

Joe Lombardo
Governor



Richard Whitley
Director

Specialized Foster Care (SFC)

1915(i) State Plan Amendment –Attachment 3.1-1.2

Division of Health Care Financing and Policy

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January 30, 2023

Department of Health and Human Services

Helping people. It's who we are and what we do.





Agenda

- 1. Proposed Changes: 1915(i) State Plan Amendment –Attachment 3.1-1.2**
2. Operational and Administrative Functions
3. Person-Centered Service Plan Development
4. Medicaid Approval for Person-Centered Service Plans
5. Maintenance of Person-Centered Service Plan Forms
6. Verification of Provider Qualifications
7. Quality Improvement Strategies
8. Questions



Proposed Changes: 1915(i) State Plan Amendment –Attachment 3.1-1.2

- Distribution of State Plan HCBS Operational and Administrative Functions

Function	Medicaid Agency	Other State Operating Agency	Contracted Entity	Local Non-State Entity
<u>1.</u> 1. Individual State plan HCBS enrollment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>2.</u> Eligibility evaluation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>3.</u> Review of participant service plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>4.</u> Prior authorization of State plan HCBS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5.</u> Utilization management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>6.</u> Qualified provider enrollment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>7.</u> Execution of Medicaid provider agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
<u>8.</u> Establishment of a consistent rate methodology for each State plan HCBS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>9.</u> Rules, policies, procedures, and information development governing the State plan HCBS benefit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
<u>10.</u> Quality assurance and quality improvement activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



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1. Distribution of State Plan HCBS Operational and Administrative Functions

- Addition of chart to outline the following:
 1. Acronyms
 2. Entity Names
 3. Entity Types
 4. SFC 1915 (I) HCBS Functions

<u>CCDFS (DFS)</u>	<u>Clark County Department of Family Services</u>	<u>County</u>	<u>Local Non-State Entity</u>
<u>WCHSA (HSA)</u>	<u>Washoe County Human Services Agency</u>	<u>County</u>	<u>Local Non-State Entity</u>
<u>FUNCTION: #1</u> <u>Individual State Plan HCBS Enrollment</u>	<u>Administering Agency (DHCFP/SMA) will provide oversight of DCFS, including their contracted entity, and Local Non-State Entities as they perform the Individual State Plan HCBS Enrollment.</u>		
<u>FUNCTION: #2</u> <u>Eligibility Evaluation</u>	<u>Administering Agency (DHCFP/SMA) Performs Eligibility Evaluation Oversight of DCFS, including their contracted entity, and Local Non-State Entities.</u>		



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- Process for Making Person Centered Service Plan Subject to the Approval of the Medicaid Agency (P.20)

DHCFP, through an Interlocal agreement with DCFS, delegates the responsibility for service plan approval to an independent contracted entity (QIO-like vendor). As part of its routine operations, DHCFP's contracted entity, must review each service plan submitted to ensure the plan addresses all pertinent issues identified through the assessment. The DHCFP contractor enters the determination of his/her review in the Provider Portal database. The Provider Portal database interfaces with the Medicaid Management Information System (MMIS) for processing and tracking of eligible individuals, 1915(i) services and claims reimbursements. The DHCFP contractor informs DHCFP and DCFS of any issues related to the review and approval or denial of service plans. DHCFP retains the authority and oversight of the 1915(i) program delegated to DCFS. In addition, ~~the~~ [NAME] DHCFP and DCFS reviews and approves the policies, processes and standards for developing and approving the care plan.



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- Maintenance of Person-Centered Service Plan Forms

9. **Maintenance of Person-Centered Service Plan Forms.** Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §74.53. Service plans are maintained by the following (*check each that applies*):

<input type="checkbox"/>	Medicaid agency	<input checked="" type="checkbox"/>	Operating agency	<input type="checkbox"/>	Case manager
<input checked="" type="checkbox"/>	Other (<i>specify</i>):	<u>DCFS, including their contracted entity, and Local Non-State Entities</u> Wraparound Process Contractor, DCFS			



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- Verification of Provider Qualifications

Specialized Foster Care Agency	Operating Agency – Division of Child and Family Services	Pursuant to NRS 424, an application for a license to operate a foster care agency must be in a form prescribed by the Division and submitted to the appropriate licensing authority. Such a license is effective for <u>one (1) 2</u> years after the date of its issuance and may be renewed upon expiration.
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QUESTIONS?



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- **Quality Improvement Strategies**
 1. Service Plans
 2. HCBS Eligibility
 3. Provider Qualifications
 4. HCBS Settings Requirements
 5. Medicaid Program Oversight
 6. Medicaid Financial Accountability of Providers
 7. Abuse, Neglect, Exploitation Prevention
- **System Improvement**
 1. Data Analysis and System Improvement
 - Prioritization



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1. Service Plans

<i>Requirement</i>	<i>1.a) Service plans address assessed needs of 1915(i) participants.</i>
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- Discovery Activity updated from On-Site to Remote Desktop Review
- Sample size reduced from 95% w/ 5% Confidence Level to 10% Review of All Recipients
- Monitoring responsibilities terminology updated to clarify Operating Agency and Administrative Agency QA



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1. Service Plans (CON'T)

- Operating and Administering Agency will remediate any issue of non-compliance within 90 days of issuance of final monthly report.
- On a monthly basis, Operating Agency, and Administering Agency's QA review random samples of case files. If deficiencies are found, Operating Agency will take action as needed through one-on-one education with their contract entity or trainings for the local non-state entities. Copies of the Operating Agency reviews will be submitted to the Administering Agency's QA and current percentages of compliance, as well as remediations, will be discussed during the monthly QI meeting.
- QI Team consists of Administering Agency's Behavioral Health (BH) and QA units, Operating Agency and Local Non-State Entities.

- Remediation Responsibilities clarified on all Service Plan Requirements to outline Quality Assurance process follow-up.



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2. HCBS Eligibility

<i>Requirement</i>	2. (c) the 1915(i)-benefit eligibility of enrolled individuals is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS
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2a, 2b, 2c:

- Same updates as requirements “1” with additional updates to:
- 2c: Frequency changed from Quarterly and ongoing to Annually



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3. Provider Qualifications

<i>Requirement</i>	<u>3.</u> Providers meet required qualifications.
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- Records reviews update to be Remote
- Monitoring responsibilities updated to include BH Unit
- Clarifications made to remediation responsibilities and the enrollment application process.
- Frequency updated from “Annually” to “Initially and Upon Re-Validation”



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4. HCBS Settings Requirements

<i>Requirement</i>	4. Settings meet the home and community-based setting requirements as specified in this SPA and in accordance with 42 CFR 441.710(a)(1) and (2).
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- Record Reviews to include a combination of On site and Remote Desktop reviews
- Monitoring responsibilities updated to remove SMA QA and to add Operating Agency, Licensing Workers, and Administering Agency BH Unit
- Frequency updated from Annually to Bi-Annually
- Terminology updated to clarify Operating Agency and Administering Agency for remediation.



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5. Medicaid Program Oversight

<i>Requirement</i>	
	5. The SMA retains authority and responsibility for program operations and oversight.

- Sample size reduced from 95% w/ 5% Confidence Level to 10% Review of All Recipients
- Monitoring responsibilities updated to remove 1915i Unit to include Administering Agency BH Unit and Analytics Team
- Remediation compliance updated from 30 to 90 days



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6. Medicaid Financial Accountability of Providers

<i>Requirement</i>	6. The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to 1915(i) participants by qualified providers.
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- Sample size reduced from 95% w/ 5% Confidence Level to 10% Review of Claims Paid
- Remediation responsibilities updated to include Surveillance and Utilization Unit
- Frequency updated from Monthly, Quarterly and Annually to “Annually



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7. Abuse, Neglect, Exploitation Prevention

<i>Requirement</i>	7. The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation.
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- Reviews updated to be remote rather than on-site
- Monitoring Responsibilities updated to specify Operating Agency, Administering QA, and Administering Agency BH unit
- Remediation responsibilities 1915i Supervisor removed replaced with Operating and Administering Agency



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System Improvements

1. Data Analysis and System Improvement Prioritization

1. Methods for Analyzing Data and Prioritizing Need for System Improvement

On an ongoing basis, ~~the~~ the Operating Agency Care Coordinator Supervisors, Operating Agency QA, Administering Agency QA, Administering Agency Behavioral Health Unit will ~~1915(i) and QA Units~~ collaborate in a Quality Improvement Team to assess quality improvements needed to ensure required performance measures are met. Monthly Comprehensive QI meetings review performance measures below 86% to determine remediation and mitigation efforts using CMS guidelines. Such guidelines include, but are not limited to, identifying probable cause, development of interventions to improve performances, trend analysis on performance measures, etc. On an as needed basis, the QA Unit conducts educational trainings with the Operating Agencies 1915(i) Unit regarding how to perform case file and provider reviews. Provider reviews are entered into the ALis-provider database to be tracked and deficiencies flagged. Depending on the deficiency, referrals are sent to an appropriate state agency for review and corrective action plan as appropriate.

Case Management records are in a SAMS-case management database which generates reports needed for QA case file reviews. Provider records are managed through ~~the~~ the InterChange (Medicaid Management Information System (MMIS)) and reviewed by the SMA Fiscal Agent and Provider Enrollment Unit. Electronic submission of claims is also done through InterChange, which has built-in edits to ensure claims are processed correctly and appropriately.

Serious Occurrence Reports (SORs) are tracked through a Child Welfare (CPS) Harmony system, which is monitored and reviewed by Operating Agencies Care Coordinator Supervisors ~~the 1915(i) Supervisor~~.

- Clarification made to terminology used to reflect the most current systems and corresponding agencies.



Questions?



Add “Contact Information”

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Acronyms

State Plan Amendment (SPA)

Home and Community Based
Services (HCBS)

Division of Health Care Financing and
Policy (DHCFP)

Division of Child and Family Services
(DCFS)

Quality Assurance (QA)

Quality Improvement (QI)

Code of Federal Regulations (CFR)

State Medicaid Agency (SMA)