

Hello – this is Teri Morgan with the Department of Medical Assistance Services. Thank you for joining today's call.

We have a lot to cover.

- I'm going to provide an overview of the review process
- Discuss the review results
- Discuss next steps and what you should expect
- And then have time for Q-n-A

I'm going to start with an overview of the review process

The deadline for completion of Part 1.2 of the provider self-assessment was February 12th. DBHDS and DMAS had a review team of 13 people. The review team was trained on organizational compliance standards, required evidence that must be present to meet organizational compliance and additional indicators of compliance and non-compliance. By late March a first level review of Part 1.2 was complete. During the review process, providers that did not complete Part 1.2, as required, were identified and contacted about their lack of submission. They were given a deadline to complete Part 1.2 or risk suspension of Medicaid reimbursement. The majority of those providers did follow through. A few providers were identified as no longer providing services and/or surrendering their license.

It was determined that a second level review of Part 1.2 submissions was needed in order to validate results and ensure consistent interpretations across reviewers. A small team of reviewers conducted this second level review. All Part 1.2 submissions did not go through the second level review but rather a large sample across reviewers. Compliance status and results of Part 1.2 reviews are recorded in Part 5 of the Provider self-assessment.

For the Provider Self Assessment of group home, sponsored residential, supported living and group day services:

Approximately 74 providers met organizational compliance standards.

Approximately 243 providers demonstrated partial compliance.

And, approximately 149 providers were non-compliant in all areas.

For Group Supported Employment Services

Approximately 7 providers met organizational compliance standards.

Approximately 11 providers demonstrated partial compliance.

And, approximately 6 providers were non-compliant in all areas.

I'm going to talk a little more about the findings. In particular around partial compliance and non-compliance. Partial compliance findings include the following:

- For a number of providers the only evidence missing is the attestation that all staff have been trained and all individuals notified of their HCBS rights. Assurance that this has been completed is needed in order to demonstrate organizational compliance and for the state to move forward with validating compliance with each setting.
- In some instances, the HCBS rights policy did not include all HCBS rights. In some cases the additional rights of individuals in residential settings were not included in a provider of residential services HCBS rights policy. Some HCBS rights policies did not include the person centered planning requirements and/or the requirements for a modification of rights.
- Some HCBS rights policies were too intertwined with Human Rights policies and HCBS specific rights were not specifically identified as HCBS rights. The policies could not effectively be teased apart.
- A few providers submitted a rights disclosure document as their HCBS rights policy. A disclosure document does not meet the policy requirement.
- Some policy submissions did not clearly indicate that it was a policy and some policies were not agency specific but rather a generic template. A providers HCBS rights policy must clearly be identified as a policy of the organization and be specific to the organization.
- Some self-assessments include little to no narrative response explaining how access to the greater community is assured and evidence submitted was not sufficient. A number of providers were encouraged to develop a community participation policy that details how individuals are engaged in determining preferences and the provider's expectations of staff for ensuring access to the greater community.
- For some submissions, the individual disclosure document was directly from the Toolkit with the Toolkit logo and was not specific to the provider's organization. Toolkit samples are intended to be templates that providers can use to develop their documents.
- For some submissions, the requirement for annual disclosure of rights and/or staff training could not be located in evidence submitted.
- There were some providers that submitted massive amounts of information that could not be reviewed due to the volume. Providers were asked not to submit large manuals. It is possible that some HCBS requirements were incorporated into these documents but again, the volume was too much to be able to provide a thorough review without an

indication of where to look in the document and what we should be looking for, especially if the evidence was not related to the specific question being asked.

- In some instances, a provider had an HCBS rights policy with all the required elements, however another policy or document submitted had a conflict with HCBS rights, for example, a participant manual indicating visiting hours, or in some instances required meal times that did not appear to allow for individual autonomy and decision making on what time to get up on a weekend and have breakfast. A provider cannot have a policy or practice that is in conflict with HCBS rights.

It was our intention to provide feedback pointing out these findings in Part 5 and providing guidance on what is needed to reach full compliance.

A majority of the providers who were found non-compliant in all areas did not submit an HCBS rights policy. Often, Human Rights policies were submitted, as were Human Rights disclosure documents and staff training requirements. For these providers, the self-assessment content and evidence submitted demonstrated a lack of awareness and understanding of HCBS Rights and organizational compliance standards. These providers need to review the HCBS Toolkit for HCBS requirements and must take the responsibility for becoming educated on the HCBS settings requirements and for implementing needed changes within their organizations and in every setting they operate. In order to continue as a provider of services per Virginia's timeline in the Statewide Transition Plan, full compliance with all HCBS rules must be achieved.

We congratulate the providers who demonstrated full organizational compliance. Your efforts are noteworthy.

For providers not meeting full organizational compliance, we will have another round of self-assessment submissions in REDCap in, creatively enough, Part 1.3. Part 1.3 will be available in REDCap by the end of this week. If the only evidence missing is the attestation for disclosure of rights and/or staff training, this is all that needs to be submitted. Refer to the findings to determine what is needed. Part 1.3 will be reviewed in concert with Part 1.2 submission and Part 5 findings. We will have a smaller review team conducting these reviews on a rolling basis. We will begin reviews of Part 1.3 in the second week of July. Please remember to click the complete button at the end of the submission so that we can track providers that completed Part 1.3 and begin reviews. We anticipate a number of providers with only minimal re-submission requirements will move through this process relatively quickly.

If you have questions about your findings please email hcbcomments@dmas.virginia.gov. Please be patient with receiving a reply.

Next Steps

6/25/19 DD Provider Call

Script

As you know, the Centers for Medicare and Medicaid services is requiring the state to assess every setting impacted by the HCBS settings regulations. This is not optional. The next step is to validate implementation of HCBS policies and practices in all settings starting with providers demonstrating organizational compliance.

This process will include onsite reviews. Onsite reviews will consist of interviews with organizational leadership, direct support professionals, and individuals receiving services in addition to a review of disclosure documents and staff training documentation, a physical review of settings, review of documentation demonstrating access to the greater community and observations of individuals and staff.

Site specific validation will also include a desk review component of REDCap submissions of settings information. We will pilot our approach for settings validation with a small number of providers and settings to refine our process, tools and training of site review validation team members. Additional information will be provided as we move forward. We intend to pull together a small group of provider agency representatives in an advisory role as we finalize our process and approach.

We are also beginning to review settings identified as presumed institutional and requiring heightened scrutiny. We plan to work closely with those providers and settings to determine what actions are needed to overcome that presumption. Again, additional information on this process will be forthcoming.

I will now open the call up for Q-n-A.