ANNUAL STATEWIDE ID HCBS WAIVER REVIEW FINAL REPORT

ID Waiver Review Period 2022

Home and Community Based Services (HCBS) Waiver Serving Individuals with Intellectual Disabilities and Developmental Disabilities (ID) Quality Assurance review to ensure the waiver continues to meet essential Federal statutory assurances and effectively meet the recipient's needs.

State of Nevada
Division of Health Care Finance and Policy
Managed Care & Quality Assurance Unit
January 2023
Review Year: Waiver Year 4

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ANNUAL STATEWIDE (ID) WAIVER REVIEW FINAL REPORT

ID Waiver Review Period 2021

Background/Introduction

The renewal of a waiver is contingent on the Centers for Medicare and Medicaid Services (CMS) determining that the state has effectively assured the health and welfare of waiver recipients during the period the waiver has been in effect.

Each state is expected to have, at a minimum, systems in place to measure and improve performance in meeting the waiver assurances that are set forth in 42 CFR §441.301 and §441.302. These assurances address important dimensions of waiver quality, including assuring that service plans are designed to meet the needs of waiver recipients and that the state has effective systems in place to monitor recipient health and welfare.

The state operates a formal comprehensive system to ensure that the waiver meets the assurances and other requirements contained in the waiver application. Through an ongoing process of discovery, remediation, and improvement, the State assures the health and welfare of the recipients by monitoring: (a) level of care determinations; (b) individual's person-centered plans and services delivery; (c) provider qualifications; (d) recipient health and welfare; (e) financial oversight and (f) administrative oversight of the waiver.

Aims & Objectives

The annual review monitoring activities provide the foundation for quality improvement by generating information regarding compliance, potential problems and individual corrective actions. The results can be aggregated and analyzed to measure the overall system performance in meeting the waiver assurances.

Methodology

The CMS quality requirements are founded on an evidence-based approach. The CMS requests evidence from the state that it meets the assurances and applies a continuous quality improvement approach to the assurances. Effective October 2017, the Division of Health Care Financing and Policy (DHCFP) Quality Assurance (QA) Unit implemented a monthly process to allow the state to achieve higher administrative efficiency, a natural process of current and continuous quality improvement, and prevent duplication. DHCFP QA uses a representative sample producing a probability of a 95% confidence level with a +/- 5 confidence interval 95/5 to determine the statewide total of recipient files to be reviewed by the operating agency and DHCFP QA staff. A 95/10 representative sample is used for Participant Experience Surveys (PES).

The annual review for the Home and Community Based Services (HCBS) Waiver for Individuals with Intellectual Disabilities and Related Conditions (ID) for the State of Nevada was conducted from October 1, 2021, through September 30, 2022. In collaborative efforts with the Aging and Disability Services Division (ADSD), a combined random sample of 336 case files were pulled for review and 93 recipients were selected for PES survey interviews for the 2021 waiver year. ADSD within the Nevada Department of Health and Human Services (DHHS) was entrusted with completing the ID financial reviews. The positions previously assigned to the Surveillance and Utilization Review (SUR) Unit to conduct these reviews were transferred from the SUR Unit to ADSD in July 2021. To avoid a duplication of efforts between agencies, no financial reviews were conducted by DHCFP QA.

The following areas were evaluated during this DHCFP QA annual review:

Case File Review:

1. Waiver Eligibility
2. Waiver Service Received
3. Annual Social Assessment (ASA)
4. Person Centered Plan (PCP) Packet
5. Service Authorization (SA)
6. Monthly Contacts and Documentation

Participant Experience Surveys (PES)

1. Choice and Control
2. Respect and Dignity
3. Access to Care
4. Community Integration and Inclusion

Listed below are the specific ID Waiver, Medicaid Services Manual (MSM) Chapters and Policy & Procedure (P&P) Transmittals that were used in the implementation of this annual review:

- Home and Community Based Services Waiver for Individuals with Intellectual Disabilities (Effective 10/2018)

- MSM Chapter 2100 Home and Community Based Waiver for Individuals with Intellectual Disabilities (Effective 10/2015 and 02/2021)

- Appendix K: Emergency Preparedness and Response and COVID-19 Addendum (Issued 04/2020 and 01/2021)

- P&P ID-2-2016 – New PT 38 Rates and Procedures (04/2016)

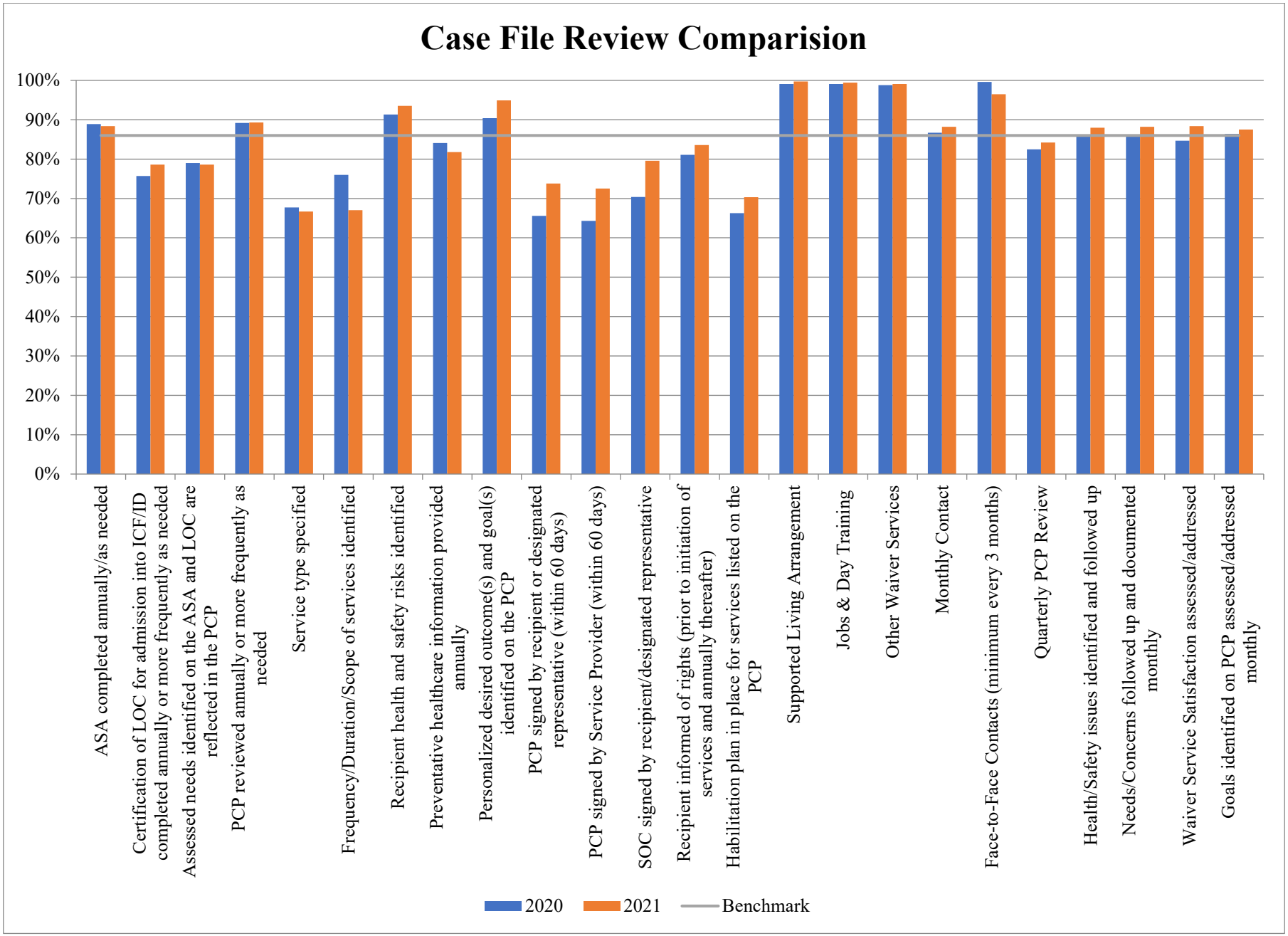
- P&P ID-3-2016 – PT 38 Waiver Procedures Codes, Rates and Definitions (04/2016)

- P&P ID-4-2016 – Notice of Decision(s) for ID Waiver recipients (09/2016)
- P&P-1-2016 – Interim and Finalized Service Plan Signatures and Dates (02/2016)
- P&P-3-2016 – Nevada Medicaid Office (NMO) 3010 – Revision (10/2016)
- P&P-4-2016 – Serious Occurrence Report (SOR) Nevada Medicaid Office (NMO) 3430A
- P&P ID-1-2018 – ADSD Person Centered Plan Form (DS-ISP)
- P&P ID-21-01 – Clarification on Habilitation Plans (10/2020)

The following results identify the areas and percentages of compliance with performance measures and requirements outlined in the above documents. Initial Waiver Eligibility was removed from DHCFP QA review and findings as was shown to be a duplication of efforts by DHCFP Long Term Services and Support Unit (LTSS) as they review all pending approval documents and timeframes.

Results

Annual Social Assessment	ASA completed annually or more frequently as needed	88.4%
Person Centered Plan (PCP)	Certification of LOC for admission into ICF/ID completed annually or more frequently as needed	78.6%
	Assessed needs identified on the ASA and LOC are reflected in the Support Plan	78.6%
	PCP completed annually or more frequently as needed	89.3%
	Service type specified	66.7%
	Frequency/Duration/Scope of services identified	67.0%
	Recipient health and safety risks identified	93.5%
	Preventative healthcare information provided annually	81.8%
	Personalized desired outcomes(s) and goal(s) identified on the PCP	94.9%
	PCP signed by recipient or designated representative (within 60 days)	73.8%
	PCP signed by Service Provider (within 60 days)	72.5%
	SOC signed by recipient/designated representative	79.6%
	Recipient informed of rights (prior to initiation of services and annually thereafter)	83.6%
	Habilitation plans for services listed on the PCP	70.3%
Service Authorization	Supported Living Arrangement	99.7%
	Jobs & Day Training Authorization	99.4%
	Other Waiver Services	99.1%
Monthly Contact & Documentation	Monthly Contact	88.2%
	Face-to-Face Contacts (minimum every 3 months)	96.5%
	Quarterly PCP Review	84.2%
	Health/Safety issues identified and followed up	88.0%
	Needs/Concerns followed up and documented monthly	88.2%
	Waiver Service Satisfaction assessed/addressed	88.4%
	Goals identified in the PCP assessed/addressed monthly	87.5%


Case File Review Comparision
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
ASA completed annually/as needed
Certification of LOC for admission into ICF/ID completed annually or more frequently as needed
Assessed needs identified on the ASA and LOC are reflected in the PCP
PCP reviewed annually or more frequently as needed
Service type specified
Frequency/Duration/Scope of services identified
Recipient health and safety risks identified
Preventative healthcare information provided annually
Personalized desired outcome(s) and goal(s) identified on the PCP
PCP signed by recipient or designated representative (within 60 days)
PCP signed by Service Provider (within 60 days)
SOC signed by recipient/designated representative
Recipient informed of rights (prior to initiation of services and annually thereafter)
Habilitation plan in place for services listed on the PCP
Supported Living Arrangement
Jobs & Day Training
Other Waiver Services
Monthly Contact
Face-to-Face Contacts (minimum every 3 months)
Quarterly PCP Review
Health/Safety issues identified and followed up
Needs/Concerns followed up and documented monthly
Waiver Service Satisfaction assessed/addressed
Goals identified on PCP assessed/addressed monthly
2020
2021
Benchmark

2020 vs 2021 Case File Review Comparison

In comparing the previous 2020 review year to the current 2021 review year, 14 measures indicate improvement:

- Certification of LOC for admission into ICF/ID completed annually or more frequently as needed
- Recipient health and safety risks identified
- Personalized desired outcome(s) and goal(s) identified on the PCP
- PCP signed by recipient or designated representative (within 60 days)
- PCP signed by Service Provider (within 60 days)
- SOC signed by recipient or designated representative
- Recipient informed of rights (prior to initiation of services and annually thereafter)
- Habilitation Plans Revised/Updated every 12 months
- Monthly Contacts
- Quarterly PCP Review
- Health/Safety issues identified and followed up monthly
- Needs/Concerns followed up and documented monthly
- Waiver Service Satisfaction assessed/addressed monthly
- Goals identified in the PCP assessed/addressed monthly

The greatest improvement was seen in SOC signed by recipient or designated representative with approximately a 9% increase from the previous year.

It is recognized that 10 out of 21 components are at or above the 86% benchmark.

Findings and Recommendations

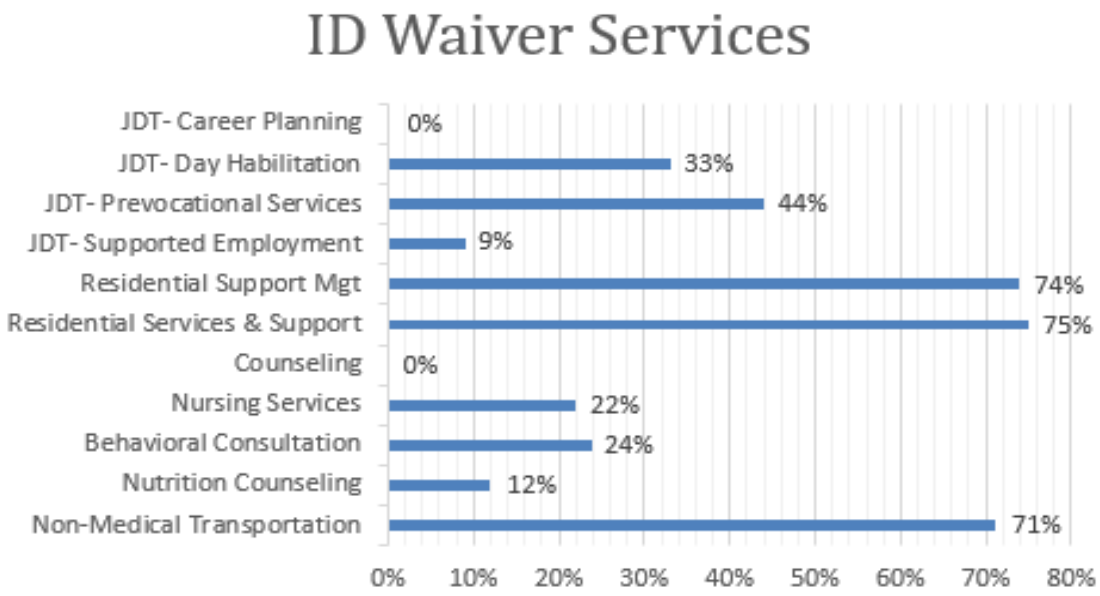
Findings identify areas of deficiency discovered through the completion of the annual ID Waiver Review. Recommendations are suggestions to help improve the effectiveness and quality of waiver operations. The following findings and recommendations are provided as guidance to develop best practices for continuing quality improvement:

ADSD Regional Centers

Waiver Services Administered

ADSD, the operating agency for the ID Waiver, determines which waiver services are appropriate for each recipient. Providers and recipients must agree to comply with the requirements for service provision in accordance with ADSD and DHCFP policies.

Out of the 336 case files reviewed Waiver Services were administered as follows for 2021:



Case File Review Results

The following results identify specific areas found to be below 86% compliant with specific MSM Chapter 2100 and ID Waiver requirements. The attached appendices detail specific case file results for each case reviewed.

1. Certification of LOC for Admission Completed Annually or more Frequently as needed (78.6%) – In comparison to the 2020 waiver year, this section shows a 2.9% increase in compliance. In most cases where this deficiency was noted, LOC determination was either not completed within annual time frames or due to the document being not completed accurately/fully. Instructions on this document indicate that the individual must meet all requirements identified in item 1, and at least one requirement in item 2 to meet the level of care requirement.

- Recommendation: Trainings could be given to instruct Service Coordinators (SC) to have the LOC completed within the month they are due even if the PCP meeting is unable to be held in that same month and verify that the LOC has been uploaded into Harmony. When completing the LOC, verify all information required has been filled in and that it matches the recipient's diagnosis (i.e., Intellectual Disability or Related Condition). It may be possible to add an alert to the system to notify the worker if all requirements in item 1, and one requirement in item 2 are not marked. The alert could prompt the SC to verify all the boxes were marked correctly and/or to follow-up to obtain the required information.

2. Assessed needs Identified on ASA are Reflected on PCP Support Plan (78.6%) - In comparison to the 2020 waiver year, this section shows a 0.4% decrease in compliance. SCs did not identify all of recipient's needs listed on the Annual Social Assessment (ASA) in the PCP Support Plan or vice versa; most missed services were Residential Support Management (RSM) and Non-Emergency Medical Transportation (NEMT), which were listed on the ASA but missing on the PCP Support Plan.

- Recommendation: To ensure that all services identified in the ASA are addressed and consistent with what was included in the PCP Support Plan an update to the current forms with check boxes listing assessed needs could be utilized. This could prompt the SC to make sure the need is addressed on both documents. When ADSD updates or replaces the current system, the ASA form could have an auto populate feature automatically adding the need into the PCP Support Plan.

3. Service Type Specified (66.7%) - In comparison to the 2020 waiver year, this section shows a 1.0% decrease in compliance. Issues have been noted with specific service types or life areas incorrectly listed by SCs.

- Recommendation: Coordinate with all the ADSD Regional Centers to address the appropriate service type specification for all services and ensure that SCs are informed of the differences between all services. A quick guide could be created and supplied to all SCs to allow for consistency when choosing service types and life areas. When ADSD updates or replaces the current system, the PCP Support Plan could have dropdowns with service types which would offer the SC only the appropriate life areas for each service type to pick from. The Service Type dropdowns could have a short explanation of when this Service Type was to be used.

4. Frequency/Duration/Scope of Services Identified (67.0%) – In comparison to the 2020 waiver year, this section shows a 9.0% decrease in compliance. Duration is the highest area cited with errors as the duration was either missing for a short period or listed incorrectly in the PCP Support Plan. The ADSD has adopted PCP Support Plan training to educate SCs of the necessary items to be listed.

- Recommendation: Continue to coordinate with all ADSD Regional Centers to educate staff on all necessary items to be listed on the PCP Support Plan. Work with the Quality Improvement Team to see if adding check boxes to prompt the SCs to complete the frequency, duration and scope could help with compliance. When ADSD updates or replaces the current system, the PCP Support Plan form could automatically highlight the boxes for frequency, duration and scope so these areas could not be overlooked. The new system could add dropdowns. The new system could be set up to not allow the document to be saved if these boxes were missing required information and alert the SC into filling in the boxes where appropriate.

5. Preventative healthcare information annually (81.8%) – In comparison to the 2020 waiver year, this section shows a 2.3% decrease in compliance. Compliance issues included the preventative healthcare information was not provided annually and documentation was missing or incomplete.

- Recommendation: This review period saw a reduction in compliance for this element due to the continued COVID-19 pandemic and inability to conduct face-to-face contacts to obtain timely signatures. The restrictions have been lifting and SCs are returning to the field. The SCs will continue to work to reduce the errors, receive trainings to address the need for SCs to give recipients preventative healthcare information annually and to verify this documentation has been uploaded into Harmony.

6. PCP Signed by Recipient/Designated Representative (73.8%) - In comparison to the 2020 waiver year, this section shows an 8.2% increase in compliance. In most instances where a deficiency was determined, the recipient/designated representative signature was outside of the 60 days allowed from the PCP meeting or the document was missing.

- Recommendation: Continue to educate Regional Center staff of the necessity for all signatures to be completed annually within the same month or sooner. The increase in obtaining recipient signatures is commendable during a nationwide pandemic and continues to increase as restrictions have been lifting and SCs are returning to the field to complete meetings face-to-face.

7. PCP Signed by Service Provider (72.5%) - In comparison to the 2020 waiver year, this section shows an 8.2% increase in compliance. Providers are required to sign the PCP within 60 days from the date of the PCP meeting. Most of the case files that were noted as deficiencies did not include all the recipient's providers signing the Support Plan Signature Page within the 60-day timeframe. In addition, some providers did not include a date and therefore, DHCFP QA was unable to determine the timeliness of the Service Provider signature.

- Recommendation: Continue to educate Regional Center staff of the necessity for all signatures to be completed annually within the same month or sooner. The increase in obtaining Provider signatures is commendable during a nationwide pandemic and continues to increase as restrictions are lifting and SCs are able to return to the field to complete meetings face-to-face.

8. SOC Signed by Recipient/Designated Representative (79.6%) – In comparison to the 2020 waiver year, this section shows a 9.2% increase in compliance. For those cases cited, the errors were due to SOC being signed outside of the 12-month annual timeframe or the SOC missing.

- Recommendation: Training for SCs regarding the necessity for all signatures to be completed annually within the same month or sooner on the SOC and to verify document was uploaded into Harmony. The increase in obtaining signatures is commendable during a nationwide pandemic and continues to increase as restrictions are lifting and SCs are able to return to the field to complete meetings face-to-face.

9. Recipient informed of rights initially then annually (83.6%) – In comparison to the 2020 waiver year, this section shows a 2.5% increase in compliance. Compliance issues included the recipient being informed of their rights outside of the 12-month annually timeframe and in some cases the documentation was missing to verify recipient had received.

- Recommendation: Trainings to address rights information to be given to recipient annually and to verify this document has been uploaded into Harmony.

10. Habilitation Plans for Services listed on the ASA and on the Support Plan (70.3%) – In comparison to the 2020 waiver year, this section shows a 4.0% increase in compliance. For those cited, the errors were due to missing Habilitation Plans.

- Recommendation: Regional Center staff should ensure that providers submit Habilitation Plans for implemented services within the specified time frame set by the operating agency for all services needed. Policy was updated to reflect when a habilitation plan is required.

11. Quarterly PCP Review (84.2%) - In comparison to the 2020 waiver year, this section shows a 1.7% increase in compliance. Regional Center staff were cited most often for not documenting the Quarterly PCP review.

- Recommendation: Regional Center staff should continue to train on using the Quarterly Review template. The implementation of the Quarterly Review template several years ago increased the compliance of this assurance. Implementing alert system in Outlook to remind the SCs to complete a Quarterly Review could increase the performance measure.

Financial Reviews

ADSD, within the Nevada Department of Health and Human Services, complete the ID financial reviews. For details of the financial outcome, please contact ADSD.

Provider Reviews

All provider reviews are completed by ADSD. For details regarding the reviews, please contact ADSD.

Participant Experience Surveys (PES)

A focus of the HCBS Waiver Programs is to ensure the recipient is satisfied with their services and achievement of desired outcomes. Recipients were interviewed concerning their experiences and satisfaction with their waiver services and providers. The interviews were conducted solely by DHCFP QA staff using the PES interview tool developed by The MEDSTAT Group, Inc. under a contract from the CMS. Indicators used for monitoring quality within the waiver program are calculated using the data captured from these surveys.

A 95/10 random sample of the ID Waiver recipients were selected to participate in the annual PES interviews from all 3 Regional Centers. A total of 93 recipients were selected for PES interviews for the 2021 waiver year. DHCFP QA staff mailed out 93 surveys to selected recipients due to the COVID-19 pandemic precautions. RRC had a total of 12 recipients, SRC had a total of 21 recipients and DRC had a total of 60 recipients that were randomly selected. The cover letter notified the recipients and/or designated representative that DHCFP QA staff would be calling to assist with the completion of the survey by phone and offered the option to return their completed survey by mail. Of the 93 surveys mailed out, 22 were completed by phone or the completed survey was returned by mail, 1 was partially completed, 1 recipient moved out of State and the remaining 69 recipients did not participate either by choice, or due to other circumstances such as, recipient waiver case being closed or as a direct result of the COVID-19 pandemic precautions.

Recipient issues determined to be critical and in need of immediate attention, such as unmet need or abuse or neglect, were promptly communicated to the appropriate Regional Center staff or Adult Protective Services.

Looking at the captured data, it is reflected that recipients are very satisfied with all their services. Satisfaction is mostly noted in the Access to Care areas where there are numerous categories averaging 0% of unmet need.

Listed below are the categories with an average of 0% of recipients with an unmet need:

- Satisfaction with Housemates
- Ability to go to bed when chosen
- Contact for Reporting Staffing Problems
- Respect by Staff in Home
- Respect by Staff Outside the Home
- Dressing, Transferring, Eating, Meal Preparation, Medication and Toileting Assistance

The questions with the highest adverse responses indicating an unmet need are:

- Choice in Home – 9 out of 12 valid responses 41% unmet
- Choice in Living Alone – 3 out of 7 valid responses 39% unmet
- Choice in Job/Day Activity – 10 out of 20 valid responses 53% unmet
- Directing Staff – 2 out of 4 valid responses 44% unmet

No comparisons were made between the previous waiver year and this year's PES due to the small sample sizes due to COVID-19 pandemic restrictions.

QI Project Performance

DHCFP QA, LTSS, ADSD and the Regional Center staff gather monthly for a Waiver Quality Improvement (QI) Committee meeting. CMS has mandated a threshold of less than 86% for any Performance Measure indicating a need for improvement. Assurances that are below 86% for the review year are assigned to a priority grid. The QI Committee members analyze and identify the probable cause of deficiencies and develop plans to improve performance.

The QI Committee is responsible for the waiver review as issues are identified, as well as, at the time of the final Annual Waiver Review Report. The QI committee discusses possible changes needed to update or clarify policy.

Additional Recommendations

- Consistency among all the Regional Centers is crucial to producing reliable and accurate documentation. All offices should be using the same process for completing required forms. Forms completed should be consistent throughout all offices.

- It is recommended that all SCs use the Harmony/WellSky Monthly and Quarterly Contact templates. The templates outline all the components required for a review.

- If a recipient is unable to sign/initial due to cognitive and/or physical limitations, this should be clearly documented on the PCP.

- Guardians must sign/initial all acknowledgment forms in instances where the recipient has a legal guardianship in place.

- It is recommended Regional Centers conduct state-wide trainings and utilize other Regional Center's training tools for consistency.

- DHCFP LTSS created a P&P clarification of policy regarding the person-centered planning process in the development of a habilitation plan for DHCHP QA to use it to help identify the areas needing habilitation plans.

- The ADSD supervisor reviews and DHCFP QA review forms need to be filled out using the same methodology for consistency in reporting accurate numbers. For example, for an ongoing case file review, DHCFP QA reviews all the documents that affect the review timeframe which is typically two (2) sets of documents for each question (i.e., ASAs, PCPs, SOCs, LOCs, signature pages, etc.) due to the rolling year. On occasion, supervisor reviews only address one set of documentation therefore, excluding part of the review timeframe.

- During Consistency Meetings, ADSD requested DHCFP QA use the dates inputted into "Plan Details" within Harmony's "Plan Information" by the SCs as the effective dates for the PCP. This is the purpose of this screen and should be used for consistency throughout all Regional Centers in an effort to bring up percentages.

Observations

Information was gathered through carefully reviewing recipient case files and recipient interviews. The following observations were noted while conducting this annual review:

- DCHFP QA noticed instances where the PCPs did not show all of the waiver services the recipient was receiving (i.e., Non-Medical Transportation, Resident Support Management, Nursing Services, etc.).

- Many annual documents were completed, however, not timely within the same month (for example, PCPs completed 03/2020 and 04/2021 which was errored due to being outside of 12 months).

- Service types and frequencies for waiver services at times were left blank or incorrectly labeled.

Best Practices

Best practices are methods or techniques that represent the most efficient or prudent course of action.

The following practices were observed contributing to the quality of health and welfare of waiver recipients:

- DHCFP QA noted among all 3 ADSD Regional Centers that a close relationship between SCs and recipients was being established using a Person-Centered approach.

- DHCFP QA found that Supervisor Reviewers had been under the assumption that the PCPs could not be signed by the recipient/designated representative during the PCP meeting itself. Reviewers have been given additional training that these signatures could be obtained on the day the PCP meeting was held.

- DHCFP QA had changed the Service Provider signature and Habilitation Plan questions on the review to a percentage instead of a yes or no answer. DHCFP QA wanted to give the SCs credit for the work they had done getting signatures timely and for the amount of Habilitation Plans that had been completed.

- The Regional Centers implemented the use of DHCFP QA checklist to help ensure all required documentation was included within each recipient's case file. DHCFP QA will update this checklist when policy changes occur.

- The Regional Centers have conducted trainings to educate developmental staff regarding such topics as having a guardian initial for rights and preventative healthcare instead of only having the recipient initial and instructed SCs to have the LOC completed within the month they are due even if the PCP meeting cannot be held in that month.

DRC Trainings

ID Waiver Audit Training	11/04/2021
ID Waiver Training	11/29/2021
PCP Training Part 1 (PCP Documents, Rights & Responsibilities)	11/30/2021
ID Waiver Audit Training	11/30/2021
PCP Training Part 2 (Measurable Objectives and Social Assessments)	12/01/2021
PCP Training Part 3 (Facilitating the PCP and Documenting the PCP)	12/02/2021
ID Waiver Audit Training	01/05/2022
ID Waiver Audit Training	02/03/2022
ID Waiver Audit Training	03/04/2022
ID Waiver Audit Training	03/28/2022
ID Waiver Training	03/31/2022
PCP Training Part 1 & 2	04/04/2022
PCP Training Part 3	04/05/2022
ID Waiver Audit Training	04/28/2022
ID Waiver Audit Training	06/01/2022

PCP Training Part 1 & 2	06/02/2022
ID Waiver Audit Training	06/30/2022
ID Waiver Audit Training	08/01/2022
ID Waiver Audit Training	08/23/2022
ID Waiver Training	09/12/2022
PCP Training Part 1 & 2	09/14/2022
PCP Training Part 3	09/15/2022

RRC Trainings

Waiver Performance DSIV Training	10/11/2021
Waiver Performance Training	10/20/2021
Utilization Review	10/26/2021
Provider Service Plans/SLA Training	11/16/2021
Waiver Performance Training	11/17/2021
HCBS Conference	12/06/2021-12/09/2022
Waiver Performance Training	12/15/2021
Utilization Review	12/22/2021
Waiver Performance Training	01/19/2022
Utilization Review	01/25/2022
Waiver Performance Training	02/16/2022
Utilization Review	02/22/2022
Provider PCP Training	03/15/2022
Waiver Performance Training	03/16/2022
Waiver Performance Training	04/20/2022
Provider Training with the Office of the Inspector General	05/17/2022
Waiver Performance Training	05/18/2022
Utilization Review	05/31/2022
Waiver Performance Training	06/15/2022
Utilization Review	06/26/2022
Waiver Performance Training	08/17/2022
Utilization Review	08/30/2022

Waiver Performance Training	09/21/2022
Utilization Review	09/27/2022

SRC Trainings

No information received.

- During an ID Quality Improvement meeting, held 05/19/2022 with LTSS and ADSD, it was determined that DHCFP QA would combine Question 22 – Recipient individualized goals identified and Question 27 – Person Centered Planning into one question as they were both being reviewed in the same manner. Question 22 changed to, Personalized desired outcome(s) and goal(s) identified on the PCP. This had minimal impact as only affected 3 cases.

- During an ID Consistency meeting, held 06/20/2022 with LTSS and ADSD, it was determined that DHCFP QA would use the PCP meeting dates to answer Question 17 – PCP held annually, instead of the dates listed on the PCP. DHCFP QA completed a look back at case file reviews for the waiver year to give credit for 12 cases.

Requirements

Case File Review Requirements

Waiver Eligibility Criteria	CFR/Wavier Requirement	CFR/ID Waiver	MSM Requirement	MSM Chapter	P&P
Annual Social Assessment (ASA)					
Q14. ASA completed annually or more frequently as needed. Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.	10/2018 Thereafter, assessments are updated and obtained for the purpose of updating the PCP annually or as the participant's needs change.	Appendix D: Participant-Centered Planning and Service Delivery, Section D-1: Service Plan Development, (4)(d)(b)	10/2015 Recipients must be reassessed annually. The recipient must be reassessed when there is a significant change in his/her condition. 02/2021 Recipients must be reassessed at least annually within the same month. The recipient and providers must sign and date the PCP. Interim PCP's, unsigned by the recipient and providers, may be authorized for up to 60 days. The recipient must also be reassessed when there is a significant change in his/her condition. If an increase is warranted to exceed a 30-day period, there must be a reassessment based on thorough documentation in the Residential Support Managers case notes reflecting the health, safety and welfare concerns and the Service Authorization must be revised.	MSM Chapter 2100, Section 2103.19B(1)(2) MSM Chapter 2100, Section 2103.16B(1)(2)(5)	
Person Centered Planning (PCP)					
Q15. Certification of LOC for admission into ICF/ID completed annually or more frequently as needed. Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future. Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.	10/2018 The ADSD service coordinators are responsible for the completion of the Level of Care Determination (LOC) form. After the initial determination, participants are reevaluated at least every 12 months to reaffirm eligibility, including LOC. The 12-month period is measured from the month of waiver enrollment or previous evaluation/ reevaluation. A new LOC is also required whenever there is an interruption in an individual's waiver eligibility or if there has been a significant change in an individual's condition or functional status that would affect the LOC.	Appendix B: Participant Access and Eligibility, Section B-6: Evaluation/Reevaluation of Level of Care, (f)	10/2015 Each applicant/recipient must meet and maintain Level of Care (LOC) for admission into an ICF/IID. The recipient would require imminent placement in an ICF/IID facility (within 30 to 60 days) if HCBW services or other supports were not available. 10/2015 Recipients must be reassessed annually. 10/2015 Recipients must be reassessed at least annually within the same month. The recipient and provider(s) must sign and date the PCP. Interim PCP's, unsigned by the recipient and provider(s), may be authorized for up to 60 days. 02/2021 Recipients must meet and maintain LOC for admission into ICF/IID.	MSM Chapter 2100, Section 2103.1A(6)(a)(1)(b) MSM Chapter 2100, Section 2103.19B(1) MSM Chapter 2100, Section 2103.16B(1) MSM Chapter 2100, Section 2103.16(a)(2)	

Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine the initial participant level of care.			Recipients must be reassessed at least annually within the same month. During the Reassessment process, the Service Coordinator must: Re-assess the recipient's LOC.	MSM Chapter 2100, Section 2103.16B(1)(5)(a)(5)	
Q16. Assessed needs identified on the ASA are reflected in the PCP. Sub-assurance: 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. Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.	The person-centered service plan must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports. Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports. Natural supports are unpaid supports that are provided voluntarily to the individual in lieu of 1915(c) HCBS waiver services and supports. 10/2018 The support plan is inclusive of all the services and supports that are provided to meet the assessed needs of the participant. The service coordinator is responsible for gathering assessment information, developing the PCP based on team recommendations, facilitating plans for any necessary referrals, and monitoring all services, as part of support plan implementation. 10/2018 Service Plan. In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in Appendix D. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other	CFR 441.301(c)(2)(v) Appendix D: D-1: Service Plan Development,(d)(e) Application for a §1915(c) Home and Community-Based Services Waiver (6) Additional Requirements (A)	10/2015 Under this waiver, the following services are available for individuals who have been assessed to be at risk for ICF/IID placement without the provision of enhanced supports as identified in the Individual Support Plan (ISP). 02/2021 Developmental Services uses a person-directed planning process. Assessment information assists the team with identifying barriers to reaching the person's vision, desired outcomes, and support needs. Goals related to reaching the vision are developed based on the person's desired life outcomes, as well as any needs for maintaining appropriate health and welfare. This information is provided to the person-centered team for plan development at the PCP meeting. This process provides direction for the identification of goals and assures that the meeting focuses on the participant and his or her priorities, preferences, and perspective. 02/2021 The PCP is developed utilizing applicable assessments that may include a social assessment, health assessment, risk assessment, or self-medication administration assessment tool.	MSM Chapter 2100, Section 2103.2 MSM Chapter 2100, Section 2103.14C	

	services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant.				
Q17. PCP effective annually or more frequently as needed. Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.	The person-centered service plan must be reviewed and revised upon reassessment of functional need as required by § 441.365(e), at least every 12 months, when the individual's circumstances or needs change significantly, or at the request of the individual. 10/2018 Each participant's PCP is developed a minimum of every 12 months and updated whenever requested by participant or when there is a significant change in the participant's needs, condition, or functional status that may affect the level of waiver services. 10/2018 The service plan is subject to at least annual periodic review and update to assess the appropriateness and adequacy of the services as participant needs change. Specify the minimum schedule for the review and update of the service plan: Every twelve months or more frequently when necessary.	CFR 441.301(c)(3) Appendix D: Participant-Centered Planning and Service Delivery, Section D-1: Service Plan Development (4)(d)(a) Appendix D: Participant-Centered Planning and Service Delivery, Section D-1: Service Plan Development, (8)(h)	10/2015 Recipients must be reassessed annually. If an increase is warranted to exceed a 30-day period, there must be a re-assessment based on thorough documentation in assessment in the residential support managers case notes reflecting the health, safety and welfare concerns and the ISP must be revised. welfare concern and the ISP must be revised. The residential support managers case notes reflecting the health, safety/welfare concerns and the ISP must be revised. 02/2021 Recipients must be reassessed at least annually within the same month. The recipient and provider(s) must sign and date the PCP. Interim PCP's, unsigned by the recipient and provider(s), may be authorized for up to 60 days. 02/2021 Residential Support Management hours are defined in the PCP. A temporary increase in the residential support management hours for the recipient must receive prior authorization from the ADSD, within the month of the temporary increase, and be justified based on health, safety and welfare concerns. If an increase is warranted to exceed a 30-day period, there must be a reassessment based on thorough documentation in the Residential Support Managers case notes reflecting the health, safety and welfare concerns and the Service Authorization must be revised.	MSM Chapter 2100, Section 2103.19B(1)(5) MSM Chapter 2100, Section 2103.16B(1) MSM Chapter 2100, Section 2103.16B(5)	

Q18. Service Type specified on SP. Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.	10/2018 The PCP identifies the level of assistance required, type, amount, scope, frequency, and duration of services, as well as the method by which assistance is to be provided. 10/2018 The review results include whether the PCP is consistent with assessment information and addresses all needs of the recipient, whether health and welfare issues are addressed, risks were assessed, personal goals are included in the PCP, the PCP was developed within approved timelines, and the PCP and service authorization specify the type, scope, frequency, and duration of each service.	Appendix D: Participant-Centered Planning and Service Delivery, Section D-1: Service Plan Development, (4)(d)(e) Appendix D: Participant-Centered Planning and Service Delivery, Quality Improvement: Service Plan(b)(i)	10/2015 Under this waiver, the following services are available for individuals who have been assessed to be at risk for ICF/IID placement without the provision of enhanced supports as identified in the Individual Support Plan (ISP). Day Habilitation, Prevocational Services, Supported Employment, Behavioral Consultation, Training and Intervention, Residential Habilitation, Residential Support Services, Residential Support Management, Counseling, Non-Medical Transportation, Nursing Services and Nutrition Counseling Services. 02/2021 Under this waiver, the following services are available: Day Habilitation, Residential Support Services, Prevocational Services, Supported Employment, Behavioral Consultation, Training and Intervention, Counseling Services, Residential Support Management, Non-Medical Transportation, Nursing Services and Nutrition Counseling Service and Career Planning.	MSM Chapter 2100, Section 2103.2 MSM Chapter 2100, Section 2103.2	
Q19. Frequency, Duration, Scope of services identified. Sub-assurance: Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.	10/2018 The PCP identifies the level of assistance required, type, amount, scope, frequency, and duration of services, as well as the method by which assistance is to be provided. 10/2018 All support plans designate a specific team member or person responsible for each goal, objective, or area of support.	Appendix D: Participant-Centered Planning and Service Delivery, Section D-1: Service Plan Development, (4)(d)(e) Appendix D: Participant-Centered Planning and Service Delivery, Section D-1: Service Plan Development, (5)(e)	10/2015 Scope, frequency and duration must be identified on the ISP, with the exception of Residential Support Management. Providers cannot exceed the maximum allowed as indicated on the ISP. 02/2021 Services are delivered in accordance with the support plan, including the type, scope, duration, and frequency specified in the support plan.	MSM Chapter 2100, Section 2103.19B(3) MSM Chapter 2100, MSM 2103.18(2)(c)	
Q20. Recipient health and safety risks identified. Sub-assurance: 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.	10/2018 A Risk Support Screening Tool is updated annually as a means of assessing health and safety risks. Once the risk has been evaluated, the team develops a safety plan to address those risks and incorporates it into the PCP.	Appendix D: Participant-Centered Planning and Service Delivery, Section D-1: Service Plan Development, (5)(e)	10/2015 A team meeting is held, and a written ISP is developed in conjunction with the recipient and the Individual Support Team to determine specific service needs and to ensure the health and welfare of the recipient. 02/2021 Support Plans address recipient's needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means as determined by the PCP team through the person-centered planning process.	MSM Chapter 2100, Section 2103.16SA(3)(d)(1) MSM Chapter 2100, MSM 2103.18(2)(a)	

Q21. Preventative healthcare info annually. Sub-assurance: The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.	10/2018 Performance Measure: Number and percent of recipients who receive information annually regarding preventative healthcare.	Appendix G: Participant Safeguards, Section Quality Improvement: Health and Welfare (a)(i)(d)(a.i.d.2)			
Q22. Personalized desired outcome(s) and goal(s) identified on the PCP. Sub-assurance: 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.	The Person-Centered Service Plan-Include individually identified goals and desired outcomes. 10/2018 In addition, this process includes gathering information regarding the participant's disabilities, education information, current medical status and medical history, preventative health care needs, risks to health and personal safety, social network, backup plans, equipment needs, behavioral status, current support system, unmet service gaps, desired life outcomes and personal goals. 10/2018 Support Plans include timelines for the implementation of specific goals and objectives, as well as the assignment of responsibility to specific team members, or others, for the implementation of those goals and objectives.	CFR 441.301(c)(2)(iv) Appendix D: Participant Centered Planning and Service Delivery, Section D-1: Service Plan Development, (4)(d)(b) Appendix D: Participant Centered Planning and Service Delivery, Section D-1: Service Plan Development, (4)(d)(d)	02/2021 Goals related to reaching the vision are developed based desired life outcomes, as well as any needs for maintaining appropriate health and welfare. This information is provided to the person-centered team for plan development at the PCP meeting. This process provides direction for the identification of goals and assures that the meeting focuses on the participant and his or her priorities, preferences, and perspective. 02/2021 Support Plans address recipient's needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means as determined by the PCP team through the person-centered planning process.	MSM Chapter 2100, Section 2103.14C MSM Chapter 2100, MSM 2103.18(2)(a)	

Q27. Person Centered Planning. Sub-assurance: 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. ** Q27 was combined with the above, Q22. See body of report for details.**	10/2018 DS uses a person-directed planning process. Assessment information assists the team with identifying barriers to reaching the person's vision, desired outcomes & support needs. Goals related to reaching the vision are developed based on the person's desired life outcomes & any needs for maintaining health & welfare. This information is provided to the person-centered team for plan development at the PCP meeting.	Appendix D: Participant-Centered Planning and Service Delivery, Section D-1: Service Plan Development, (4)(d)(a)	02/2021 Support Plans address recipient's needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means as determined by the PCP team through the person-centered planning process.	MSM Chapter 2100, Section 2103.18(2)(a)	
Q23. PCP Signed by recipient or designated representative within 60 days of PCP.	The Person-Centered Service Plan- Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation. 10/2018 The participant or their legal representative then consents to the plan by signing the final support plan within 60 days of the PCP meeting.	CFR 441.301(c)(2)(ix) Appendix D: Participant-Centered Planning and Service Delivery, Section D-1: Service Plan Development, (4)(d)(e)	10/2015 A team meeting is held, and a written ISP is developed in conjunction with the recipient and the Individual Support Team to determine specific service needs and to ensure the health and welfare of the recipient. 10/2015 All Forms must be complete with signature and dates where required. 02/2021 The applicant/recipient and/or designated representative/LRI and providers must sign and date the PCP. Interim PCP's, unsigned by the applicant/recipient and/or designated representative/LRI and the providers, may be authorized for up to 60 days from the PCP development meeting. 02/2021 All forms must be complete with signatures and/or initials and dates by the applicant/recipient and/or designated representative/LRI and providers, where required. Electronic signatures are acceptable, as pursuant to NRS 719, on forms that require a signature. 02/2021 Recipients must be reassessed at least annually within the same month. The recipient and provider(s) must sign and date the PCP. Interim PCP's, unsigned by the recipient and providers, may be authorized for up to 60 days.	MSM Chapter 2100, Section 2103.16A(3)(d)(5) MSM Chapter 2100, Section 2103.16A(3)(d)(5) MSM Chapter 2100, Section 2103.14B(4)(a) MSM Chapter 2100, Section 2103.14B(4)(d) MSM Chapter 2100, Section 2103.16(B)(1)	

Q24. PCP signed by Service Provider within 60 days of PCP.	The Person-Centered Service Plan- Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation. 10/2018 Service providers are given a copy of the participant's service plan and must agree to provide the services as described in the plan by signing the final support plan within 60 days of the PCP meeting. 10/2018 The PCP support plan lists services by scope, frequency, and duration. Service coordinators furnish a copy of the appropriate PCP to waiver service providers and review the PCP with providers, if requested. Providers are required to sign the PCP support plan within 60 days of the PCP meeting stating, they agree to provide the waiver services as described.	CFR 441.301(c)(2)(ix) Appendix D: Participant-Centered Planning and Service Delivery, Section D-1: Service Plan Development, (4)(d)(e) Appendix I: Financial Accountability, Section I-2: Rates, Billing and Claims (3)(d)(b)	10/2015 All forms must be complete with signature and dates where required. 02/2021 The applicant/recipient and/or designated representative/LRI and providers must sign and date the PCP. Interim PCP's, unsigned by the applicant/recipient and/or designated representative/LRI and the providers, may be authorized for up to 60 days from the PCP development meeting. 02/2021 All forms must be complete with signatures and/or initials and dates by the applicant/recipient and/or designated representative/LRI and provider(s), where required. Electronic signatures are acceptable, as pursuant to NRS 719, on forms that require a signature.	MSM Chapter 2100, Section 2103.16A(3)(d)(5) MSM Chapter 2100, Section 2103.14B(4)(a) MSM Chapter 2100, Section 2103.14B(4)(d)	
Q25. Statement of Choice (SOC) signed by recipient or designated representative annually. Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.	10/2018 Prior to enrollment in the waiver and annually thereafter, all waiver participants review and sign a "Statement of Choice" that includes the following: "I have actively participated in identifying my supports and preferred outcomes for the next year. I have been able to choose the provider of my support services. I am aware that I can ask for a change of state service coordinator or provider agency if I am not satisfied with the help I am getting. If I am eligible for Medicaid, I understand that I may select any available Medicaid provider. I understand I may request changes in service and service provider at any time." The applicant, or designated and/or legal representative, then signs the Statement of Choice in order to document the choice of waiver service.	Appendix B: Participant Access and Eligibility, Section B-7: Freedom of Choice, (a)	10/2015 Recipients will be given the free choice of all qualified available Medicaid providers of each Medicaid covered service included in his/her written individual Support Plan. 10/2015 All forms must be complete with signature and dates where required. 02/2021 All forms must be complete with signatures and/or initials and dates by the applicant/recipient and/or designated representative/LRI and provider(s), where required. Electronic signatures are acceptable, as pursuant to NRS 719, on forms that require a signature.	MSM Chapter 2100, Section 2103.16A(3)(d)(4) MSM Chapter 2100, Section 2103.16A (3)(d)(5) MSM Chapter 2100, Section 2103.14B(4)(d)	

Sub-assurance: Participants are afforded choice: Between/among waiver services and providers.	10/2018 Prior to enrollment in the waiver, all waiver applicants review and sign a "Statement of Choice" form which includes a statement regarding their right to a fair hearing.	Appendix D: Participant-Centered Planning and Service Delivery, Section D-1: Service Plan Development, (6)(f)			
Q26. Recipient informed of rights (prior to initiation of services and annually thereafter). Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.	10/2018 Recipients, families, caregivers and designated and/or legal representatives receive information about the ADSD policy related to abuse, neglect, exploitation, isolation and mistreatment, and the reporting thereof, from regional center intake staff prior to the initiation of services, and at least annually thereafter, from the assigned service coordinator.	Appendix G: Participant Safeguards, Section G-1: Response to Critical Events or Incidents, (c)	02/2021 All forms must be complete with signatures and/or initials and dates by the applicant/recipient and/or designated representative/LRI and provider(s), where required. Electronic signatures are acceptable, as pursuant to NRS 719, on forms that require a signature. 02/2021 During the reassessment process, the Service Coordinator must: Inform recipients about their rights, including the right to be free from abuse, neglect, exploitation, isolation and abandonment.	MSM Chapter 2100, Section 2103.14B(4)(d) MSM Chapter 2100, Section 2103.16B(5)(a)(6)	
Habilitation Plans					
Q27. Habilitation Plans revised or updated every 12 months.	10/2018 The Residential Support Manager is responsible to develop, implement, and monitor the specific residential habilitation plan related to Residential Support Services.	Appendix C: Participant Services, Section C-1/C-3: Service Specification	10/2015 Develop habilitation plans specific to residential support services, as determined in the participant's ISP and train residential support staff in implementation and data collection. 02/2021 PCP teams may identify priority areas to address through habilitation plans, however that does not limit additional supports that a person may need to live in the community. These additional supports do not require habilitation plans. 02/2021 The support plan is inclusive of the services and supports that are provided to meet the assessed needs of the participant. The service coordinator is responsible for understanding all services provided to the service recipient, gathering assessment, information, developing the PCP based on team recommendations, facilitating plans for any necessary referrals, and monitoring all services, as part of the support plan implementation. The support plan also identifies the priority areas to be addressed based upon the person- centered planning process. The PCP will identify which priority areas of support require habilitation plans. Additional supports, including general supervision, can be provided as needed to assist the individual with their daily life living in the community without the need for habilitation plans.	MSM Chapter 2100, Section 2103.10A(1)(c) MSM Chapter 2100, Section 2103.14 MSM Chapter 2100, Section 2103.14C	P&P ID 21-001 effective 10/2020

Monthly Contacts and Documentation					
Q31. Monthly Contacts Q32. Face-to-Face (Minimum every 3 month)	10/2018 The service coordinator is responsible for monitoring and ensuring that the support plan is implemented as intended. This is accomplished through the provision of quality assurance activities, including monthly contact, quarterly face-to-face visits with the participant, home visits, work visits, and follow-up with providers to ensure that PCP implementation is meeting the participant's needs, that the participant is satisfied with services, and the service plan is resulting in progress toward his or her goals. The required monthly contact with the participant, a participant's designated and/or legal representative, or the participant's residential support services or Jobs and Day Training provider, is conducted by the service coordinator to discuss and assess the authorized services, as well as to evaluate the participant's level of satisfaction. Contacts may be made by telephone; however, there must be a face-to-face contact with each participant at least every three (3) months, or more often if the participant has indicated a significant change in health care status or if there are reasons for concern about health and safety.	Appendix D: Participant-Centered Planning and Service Delivery, Section D-1: Service Plan Development, (4)(d)(f)	10/2015 The service coordinator must have ongoing monthly contact with each waiver recipient, a recipient's personal representative, or the recipient's direct care service provider, by any means chosen by the recipient or representative. The contact must be sufficient to address health and safety needs of the recipient, and at a minimum, there must be a face-to-face visit with each recipient annually. 02/2021 The Service Coordinator must have monthly contact with each waiver recipient, or a recipient's designated representative/LRI, or the recipient's Supported Living or Jobs and Day training provider. The contact must be sufficient to address health and safety needs of the recipient, needed support plan changes, recipients' goals and satisfaction with services and supports. At a minimum, there must be a face-to-face visit with each recipient quarterly. 02/2021 The Service Coordinator must show due diligence to hold the established contacts as outlined in the PCP and every attempt to contact the recipient must be documented. At least three attempts must be completed on separate days within the quarter, if no response is received after the 3rd attempt, a letter must be sent to the recipient requesting a return contact. If the recipient fails to respond by the date indicated in the letter, the recipient may be terminated. 02/2021 When DHCFP is conducting a review of a recipient and the Service Coordinator has clearly documented the above steps were attempted during any given quarter wherein a quarterly contact was required, DHCFP shall waive that quarterly contact requirement.	MSM Chapter 2100, Section 2103.19A(1) MSM Chapter 2100, Section 2103.16A(1) MSM Chapter 2100, Section 2103.16A(2)(a) MSM Chapter 2100, Section 2103.16A(2)(b)	

Q33. Quarterly PCP Review completed.	10/2018 At a minimum, there must be a quarterly review of the PCP to assess the continued needs, goals, and preferences of the service participant. The review may include the following: data on the progress of individual goals, assessment of the participant's medical condition (nursing notes, assessments, medical records, physician visit notes, etc.), and assessment of environmental conditions. If necessary, the PCP is updated and revised based on the needs and requests of the participant. 10/2018 Person-Centered Plans are reviewed at least quarterly and revised annually, at the recipients request or when a significant change in circumstance or condition occurs.	Appendix D: Participant-Centered Planning and Service Delivery, Section D-1: Service Plan Development (4)(d)(g) Centered Planning and Service Delivery, Section D-2: Service Plan Implementation and Monitoring, (a)(c)			
Q34. Health/Safety issues identified and followed up (recipient's condition). Sub-assurance: 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.	10/2018 Contacts may be made by telephone; however, there must be a face-to-face contact with each participant at least every three (3) months, or more often if the participant has indicated a significant change in health care status or if there are reasons for concern about health and safety. 10/2018 DS service coordinators are responsible for monitoring and documenting the provision of wavier services, as well as participant health and welfare. 10/2018 The service coordinator completes follow up with the provider and assures that the recipient and others are in a safe environment. (Regarding abuse)	Appendix D: Participant-Centered Planning and Service Delivery, Section D-1: Service Plan Development (4)(d)(f) Appendix D: Participant-Centered Planning and Service Delivery, Section D-2: Service Plan Implementation and Monitoring, (a)(a) Appendix G: Participant Safeguards, Section G-1: Response to Critical Events or Incidents, (b)(d)	10/2015 The service coordinator must have ongoing contact with each waiver recipient, a recipient's personal representative, or the recipient's direct care service provider, by any means chosen by the recipient or representative. During ongoing contact, the service coordinator will monitor the person's current condition to include health and safety, assess for changes needed, satisfaction with services and supports, whether the habilitation plans are meeting identified goals, and provide any necessary follow up on needs or concerns. 02/2021 The contact must be sufficient to address health and safety needs of the recipient, and at a minimum, there must be a face-to-face visit with each recipient annually. During ongoing contact, the service coordinator will monitor the person's current condition to include health and safety.	MSM Chapter 2100, Section 2103.19(A)(1)(2) MSM Chapter 2100, Section 2103.16A(1)	

Q35. Needs/Concerns followed up and documented monthly (any changes in services or providers). Sub-assurance: 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.	10/2018 The service coordinator is responsible for monitoring and ensuring that the support plan is implemented as intended. This is accomplished through the provision of quality assurance activities, including monthly contact, quarterly face-to-face visits with the participant, home visits, work visits, and follow-up with providers to ensure that PCP implementation is meeting the participant's needs, that the participant is satisfied with services, and the service plan is resulting in progress toward his or her goals. The required monthly contact with the participant, a participant's designated and/or legal representative, or the participant's residential support services or Jobs and Day Training provider, is conducted by the service coordinator to discuss and assess the authorized services, as well as to evaluate the participant's level of satisfaction. Contacts may be made by telephone; however, there must be a face-to-face contact with each participant at least every three (3) months, or more often if the participant has indicated a significant change in health care status or if there are reasons for concern about health and safety.	Appendix D: Participant-Centered Planning and Service Delivery, Section D-1: Service Plan Development, (4)(d)(f)	10/2015 During the ongoing contact, the service coordinator will monitor the person's current condition to include health and safety, assess for changes needed, satisfaction with services and supports, whether the habilitation plans are meeting identified goals, and provide any necessary follow up on needs or concerns. 02/2021 The contact must be sufficient to address health and safety needs of the recipient, needed support plan changes, recipients' goals and satisfaction with services and supports.	MSM Chapter 2100, Section 2103.19A(2) MSM Chapter 2100, Section 2103.16A(1)	
Q36. Waiver Service Satisfaction assessed/addressed monthly. Sub-assurance: 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.					
Q37. Goals identified in the PCP assessed/addressed monthly. Sub-assurance: 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.					

Acronyms & Definitions

ADL-(ACTIVITIES OF DAILY LIVING)

Self-care activities routinely performed on a daily basis, such as bathing, dressing, grooming, toileting, transferring, mobility, continence and eating.

ADSD-(AGING AND DISABILITY SERVICES DIVISION)

A State agency that is part of Nevada's Department of Health and Human Services (DHHS) and is the operating agency of the Home and Community Based Services (HCBS) Waivers for the Frail Elderly, Physically Disabled, and Individuals with Intellectual Disabilities.

ASA-(ANNUAL SOCIAL ASSESSMENT)

An assessment that is annually reviewed that addresses the recipient's activities of daily living (ADLs), which are self-care activities, such as bathing, dressing, grooming, transferring, toileting, ambulation, and eating. Instrumental activities of daily living (IADLs), which capture more complex life activities, are also assessed, including meal preparation, light housework, laundry, and essential shopping. In addition, this assessment includes information regarding the recipient's medical history and social needs. The assessment includes risk factors, back-up plans, equipment needs, behavioral status, current support system and unmet service needs.

BIC-(BEHAVIORAL INTERVENTION COMMITTEE)

A committee that monitors the services provided to recipients who have had restraints in the past, have psychotropic medications to manage behavior, or who are deemed to be at high risk for restraints or restrictions in their lives. Members of the BICs include psychologists, behavioral analysts, nurses, pharmacists, and others with expertise in behavioral analysis, positive behavior supports and psychopharmacology. The BICs, in addition to providing ongoing monitoring, provide technical assistance such as positive behavioral supports and program approval to help support teams understand and address the root causes of the behaviors perceived to need restraint or medication management.

BSP-(BEHAVIOR SUPPORT PLAN)

A service provided by professionals in psychology, behavior analysis and related fields participating in the development and implementation of Individual Support Plans and/or positive behavior Support Plans, necessary to improve an individual's independence and inclusion in their community, increase positive alternative behaviors, and/or address challenging behavior.

CFR-(CODE OF FEDERAL REGULATIONS)

The CFR is a codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal government. The Code is divided into 50 titles which represent broad areas subject to federal regulation.

CM-(CASE MANAGER)

See Service Coordinator OR (CASE MANAGEMENT) Case management is a process by which an individual's needs are identified and social and medical services to meet those needs are located, coordinated and monitored.

CMS-(CENTERS FOR MEDICARE AND MEDICAID SERVICES)

The Federal government entity that monitors state programs to assure minimum levels of public health service are provided, as mandated in the 42 CFR.

CPR/FA-(CARDIOPULMONARY RESUSCITATION AND FIRST AID)

Cardiopulmonary resuscitation (CPR) is a lifesaving technique useful in many emergencies, including heart attack or near drowning, in which someone's breathing, or heartbeat has stopped. The American Heart Association recommends that everyone untrained, bystanders and medical personnel alike begin CPR with chest compressions

DHCFP-(DIVISION OF HEALTH CARE FINANCING AND POLICY)

A State agency that is part of Nevada's Department of Health and Human Services (DHHS) that works in partnership with the Centers for Medicare & Medicaid Services (CMS) to assist in providing quality medical care for eligible individuals and families with low incomes and limited resources.

DHHS-(DEPARTMENT OF HEALTH AND HUMAN SERVICES)

The Department of Health and Human Services (DHHS) is an office of the Executive Branch of State Government and is led by a Director appointed by the Governor. DHHS is one of the largest departments in state government comprised of five Divisions including: Aging and Disability Services, Child and Family Services, Health Care Financing and Policy (Medicaid), Public and Behavioral Health, and Welfare and Supportive Services.

DRC-(DESERT REGIONAL CENTER)

Desert Regional Center (DRC) is the state-operated Regional Center for individuals with developmental disabilities and related conditions and their families. DRC is located in the Las Vegas metropolitan area and serves Clark, Lincoln and Nye Counties. DRC supports individuals with developmental disabilities by facilitating independence through choice.

FBI-(FEDERAL BUREAU OF INVESTIGATION)

The mission of the FBI—as a national security and intelligence organization—is to protect and defend the United States against terrorist and foreign intelligence threats, to uphold and enforce the criminal laws of the United States, and to provide leadership and criminal justice services to federal, state, municipal and international agencies and partners.

FFY-(FEDERAL FISCAL YEAR)

The fiscal year is the accounting period for the federal government which begins on October 1 and ends on September 30.

HCBS-(HOME AND COMMUNITY-BASED SERVICES)

Home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community. These programs serve a variety of targeted populations groups, such as people with mental illnesses, intellectual or developmental disabilities, and/or physical disabilities.

HIPAA-(HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT)

The HIPAA of 1996 is a law to improve the efficiency and effectiveness of the health care system. HIPAA included a series of "administrative simplification: procedures that establish national standards for electronic health care transactions, and requires health plans (i.e., Medicaid and Nevada Check Up) and health care providers that process claims and other transactions electronically to adopt security and privacy standards in order to protect personal health information.

HRC-(HUMAN RIGHTS COMMITTEE)

The Human Rights Committee reviews and approves recipient's crisis plan along with the Behavioral Intervention Committee.

IADL-(INSTRUMENTAL ACTIVITIES OF DAILY LIVING)

Activities related to independent living including preparing meals, shopping for groceries or personal items, performing light or heavy housework, communication and money management.

ICF/ID-(INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES)

A facility licensed by Medicaid that provides long-term care to eligible individuals with intellectual disabilities or related conditions in a group or institutional setting.

ID-(INTELLECTUAL DISABILITY)

A disability characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18.

ID WAIVER-(INDIVIDUALS WITH INTELLECTUAL DISABILITIES WAIVER)

The State of Nevada Home and Community-Based Services (HCBS) Waiver for Individuals with Intellectual Disabilities and Related Conditions is administered by the Division of Health Care Financing and Policy (DHCFP) and operated by the Aging and Disability Services Division (ADSD); both divisions of the Department of Health and Human Services (DHHS).

IR-(INCIDENT REPORT)

Providers are required to report all incidents of recipient injury; elopement; rights violations; restraint use; medication errors; hospitalizations; emergency room visits; death; suspected or alleged abuse, neglect and exploitation; unlawful behavior, theft; treatment refusals; missed medical appointments; threats of self-harm or harm to others; and all complaints or allegations of mistreatment, rights violations voiced by recipients, families, guardians, staff, and the general public.

ISLA-(INTENSIVE SUPPORTED LIVING ARRANGEMENT or 24-Hour SLA)

See SLA

ISP-(INDIVIDUAL SUPPORT PLAN)

A working tool that identifies the persons interests, personal goals, health and welfare needs, and agreed upon support/services that may be provided through a variety of programs to include State Plan, Waiver, natural/informal supports, community resources and contracted services.

JDT-(JOBS AND DAY TRAINING)

These services vary in the type and intensity of supports to allow individuals vocational choices. Services and supports range from day habilitation, pre-vocational and vocational training in supervised structured settings to group and individual employment and supported employment providing follow along services. The outcome of Jobs and Day Training Services is to provide opportunities to seek employment and work in competitive integrated settings.

LOC-(LEVEL OF CARE)

The specification of the minimum amount of assistance that an individual must require in order to receive services in an institution setting under the State Plan and HCBS Waiver services. LOCs are based on current assessments showing level of functional skills and support needs. The assessments include psychological evaluation, medical records, nursing, and social assessments completed by professionals.

LRI-(LEGALLY RESPONSIBLE INDIVIDUAL)

Individuals who are legally responsible to provide medical support including: spouses of recipients, legal guardians, and parents of minor recipients, including: stepparents, foster parents and adoptive parents.

MC-(MONTHLY CONTACT)

MFCU-(MEDICAID FRAUD CONTROL UNIT)

Statewide program that investigates and prosecutes Medicaid providers that obtain Medicaid funds.

NEMT-(NON-EMERGENCY MEDICAL TRANSPORATION)

Service offered in order to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the service plan. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State plan, defined at 42 CFR §440.170(a) (if applicable), and does not replace them.

PA-(PRIOR AUTHORIZATION)

A review conducted to evaluate medical necessity, appropriateness, location of service and compliance with Medicaid's policy, prior to the delivery of service.

P&P-(POLICY & PROCEDURE)

A transmittal issued on policies adopted by the DHCFP to provide clarification and guidance within the boundaries of that policy.

PCA-(PERSONAL CARE ASSISTANT)

Personal care assistants, also known as caregivers, home health or personal care aides, give assistance to people who are sick, injured, mentally or physically disabled, or the elderly and fragile.

PCP-(PERSON CENTERED PLANNING)

An assessment and service planning process are directed and led by the individual, with assistance as needed or desired from representatives or other persons of the individuals choosing. The process is designed to identify the strengths, capacities, preferences, needs and desired outcomes of the individual. The process may include other persons, freely chosen by the individual, who are able to serve as important contributors to the process. The PCP process enables and assists the individual to identify and access a personalized mix of paid and non-paid services and supports that assist him/her to achieve personally defined outcomes in the community.

PES- (PARTICIPANT EXPERIENCE SURVEY)

The Participant Experience Survey (PES) is an interview tool developed by MEDSTAT under a contract from the CMS. The survey captures data that can be used to calculate indicators for monitoring quality within the waiver programs.

POC-(PLAN OF CORRECTION)

A provider's plan for how and when it will correct Federal deficiencies and/or State violations.

POI-(PLAN OF IMPROVEMENT)

Plan of Improvement is the processes for remediation, which focus on deficiencies in the standards and the identification of strategies, person(s) responsible, and timelines for a performance.

QA-(QUALITY ASSURANCE)

A structured, internal monitoring and evaluation process designed to improve quality of care. QA involves the identification of quality-of-care criteria, which establishes the indicators for program measurements and corrective actions to remedy any deficiencies identified in the quality of direct patient, administrative and support services.

QI-(QUALITY IMPROVEMENT)

A critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

QIDP-(QUALIFIED INTELLECTUAL DISABILITIES PROFESSIONAL)

The Department of Developmental Services (DDS) expanded the required qualifications of persons who may serve as a Qualified Intellectual Disabilities Professional (QIDP) (previously known as Qualified Mental Retardation Professional or QMRP). QIDP is a staff is responsible for integrating, coordinating and monitoring each client's active treatment.

RC-(RELATED CONDITIONS)

Related conditions are severe, chronic disabilities attributable to Pervasive Developmental Disorders (also known as Autism Spectrum Disorders), Cerebral Palsy, Epilepsy, Traumatic (Acquired) Brain Injury (TBI/ABI), and other neurologically or genetically based disorders such as Prader-Willi Syndrome, Fetal Alcohol Syndrome/Fetal Alcohol Spectrum Disorders (FAS/FASD), Fetal Drug Effects and Down Syndrome with consequent substantial intellectual or adaptive deficits. A related condition is manifested before the person reaches age 22 years and is likely to continue indefinitely. It results in impairment of general intellectual functioning and/or substantial functional limitations in three or more areas of major life activity and requires treatment or services like a person with intellectual disabilities.

RN-(REGISTERED NURSE)

A graduate trained nurse who has been licensed by a state authority after qualifying for registration

RRC-(RURAL REGIONAL CENTER)

Rural Regional Center (RRC) is the state-operated Regional Center for individuals with developmental disabilities and related conditions and their families. RRC is located Carson City and serves all areas in Nevada apart from Washoe, Clark, and portions of Lincoln and Nye counties. RRC supports individuals with developmental disabilities by facilitating independence through choice.

RSM-(RESIDENTIAL SUPPORT MANAGEMENT)

A service type received by a person on the waiver and is designed to ensure the health and welfare of recipients receiving Residential Support Services from agencies in order to assure those services and supports are planned, scheduled, implemented and monitored as the recipient prefers; and as needed, depending on the frequency and duration of approved services.

SA-(SERVICE AUTHORIZATION)

An authorization created by ADSD Regional Center staff prior to delivery of service outlining frequency, duration and scope of services to be rendered.

SC-(SERVICE COORDINATOR)

Responsible for monitoring and documenting the provision of waiver services, as well as recipient health and welfare. The Developmental Specialist or Psychiatric Caseworker qualified by educational background or training to assist, advise, direct, and oversee services to eligible individuals.

SLA-(24 HOUR SUPPORTED LIVING ARRANGEMENT)

Intermittent-

Supported Living Arrangements are individualized living supports. The service recipients in this program require support while living in community residence settings (home or apartment by themselves, with a roommate, or with family). Assistance is designed to help persons achieve and maintain maximum independence in the community. The service recipient receives a minimum (from several hours per week) to moderate (daily) support from paid SLA staff on an individualized schedule that depends on a person identified needs and desires. Support hours are determined by the team's assessment of the service recipient's service/support needs. Services are provided by Certified Community Providers who are responsible for implementing Individual Habilitation plan goals, objectives, and services and supports related to residential and community living.

Intensive (24-Hour)-

Provides services in community residences for up to four individuals who live in their own home. These services were developed as an alternative to an ICF/ID so that individuals could live in the community while receiving intensive supports and training. Twenty-four-hour supervision is provided. Services are provided by Certified Community Providers who are responsible for implementing Individuals Habilitation plan goals, objectives and services and supports related to residential and community living. Residential support services emphasize positive behavioral strategies, including intervention, and supervision designed to maximize community inclusion while safeguarding the individual and general public.

Host Homes-

Service recipients who desire or need a family living situation receive services from a Host Home provider who includes the individual in their family life and activities. Direct services/supports are to assist in the acquisition, retention or improvement of skills for the service recipient to successfully reside in the community.

SOC-(STATEMENT OF CHOICE)

A form given to all applicants describing the services offered under the waiver during the intake process. The assigned Service Coordinator informs the applicant of their choice between waiver services and placement in an ICF/ID, in addition to their choice of qualified providers.

SOR-(SERIOUS OCCURRENCE REPORT)

A report of any actual or alleged event or situation involving either the provider/employee or recipient that relates a substantial or serious harm to the safety or wellbeing of the provider/employee or recipient. Serious occurrences may include, but are not limited to the following: suspected physical or verbal abuse, unplanned hospitalization, neglect of the recipient, exploitation, sexual harassment or sexual abuse, injuries requiring medical intervention, an unsafe working environment, any event which is reported to Child or Elder Protective Services or law enforcement agencies, death of the recipient during the provision of Waiver Services (PCS), or loss of contact with the recipient for three consecutive scheduled days.

SRC-(SIERRA REGIONAL CENTER)

Sierra Regional Center (SRC) is the state-operated Regional Center for individuals with developmental disabilities and related conditions and their families. SRC is in the Reno/Sparks area and serves Washoe County, Nevada. SRC supports individuals with developmental disabilities by facilitating independence through choice.

STD-(SEXUALLY TRANSMITTED DISEASE)

Any of various diseases or infections that can be transmitted by direct sexual contact.

SUR-(SURVEILLANCE AND UTILIZATION REVIEW)

A statewide program that safeguards against unnecessary or inappropriate use of services by preventing excess payments in the Nevada Medicaid and Nevada Check Up programs. The SUR Unit analyzes claims data to identify potential fraud, waste, overutilization and abuse; collects provider overpayments and refers appropriate cases to the Medicaid Fraud Control Unit (MFCU) for criminal investigation and prosecution.

TCM-(TARGETED CASE MANAGEMENT)

Targeted case management is case management services provided only to specific classes of individuals, or to individuals who reside in specific areas of the State (or both). Presently, Nevada State Medicaid has “targeted” case management services to specific classes of individuals. ID/RC is one of the covered groups for Nevada under the State Plan. Case management as provided by Developmental Services is a set of activities that are undertaken to ensure that the waiver recipient receives appropriate and necessary services. Under a Home and Community Based Services waiver, these activities may include, (but are not necessarily limited to) assessment, service plan development, service plan implementation and service monitoring, as well as assistance in accessing waiver, State plan, and other non-Medicaid services and resources. Case management sometimes is referred to as “service coordination” or “support coordination.”