QUALITY IMPROVEMENT STRATEGY (QIS) REMEDIATION PROCESS

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Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**

Overview

- History and Updates
- Deficiencies in Remediation Workbook
- Documentation of Remediation
- QIS Results Report
- Timelines
- QIS Remediation Contacts

QIS History and Updates

- Requirement of Centers for Medicare and Medicaid Services (CMS)

- Updates:
  - Remediation must be completed upon notification of deficiencies
  - Cannot wait until CSR
  - Process to report remediation is changed

Remediation Workbook

- Multiple worksheets (tabs)

- Only applicable deficiencies tabs added:
  - Performance Review Tool-BUS Performance Measures
  - New Enrollees
  - Service Plan to Utilization (LTSS)
  - PAR to Utilization (DIDD)
  - MH/ACF Contacts (if applicable)
  - Critical Incident Reports

Performance Measure Tab

- Program Review Tool-Benefits Utilization System Performance Measure (identified as **PRT-BUS PM**)
- Performance measures are listed by column
- Participants are listed by row showing data about their assessments and service plans
- Deficiencies highlighted in yellow and **require remediation**

NUMBER OF SPs THAT DO ALIGN WITH LOC.	NEEDS ADDRESSED THROUGH NON-WAIVER SERVICES.	NUMBER OF SPs THAT DO APPROPRIATELY ADDRESS PERSONAL GOALS.
SP-SAA PM1	SP-SAA PM1-A	SP-SAA PM2
MET	MET	MET
MET	MET	MET
MET	MET	NOT MET
MET	MET	MET
NOT MET	MET	MET
MET	MET	MET

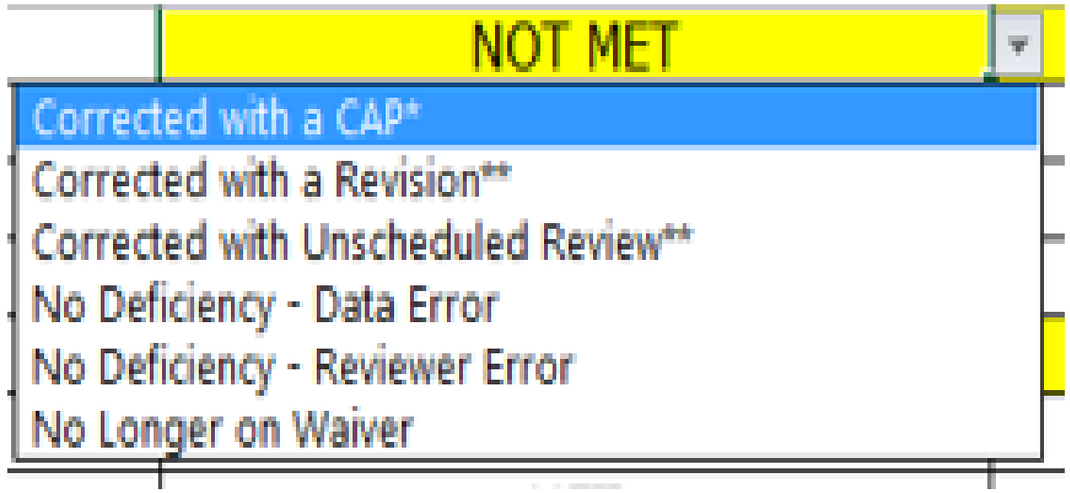
SP/PAR to Utilization Tab

- Clients listed by row with assessment and Service Plan data
- Deficiencies are highlighted in yellow and **require remediation**
- NOTES column appears in Column A and must be completed

					100% of waiver services were utilized in accordance with the SP
PA Begin Date	PA End Date	Reimbursed Units	Authorized Units	Usage Percentag	SP-SAD PM1
06/01/2016	05/31/2017	1,658	4,562	36.3%	NOT MET
01/01/2016	12/31/2016	2,449	4,936	49.6%	NOT MET
11/01/2015	10/31/2016	4,415	5,340	82.7%	NOT MET

Remediating Deficiencies

- Click in the yellow highlighted cell (drop-down menu appears)
- Select appropriate code based on remediation status
- Do not type in cells–make selection only
- Selection must be made



- **NOTES column must be completed if there was a deficiency**

Remediation Status Codes

Remediation Status Code	Remediation Status Code Requirements
Corrected with a CAP*	Use of this code indicates that if the deficiency was not corrected or could not be corrected within the Certification span (Example: 8/15/2016 - 7/31/2017, 2/26/2016 - 1/31/2017), a Corrective Action Plan (CAP) must be provided. In NOTES column, indicate the name of the file that contains the CAP.
Corrected with a Revision**	Use of this code indicates that the deficiency was corrected during a SP Revision during the Certification span. You must provide a screen shots of the corrections/changes made; which includes: MedID, Member Name, and Revision Event number. In NOTES column, indicate the name of the file that contains the documentation.
Corrected with Unscheduled Review**	Use of this code indicates that the deficiency was corrected during an Unscheduled Review (100.2 Assessment) during the Certification span. You must provide a screen shot of corrections/changes made, which includes: MedID, Member Name, and Unscheduled Review Event number. In NOTES column, indicate the name of the file that contains the documentation.
No Deficiency - Data Error	Use of this code indicates that this is not a deficiency, it was a Data Error on the original Program Review Tool (PRT). In the NOTES column, you must provide an explanation of the data error.
No Deficiency - Reviewer Error	Use of this code indicates that this was not a deficiency, as the original reviewer marked. Upon further review, it should have never been marked as a deficiency. In the NOTES column, you must provide an explanation for your reasoning.
No Longer on Waiver	Use of this code indicates that the individual's participation on the waiver has ended. CMAs may use this code if they have more up-to-date information about a participants ending services. In the NOTES column, you must provide the date that the participant left the waiver. In addition, verify that the record has been "CLOSED" in the BUS.

Remediation Status Codes (cont'd)

*A CAP must be a MS Word or pdf document, labeled by Performance Measure and must include the following: a detailed time frame specifying the actions to be taken, the CMA employee(s) responsible for implementing these actions, the implementation time frames and date for completion. If "training" was held to correct the deficiency, the CMA must provide the training agenda (including date and time), and attendance list of CMs that attended the training.

**MS Word or pdf document must be provided with screen shots, labeled by Medicaid ID, Member Name, Waiver. The screen shot must illustrate what corrections/changes were made to the record, to bring the record into compliance. The correction must have taken place during the Certification span (Example 8/15/16 - 7/1/17, 2/26/16 - 1/31/17) and must indicate that the deficiency has been corrected.

Corrected with a CAP

- Indicates that deficiency was not corrected or could not be corrected within Certification span
- A Corrective Action Plan (CAP) must be provided
- **In the NOTES column, indicate name of file that contains the CAP**

CAP Instructions

- Must include:
  - Details of actions to be taken
  - Employee(s) responsible for implementation
  - Implementation timeframe with completion date

- **MS Word or pdf file name in NOTES column**

NOTE: Trainings conducted to correct deficiency, must include the training agenda (with training date and time) and list of case managers who attended the training

Corrected with a Revision

- Indicates deficiency corrected with SP revision during the Certification span

- Requires screen shot of revision with:
  - Medicaid ID
  - Participant name
  - Revision event number

- **In the NOTES column, indicate name of file that contains the documentation**

Corrected with Unscheduled Review

- Indicates deficiency corrected with Unscheduled Review during Certification span

- Requires screen shot of Unscheduled Review with:
  - Medicaid ID
  - Participant name
  - Event number

- **In NOTES column, indicate name of file that contains the documentation**

No Deficiency – Data Error

- Indicates no deficiency
- Data error on the Program Review Tool
- **In NOTES column, provide explanation of data error**

No Deficiency – Reviewer Error

- Indicates incorrectly identified as deficiency
- Reviewer marked deficiency but no deficiency
- **In NOTES column, provide an explanation of reasoning**

No Longer on Waiver

- Indicates individual's participation on the waiver ended
- Must verify that record has been closed on the BUS
- **In NOTES column, provide date participant left waiver and verification that record is "Closed" on the BUS**

QIS Results Report

- Provided to aid in streamlining processes across waivers
- Includes state and individual CMA results
- Includes previous and current year's results
- Allows for comparison
- Both QIS Results Report and Remediation Workbooks on CMA SharePoint sites

Timelines

- Remediation to be completed as instructed or will be returned to be completed correctly
- Deadline to return completed Remediation and required documentation is 30 calendar days from notification
- Refer to Department email for exact deadlines

Requesting An Extension

- Must be submitted by email within three business days of notification of the remediation process

- Must include rationale for request

- The Department may grant an extension, by email, of the new deadline for the CMA's compliance

- Elaine Osbment: HCBS-BI, HCBS-CLLI, HCBS-CMHS, HCBS-EBD, HCBS-SCI, and CHCBS

- Emily Kelley: HCBS-DD, HCBS-SLS, and HCBS-CES

Summary

- Remediation completed at time of notification
- Updated Remediation process
- Remediation Workbooks and QIS Results Reports on SharePoint
- CMAs receive one workbook per waiver
- Six Remediation Status Codes for all remediation

Summary (cont'd)

- Deadline 30 calendar days from Department notification
- Department email contains deadline
- Incorrect remediation will be returned to CMA

Contact Information

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QUESTIONS?

Thank You!