

372 - Annual Report on Home and Community-Based Services Waivers

State: NV
Waiver Base: 0125
Report Status: SUBMITTED
Begin Date: 10/01/2011
End Date: 09/30/2012
Initial Submission Date: 03/31/2014
Report Period Year: 2012
Waiver Year: 2012
Report Type: Year 1 Year 2 Year 3 Year 4 Year 5
Unduplicated Participants: Initial Report Lag Report TE Report
Days of Waiver Enrollment: 1,774
Average Length of Stay: 603,332
Total Waiver Expenditures: 340.1
APC Waiver Services (Factor D): \$78,279,643.00
APC for State Plan Services (D'): 44,126
APC Total (D + D'): 10,342
Factor G Value: \$54,468
Factor G' Value: 146,829
APC Total if no waiver (G + G'): \$160,122
D + D' <= G + G': \$54,468 <= \$160,122

Level/s of Care: ICF/IID
Additional Information (use if needed): NF
 Hospital
 ADSD is responsible for provider certification of 100% of waiver providers. These providers are not licensed through State Licensing Board in Nevada. Once the certification process is complete, providers enroll through DHCFP's fiscal agent. Providers must re-enroll every three years. In addition, ADSD conducts recertification reviews on average of every 18 months.

ADSD is responsible for prior authorizing services and verifying provider records match billing statements.

In the approved waiver, services are specifically broken out. However, when calculating expenses, services are grouped together.

Habilitation Day with total expenditures of \$17,831,335 includes:

- Supported Employment
- Prevocational Services
- Day Habilitation

Habilitation Residential with total expenditures of \$58,932,375 includes:

- Direct Services and Supports
- Community Integration Services
- Direct Support Management

Counseling with total expenditures of \$77,067 includes:

- Counseling Group & Counseling Individual

Behavior Management and Consultation with total expenditures of \$158,284 includes:

- Behavioral Consultation, Training and Intervention Bachelors Degree and Masters Degree

Transportation with total expenditures of \$1,014,174 includes:

- Non-Medical Transportation

Private Duty Nursing with total expenditures of \$144,440 includes:

- Nursing Services RN and LPN

Nutritional Counseling/Assistance with total expenditures of \$121,974 includes:

- Nutrition Counseling Services

Note: Average Per Capita (APC)

Annual Number of Section 1915c Waiver Recipients and Expenditures:

(Specify each service as in the approved waiver)

Service				
Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
Transportation (ext. state plan)	ICF/IID	\$1,014,174	1,206	
HCBS Taxonomy:				
Category 1:		Subcategory 1:		
Category 2:		Subcategory 2:		
Category 3:		Subcategory 3:		
Category 4:		Subcategory 4:		
Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
Private Duty Nursing (ext. state plan)	ICF/IID	\$144,440	356	
HCBS Taxonomy:				
Category 1:		Subcategory 1:		
Category 2:		Subcategory 2:		
Category 3:		Subcategory 3:		
Category 4:		Subcategory 4:		
Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
Habilitation: Day	ICF/IID	\$17,831,335	1,554	
HCBS Taxonomy:				
Category 1:		Subcategory 1:		
Category 2:		Subcategory 2:		
Category 3:		Subcategory 3:		
Category 4:		Subcategory 4:		
Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
Habilitation: Residential	ICF/IID	\$58,932,375	1,451	
HCBS Taxonomy:				
Category 1:		Subcategory 1:		
Category 2:		Subcategory 2:		
Category 3:		Subcategory 3:		
Category 4:		Subcategory 4:		
Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
Counseling	ICF/IID	\$77,061	155	
HCBS Taxonomy:				

Service				
Category 1:	Subcategory 1:			
Category 2:	Subcategory 2:			
Category 3:	Subcategory 3:			
Category 4:	Subcategory 4:			
Service Name (no longer a required field):				
Nutritional Counseling / Assistance	ICF/IID	Expenses in \$	Participants	Service Category Name
		\$121,974	140	
HCBS Taxonomy:				
Category 1:	Subcategory 1:			
Category 2:	Subcategory 2:			
Category 3:	Subcategory 3:			
Category 4:	Subcategory 4:			
Service Name (no longer a required field):				
Behavior Management and Consultation	ICF/IID	Expenses in \$	Participants	Service Category Name
		\$158,284	140	
HCBS Taxonomy:				
Category 1:	Subcategory 1:			
Category 2:	Subcategory 2:			
Category 3:	Subcategory 3:			
Category 4:	Subcategory 4:			

Assurances:

1. Assurances were submitted with the initial report. (If you are submitting a lag report this item must be checked.)
2. All provider standards and health and welfare safeguards have been met and corrective actions have been taken where appropriate
3. All providers of waiver services were properly trained, supervised, and certified and/or licensed, and corrective actions have been taken where appropriate.

Documentation:

4. Provide a brief description of the process for monitoring the safeguards and standards under the waiver:
Monitoring:

The DHCFP Central Office reviews 100% of all applications for waiver services for completeness and conducts a 25% content review. There were 138 applications submitted in 2012. Out of these 138 applications, 39 were reviewed for content.

All areas reviewed were 100% with the exception of two incomplete packets which were returned to ADSD for completion. One packet was missing the LOC determination and the other packet was missing part of the Individual Support Plan (ISP). Both packets were returned with complete information and subsequently approved.

Annual waiver reviews are completed which review a sample of recipient charts, recipients, providers, and financials. A review was conducted in September 2013 for the 2012 review year. There were 91 charts reviewed, 46 recipients, 25 providers, and 79 financials.

Hearings:

DHCFP monitors hearings and appeals for waiver services. During this waiver year, DHCFP received no requests for a hearing/appeal.

Findings of Monitoring:

5. No deficiencies were detected during the monitoring process;
 6. Deficiencies were detected.

Provide a summary of the significant areas where deficiencies were detected, (Note: Individual reports or assessment forms for waiver individuals and/or providers disclosing deficiencies and which document the summary are not necessary):

Chart Review Results:

The areas that fell below 94% are:

Statement of Choice Signed and found in file: 90%

ISP Completed annually: 93%

All required services and contract hours identified in the ISP: 90%

There was a noted improvement from the previous year in the areas of needs and concerns addressed monthly, waiver service satisfaction address monthly, individualized goals and safety risks. No areas fell below 94%.

Financial Review Results:

The areas that fell below 94% are:

Dates of service match billing date: 93%

Is the amount billed correct: 80%

Units of service do not match billed amount: 90%

Payment to provider matches the claim submitted: 75%

Payment made based on established rates: 79%

7. Deficiencies have been, or are being corrected.

Provide an explanation of how these deficiencies have been, or are being corrected as well as an explanation of what steps have been taken to ensure the deficiencies do not recur:

Chart Review Corrective Action:

Overall, a noted improvement in chart reviews was seen in 2012 from 2011. Many noted issues were due to training issues with service coordinators. The Regional Centers and DHCFP are coordinating training efforts in 2014.

Financial Review Corrective Action:

Any claim where there is a potential overpayment is referred to the DHCFP Surveillance and Utilization Review (SUR) unit for education and recoupment. In addition, several changes are being implemented to increase the efficiency and accuracy of the financial reporting and accountability. The DHCFP is transitioning to waiver providers submitting claims directly to the fiscal agent for reimbursement rather than ADSD reimbursing the providers and the DHCFP reimbursing ADSD. Further, codes are being updated to be a more accurate reflection of the services being provided, and the rates are being analyzed to ensure they meet the needs of our providers and recipients.

Certification:

I, do certify that the information shown on the Form CMS-372(S) is correct to the best of my knowledge and belief:

Signature:
Contact Information
(optional):

Jennifer Frischmann

Date: 03/31/2014

Contact Person:

Phone Number: