

**North Carolina Division of Medical Assistance - Community Alternatives Program for Children  
Quality Assurance Year End Summary July 2007 - June 2008**

**CENSUS**

CAP/C tracked quarterly data regarding census: including referrals, initials, and terminations.

Summary of Data

	census*	referrals	% referrals approved	initials	% initials approved	terminations	% terminations voluntary
Jul-Sep	762	121	data not available	43	data not available	33	data not available
Oct-Dec	752	97	data not available	70	83%	42	data not available
Jan-Mar	756	131	69%	50	92%	41	80%
Apr-Jun	746	151	61%	54	78%	43	86%
TOTAL		500		217		159	
Avg	754	125	65%	54	84%	40	83%

\* The census represents a "snapshot" of a particular day. The total number of children actually served during the year was 854.

Actions: CAP/C has drafted a brochure and a power point presentation that case managers and others can use for outreach with both consumers and providers. CAP/C conducted a training session for case managers in which several agencies shared their outreach activities and samples of their materials. DMA has posted a CAP/C web page: one for consumers and one for providers. CAP/C has approved a case management agency for Northampton County, which previously had no coverage. CAP/C is using data from the parent satisfaction survey, the stakeholders meetings, and other feedback, to change policies so that CAP/C recipients' needs are best met within the waiver.

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**WAIT LISTS**

During the last quarter of the 2007-2008 year, CAP/C tracked the existence and the size of wait lists (a lapse of two or more weeks between the time the agency receives notification of an approved referral and the time it is able to begin the initial assessment.)

Summary of Data	
Average number of potential recipients on wait list	80
Average length of wait	unable to determine, known range 2-12 months
Average number of agencies with a wait list	5
Percentage of active counties (63) with wait list	8%

Agencies Who Reported Wait Lists

Buncombe/Henderson/Madison/McDowell/Polk/Transylvania/Yancey; Edgecombe (now resolved); Forsyth; Guilford; Mecklenburg; Rowan (now resolved); Wake/Johnston/Franklin.

Actions: Will continue to track and identify ways to improve.

**TIMELY SUBMISSION OF CNRs**

CAP/C tracked monthly the number of CNRs that were submitted late, and the agencies that did so.  
(For the 2008-2009 year, CAP/C will also track DMA's turnaround time on CNRs.)

Summary of Data	
total late CNRs	61
total agencies with late CNRs	27

Actions: Case Manager was consulted regarding each late CNR and status was tracked until it was received.

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**APPEALS**

CAP/C tracked the number, type, and results of appeals.

Numbers of Appeals	
appeals held over from prior fiscal year	1
new appeals requested this fiscal year	14
total appeals this fiscal year:	15

Results of Appeals, by Hearing Office					
	#	upheld	overturned	withdrawn	not decid
DMA	2	0	0	2	0
DSS	13	3	0	6	4

Results of Appeals, by Hearing Officer				
	# assigned	# heard	affirmed	overturned
CA	2	0		
VK	1	1	1	
DL	1	0		
CN	1	0		
AP	1	0		
GW	5	2	2	
AW	2	0		
unassigned	2	0		

Results of Appeals, by Reason					
	#	affirmed	overturned	withdrawn	undecided
initial denial	4	2		1	1
denial of inc hours	3			2	1
denial of HC	2			2	1
reduct level of staff	1			1	
reduct of hours	1				1
termination, no provide	1				1
termination, no need	3	1		2	

Actions: Many appeals are withdrawn by DMA because the policies or rules on which the decisions were based are not written, or not clearly stated and therefore are felt to be not defensible in an appeal. CAP/C is seeking to strengthen their rules and policies clearly stated and in writing so that they are not subject to misinterpretation. CAP/C has also drafted a parent handbook that will help parents understand what CAP/C can and cannot do for them. CAP/C has met with the DSS hearing officers to educate them regarding the CAP/C program and policies. CAP/C has developed templates that the consultants can use to lessen the paperwork burden of preparing for hearing. CAP/C staff also met with a DMA hearing officer to learn more about the hearing process and how to present their case. CAP/C seeks the input of the Medcial Director on any adverse decision against a recipient.

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**CAP INDICATOR CODES**

CAP/C initially checked each recipient's CAP Indicator Code for accuracy.

Summary of Data

	NUMBER	PERCENT	counties with errors
active counties with errors	29/79	37.0%	Alamance, Ashe, Buncombe (2), Burke, Cabarrus, Caldwell, Catawba (3), Cleveland,
codes not entered	4/38	10.5%	Cumberland, Davidson (2), Davie, Forsyth (3), Gaston, Harnett, Iredell, Lee, Lenoir,
incorrect cap/c codes	30/38	79.0%	Madison, Mecklenburg, Mitchell, Nash, New Hanover (2), Pitt, Randolph, Richmond,
code for a different program	4/38	10.5%	Robeson (2), Rowan, Union, Vance

CAP/C then did two additional checks of the CAP indicator code on recipients who were admitted to CAP/C, had a level of care change, or who were terminated from CAP/C.

Summary of Data

	total #	# errors	% errors	counties with errors
admissions	96	12	13%	Brunswick, Burke, Caldwell, Cumberland, Durham, Forsyth, Guilford, Johnston, Orange, Transylvania, Union (2)
level of care changes*	13	1	8%	Duplin
terminations	70	6	9%	Alamance, Burke, Guilford, Mecklenburg, Rowan, Surry
<b>totals</b>	<b>179</b>	<b>19</b>	<b>11%</b>	

\*level of care was checked one time, not two

Actions: Each incorrect CAP Indicator Code was successfully corrected through communication between CAP/C at DMA, the Case Manager, and the DSS. Plan to continue this audit.

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**COMPLAINT LOG**

CAP/C tracked any complaints that came in to DMA regarding the CAP/C program.

Summary of Data	
Complaint Type	Number
Assurance: Health, Safety, and Well-Being Safety Issue	0
Assurance: Service Planning and Delivery Case Management Issue	3
Supply Issue	
Assurance: Qualified Providers Staffing Issue	
Unqualified Aide	1
Assurance: Level of Care Access/Wait List	3
Freedom of Choice	
Assurance: Administrative Authority Consultants	2
Waiver Service Issue	
Assurance: Financial Accountability Billing Issue	3
Rate Setting Issue	1
<b>Total</b>	<b>13</b>

Actions: No trends were identified. Complaints were responded to on an individual basis. CAP/C will continue to educate Case managers regarding complaint tracking.

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**CRITICAL INCIDENT REPORT**

CAP/C collected information regarding critical incidents and analyzed/trended that data at both an individual recipient level and a program level to identify and resolve issues of health, safety, and well-being.

Reports by Type		
type of report	# of reports	% of total reports
recipient death	10	5%
injury	12	6%
abuse allegation	11	6%
medication error	3	2%
planned hospitalization	31	17%
unplanned hospitalization	89	48%
ED visit	25	13%
other	6	6%
total	186	*
*numbers rounded		

Rates of Submission		
	#	%
# of active CAP/C agencies	63	
agencies that submitted CIR	26	41%
agencies did not submit CIR	37	59%

Actions: Individual incident reports were followed up as needed. CAP/C continually trains case managers via memos, trainings, and meetings of the need to submit Critical Incident Reports. A revised Incident Report tool has been developed.

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**PARTICIPANT SATISFACTION SURVEY**

CAP/C mailed a survey to a random sample of CAP/C recipients to determine their level of satisfaction with the CAP/C program and with their individual services. (Both English and Spanish version mailed)

Summary of Data	
Indicator	%
1. The Case Manager knows a lot about the services that are available.	93%
2. Our Case Manager does a good job setting up services for my child.	93%
3. Our Case Manager is available when we need him/her.	97%
4. Our Case Manager has visited us in our home in the last three months.	93%
5. The nursing/aide services my child receives meet my child's needs.	92%
6. The nurses/aides provide good care and are very professional.	92%
7. The medical supplies and equipment my child receives are meeting my child's needs.	97%
8. My child needs equipment or supplies that are not covered or not in our budget.	62%
9. We participated in developing the Plan of Care for our child.	97%
10. We have a written copy of our child's plan of care.	95%
11. We received timely notices when services were approved, denied, or changed.	95%
12. We were given a choice of providers (list of agencies).	92%
13. Our child receives all of the services in the plan of care.	95%
14. Our child needs services that are not in the plan of care.	79%
15. Do you know how and who to contact if you have a complaint, grievance or concern regarding your child's services?	89%
16. Are there things you would like to know regarding available services, community supports, but have not been given the opportunity to learn?	60%
Overall Satisfaction Score	89%

Actions: CAP/C is considering changes to policy and waiver which may include aggregate budget or higher budget limit for skilled level of care and addition of the identified supply needs as waiver items. DMA sponsored EPSDT trainings statewide, and CAP/C held a question and answer training session regarding EPSDT. Regional case manager meetings were held (and will be held every six months) to give agencies an opportunity to network with each other especially regarding funding and supply issues. CAP/C drafted a parent handbook that describes various Medicaid and non-Medicaid supports to parents. Case Managers are being trained that they are responsible for locating services and supports outside of the waiver or Medicaid.

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**CASE MANAGEMENT AGENCY SURVEY**

CAP/C mailed a survey to all case management agencies to determine provider qualification, agency policies, and other internal agency functions. Attendance at DMA trainings and presence of policies were selected for tracking and correction.

Summary of Data							
		no respons	no agency	responded	tot resp	resp need	resp need
					need correc	training	policies
agencies	82	11		65	47	10	44
counties	100	11	7	83	61	13	57

Actions: Each agency that reported a lack of training or insufficient policies received a letter which directed them to the link for the on-line training or to the link to sample policies that were placed on the web.

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**SITE VISITS**

CAP/C conducted monthly site visits to case management agencies to assess compliance with the following indicators:

Summary of Data	
Indicator	%
Record contains a copy of the current FL-2.	92%
Record contains a copy of the current assessment	95%
Record contains a copy of the current plan of care	96%
Record contains DMA approval letters	100%
Record contains copy of current service authorization	88%
Record contains copy of current participation notice	73%
Record contains current MD order for oral nutrition/agency-provided supplies	61%
Monthly contact with the home health RN	50%
Monthly review of provision of services with client or responsible party	69%
Monthly review of provision of services with nurse and nurse aide providers	60%
Quarterly review of nurse or nurse aide service notes	72%
Quarterly home visit	91%
Review of claims for waiver service providers	95%
Documentation of staffing deviations if pattern, steps to resolve	84% 0%
Respite tracking log maintained	35%
Quarterly contact with responsible party to confirm appropriateness of waiver supplies and Medicaid supplies provided by the case management agency.	83%
Contact with responsible party after construction or installation of a home modification to ensure appropriateness.	100%
Case Management notes document appropriate activity. (If no, then explain and provide date of occurrence.)	95%
Notes completed according to manual instructions	
each entry dated	100%
time in minutes	93%
multiple entries totaled	68%
signed appropriately	81%
discharge reasons and needs noted	N/A
Record contains copies of invoices and claims for	
waiver supplies	100%
Medicaid medical supplies	99%
home mobility supplies	100%
<b>TOTALS</b>	<b>81%</b>

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Counties/Agencies Audited

Alamance; Chatham; Cumberland; Harnet; New Hanover/Pender; Orange; Union; Vance; Wake/Johnston/Franklin

Actions:each agency audited received a letter with the results of their audit, and recommendations and requirements for improvement, including corrective action plans when applicable.

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**DESK AUDITS**

CAP/C conducted quarterly desk audits of case management records to assess compliance with the following indicators:

Summary of Data	
Indicator	%
Record contains a copy of the current FL-2	93%
Monthly contact with the home health RN	71%
Monthly review of provision of services with client or responsible party	95%
Monthly review of provision of services with nurse and nurse aide providers	98%
Quarterly review of nurse or nurse aide service notes	88%
Quarterly home visit	88%
Documentation of staffing deviations if pattern, steps to resolve	63%
Monthly review of claims for waiver services and supplies	92%
Quarterly contact with responsible party to confirm appropriateness of waiver supplies and Medicaid supplies provided by the case management agency.	91%
Contact with responsible party after construction or installation of a home modification to ensure appropriateness.	N/A
Case Management notes document appropriate activity. (If no, then explain and provide date of occurrence.)	77%
Notes completed according to manual instructions	100%
each entry dated	97%
time in minutes	89%
multiple entries totaled	100%
signed appropriately	
Discharge reason and needs noted	75%
<b>TOTALS</b>	<b>88%</b>
<u>Counties/Agencies Audited</u>	
Anson; Burke; Camden, Currituck, Pasquotank, Perquimans; Chowan, Gates; Cleveland; Durham, Person; Lenoir, Duplin, Onslow; Mecklenburg; Moore; Nash; Richmond; Robeson; Rockingham; Wilkes; Yadkin.	

Actions:each agency audited received a letter with the results of their audit, and a list of areas for improvement, if any, identified by the audit.

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**STAKEHOLDERS' MEETINGS**

CAP/C held four stakeholders' meetings in regions across the state in which recipients and providers were invited to discuss or ask questions about the CAP/C program.

The major issues identified were

1. staffing shortages and poor quality of care by in-home staff - inadequate screening, inadequate pay, inadequate training
2. inability of recipients to obtain equipment in a timely manner
3. lack of knowledge of existence of CAP/C program by both recipients and providers

Actions: CAP/C will develop a plan to address these issues. CAP/C will continue to hold regional annual stakeholders' meetings and biannual regional case manager meetings.

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**CNR QA**

Each CNR is evaluated by the reviewing consultant for completeness, accuracy, and quality.

Summary of Data	
CNR date is correct - Case Manager	92%
CNR date is correct - DMA database	98%
CNR received by due date	75%
FL-2 submitted	98%
Physicians Request Form submitted as applicable	84%
Assessment submitted	100%
Plan of Care submitted	97%
CMS-485 submitted as applicable	81%
MAR submitted as applicable	69%
Nurses Notes submitted as applicable	82%
Level of Care is correct on FL-2	96%
Level of care is correct on assessment	99%
Level of care is correct on Plan of Care	98%
Level of Care is correct in DMA database	97%
CAP Indicator Code is correct in MMIS	99%
Demographic information correct on assessment	98%
Demographic information correct in DMA database	86%
Demographic information correct in MMIS.	94%
The FL-2 reflects the appropriate level of care. There was no significant change for which a new FL-2 should have been submitted but was not.	97%
All discrepancies between the FL-2 and the assessment have documentation of resolution.	81%
There are no blanks on the assessment form.	81%
There was no significant information about the recipient or family missing from or misrepresented on the assessment.	84%
Any need identified during the assessment has a documented plan for meeting that need.	99%
The assessment gives a clear picture of the patient's needs.	92%
The Plan of Care contains no coding errors.	72%
The Plan of Care contains no unit rate errors.	49%
The Plan of Care specifically states caregiver availability.	87%
The number of hours per week on the cost summary matches the number of hours per week on the 24 hour coverage schedule.	84%
There are no discrepancies between the assessment and the Plan of Care.	73%
There are no discrepancies between MMIS and the cost summary.	63%
Complete insurance information is provided.	95%

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Revisions were submitted timely and appropriately. There was no instance when a revision should have been submitted prior to the CNR but was not.	83%
The Plan of Care reflects the appropriate staffing level: Nurse or Nurse Aide.	100%
The plan of Care is developed according to the guidelines for hours that are stated in the manual.	98%
The Plan of Care is submitted within budget.	99%

Actions: Errors were resolved on an individual basis during the CNR review and approval process.