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

MDHHS HCBS TEAM:

**BELINDA HAWKS** 

JACI LEONARD

YINGXU ZHANG

**OPTUM** 

### WHAT TO EXPECT TODAY

2

- 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

3

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

4

• 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**

- 5
- 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

6

#### **INFORMATIONAL REPORTS:**

- 1. STATUS COUNT REPORT
- 2. SURVEY BY SETTING REPORT
- 3. COMPLIANCE/OUT OF COMPLIANCE PROVIDER REPORT

### **HCBS** Reports List



Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

Home	Training	-	Program	-	Person	-	Admin	-	DBA	•	Reports	Print	Contact	•	Logo
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HAB 🗸

**Show Hidden Reports** 

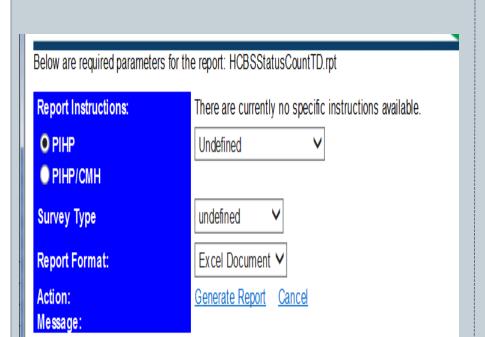
Program	Name	Default Format	Description	Run Report	Report Hidden
HAB	HCBSMatchMismatch.rpt	8	This report is for matcheing provider and partipant anwers for a set of questions.	PDF   Excel   Word	
HAB	HCBSOutOf Compliance Provider TD.rpt		THis is out of compliance report for providers.	PDF   Excel   Word	
HAB	HCBSOutOfComplianceTD.rpt	8	This is out of compliance report for partipants and providers.	PDF   Excel   Word	
HAB	HCBSProviderInformation.rpt	Z.	HCBS Provider Information	PDF   Excel   Word	
HAB	HCBSStatusCountTD.rpt	<b>3</b>	# and % of settings which completed the survey, # and % of settings in compliance with HCBS rules, # and % of settings out of compliance.	PDF   Excel   Word	
HAB	HCBSSurveyBySettingTD.rpt	2	This report is for surveys with questions and answers.	PDF   Excel   Word	
HAB	HCBSSurveyCompletionTD.rpt	2	Assesment Completion for Participants, Residential and Non-Residential	PDF   Excel   Word	
HAB	HCBSUnknownMatchDataTD.rpt	Z	Unknown match report for surveys with a unmatch BCAL or NPI or EIN number	PDF   Excel   Word	
1					

# **Introduction Status Count Report**

- Summary of completion rate within PIHP
- Summary of compliance rate within PIHP
- Format of the report is shown as the screenshot below

4 A	В	С	D	Е	F	G	Н
SURVEY TYPE	Total Sample Count	Survey Completed Count	Survey Completed %	Non Compliant Survey Count	Compliant Survey Count	Non CompliantSurvey %	Compliant Survey %
NR							
Р			1				
R	ı		1	,			

# **Functional Demonstration Status Count Report**



#### Parameter Name:

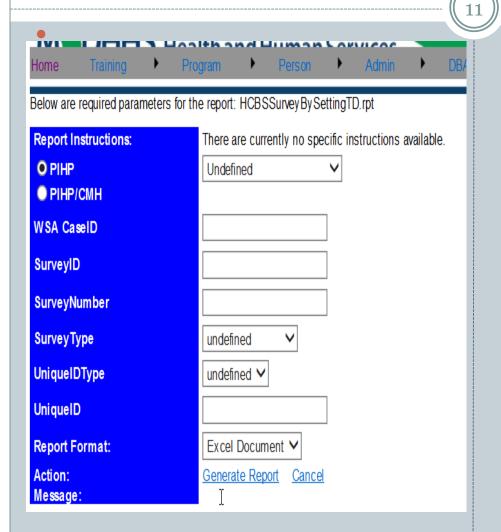
- Survey Type:
  - Residential
  - Non-residential
  - Participants

# **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

WSA Case ID	Survey ID	Survey Number	PIHP CMH Name	Survey Type	Unique ID	Unique ID Type	Question_Nu mber	Question Desc	Answer
		1		R		BCAL		Does each individual have a lease for the residential setting?	No
		1		R		BCAL	17	Does the lease explain how an eviction happens and what to do?	No
		1		R		BCAL	18	Have individuals been provided with information on how to request new	Yes
	_							housing?	
		1		R		BCAL	19	Is information about filing a complaint posted in a way the individual can	Yes
								understand and use?	
	_	1		R		BCAL	20	Do individuals know who to call to file an anonymous complaint?	Yes
		1		R		BCAL	21	Do the staff talk about individuals' personal issues in private?	Yes
	-	ب 1		R	Ī.	BCAL	22	Do individuals have access to their personal funds?	Yes
	-	1	1	R	Ī.	BCAL	24	Do individuals have control over their personal funds?	Yes
		1		R		BCAL	1	Do individuals have a place to store and secure their belongings away from others?	Yes
	-	1	Ī	R		BCAL		Do individuals pick the agency who provides their residential services and supports?	No
	-	1	Ī	R	Ī	BCAL	28	Do individuals pick the direct support workers (direct care workers) who provide their services and supports?	No
	_	1		R	Ī.	BCAL	29	Can individuals change their services and supports as they wish?	Yes
	-	1		R	Ī.	BCAL	30	Are individuals allowed to participate in legal activities, for example voting	Yes
								in public elections if they are 18 years or older, drinking alcohol if they	
								are 21 years or older?	
10047	11,014	1		R	Τ.	BCAL	32	Did the individual have choices of where to live?	No

### **Functional Demonstration Survey by Setting Report**



#### **Parameter Name:**

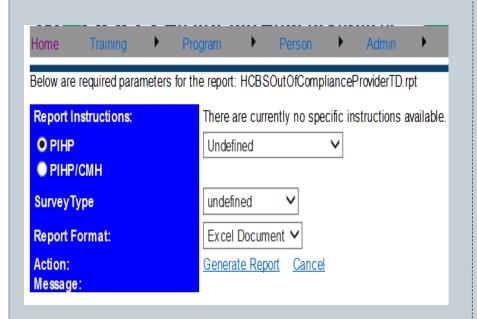
- WSA Case ID:WSA case ID
- **Survey ID:** Unique survey identifier
- **Survey Number**: Generally '1'; will be sequentially higher if multiple instances of the same survey exist
- **Survey Type:** Residential, Non-Residential, or Participant
- Unique ID Type:
  - o BCAL (Bureau of Children and Adult Licensing),
  - o 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

### Introduction Compliance/Out of Compliance Provider Report

- 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

WSA Case ID PIHP CMH Name	Survey S	Survey ID Surv	ov III	Inique ID	Unique ID Type	Provider Name	Is Compliant
47		ourvey ID Surv	_	•			
	NR	1	38	0-	EIN		No
17:	NR	1	38	8-	EIN		No
19	NR	1	38	8-	EIN		No
28	NR	1	38	8-	EIN		No
55 <mark>-</mark>	NR	1	38 38 38 38	8-	EIN		No
59	NR	1	38	8-	EIN		No
97	NR	1	38	8-	EIN		No
10	NR	1	10	0!	NPI		No
110	NR	1	38		EIN		No
11	NR	1	38	8-	EIN		YES
12.	NR	1	10		NPI		No
12	NR	1	36	6-	NPI		YES
12	NR	1	10	0!	NPI		No
12	NR	1	38	8-	EIN		YES
13	NR	1	10	0!	NPI		No
13	NR	1	10		NPI		No
13	NR	1	38	8-	EIN		YES
14	NR	1	38	8.	EIN		No

### Functional Demonstration Compliance/Out of Compliance Provider Report



### Survey Type:

- o 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_Taken	_	CaseID	Beneficiary_Name		ProviderName	Survey Id	Survey Number		Survey Type	Survey Unique		HCBS Tab	HCBS Tab
		87	_	L	Region		3	1	05/25/2016	R	BCAL	_	BCAL	
	YES	94			Region		3	1	05/16/2016	R	BCAL	i	BCAL	
	YES	10	_	Ī 1	Region		1	1	06/17/2016	R	BCAL	,	BCAL	
		10	_	Γ 1	Region	Ī	1	1	05/20/2016	R	BCAL	, -	NPI	Ī
	NO	10	_		Region	Ī				R		_	BCAL	-
	NO	10	_		Region	Ī				R		_	NPI	Ī
	YES	11		Γ 1	Region	Ī	1	1	05/17/2016	R	BCAL	_	NPI	Ī
		12	_	Γ 1	หีคืaion	Ī	1	1	05/17/2016	R	BCAL	_	NPI	Ī
	NO	13	_	Γ 1	Region	Ī				R		_	BCAL	, -
	YES	14	_		Region	Ī	1	1	06/15/2016	R	BCAL	, –	BCAL	, -
		17	_	Γ 1	Region	Ī	2	1	05/09/2016	R	BCAL	_	BCAL	, -
	YES	18	_	Γ 1	Region Region Region	Ī	2	1	05/17/2016	R	BCAL	_	NPI	Ī
	NO	18	_	T 1	Region		es .			R		_	BCAL	,
	YES	18	_	Γ 1	Region Region	[ ]	2	1	06/15/2016	R	BCAL	_	BCAL	Ţ
	YES	20	_	Γ 1	Region	Ī	2	1	06/17/2016	R	BCAL	_	BCAL	Ţ
	YES	30	_		Region	i i	2	1	05/20/2016	R	BCAL	_	BCAL	, -
	YES	45	_	T 1	Region	i i	2	1	05/20/2016	R	BCAL	_	NPI	Ī
	YES	46	_		Region	1	2	1	05/20/2016	R	BCAL	_	NPI	Ī
1	YES	74	_		Region	1	2	1	05/20/2016	R	BCAL	_	NPI	1
1	YES YES NO	84	_	T 1	Region	i i	3	1	06/15/2016	R	BCAL	,	BCAL	
1	NO	10	_	† 1	Region		C			R			BCAL	,
	NO	1	_	T 1	Region	<i>i</i>	ic			R			BCAL	,
,		_								-		·		-

### **Functional Demonstration Survey Completion Report**



Below are required parameters for the report: HCBSSurvey CompletionTD.rpt										
Report Instructions:	There are currently no specific instructions available.									
O PIHP	Undefined									
O PIHP/CMH										
Survey Type	Residential V									
Report Format:	Excel Document 🗸									
Action: Message:	Generate Report Cancel									

### Survey Type:

- o Residential,
- o Non-Residential, or
- Participant

### **Compliance Related Activities Survey Completion Report**

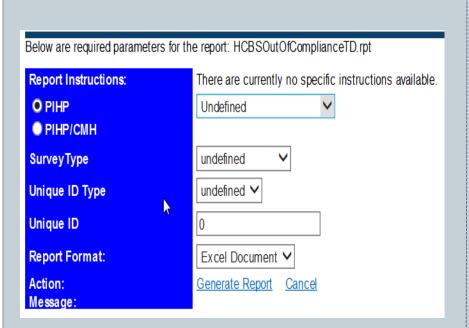
- All providers need to complete the HCBS survey as part of contract agreement.
- Failure to complete the surveys within the required timeframe established by MDHHS for each phase of the survey implementation of the HCBS assessment and remediation process will result in the loss of Medicaid funding.
- 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.

### Introduction Out of Compliance Report

- 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

WSA Case ID	PIHP CMH Hame	Survey Type	Survey ID	Surve y Numb er	Unique ID	Provider Name	Question Number	Question Desc	Option Desc	Answer	WhyAnswer	Non Compliance Question Count
		R		1		I	11	Can people with different types of disabilities and individuals without disabilities live in the home?	No	Checked		5
		R		1	į		28	Do individuals pick the direct support workers (direct care workers) who provide their services and supports?	No	Checked		5
		R		1		I	34	If the individual lives with other people, did the individual pick their housemates?	No	Checked	Other individuals were living in the home when the consumer moved in.	5
		R		1			37	If the individual lives with other people, did the individual pick their roommate(s)?	No	Checked		5
		R		1	i		69	Can individuals choose to come and go from the home when they want?	No	Checked		5

# **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.



# **Functional Demonstration Match Mismatch Report**

(22)

 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

### Compliance Related Activities Match Mismatch Report



- 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

### Introduction Notification Letter Report

- 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?

(26)

- 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