

Personal Assistance Oversight Agenda
Wednesday, March 18, 2020 1:00 – 3:00 (MDT) 12:00 -2:00 (PDT)
Conference Call Information - 1-877-820-7831 Participant Code - 169996

AGENDA ITEMS	LEAD	DECISION / ACTION ITEMS
Welcome and Roll Call	Alexandra Fernández Bureau Chief	<u>Notes:</u> •
OLD BUSINESS		
Read, Review and Approve DRAFT Minutes from December 18, 2019 (Attachment)	Alexandra Fernández Bureau Chief	<u>Notes:</u> •
PLANNING		
PAO Committee Composition	Alexandra Fernández Bureau Chief	<u>Notes:</u> <ul style="list-style-type: none"> • <u>As of March 1, 2020 PAO has the following vacancies:</u> • <u>1 Participant Statewide (Any hub)</u> • <u>2 Participants from the Northern hub</u> • <u>2 Participants from the Eastern hub</u> • <u>1 Participant from the Central hub</u> • <u>1 Provider from the Northern hub</u> • <u>1 Provider from the Eastern hub</u> • <u>1 Personal Assistant Statewide (Any hub)</u>
MONITORING		
BLTC Quality Assurance Update (Attachment)	Chris Barrott QA Manager	<u>Notes:</u> •
Idaho Home Choice Update (Attachment)	Tammy Ray IHC Project Manager	<u>Notes:</u> •
Duals Program Update	Chris Barrott Contract Manager	<u>Notes:</u> •

<i>Electronic Visit Verification (EVV) Project Update</i>	<i>Alexandra Fernández Bureau Chief</i>	<u>Notes:</u> •
<i>Medicaid Expansion Update</i>	<i>Alexandra Fernández Bureau Chief</i>	<u>Notes:</u> •
<i>Legislative Update</i>	<i>Alexandra Fernández Bureau Chief</i>	<u>Notes:</u> •
RECOMMENDATIONS & OTHER UPDATES		
<i>Assignment Update and Wrap Up</i>	<i>Alexandra Fernández Bureau Chief</i>	<u>Notes:</u> •
ADJOURN		
		• <i>Next Meeting will be on Wednesday, June 17, 2020</i>

2020 Meeting Dates: March 18, 2020, June 17, 2020, September 16, 2020, December 16, 2020

All meetings will be held on Wednesday from 1-3 PM (MT) and 12-2PM (PT)

Personal Assistance Oversight Committee

DRAFT Minutes

Wednesday, December 18, 2019 1:00 – 3:00 (MDT) 12:00 -2:00 (PDT)

<i>AGENDA ITEMS</i>	<i>LEAD</i>	<i>DECISION / ACTION ITEMS</i>
<i>Welcome and Roll Call</i>	<i>Alexandra Fernández Bureau Chief</i>	Notes: <ul style="list-style-type: none">• <u>Members participating by phone</u>: Kevin Thorson, Dana Gover, Jan Carpenter, Tracy Martin, Linda Weisse, Shelly Brubaker, Amber Davis, Mickey Palmer, Marcy Hayman, Pam Ziegenfuss• <u>Members participating in person</u>: Sharon Anitok• <u>Medicaid staff participating in person</u>: Alexandra Fernández, Marcie Young, Alex Childers-Scott, Tammy Ray, Katie Davis• <u>Medicaid staff participating by phone</u>: Chris Barrott
OLD BUSINESS		
<i>Read, Review and Approve DRAFT Minutes from September 25, 2019 (Attachment)</i>	<i>Alexandra Fernández Bureau Chief</i>	Notes: <ul style="list-style-type: none">• Correction to Shelly Brubaker’s name• Sharon motioned that the September 25, 2019 minutes be approved• Pam seconded the motion
PLANNING		
<i>PAO Committee Composition</i>	<i>Alexandra Fernández Bureau Chief</i>	Notes: <ul style="list-style-type: none">• We have received a nomination form from Tracy Martin to serve another term - Participant (Eastern HUB) Pam motioned to accept Tracy’s nomination and Sharon and Amber both seconded• Members Jacob Massey and Linda Weisse are resigning their positions – Thank you to Jacob and Linda for your service on the PAO!• As of December 18, 2019, with the appointment of Tracy Martin to another term, the resignations of Jacob Massey and Linda Weisse, we have the following vacancies:<ul style="list-style-type: none">• 1 Participant Statewide (Any HUB)• 2 Participants from the Northern HUB• 2 Participants from the Eastern HUB• 1 Participant from the Central HUB• 1 Provider from the Eastern HUB• 1 Provider from the Northern HUB• 1 Personal Assistant Statewide (Any HUB)• If you know of a person that would be interested in serving in any of these positions – Please talk to them and use the “Join Here” button on the DHW website at

<http://healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/PersonalAssistanceOversightCommittee/tabid/1354/Default.aspx>

MONITORING

BLTC Quality Assurance Update (Attachment)
Program Integrity Totals (Attachment)

Chris Barrott
QA Manager

- Notes:
- Chris reviewed the Bureau of Long Term Care Quality Improvement Strategy Q1-Q3 2019 highlights
 - With the new complaint reporting tool and provider training we have seen improvement in many of the reportable areas
 - Since 8/20/19 the new Complaint Database has captured 215 total complaints and 129 of those were related to Dual members. This system allows BLTC to closely evaluate how we handle incoming complaints and issues.
 - Days between complaint submission and intake .6
 - Days between Investigation start and completion 3
 - Chris provided an overview of data from the last year:
 - Medicaid Program Integrity Unit (MPIU) recoupments improved in 2019 due to better reporting from the BLTC
 - Overview of Regional Nurse Reviewer Caseloads and Participant Living Situations
 - New Provider Satisfaction survey was launched to receive feedback on how BLTC can improve its audit processes (30 provider responded)
 - BLTC is enhancing its onboarding process for new providers by incorporating a 2-month desk audit. This will help ensure that new providers have more support early on from BLTC in identifying any issues early. This will be followed by a 6-month, and 12-month audit before moving to the routine biennial (24-month) audit cycle.

Idaho Home Choice Update (Attachment)

Tammy Ray
IHC Project Manager

- Notes:
- IHC has reached 634 successful grant transitions
 - Demographics through 12/3/2019 remain consistent, including:
 - 450 participants on A&D waiver, 118 on DD waiver, 60 Enhanced Plan
 - 490 transitions from Skilled Nursing Facilities, 102 from ICF/ID, 42 from IMD
 - 186 transitions from Region 3, 204 from Region 4
 - Average number of institutionalized days is 1021 (just under 3 years)
 - Average days to discharge for Idaho is 82, national average is 118
 - Re-institutionalized rate for Idaho is 6.1%, vs national average of 11%
 - Idaho's 2020 Money Follows the Person Supplemental Budget has been submitted
 - Idaho is requesting \$2,095,975 Federal funds and \$242,430 State funds for a total of \$2, 338, 405 for the 2020 Calendar Year
 - Pending approval Projects:
 - 1) The family Caregiver Navigator Pilot Project
 - 2) The complaint Database Outreach and Marketing Campaign
 - 3) The ACT Enhancement Project

		<ul style="list-style-type: none"> For Additional information regarding the Idaho Home Choice Program https://healthandwelfare.idaho.gov/Medical/Medicaid/IdahoHomeChoice/tabid/1621/Default.aspx
Duals Program Update <i>(Attachment)</i>	Chris Barrott <i>Contract Manager</i>	<p>Notes:</p> <ul style="list-style-type: none"> Enrollment in the MMCP is at 8,097 members; enrollment in IMPlus is at 10,762 members The Medicare Medicaid Coordinated Plan (MMCP) and Idaho Medicaid Plus (IMPlus) are expanding to additional counties in 2020! Members in affected mandatory participation counties will receive letters on or around January 1 notifying them of their program options. They will have 90 days, until April 1, 2020, to actively select a program and participating Health Plan. Additional information about the duals' programs can be found at: http://mmcp.dhw.idaho.gov
Electronic Visit Verification (EVV) Project Update	Alexandra Fernández <i>Bureau Chief</i>	<p>Notes:</p> <ul style="list-style-type: none"> The Division of Medicaid has included in its State Fiscal Year (SFY) 2021 request two budget items associated with EVV. Committee members may be aware that Governor Little directed state agencies to reduce spending in the current fiscal year; this will not affect the Division's request for funding for EVV. The Division is evaluating other areas and opportunities to reduce spending. <ul style="list-style-type: none"> An increase for Personal Assistance Agency (PAA) reimbursement rates is being requested to help offset the costs that providers will incur in adopting their individual EVV systems. Approval to purchase and implement a state aggregator system, that will absorb provider EVV data into the state's Medicaid Management Information System (MMIS). The EVV project team has started sub-workgroups comprised of providers and participants to make recommendations and create deliverables (such as FAQ documents, best practice guidelines, etc.). Any deliverable or recommendation from a sub-workgroup will be made available for input by the larger stakeholder group before being finalized. All recommendations/deliverables must be reviewed and approved by Medicaid Administration before implementation. Visit http://EVV.dhw.idaho.gov for more information or email the project team at EVV@dhw.idaho.gov
Medicaid Expansion Update	Alexandra Fernández <i>Bureau Chief</i>	<p>Notes:</p> <ul style="list-style-type: none"> Medicaid expansion will go live on January 1, 2020! People in the Medicaid Expansion group can and have been applying for coverage in advance of the go-live date, in order to have their coverage begin January 1. The Department has identified that only a small proportion of people in the expansion-eligible population have applied in advance, but the Division of Self Reliance is receiving many calls to apply. The policy products for the basic Medicaid expansion have been approved by our federal partner, the Centers for Medicare and Medicaid Services (CMS). At this time, the policy products associated with the "side boards" have not yet been approved by CMS. If any or all of these are approved, they will be implemented at a later date. These will not affect Medicaid Expansion going live on January 1, 2020.

Legislative Update	Alexandra Fernández Bureau Chief	Notes: <ul style="list-style-type: none"> Medicaid will have fewer routine dockets this upcoming session than in recent years. These dockets include: <ul style="list-style-type: none"> <u>16-0318-1901</u>: Updates to Medicaid cost-sharing chapters to specify groups that are exempt from Share of Cost for waiver services (tribal members and participants on the Medicaid for Workers with Disabilities program) and to streamline the Personal Needs Allowance. <u>16-0310-1806 and 16-0309-1803</u>: Rule changes associated with the Children’s Developmental Disabilities Enhancement project; moving certain services from the waiver into the state plan. Because the legislature did not extend the authorization for IDAPA rules at the end of the 2019 session, every chapter of IDAPA must be re-authorized during this session. These are being presented as omnibus dockets. This was a great opportunity for state agencies to eliminate obsolete or redundant language in their respective rule chapters as part of the governor’s Red Tape Reduction Act.
RECOMMENDATIONS & OTHER UPDATES		
Assignment Update and Wrap Up	Alexandra Fernández Bureau Chief	Notes: <ul style="list-style-type: none"> Marcie Young is retiring after 25 years of state service. Thank you, Marcie, for your dedication to Idahoans and for your support of PAO for the last eleven years. We wish Marcie the best in retirement! Please direct any communications regarding PAO to Ali Fernández at Alexandra.Fernandez@dhw.idaho.gov.
ADJOURN		
		<ul style="list-style-type: none"> Next Meeting will be on Wednesday, March 18, 2020

2019 Meeting Dates: March 20, 2019 (Video), June 19, 2019 (Conference Call), September 25, 2019 (Conference Call), December 18, 2019 (Conference Call)

2020 Meeting Dates: March 18, 2020, June 17, 2020, September 16, 2020, December 16, 2020

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Bureau of Long Term Care Quality Improvement Strategy 2019

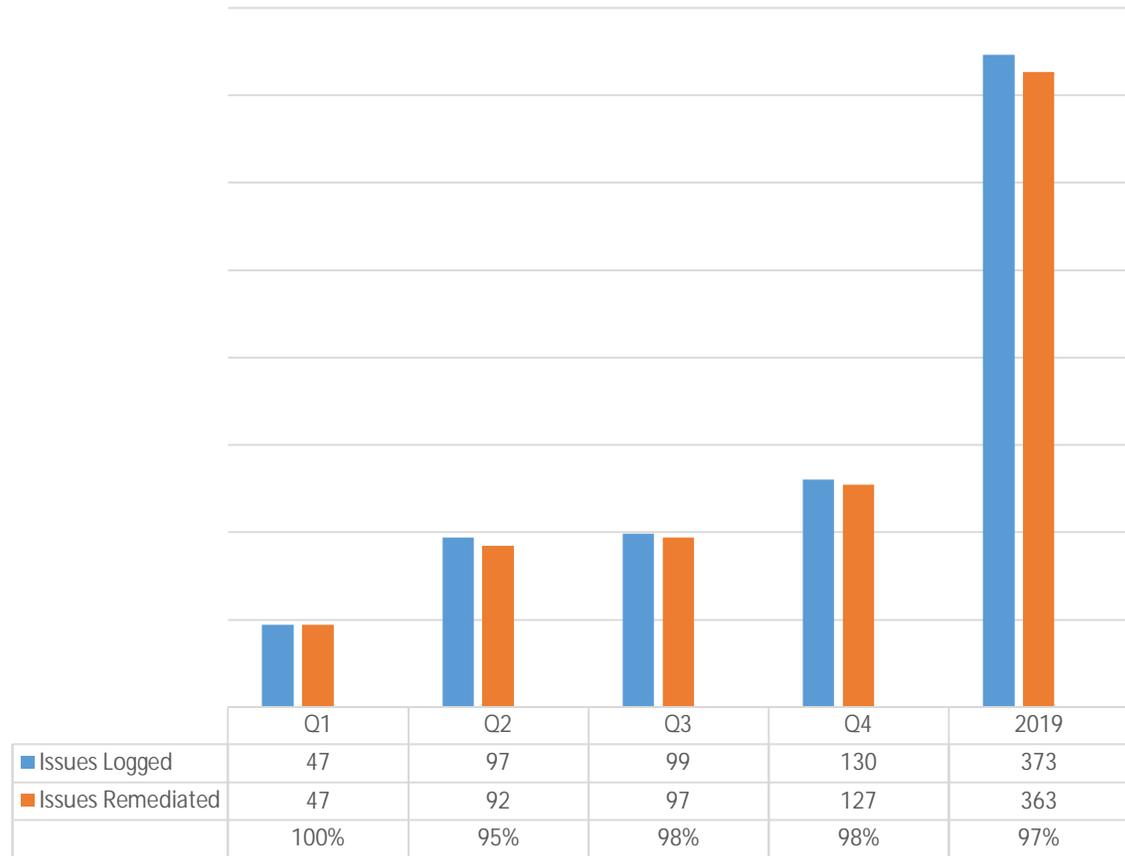
ADMINISTRATIVE AUTHORITY

Assurance: The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contract entities.

DUAL ELIGIBLE CONTRACT MONITORING

Summary: Complaints related to MCO vendors and contracted providers are identified within the Dual Eligible Beneficiary Issue Log and are investigated within the appointed timeframes.

Managed Care Issues



Overview: BLTC staff oversee managed care organization (MCO) issues to ensure timely response and remediation by the applicable MCO. These issues are logged on a SharePoint that is accessible to both the MCO and the MCO Contract Monitor.

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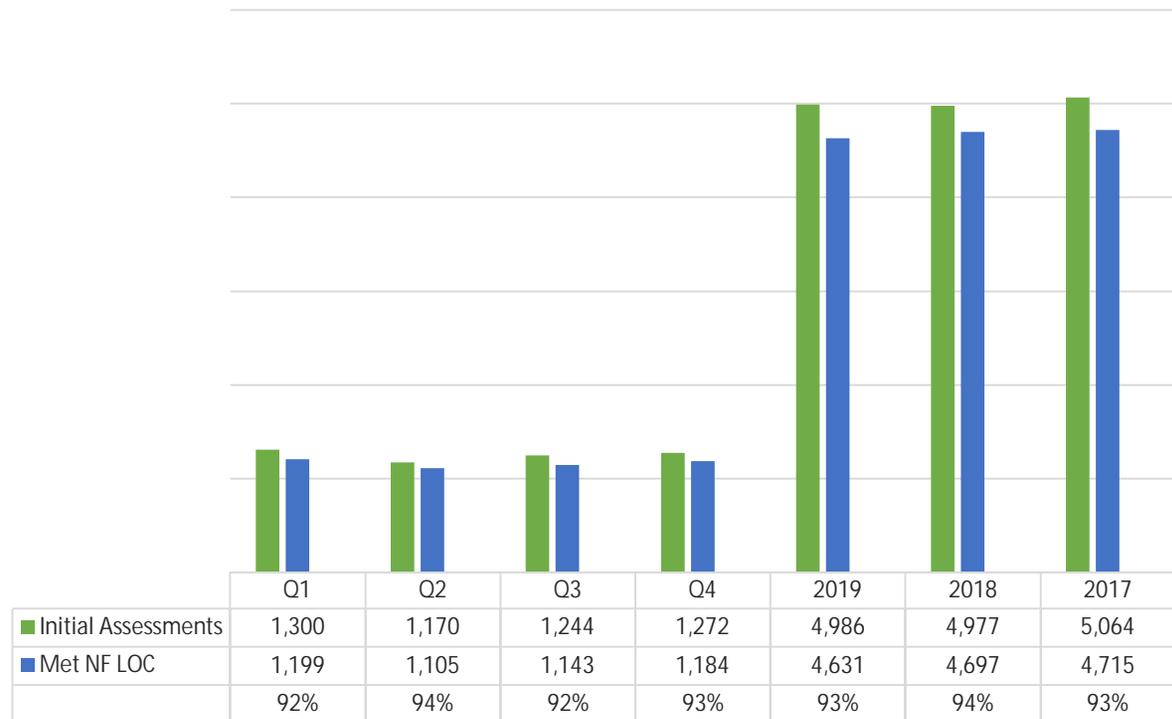
1.0 LEVEL OF CARE (LOC)

Assurance: The State demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver level of care consistent with care provided in a hospital, Nursing Facility or ICF/ID-DD.

Sub-assurance a: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.

Summary: Over 90% of new applicants for Aged & Disabled (A&D) Waiver services met Nursing Facility (NF) LOC during their initial assessment.

Aged & Disabled Waiver Level of Care Assessments



Overview: The Level of Care Assessment is conducted by a Registered Nurse staffed with the Bureau of Long Term Care (BLTC). Assessments are conducted using the Uniform Assessment Instrument (UAI). The UAI is a set of standardized criteria used to assess a participant's functional and cognitive abilities. The UAI provides a comprehensive assessment of a participant's actual functioning level and unmet needs to determine the level of assistance required for the participant, including those elements that are necessary to develop an individualized person-centered service plan.

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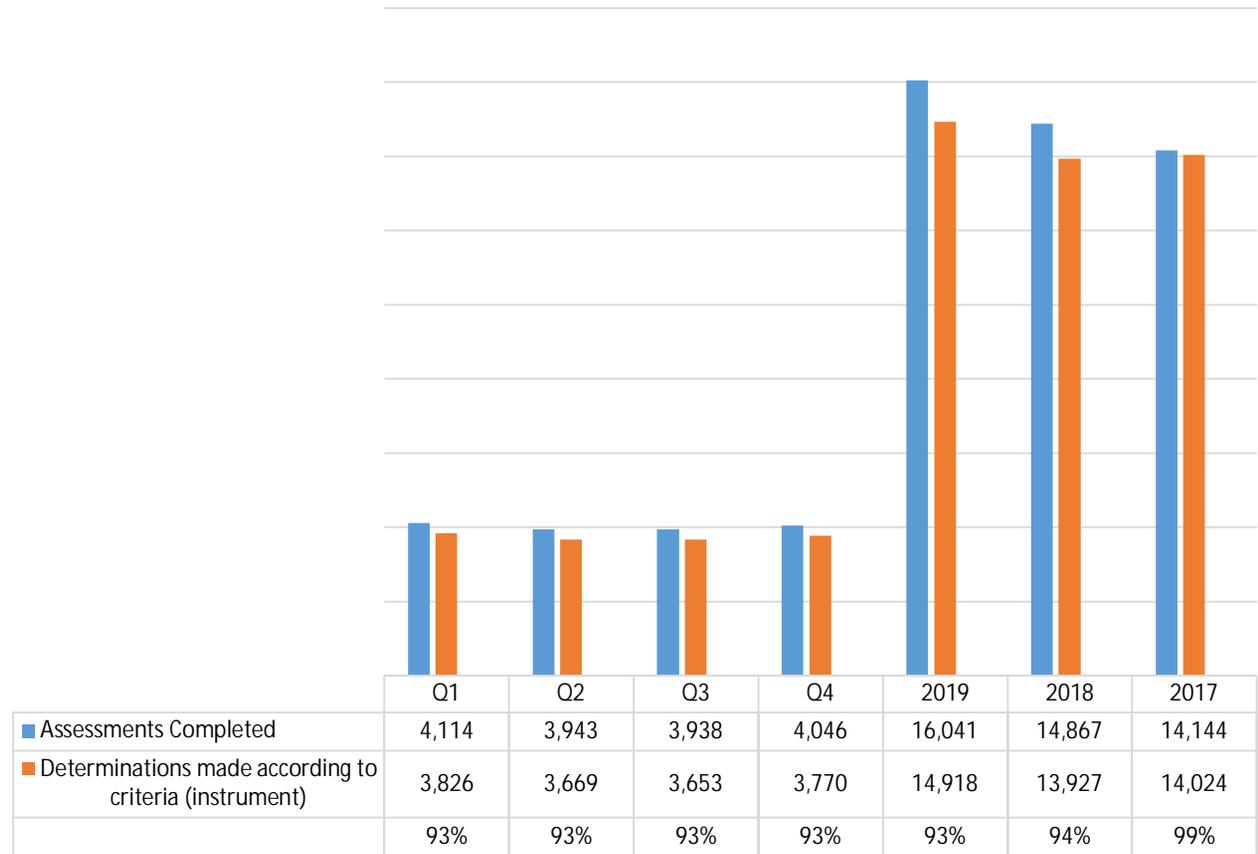
1.1 LEVEL OF CARE ACCURACY

Sub-assurance c: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine initial participant level of care.

Summary: The Assessment Certification Tool (ACT) has improved our ability to accurately capture data related to the LOC Determination Assessment.

BLTC continues to identify gaps to ensure that training is conducted with staff that do not make determinations according to criteria. The Nurse Manager is responsible to train all Nurse Reviewers.

System LOC Determination Accuracy



Overview: Reporting mechanisms pull data from the ACT system to determine the total number of assessments completed and the total number of assessments completed accurately per the Level of Certification (LCERT) Part B. The LCERT Part B determines if the Nurse Reviewer accurately selected the appropriate Program per the Level of Care assessment or selected Level of Care Not Met if applicable. Nurse Managers utilize the new reporting mechanisms to monitor staff on a weekly basis and to identify trends to develop focused training for staff.

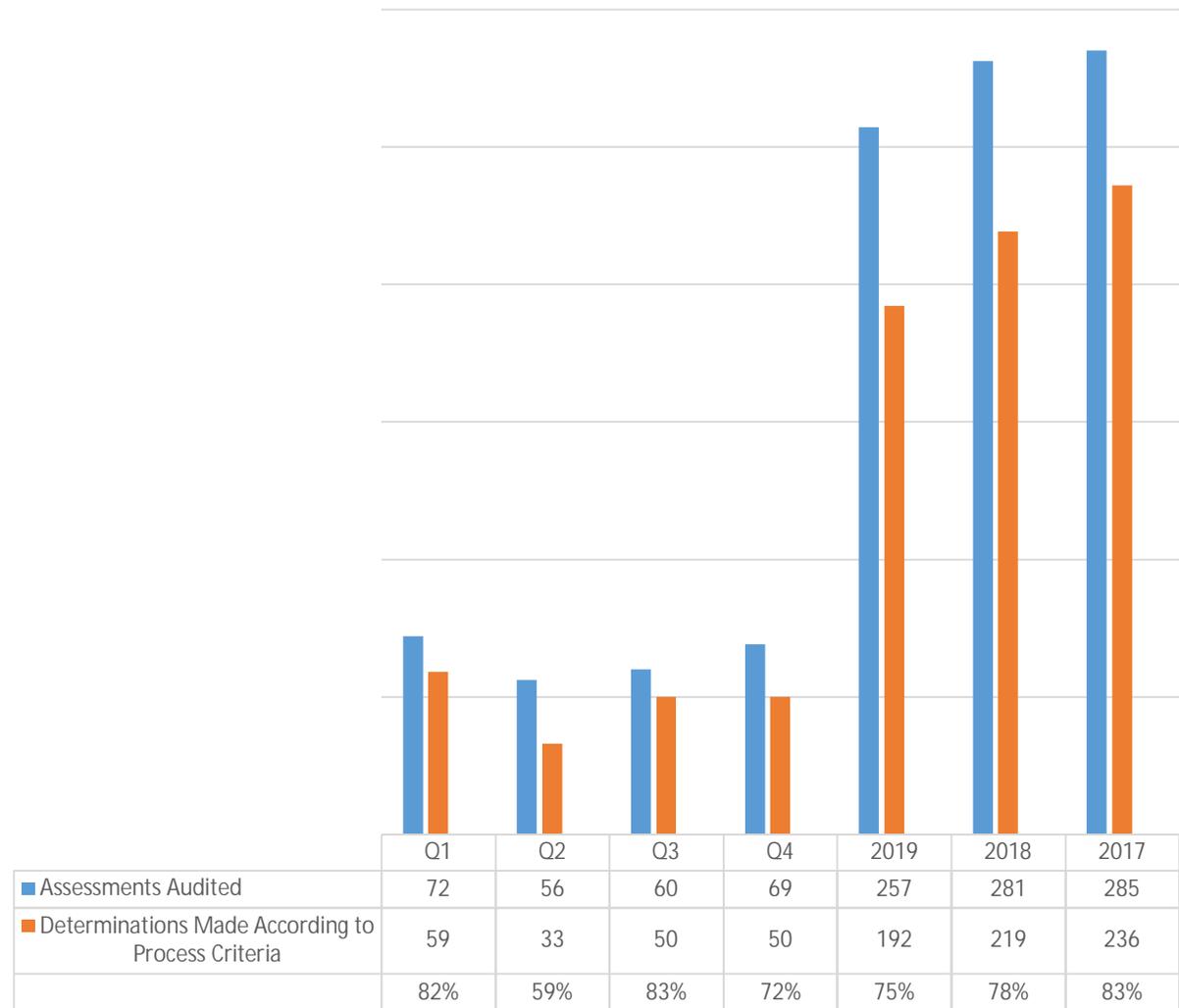
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INTERNAL AUDIT

Summary: The Nurse Managers conduct a required quarterly internal audit utilizing data directly from the Assessment Tool. The audit is designed to review a representative sample of LOC Assessments in depth, reviewing criteria to ensure the Nurse Reviewer conducted an accurate assessment.

Remediation: The decline in Determinations Made According to Process Criteria for Q4, is due to a large number of new Nurse Reviewer staff that were not fully trained. Nurse Managers work closely to monitor new staff to ensure compliance to all rules and regulations.

Internal Audit Clinical Determinations



Overview: The Internal Audit is conducted by the Nurse Managers on a quarterly basis. The Nurse Manager conducts three internal file audits for each Nurse Reviewer with a focus on clinical criteria.

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2.0 QUALIFIED PROVIDERS (LICENSED)

Assurance: The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Sub-assurance a: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.

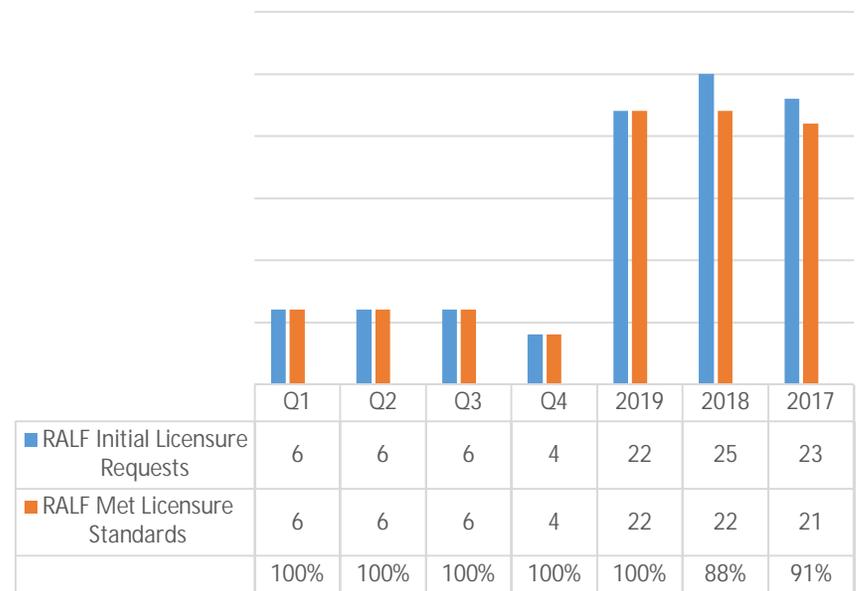
Overview: L&C manages the certification program for Certified Family Homes (CFH) and the licensing program for Residential Assisted Living (RALF) Facilities. L&C is responsible for the certification/licensing, inspection and survey of these provider types.

Summary: Initial applications for Certified Family Home and Residential Assisted Living Facility Certification and RALF Licensure request reviews were conducted by the Division of Licensing and Certification (L&C). Any facility that is not compliant is not certified and a license is not issued.

Initial Certification Request - Certified Family Homes



Initial Certification Request - Residential Assisted Living Facilities



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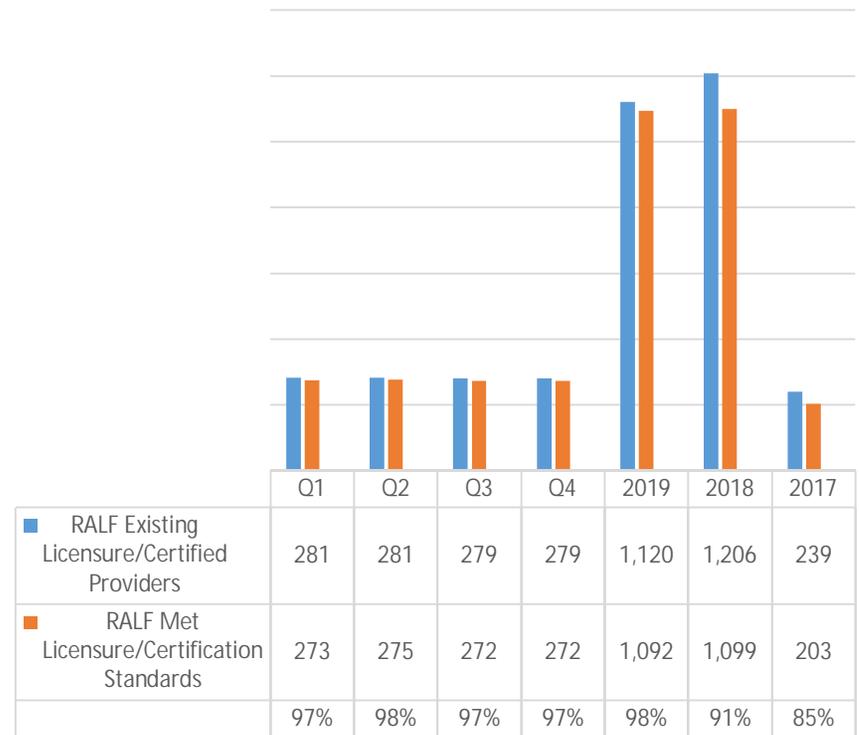
Summary: L&C conducts all recertification assessments to determine if licenses will remain active. If standards are not met L&C manages all deficiencies associated with the licensure and certification standards.

Overview: L&C manage the ongoing certification and licensure requirements for Certified Family Homes (CFH) and Residential Assisted Living (RALF) Facilities.

Existing Facility Reviews - Certified Family Homes



Existing Facility Reviews - Residential Assisted Living Facilities



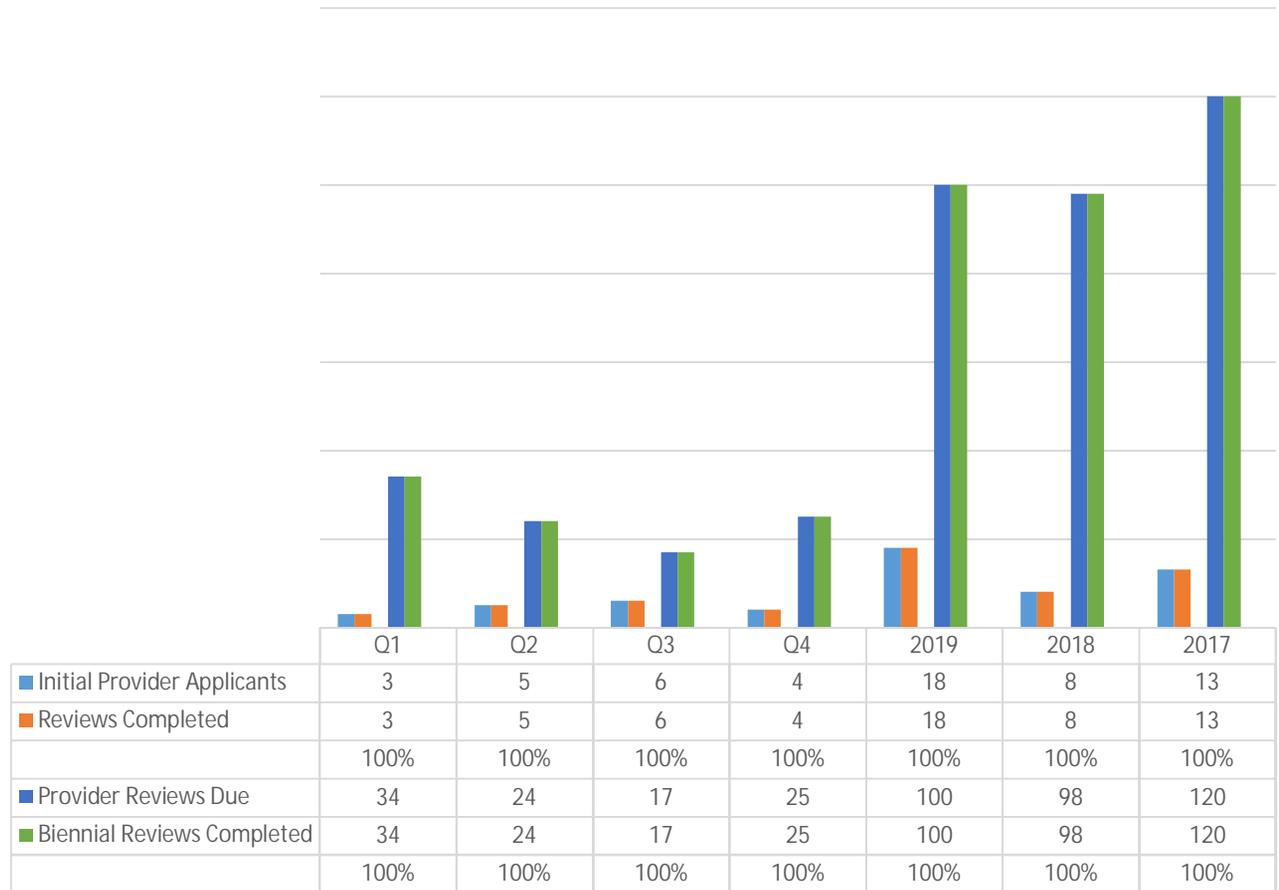
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2.1 QUALIFIED PROVIDERS (NON- LICENSED)

Sub-assurance b: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

Summary: Audits continue to be completed by required timelines. Process improvements have contributed to BLTC improvement in meeting required timelines, and we continue to evaluate our operational processes to further enhance our audit process.

Non-Licensed Providers



Overview: Biennial audits are conducted for all providers that conduct services for participants receiving State Plan Personal Care Services and A&D Waiver services. Additionally, BLTC has oversight to review policies and procedures for new non-licensed providers to ensure compliance to all IDAPA rules and contractual obligations. The provider auditing methodologies include a comprehensive provider self-audit and a BLTC desk audit that is completed prior to the on-site provider audit.

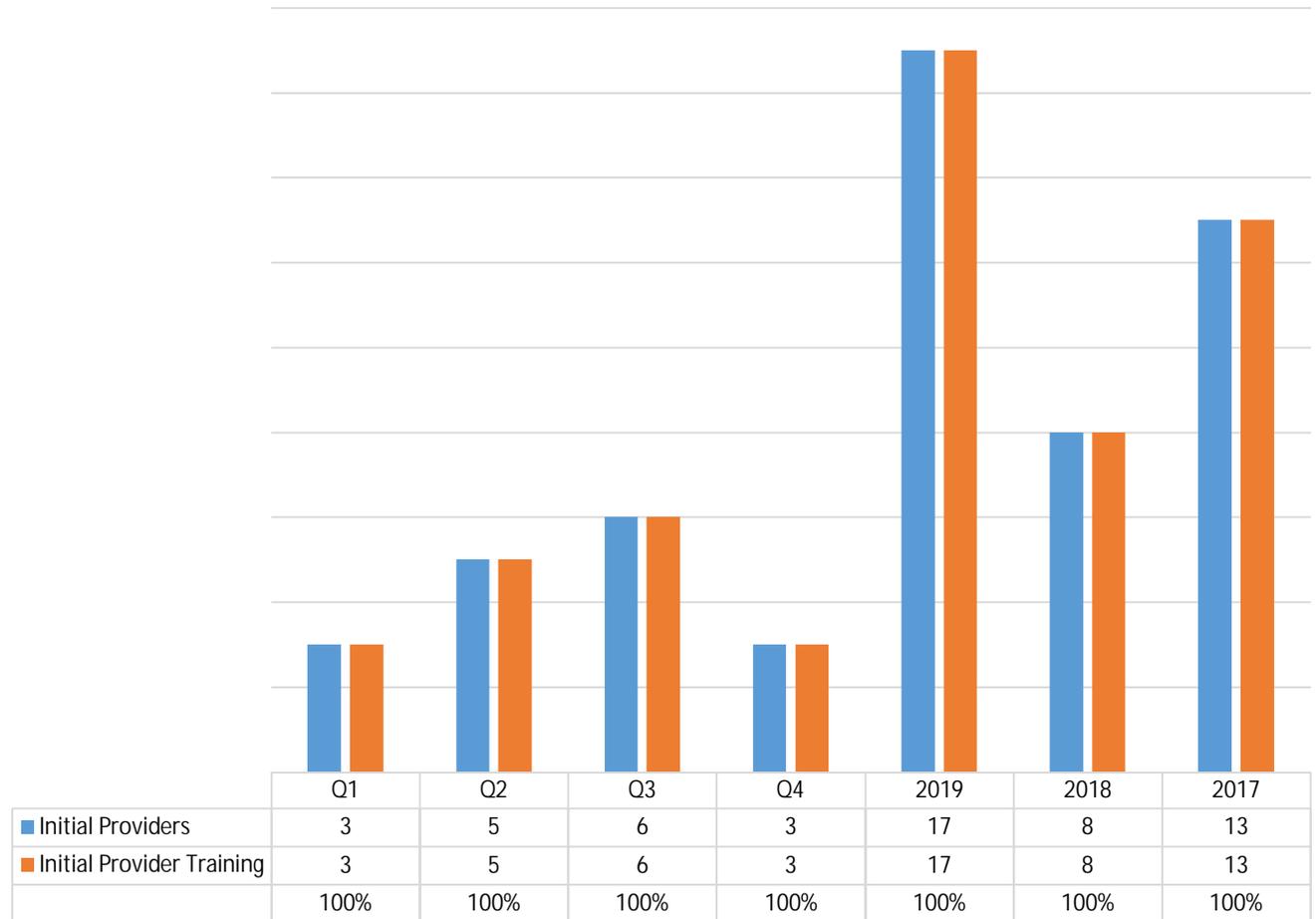
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2.2 QUALIFIED PROVIDERS (NON- LICENSED)

Sub-assurance c: The State implements its policies and procedures for verifying that training is provided in accordance with State requirements and the approved waiver.

Summary: All newly eligible providers approved in quarter 4 of 2019 were provided training.

New Non-Licensed Provider Training



Overview: Upon approval of policies and procedures for initial non-licensed providers, training for the provider agency is required prior to any services being delivered to Idaho Medicaid participants. Training is conducted by Quality Assurance Specialist staff within the BLTC.

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3.0 SERVICE PLANS

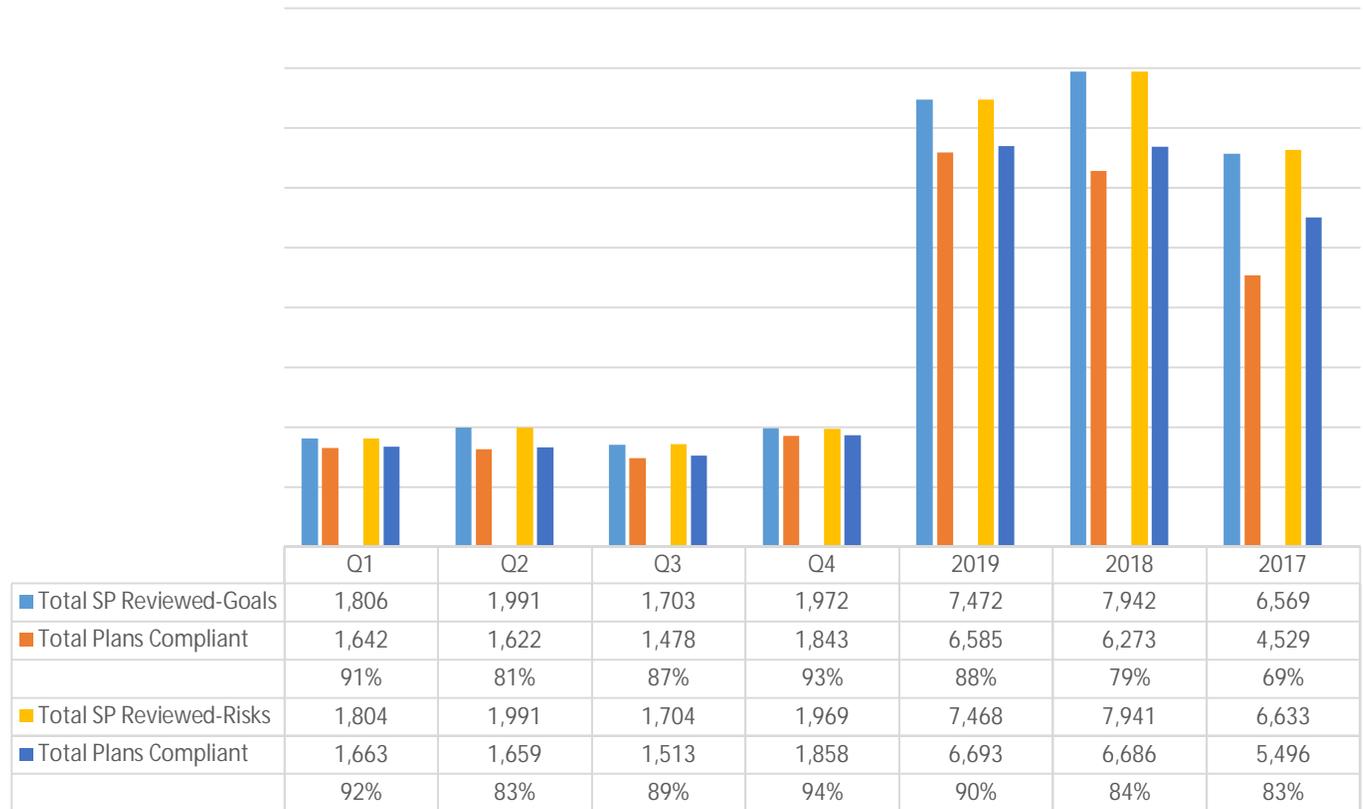
Assurance: The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

Sub-assurance a: Service plans address all members assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Summary: Nurse Reviewers audit and report on 100% of Service Plans at the time of the Annual Assessment. The data is distributed to providers on a quarterly basis. The BLTC QA team monitors the data to provide technical assistance to providers to ensure remediation of deficient Service Plans. We have noticed an improvement in compliance with required Service Plan elements.

Remediation: Quality Survey Reports are sent to providers on a quarterly basis with deficiencies clearly identified. Immediate remediation is expected by all providers. BLTC QA staff have spent time developing training materials specific to Risks and Goals. This training has helped to improve compliance.

Service Plan Elements: Participants Risks and Goals



Overview: Participant Service Plans are developed by the providers based on the findings from the LOC Assessment. Risks and Goals are required elements that are reviewed on an annual basis by the Nurse Reviewer at the time of the Annual Assessment. The Service Plan review sampling method was modified from a representative population sampling through the provider Quality Assurance (QA) process to a whole (100%) audit. This approach is expected to improve Service Plans for participants and better identify quality improvement areas that need to be addressed.

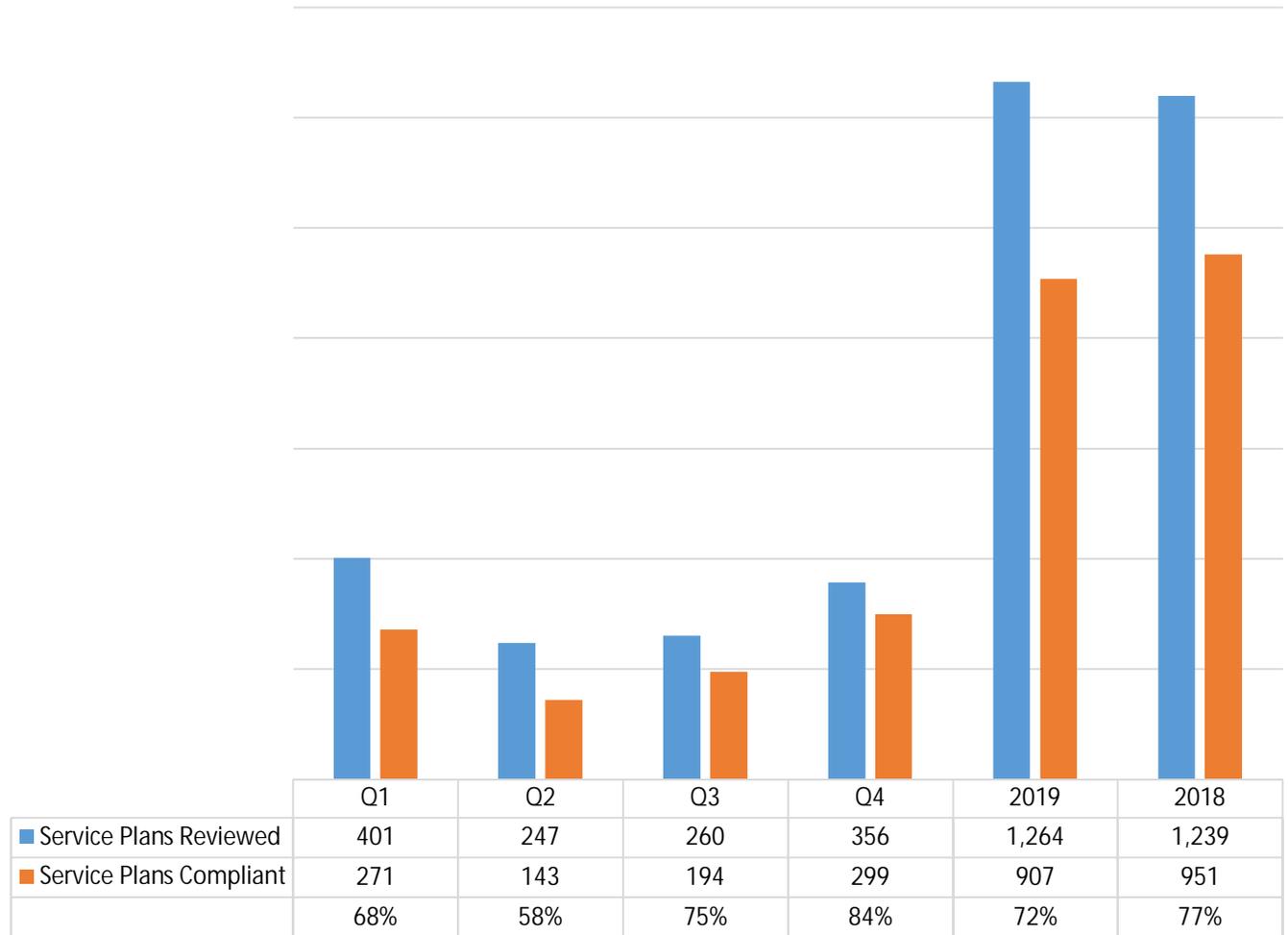
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BACKUP PLAN

Summary: The Backup Plan is a component of the BLTC Service Agreement that is sent to all providers upon the completion of the LOC Assessment. Most providers have adopted the IDHW Service Agreement as their participant Service Plan which helps to ensure that all appropriate Backup Plan elements are present. BLTC identified that Backup Plans were still lacking information to satisfy appropriate requirements with the majority of the deficiencies in the area of narrative. Providers with identified deficiencies are provided technical assistance as necessary to ensure compliance.

Remediation: BLTC QA staff continue to train providers and offer technical assistance throughout the Provider Review process. We have recently implemented a two-month provider review for all new providers to help them remediate deficiencies earlier and ensure they are meeting the expectations, ideally while the participant census is low as this provides the provider an opportunity to improve prior to growing their agency. The result of this new methodology was improved compliance for Q4.

Service Plan: Backup Plans



Overview: Participant Service Plans are developed by the providers based on the findings from the LOC Assessment. Backup Plans are a required element and are reviewed biennially by Quality Assurance Specialists at the time of the provider audit. The current audit sample size is 30% of the entire Medicaid population serviced by the identified provider.

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3.1 SERVICE PLANS

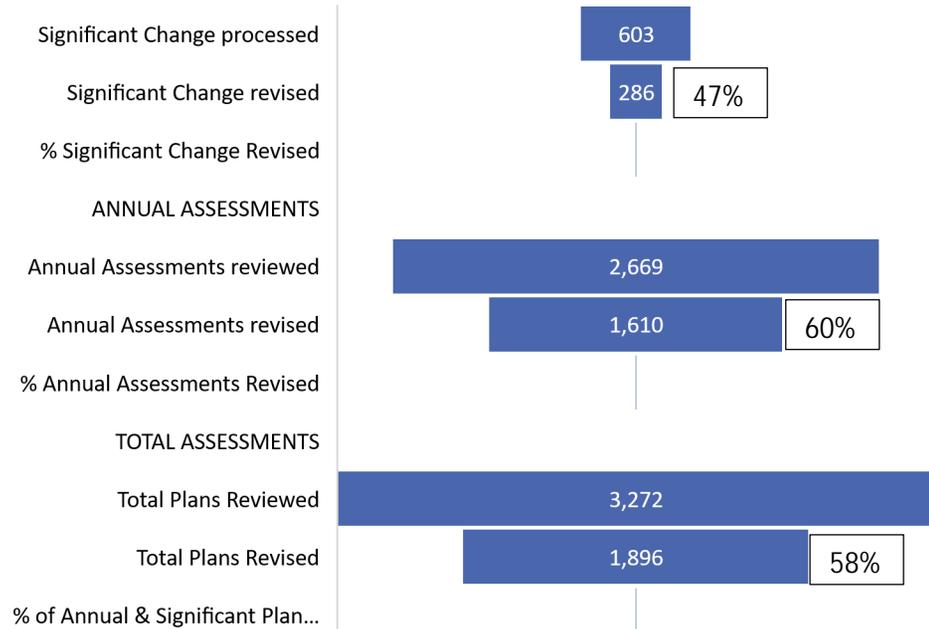
Sub-assurance c: Service plans are updated/revise at least annually or when warranted by changes in the waiver participant's needs.

Overview: Significant Change is identified as any change in services after the Annual or Initial LOC Assessment has been completed. Significant Changes generally result in a change in the LOC score.

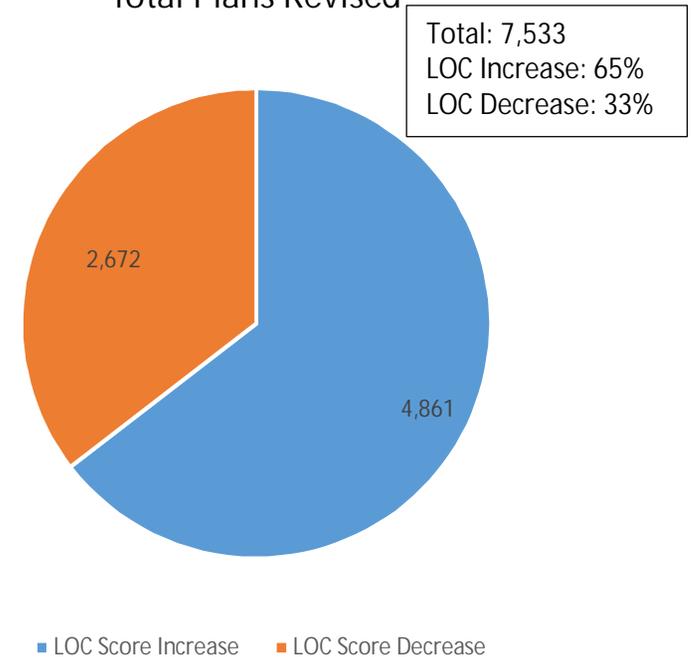
Summary: Reporting has identified that 60% of all Annual Assessments are revised from the previous year's LOC score. Furthermore, 47% of Significant Change Assessments are revised from the existing assessment score. Providers are not reporting Significant Changes as often as Annual Assessments indicate.

Remediation: BLTC continues to offer training to providers in the importance of identifying and reporting Significant Changes to participants LOC needs. A new form was created and implemented in Q3 of 2018 for the sole purpose of providers reporting Non-Use of services by participants.

Assessment Data



Total Plans Revised



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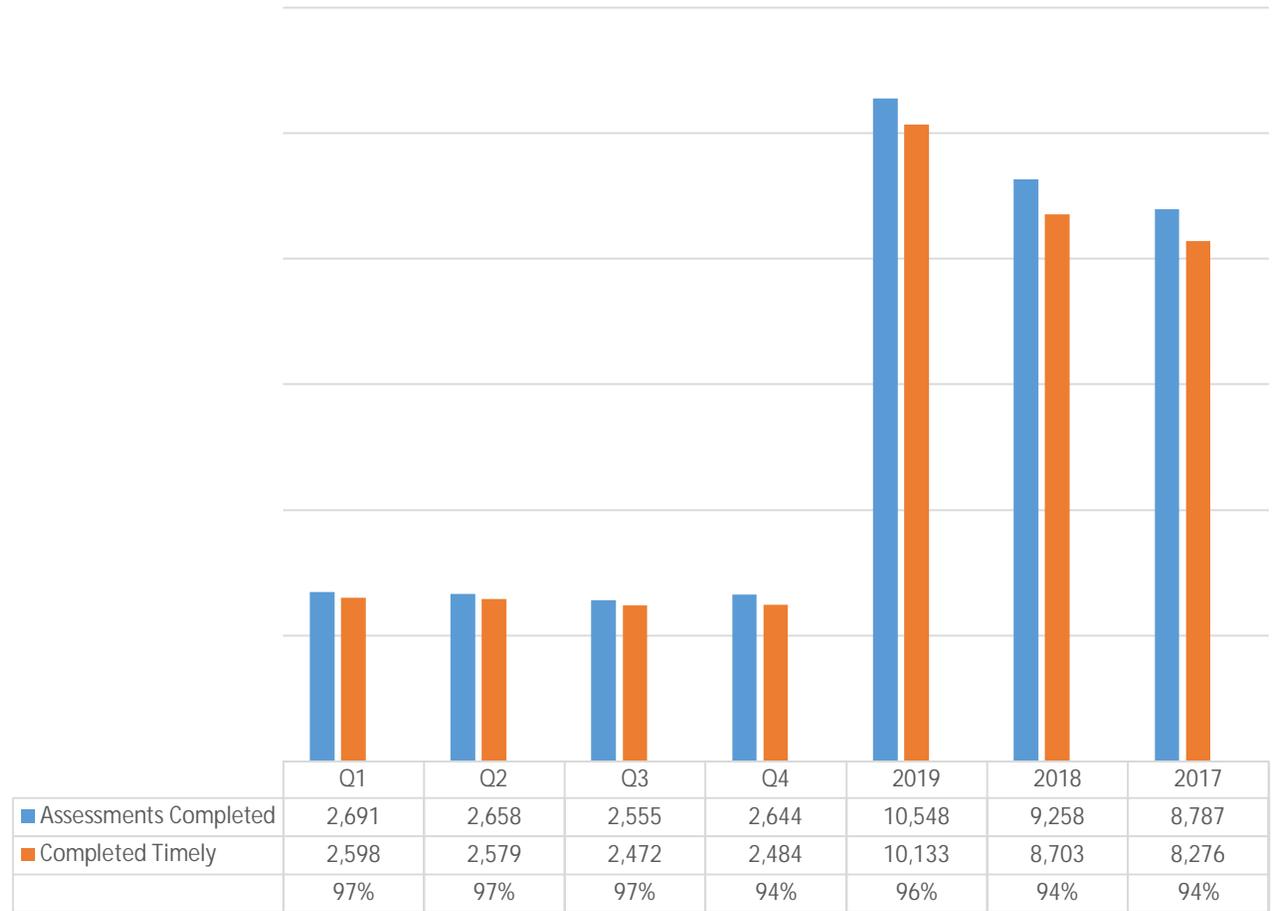
ANNUAL ASSESSMENT TIMELINES

Summary: BLTC reporting systems provide multiple tools to monitor the accuracy of adhering to timelines required to complete an annual assessment (364 days). The tools include:

1. A Worklist to identify upcoming LOC Annual Assessments.
2. A Late Annual Assessment Worklist and report.
3. The Internal Audit Report which tracks the number of days between the Redetermination date and the assessment being completed.

Remediation: Managers monitor staff performance and provide training to ensure compliance. The BLTC has developed a new Processor Model which has increased productivity on the number of assessments staff can complete in a month by more than 50% which also has improved our compliance for meeting our required timelines.

Annual Assessment Timeline



Overview: The ACT system allows for real time reporting on late assessments. This information is available to all BLTC staff to ensure that all redetermination assessments are completed within 364 days from the prior assessment. The BLTC has identified that meeting the required timelines of Annual Assessments is an area identified for improvement and has developed specific tools and reports to help managers identify trends such as caseload distribution, participant geographic areas and staff performance.

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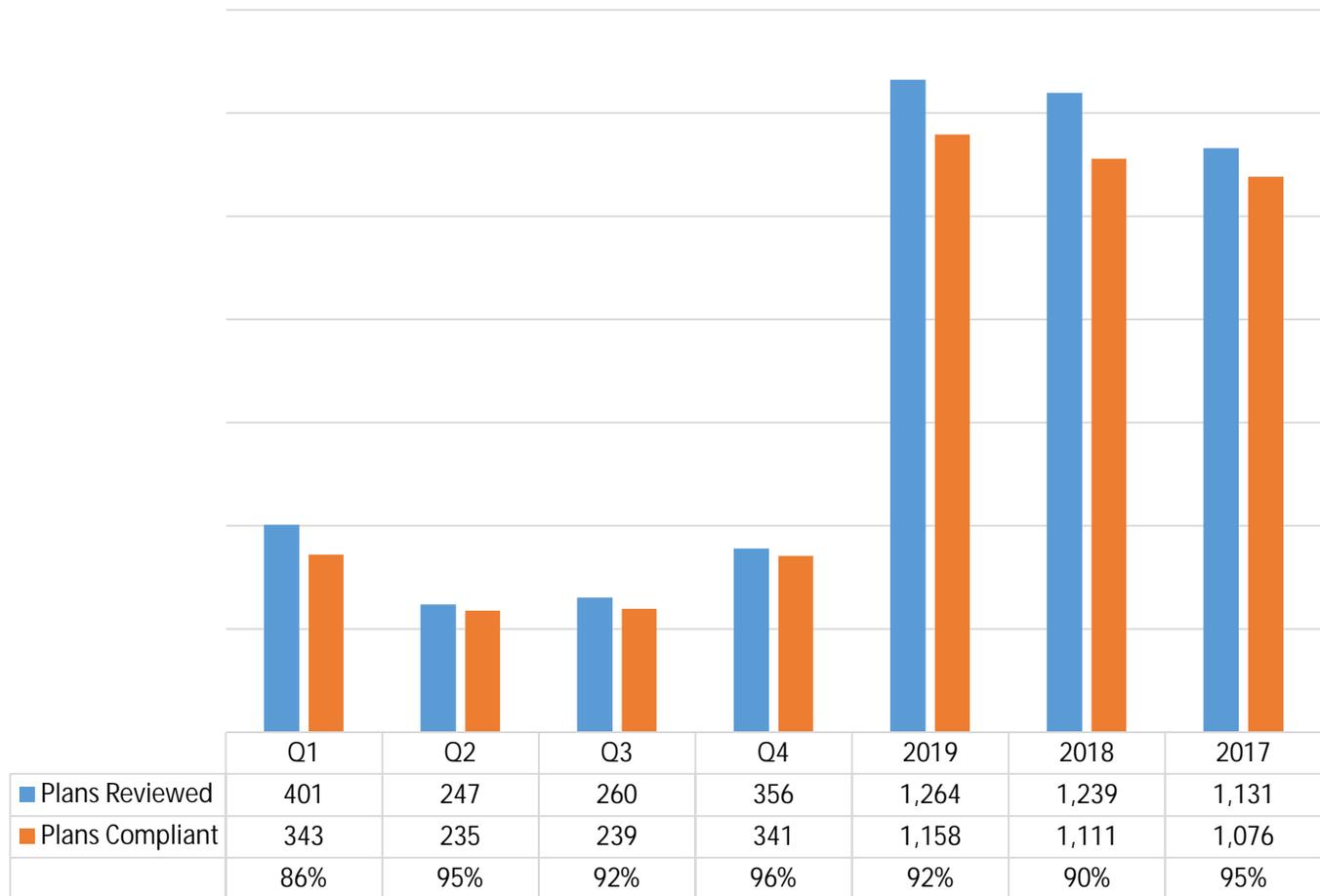
3.2 SERVICE PLANS

Sub-assurance d: Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.

Summary: Providers are required to identify Amount/Type and Frequency on the participant Service Plan. Quality Assurance Specialists review a 30% sample size of all Service Plans at the time of the biennial provider audit.

Remediation: Providers with deficiencies are provided individualized technical assistance at the time of the Provider Audit. Providers with deficiencies are also closely monitored and if necessary, targeted annual reviews may be conducted to ensure compliance to all rules and regulations.

Service Plan: Amount/Type/Frequency



Overview: The Service Plan is required to be completed by all provider types in accordance with IDAPA regulations. The Amount/Type and Frequency requirements are monitored by the Quality Assurance Specialist staff at the time of the provider audit.

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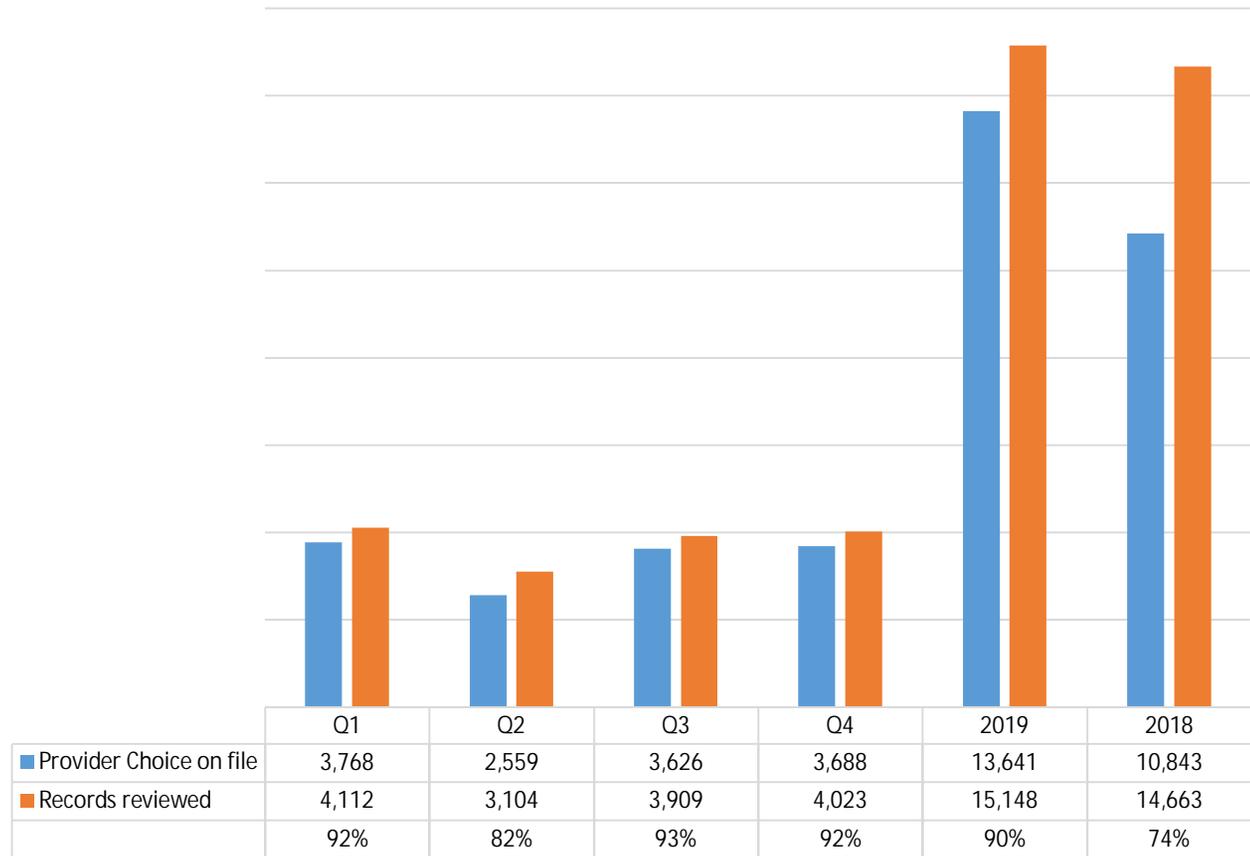
3.3 SERVICE PLANS

Sub-assurance e: Participants are afforded choice between/among waiver services and providers.

Summary: BLTC monitors Provider Choice by reporting mechanisms that identify if the correct forms are on file. BLTC has implemented solutions to improve compliance in this area, including the following:

1. The Managed Care Organizations (MCO) are required to upload Provider Choice documentation to each participant file with the Medicare Medicaid Coordinated Plan (MMCP) on a weekly basis. This was previously done on a quarterly basis.
2. BLTC developed an electronic version of the Provider Choice form.

Service Plan: Participant Acknowledgment for Provider/Service Choice



Overview: All participants for PCS and A&D Waiver services are afforded choice between/among waiver services and providers. Reporting allows for 100% sample size audit to ensure each participant's provider and service choice acknowledgement form is on file, validating this measure.

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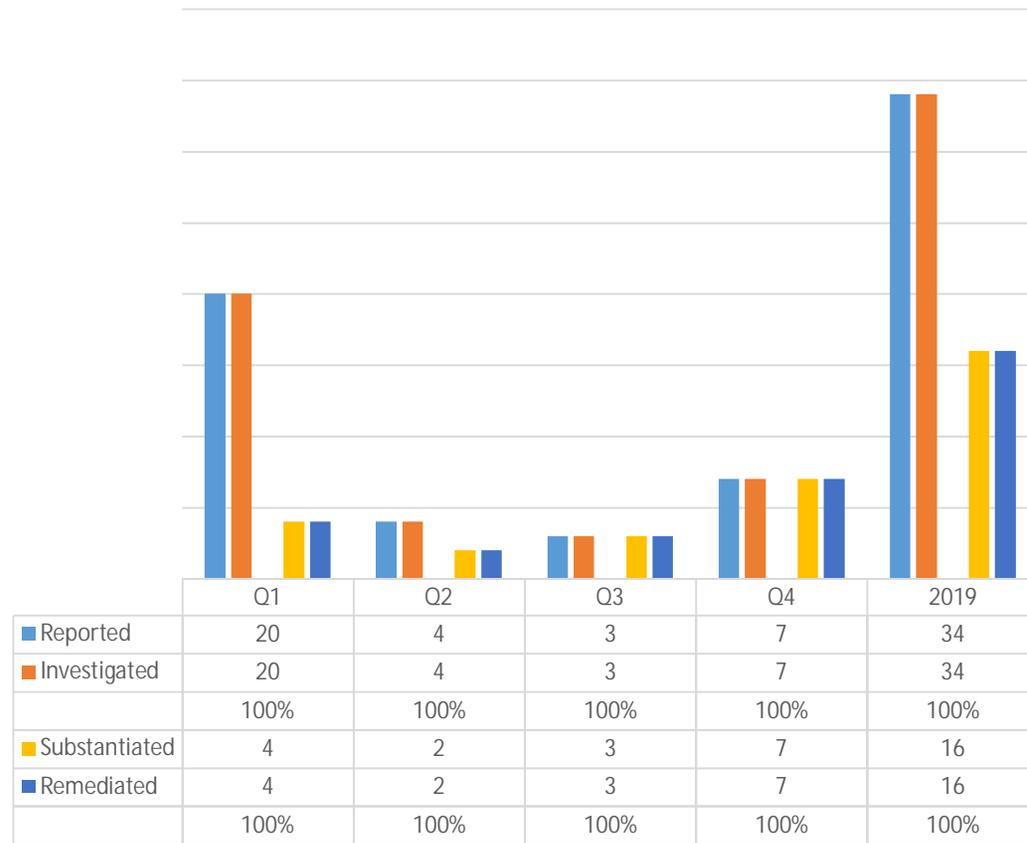
4.0 HEALTH & WELFARE

Assurance: The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

Sub-assurance a: The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.

Summary: Complaints related to Abuse/Neglect/Exploitation are identified within the BLTC Complaint database and are investigated within the appointed timeframes.

Abuse/Neglect/Exploitation Complaints 2019



Overview: Complaints intake is the responsibility of all available staff within the BLTC. Regional Nurse Reviewers are first responders to all complaints. After reporting to Adult Protection or Law Enforcement all complaints related to Abuse/Neglect or Exploitation are immediately forwarded to Quality Assurance Specialist staff for further investigation. Additionally, the UAI indicator of Abuse/Neglect or Exploitation is designed to immediately notify the QA staff.

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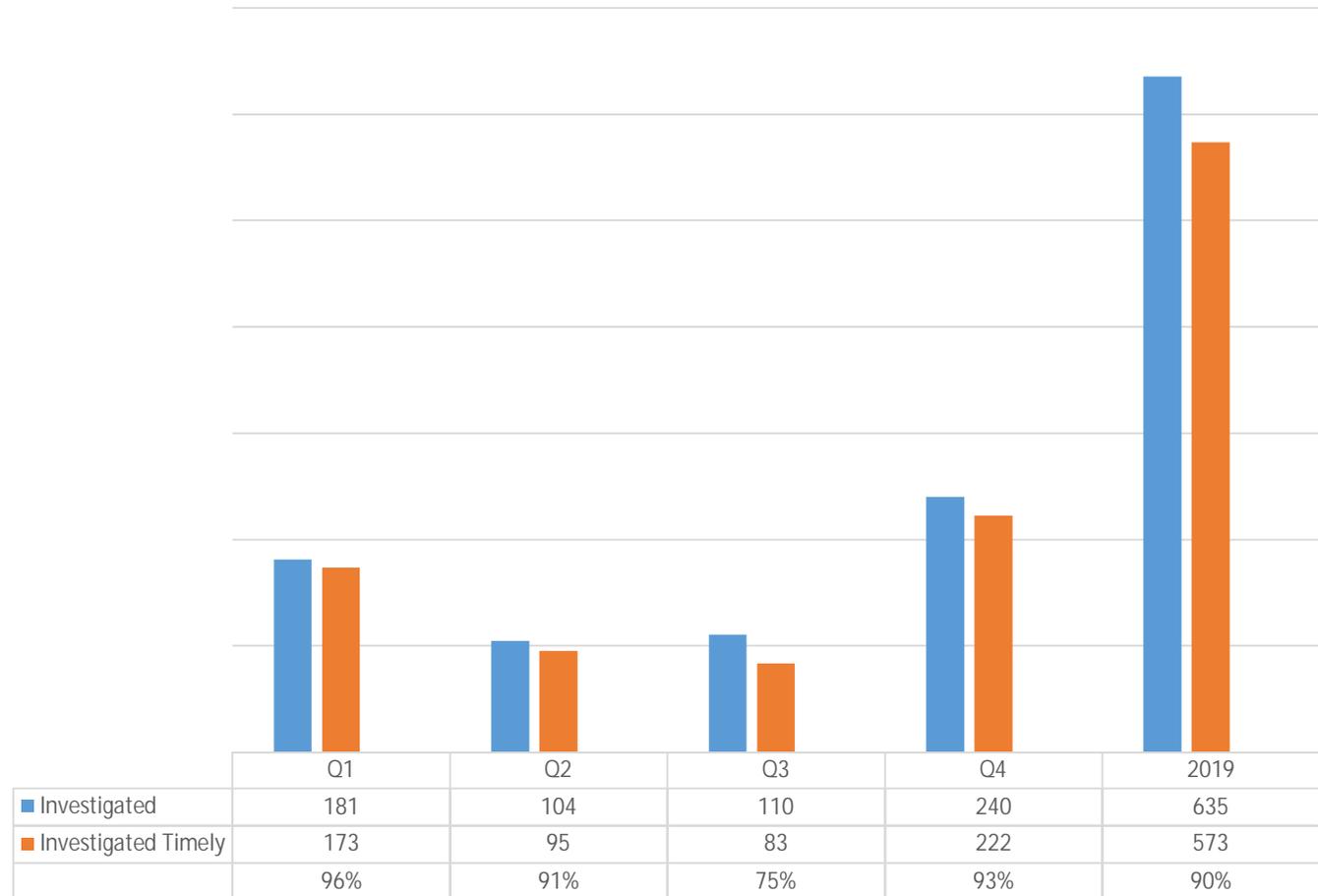
4.1 HEALTH & WELFARE

Sub-assurance b: The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.

Summary: Nurse Managers are designated as front-line staff to triage and investigate all complaints and determine severity through the Complaints database. The database captures the remediation and outcome of all complaints and tracks timelines to ensure compliance.

In Q4 a new Complaint Submission System was implemented with enhanced reporting mechanisms. This allows us to identify areas of improvements and gaps in the investigation of complaints. The new system also allows MCO vendors to use this complaint system. We have identified an area of improvement in the timelines in which the MCO vendor investigates complaints.

Complaints & Critical Incidents



Overview: The BLTC Complaint Intake database is available to all BLTC staff for the intake of all complaints. Regional Nurse Managers are the first responders to all complaints and determine if further assistance is required from QA staff, Adult Protection or Law Enforcement.

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4.2 HEALTH & WELFARE

Sub-assurance c: The State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.

Summary: The State has implemented an Exceptions process in the event a provider has to limit access to an HCBS setting quality that poses a health and/or safety risk to the participant. These Exceptions will be reviewed for approval by the participant's Nurse Reviewer (NR). Currently, we have no such Exceptions on file in the state.

Remediation: BLTC is providing ongoing training to NRs regarding HCBS setting qualities and the Exceptions process. We launched a new training in April 2019 that will be delivered statewide to our staff. We continue to educate providers and train all new providers on the Exceptions process and HCBS setting qualities.

Exceptions

	Q1	Q2	Q3	Q4	2019
■ Total Plans with Exceptions	0	0	0	0	0
■ Plans Reviewed	0	0	0	0	0
	0%	0%	0%	0%	0%

Overview: Participants receiving home and community-based services in provider-owned or controlled settings, such as Residential Assisted Living Facilities and Certified Family Homes, may need an Exception in place if access to a specific setting quality poses a health and/or safety risk. Exceptions are participant-centric and require approval by the participant's NR prior to being put into place by the provider.

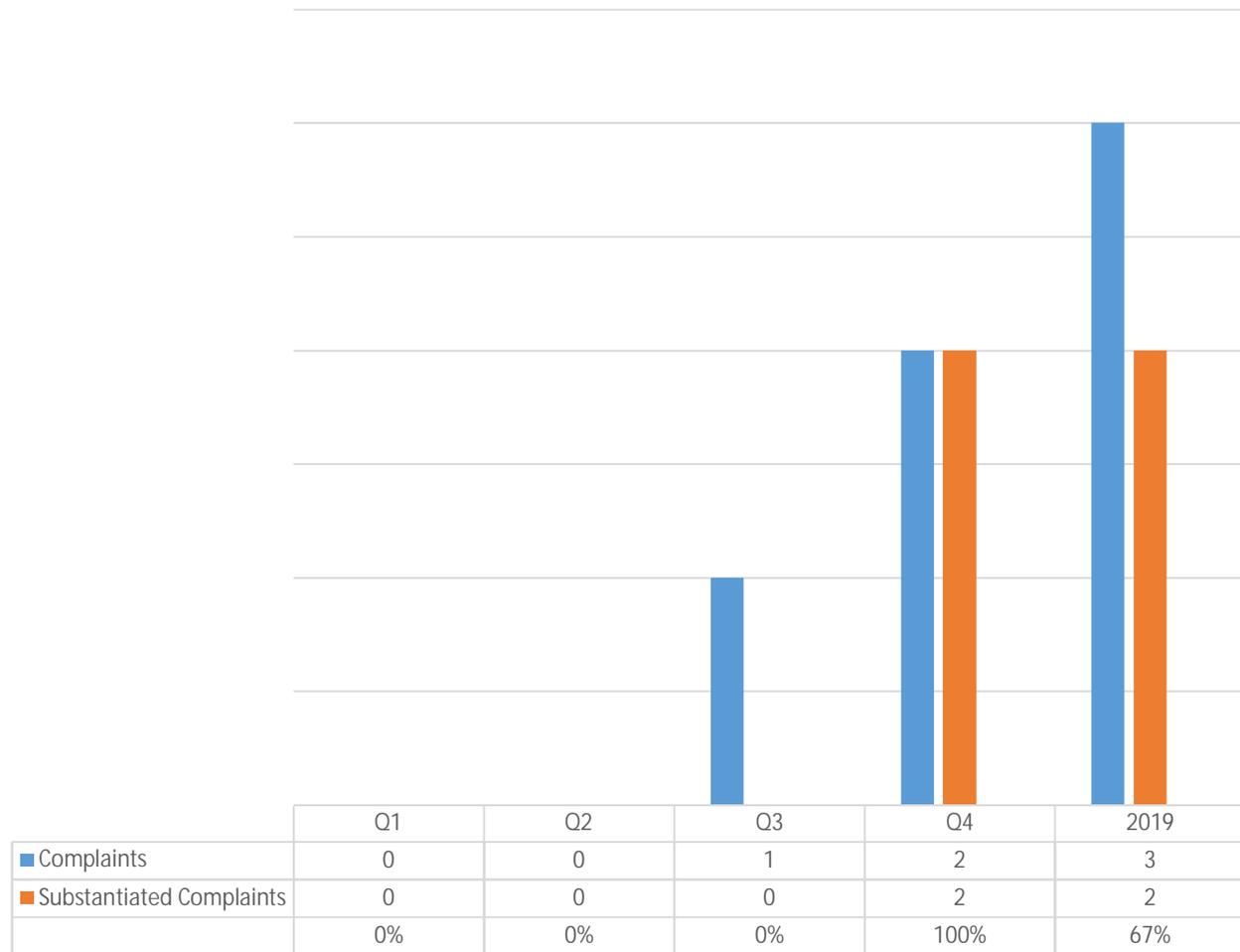
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EXCEPTION COMPLAINTS

Summary: Nurse Managers are designated as front-line staff to triage and investigate all complaints, including HCBS setting quality complaints. These complaints are typically forwarded to Quality Assurance Specialist staff for additional review. Violations may be identified via the participants through a report or the Quality Survey, or by Nurse Reviewer observation during an assessment, all of which are tracked in the BLTC Complaint Intake Log.

Remediation: BLTC continues to provide staff training to ensure staff recognize possible HCBS setting quality violations during their assessments with participants.

Complaints - HCBS Setting Quality



Overview: The BLTC Complaint Intake database is available to all BLTC staff for the intake of all complaints. Regional Nurse Managers are the first responders to all complaints and determine if further assistance is required from QA staff, Adult Protection or Law Enforcement. All complaints related to HCBS Setting Qualities are forwarded to Quality Assurance Specialist staff for further investigation.

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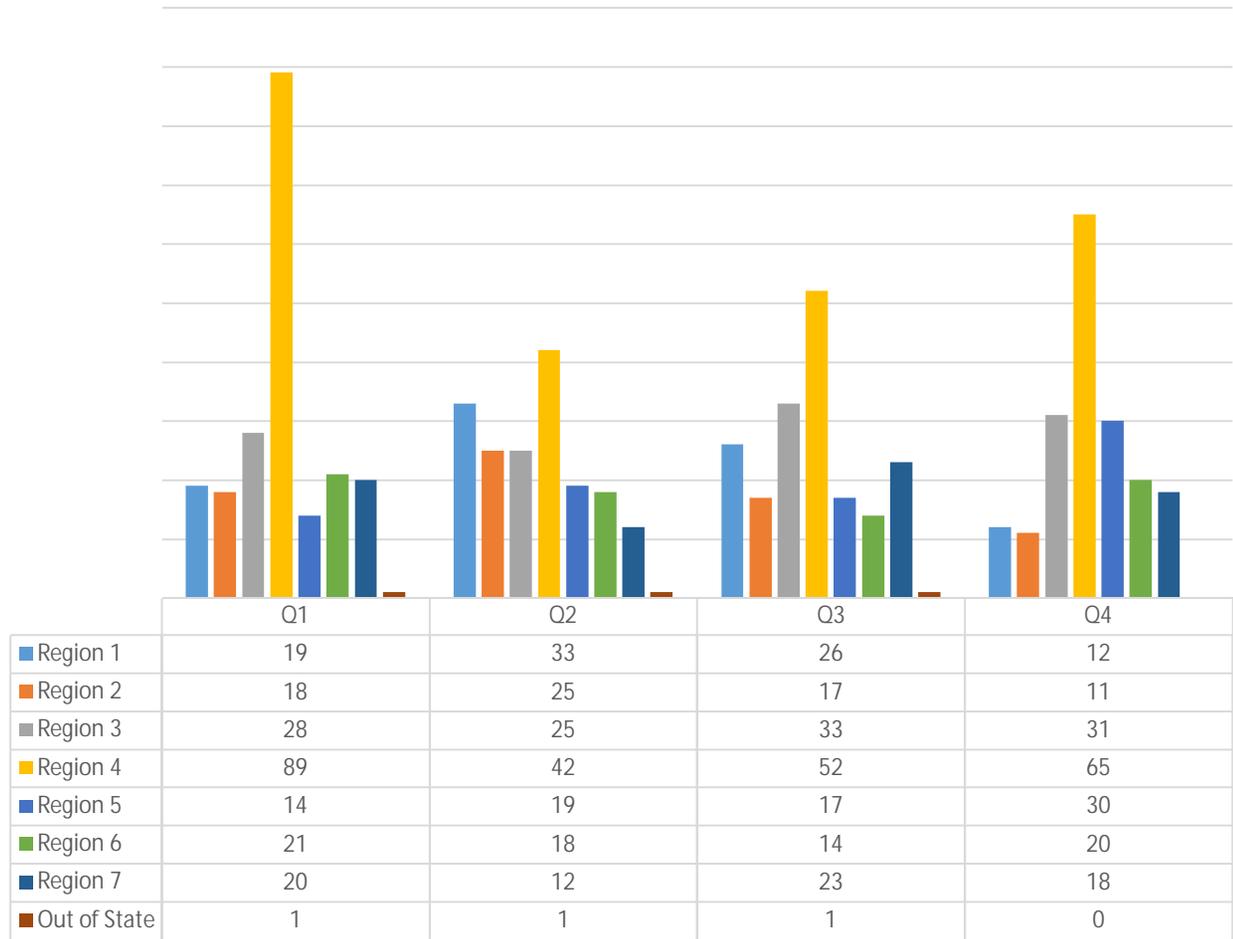
4.3 HEALTH & WELFARE

Sub-assurance d: 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.

Summary: Approximately 2% of all A&D Waiver participants completed an annual Wellness Visit during quarter 4 of 2019.

Remediation: BLTC will continue to identify opportunities to encourage participants to complete an annual Wellness Visit with their PCP.

Wellness Visit Totals by Region



Overview: BLTC has developed a reporting mechanism to begin the data collection for participants accessing a Wellness Visit with their Primary Care Physician (PCP).

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5.0 FINANCIAL ACCOUNTABILITY

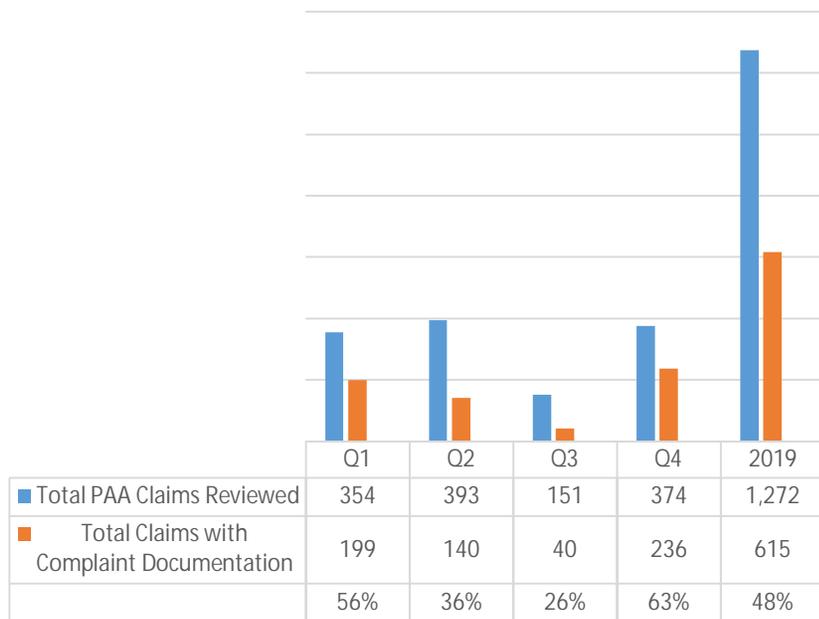
Assurance: The State must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the waiver program.

Sub-assurance a: The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.

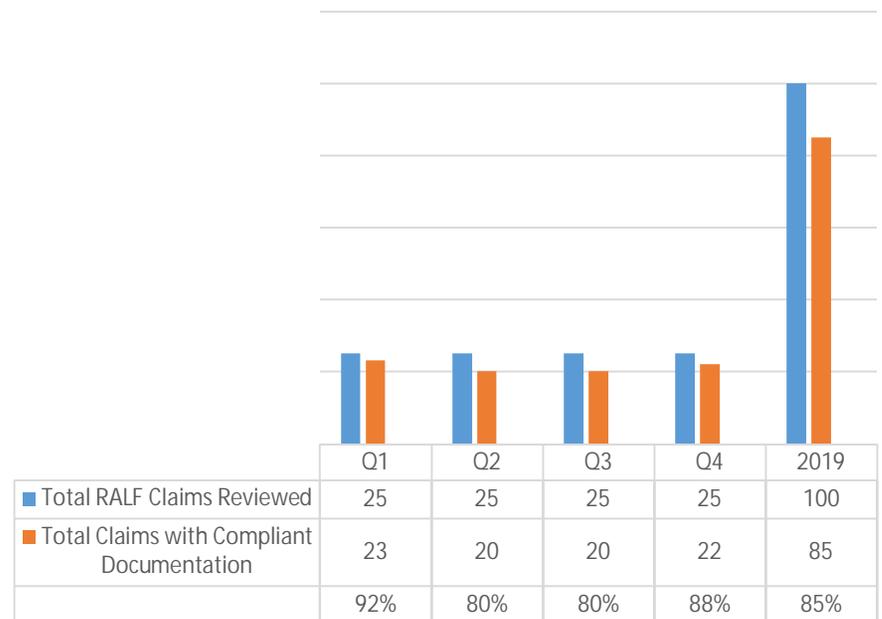
Summary: BLTC Quality Assurance (QA) staff review a random sample of claims for providers during routine QA activities. Staff review submitted claims and compare those to documentation from the provider to ensure services billed were rendered by the member.

Remediation: BLTC QA staff provide technical assistance to providers during audits.

Billed vs Rendered - PAA



Billed vs Rendered - RALF



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5.1 FINANCIAL ACCOUNTABILITY

Sub-assurance b: The State provides evidence that rates remain consistent with the approved rate methodology throughout the five-year waiver cycle.

*Because of changes to waiver performance measures that were implemented in July 2016, data collection points and graphs for the sub-assurances under this waiver assurance were removed from this report beginning in 2017. Compliance with financial accountability areas is monitored and reported via other mechanisms, including the Medicaid Program Integrity Unit (MPIU) and the Bureau of Financial Operations. The MPIU identifies Medicaid overutilization of services by providers and participants, and routinely monitors for improper billing patterns. The MPIU also conducts special studies to make program and system recommendations. Internal BLTC processes include referrals to MPIU when potential improper billing patterns are identified. The Bureau of Financial Operations ensures that reimbursement rates are consistent with the approved waiver methodology.

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BLTC – OTHER PROGRAM RELATED SUMMARY REPORTS

MONEY FOLLOWS THE PERSON DEMONSTRATION GRANT - IDAHO HOME CHOICE

Overview: Idaho Home Choice (IHC) is Idaho's federal Money Follows the Person Grant. The program is designed to help individuals who are currently institutionalized move back to the community utilizing Home and Community Based Services. The grant was received in 2011 and is scheduled to continue through September 30, 2021.

Summary: Idaho Medicaid has transitioned 646 individuals from institutional care to Home and Community Based care through the Idaho Home Choice Program. The grant continues to meet the established benchmarks and has been instrumental in re-balancing long term care spending from institutional care to HCBS care. The two Transition Benefits have also been sustained in the Medicaid Enhanced State Plan Benefit and the Aged and Disabled and Developmental disabilities 1915 (c) waivers.

Waiver	Q1	Q2	Q3	Q4	2019 Total	2018 Total	2017 Total	2016 Total	2015 Total	2014 Total	2013 Total	2012 Total	2011 Total	Total IHC
DD Waiver	3	5	2	13	23	7	17	13	16	14	14	16	2	92
A&D Waiver	17	9	10	6	42	52	40	67	60	79	57	49	2	354
Enhanced	3	4	4	3	14	14	19	16	6	3	3	1	0	48
Total	23	18	16	22	79	73	76	96	82	96	74	66	4	646
Qualified Institution	Q1	Q2	Q3	Q4	2019 Total	2018 Total	2017 Total	2016 Total	2015 Total	2014 Total	2013 Total	2012 Total	2011 Total	Total IHC
ICF/ID	2	5	2	11	20	8	15	12	12	11	11	14	3	80
IMD	0	0	0	1	1	8	7	8	1	2	7	5	1	32
SNF	21	13	14	10	58	57	54	76	69	83	56	47	0	408
Total	23	18	16	22	79	73	76	96	82	96	74	66	4	646
Qualified Residence	Q1	Q2	Q3	Q4	2019 Total	2018 Total	2017 Total	2016 Total	2015 Total	2014 Total	2013 Total	2012 Total	2011 Total	Total IHC
Supported Living	3	5	1	11	20	7	8	9	12	13	10	11	1	65
Apartment	9	5	6	6	26	41	34	54	41	37	36	27	1	247
Own Home	0	4	2	2	8	7	9	13	14	18	16	14	0	86
Family's Home	2	2	4	1	9	9	12	8	0	16	9	9	0	57
CFH	2	1	2	2	7	9	13	12	15	12	3	3	2	65
RALF	7	1	0	0	8	0	0	0	0	0	0	2	0	2
Total	23	18	15	22	78	73	76	96	82	96	74	66	4	650

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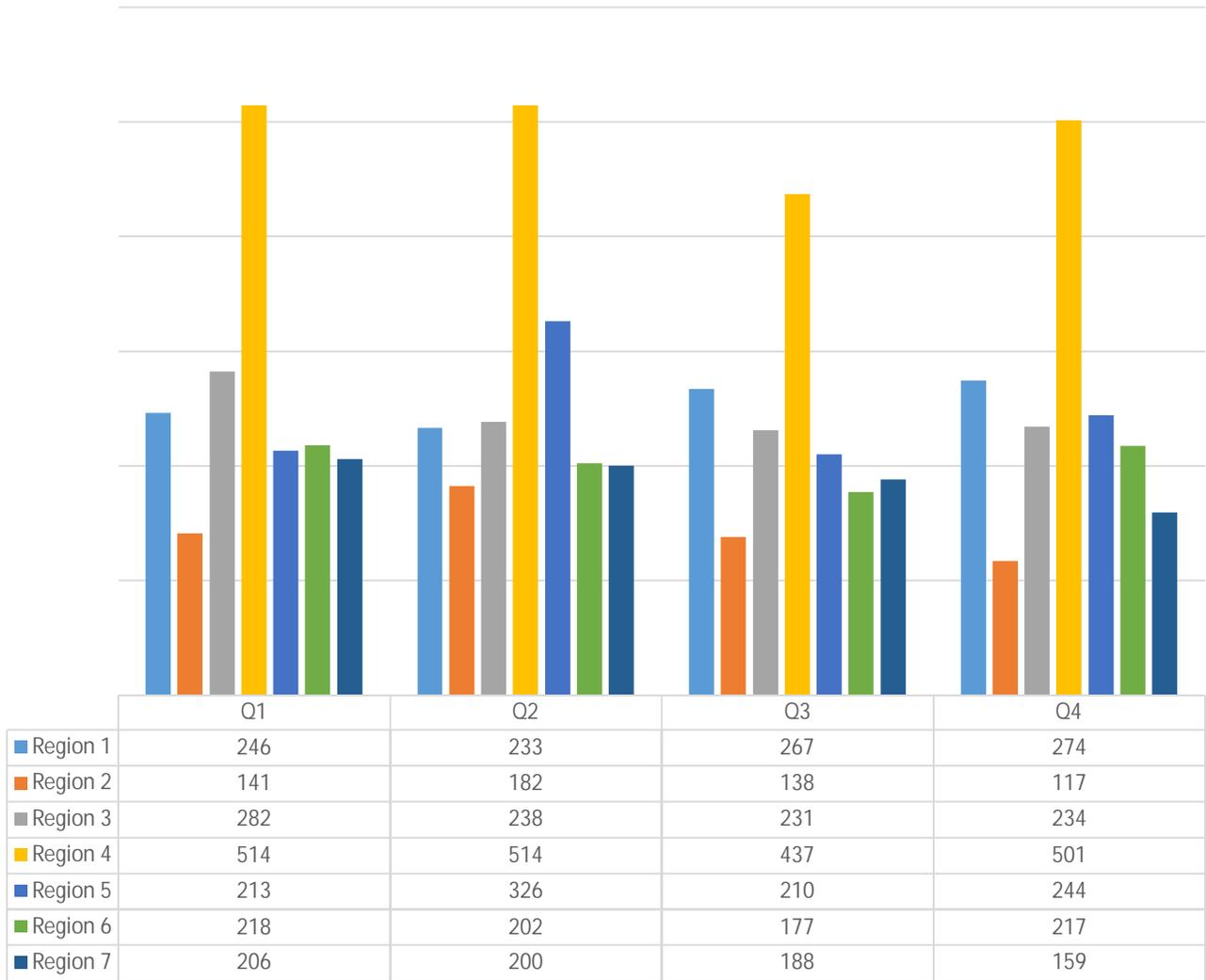
PRE-ADMISSION SCREENING & ANNUAL RESIDENT REVIEW (PASRR) PROGRAM								
<p>PASRR TOTAL BY REGION</p> <p>Overview: PASRR operation is required of the BLTC Nurse Reviewers based on federal rule.</p> <p>PASRR is conducted at the time an individual is recommended by a physician for a Nursing Facility admission. The program ensures that individuals with mental illness or intellectual disabilities meet Nursing Facility Level of Care and receive Specialized Services during their stay.</p>	PASRR Total by Region	Q1	Q2	Q3	Q4	2019 Total	2018 Total	2017 Total
	Region 1	251	238	268	284	1041	985	1,038
	Region 2	143	186	143	121	593	569	620
	Region 3	293	244	253	231	1021	1,099	1,166
	Region 4	533	524	470	513	2040	1,878	2,222
	Region 5	214	330	214	250	1008	1,049	879
	Region 6	222	206	178	221	827	875	1,134
	Region 7	206	203	189	159	757	778	817
	Total	1,862	1,931	1,715	1,779	7,287	7,233	7,876
	PASRR Total % by Region	Q1	Q2	Q3	Q4	2019 Total	2018 Total	2017 Total
	Region 1	13%	12%	16%	16%	14%	14%	13%
	Region 2	8%	10%	8%	7%	8%	8%	8%
	Region 3	16%	13%	15%	13%	14%	15%	15%
	Region 4	29%	27%	27%	29%	28%	26%	28%
	Region 5	11%	17%	12%	14%	14%	15%	11%
	Region 6	12%	11%	10%	12%	11%	12%	14%
	Region 7	11%	11%	11%	9%	10%	11%	10%
	Total	100%	100%	100%	100%	100%	100%	100%

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PASRR REVIEWS WITH A POSITIVE DIAGNOSIS

Summary: 1,779 PASRRs were completed during quarter 4 of 2019. Of the PASRRs completed, 98% (1,746) of them had positive diagnoses.

PASRR with Positive Diagnoses Total Completed





**Idaho Home Choice Benchmark Updates
10/01/2011 through 01/10/2020**



Calendar Year	Elderly	Individuals with ID/DD	Physically Disabled	Anticipated Benchmark Total	Actual Benchmark Total
2011	5	1	2	8	4
2012	30	5	18	53	66
2013	20	10	35	65	74
2014	50	10	40	100	96
2015	43	7	30	80	82
2016	36	16	45	97	96
2017	35	15	47	97	76
2018	35	20	32	87	76
2019	30	25	45	100	73
2020	25	18	22	65	1
Total	309	127	316	752	644

Funding Received and Expended

2011 Funding Expended	2012 Funding Expended	2013 Funding Expended	2014 Funding Expended	2015 Funding Expended	2016 Funding Expended
\$194,986	\$1,628,061	\$2,822,747	\$4,992,965	\$2,822,389	\$3,379,508
2017 Funding Expended	2018 Funding Expended	2019 Funding Expended	2020 Funding Requested		
\$3,391,361	\$2,017,609	\$1,663,730	\$2,338,405		

**Transitions
10/1/2011 – 01/10/2020**

Q4 2011	October	November	December	Total
Transitions	0	3	1	4
Total 2011				4
Q1 2012	January	February	March	Total
Transitions	2	3	2	7
Q2 2012	April	May	June	Total
Transitions	1	5	8	14
Q3 2012	July	August	September	Total
Transitions	5	6	8	19
Q4 2012	October	November	December	Total
Transitions	7	13	6	26
Total 2012				66
Q1 2013	January	February	March	Total

Transitions	4	5	5	14
Q2 2013	April	May	June	Total
Transitions	7	7	9	23
Q3 2013	July	August	September	Total
Transitions	3	12	6	21
Q4 2013	October	November	December	Total
Transitions	4	7	5	16
Total 2013				74
Q1 2014	January	February	March	Total
Transitions	10	5	9	24
Q2 2014	April	May	June	Total
Transitions	7	9	5	21
Q3 2014	July	August	September	Total
Transitions	8	9	10	27
Q4 2014	October	November	December	Total
Transitions	10	7	7	24
Total 2014				96
Program Total				240
Q1 2015	January	February	March	Total
Transitions	7	6	10	23
Q2 2015	April	May	June	Total
Transitions	10	5	5	20
Q3 2015	July	August	September	Total
Transitions	12	5	10	27
Q4 2015	October	November	December	Total
Transitions	3	5	4	12
Total 2015				82
Program Total				322
Q1 2016	January	February	March	Total
Transitions	5	11	14	30
Q2 2016	April	May	June	Total
Transitions	5	2	8	15
Q3 2016	July	August	September	Total
Transitions	11	11	4	26
Q4 2016	October	November	December	Total
Transitions	5	10	10	25
Total 2016				96
Program Total				418
Q1 2017	January	February	March	Total
Transitions	4	13	10	27
Q2 2017	April	May	June	Total
Transitions	4	6	8	18
Q3 2017	July	August	September	Total
Transitions	5	8	8	21
Q4 2017	October	November	December	Total
Transitions	2	5	3	31
Total 2017				76
Program Total				494

Q1 2018	January	February	March	Total
Transitions	9	9	2	20
Q2 2018	April	May	June	Total
Transitions	3	3	4	10
Q3 2018	July	August	September	Total
Transitions	7	7	5	19
Q4 2018	October	November	December	Total
Transitions	8	9	10	27
Total 2018				76
Program Total				570
Q1 2019	January	February	March	Total
Transitions	5	6	4	15
Q2 2019	April	May	June	Total
Transitions	6	10	4	20
Q2 2019	July	August	September	Total
Transitions	6	4	6	16
Q2 2019	October	November	December	Total
Transitions	9	7	6	22
Total 2019				73
Program Total				643
Q1 2020	January	February	March	Total
Transitions	1			1
Q2 2020	April	May	June	Total
Transitions				
Q2 2020	July	August	September	Total
Transitions				
Q2 2020	October	November	December	Total
Transitions				
Total 2020				1
Program Total				644

Idaho Home Choice Participant Demographics

Type of Program		<65	65+	TOTAL					
DD Waiver		118	6	124					
A & D Waiver		230	227	457					
Enhanced Plan		41	22	63					
Type of Institution									
ICF/ID		101	5	106					
IMD		35	7	42					
SNF		253	243	496					
Type of Residence									
Supported Living/Res Hab		88	5	93					
Apartment		175	127	302					
Own Home		39	62	101					
Family's Home		48	23	71					
RALF		1	1	2					
CFH		38	37	75					
Region									
1		22	21	43					
2		21	23	44					
3		116	73	189					
4		127	83	210					
5		23	21	44					
6		71	27	98					
7		9	7	16					
Reason Program Ended									
Re-institutionalized		18	20	38					
Deaths		19	38	57					
Went to Non-Qualified Residence		5	4	9					
Completed 365 Days		286	161	447					
MMCP		27	32	59					
Sustainability		13	8	21					
Institutionalization									
Average number of days institutionalized		1301	921	1111					
Additional Demographics		Idaho	Nationwide						
Average Age/From 18 to 101 Years of Age		54.5	58						
Average days to Discharge		89	118						
Reinstitutionalization Rate		5.9%	11.0%						
Unduplicated Counts	2010	2011	2012	2013	2014	2015	2016	2017	2018
Skilled Nursing Facility	4,695	4,610	4,608	4,494	4,432	5,483	5417	5240	5417
ICF/ID	484	453	446	443	439	478	430	420	410
A & D Waiver	9,903	9,667	9,838	9,795	10,370	10,392	10,625	10,799	11,243
DD Waiver	2,704	3,073	3,252	3,583	3,394	3,955	4,230	4,520	4,828