
Providers will need to develop Quality Improvement Projects (QIP) when the mismatch rate is above 85%

QIP needs to include strategies to decrease discrepancies between provider and participant answers.
- Misunderstanding, keying error, out of compliance issues...

MDHHS is planning on reviewing the QIPs

This report can be used for survey validations
• To be developed
• Auto generated letter to notify provider on status of compliance
• Please be sure to check Provider name, address, WSA case # before sending letter
Next Steps

- Identify CMH and PIHP HCBS leads
- Run WSA HCBS compliance/out of compliance reports
- Notify providers (notification letter to be developed in WSA)
- Develop and approve a remediation plan- based on the provider report
- Re survey after remediation
- Ongoing monitoring
- Transition planning for noncompliant settings
Questions?

- Use your training resources wisely

- Include ‘HCBS-Help’ in email subject line when contacting MDHHS

- Contact: Jaci Leonard, LeonardJ3@michigan.gov

- For all other HCBS related questions, please contact: HCBStransition@michigan.gov