

State's Response to STP Questions from CMS

December 17, 2015

1. Please note that foster homes need to be assessed and found to be in compliance, and cannot be treated as family homes.

State's Response: Based on clarification from CMS, the State will assess foster care homes that provide care and housing to waiver beneficiaries to assure compliance with the HCBS characteristics as defined in the STP. This will be added to the STP. The State is currently in the process of identifying these sites. Sites that are providing Residential Supports to children on the Innovations waiver are captured under Residential Supports.

2. Please clarify who will be receiving the self-assessment data analysis on January 16, 2016 when the analysis "is due" (STP p. 16), and how this step relates to "acceptance of the self-assessment by the PIHP or DMA" (STP p. 12).

State's Response: (STP p. 16) DHHS (DMA Behavioral Health and Long Term Care and Supports Teams and DMH IDD Team) will receive the self-assessment data analysis from the MCOs and DMA on January 16, 2015. This analysis will include information on providers who are unable to meet the HCBS rule, those that are at risk for not meeting the HCBS rule, and information on the status (full or emerging integration) of the remainder of the providers by characteristic. This information is based on the assessments that were accepted by the PIHP and DMA. (STP p. 12, 13). Acceptance of the assessment indicates that the information submitted by the provider is either in full compliance with the rule or that the plan(s) of action to come into compliance was sufficient. (Please see the attached HCBS Provider Self-Assessment Analysis Template.)

3. The state notes that it will monitor provider progress towards compliance at six months, one year, two years, and three years (STP p. 13). Please clarify whether the state will conduct any activities during the 12 months in between reviews to help ensure movement towards the March 2019 compliance deadline.

State's Response: MCOs and DMA are following up at the defined intervals with the providers and we will be receiving updated analysis. DMA and MCOs will be offering TA (e.g. webinars, on site visits to both provider sites and LME-MCOs, as indicated, teleconferences, expansion of the Statewide Training, as indicated, utilization of the HCBSTransPlan designated email for immediate response to questions/inquires, continued updates to the designated HCBS website to facilitate an active and up to date flow of information) as needed during this process. Some additional examples include the provision of training to MCOs/LLAs on guardianship, updates from SOTA calls, etc. and the establishment of protocols for the LME-MCOs/DMA/LLAs to share with the their Networks/Providers. This effort will also include involvement of the HCBS Stakeholders

and Strategic workgroups that have been instrumental in the roll out and implementation of the HCBS Final Rule in North Carolina. Another tool to monitor progress toward full integration/compliance will be the incorporation of the HCBS characteristics into quarterly reviews completed by CAP DA/CAP Choice, as well as the IMTs (Inter-Departmental Monitoring Teams for the LME-MCOs.)

The established target dates are indicative of data that will be submitted to the State for comparative analysis with the baseline data as well as subsequent submissions of information. However, between the dates the e-Tool will continue to be utilized as there is noted progress on any provider's plan of action(s). While the format lends itself to the established timeframes, reporting/updating and interface between the providers and LME-MCOs/DMA, it can occur in an on-going dialogue through the tool throughout the timeframe established by CMS. In addition, the State maintains the master URL, and will complete random oversight as another mechanism of monitoring. (Please see attached screenshots of e-Tool.)

4. Please provide more information on the state's process for validating provider self-assessments. The STP currently indicates that the state will use the Monitoring Review Process, and e Review tool for validation (STP p. 14-15). However, it is not clear how the tool will be used to verify that the information and responses provided by the providers is accurate and based on an appropriate interpretation of the rules. Will the state use site visits, cross-reference the individual experience surveys to provider's sites and responses, or some other means to provide a secondary source of information to validate the provider-submitted information?

State's Response: LME-MCOs have the responsibility for monitoring the providers in their network. This includes routine monitoring of providers and program integrity reviews based on complaints, incidents and/or investigations. The DMH/DD/SAS Policy Team oversees the process used by the LME-MCOs to do provider monitoring through the Provider Monitoring Workgroup which consists of DMH, DMA, DHSR, the LME-MCOs and providers. They provide technical and logistical support in the form of tool development and coordination of focus group activities, training, etc. Routine monitoring is done by the LME-MCOs is done every two years which includes a post-payment review. The LME-MCOs use their discretion in determining when a provider is monitored as long as the providers in their network are monitored every 2 years.

The PIHP will verify information at routine monitoring which occurs at least every two years and at least annual for CAP DA/Choice. Individual experience surveys will be utilized to validate the provider self-assessment, as well. Additionally, any reports from Care Coordination, DHSR, or other entity may result in review of self-assessment evidence.

The State will validate a statistically valid sample of the reviews completed by the LME-MCOs/DMA.

- Similarly, please provide more information on how the state will ensure that it has identified all sites that may require heightened scrutiny beyond using provider-reported information. Other means of identifying these settings could include using geo-locators or looking at site addresses to see if settings are adjacent to or on the grounds of an institution or are in remote locations.

State's Response: The State reviewed reporting from LME-MCOs and LLA to pre-identify sites that might require heightened scrutiny. The State will also add to public notices of heightened scrutiny language that will afford the public the opportunity to offer feedback on sites that may not have been identified. To help ensure that North Carolina has adequately and appropriately identified sites that may require heightened scrutiny, the practice of geo-mapping is being readily explored by the Department as a viable option. An example of software, under consideration for use by the State, is QGIS.

- Please also provide more information regarding the web-based e Review tool and how it will be used for assessing services and monitoring compliance.

State's Response: The e-review tool is used to review compliance of the self-assessment. The MCO will be verifying compliance with plans of action and reporting to the state on a regular basis. Then verification of evidence will be done during routine provider monitoring which occurs at least every two years.

5. Please provide further clarification related to why the state will only be evaluating 10% of supported employment sites. Is the state already certain that all supported employment sites are fully integrated in the community (like the examples provided)? Does the state have a separate requirement in place which defines supported employment in a way that ensures compliance?

State's Response: The State is evaluating 100% of corporate Supported Employment sites. The 10% was a sample of the individual job sites, which we have since learned is not a requirement. We discussed not monitoring each individual work site on the 9/25 call with CMS. We have definitions for supported employment that ensure compliance. (Please see attached definitions).

6. Please provide more information on the state's monitoring sample. For example, will the state monitor 10% of providers each year, and how will the 10% sample be determined?

State's Response: The State will validate a statistically valid sample using the Raosoft calculator.

7. Please provide assurances that all beneficiaries will receive at least 60 days' notice before being relocated. The state notes that relocations are expected to be completed by March 2018 (STP p. 14) but provider remediation is also expected to be ongoing until March 2018 (or longer, since the last remediation progress reviews will occur approximately 3 years after the self-assessment data is accepted, i.e. January 16, 2016) (STP p. 16).

State's Response: The State is committed to supporting providers to come into full compliance. In the event that a provider is unable to come into full compliance, all beneficiaries will a minimum of at least 60 days' notice before being relocated to a site that is in compliance with the HCBS rule. However the individual may choose to remain in the setting and decline waiver services, and their choice will be respected. The appropriate parties will ensure that the individual is making a fully informed choice/decision. This will be added into the STP. The STP will be updated to indicate that all notices of relocation will be issued by May 2018.

8. Please provide a date for when the monitoring process will start, and more information on how the state will use the results from the "My Individual Experience Assessment" in the monitoring process.

State's Response: The monitoring process will begin June 2016. The "My Individual Experience Assessment" focuses primarily on whether the individual feels his or her service experiences align with what is required in the service delivery system by the provider. The assessment is uniquely designed to assess only the services received by the individual. The collection and evaluation of the specific services data gathered through the deployment of the "My Individual Experience Assessment" is essential to the State's monitoring process. These gathered results will enable the State to gain critical insight about how individuals receiving services perceive their experiences both with the service delivery system and their current service provider. The assessment also probes to identify if the individual felt that they were able to select their services from all available service options and all available providers. Also, responses to vital questions directly related to the supplementary requirements for provider-owned, controlled, or operated settings will provide the State with an in-depth understanding of actual on-the-ground compliance specific to each site. Through this portion of the monitoring process, once the State has collected this data, we will provide feedback to the LME/MCO and the

provider, based on the analysis. Should the State discover any non-compliance issues, the provider will be notified by the LME/MCO or DMA. The provider will be required to develop a Plan of Action. Additionally, if warranted through the monitoring process a site visit will be conducted which will include on-site observations and a series of questions to be addressed by the provider. Moreover, interviews with the individuals receiving the services will be conducted. Through the transition process and thereafter, the “My Individual Experience Assessment” will be randomly disseminated on an annually bases in order to monitor compliance with the rule.

9. CMS appreciates that the state clarified that individual survey information will provide insight on specific providers/sites and not merely be used at an aggregate level. However, please note that currently this information is only in the state’s response to CMS, not in the revised STP. Please be sure to add this information to the revised STP.

State’s Response: This information will be added to the STP.

10. Similarly, CMS also appreciates that the state clarified that supported employment services are provided at competitive job sites integrated in the community (for example, a coffee shop, a thrift store, a hospital). Please also clarify whether ALL supported employment sites are as fully integrated into the community as the examples provided are (coffee shop, thrift shop, hospital). Also please note that currently this information is only in the state’s response to CMS, not in the revised STP. Please be sure to add this information to the revised STP.

State’s Response: This information will be added to the STP. The service definitions for Supported Employment only support sites that are fully integrated into the community.