



NC Department of Health and Human Services

# Home and Community Based Services (HCBS): Validation Process

*DHHS HCBS Internal Team*

# Agenda

1. Welcome
2. Purpose of Final Rule
3. Timeline Overview and State Progress
4. What is Expected?
5. What is the Validation Process?
6. Validation Quarterly Reporting Tool
7. Next Steps
8. Questions

## Purpose

- To ensure that individuals receiving long-term services and supports through home and community based service (HCBS) programs under the 1915(c), 1915(i) and 1915(k) Medicaid authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.
- To enhance the quality of HCBS and provide protections to participants.

\*1915(c) is applicable to NC

# Key Milestones

2014

- CMS Issued HCBS Final Rule

2015

- NC State Transition Plan was Created.
- Development of the Online Provider Self-Assessment.
- Heightened Scrutiny Documents and Processes Established.

2016

- Development of My Individual Experience Survey.

2017

- CMS Granted Initial Approval of NC State Transition Plan.

2018

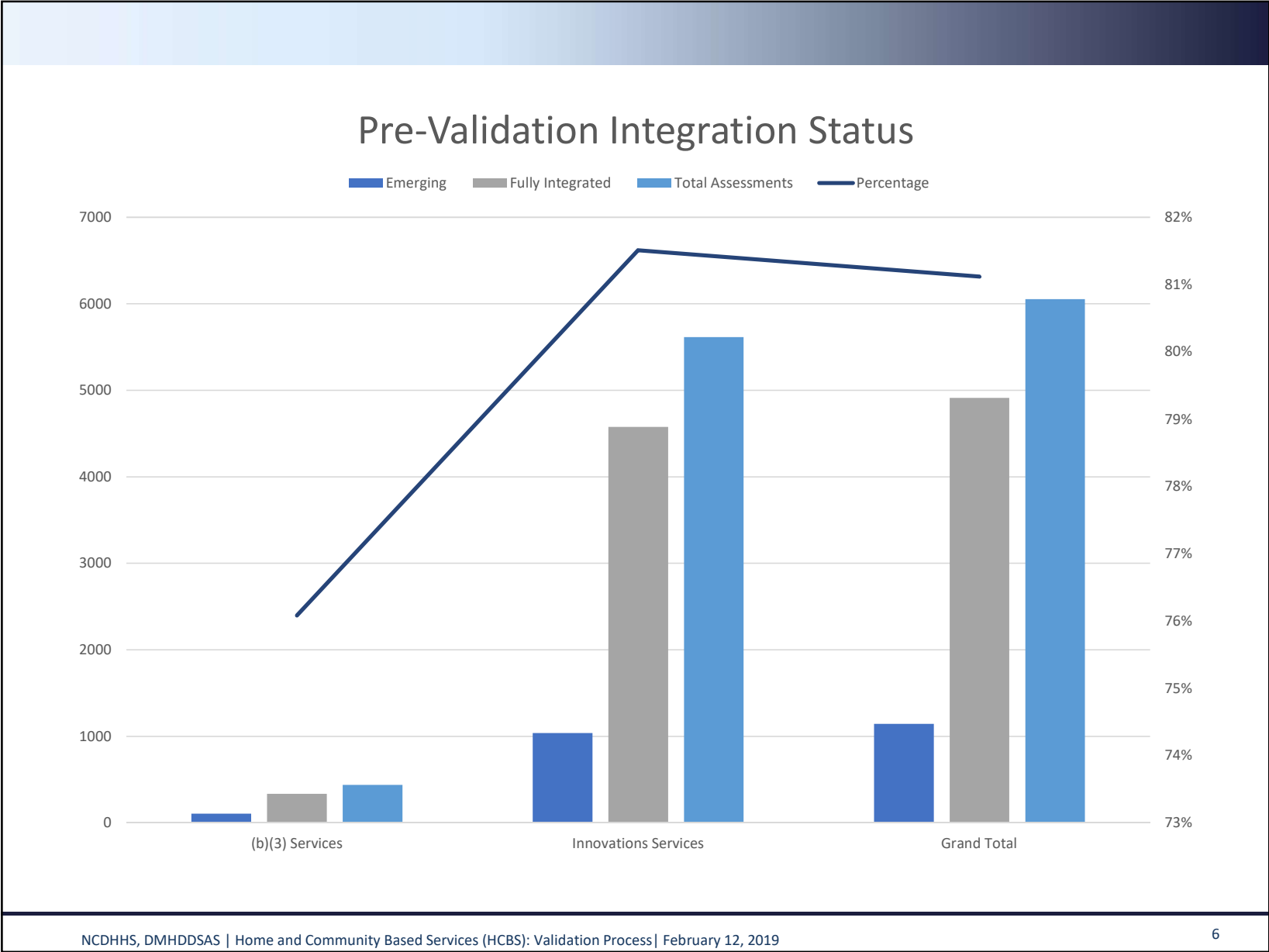
- Provider Self Assessment & HCBS Database Uplift Rollout.
- Validation Process Established.

2020

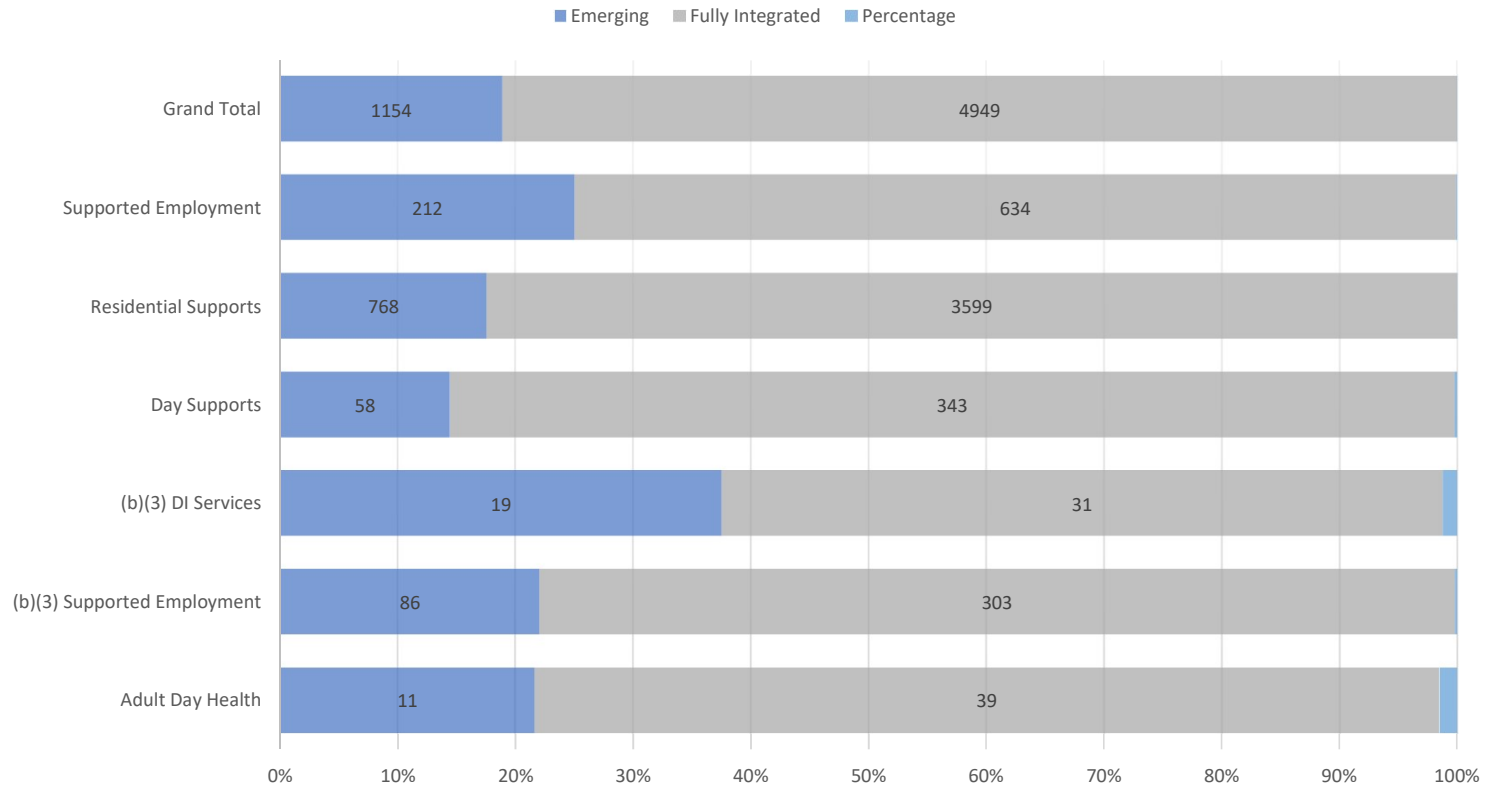
- Goal: Provider Sites Fully Compliant and Validated.
- CMS Requires 100% Site Validation.



# HOW ARE WE DOING?



### INTEGRATION BY SERVICE TYPE AS OF 2.4.19



	Adult Day Health	(b)(3) Supported Employment	(b)(3) DI Services	Day Supports	Residential Supports	Supported Employment	Grand Total
■ Emerging	11	86	19	58	768	212	1154
■ Fully Integrated	39	303	31	343	3599	634	4949
■ Percentage	78%	78%	62%	86%	82%	75%	81%

# What is expected?

## 100% Validation

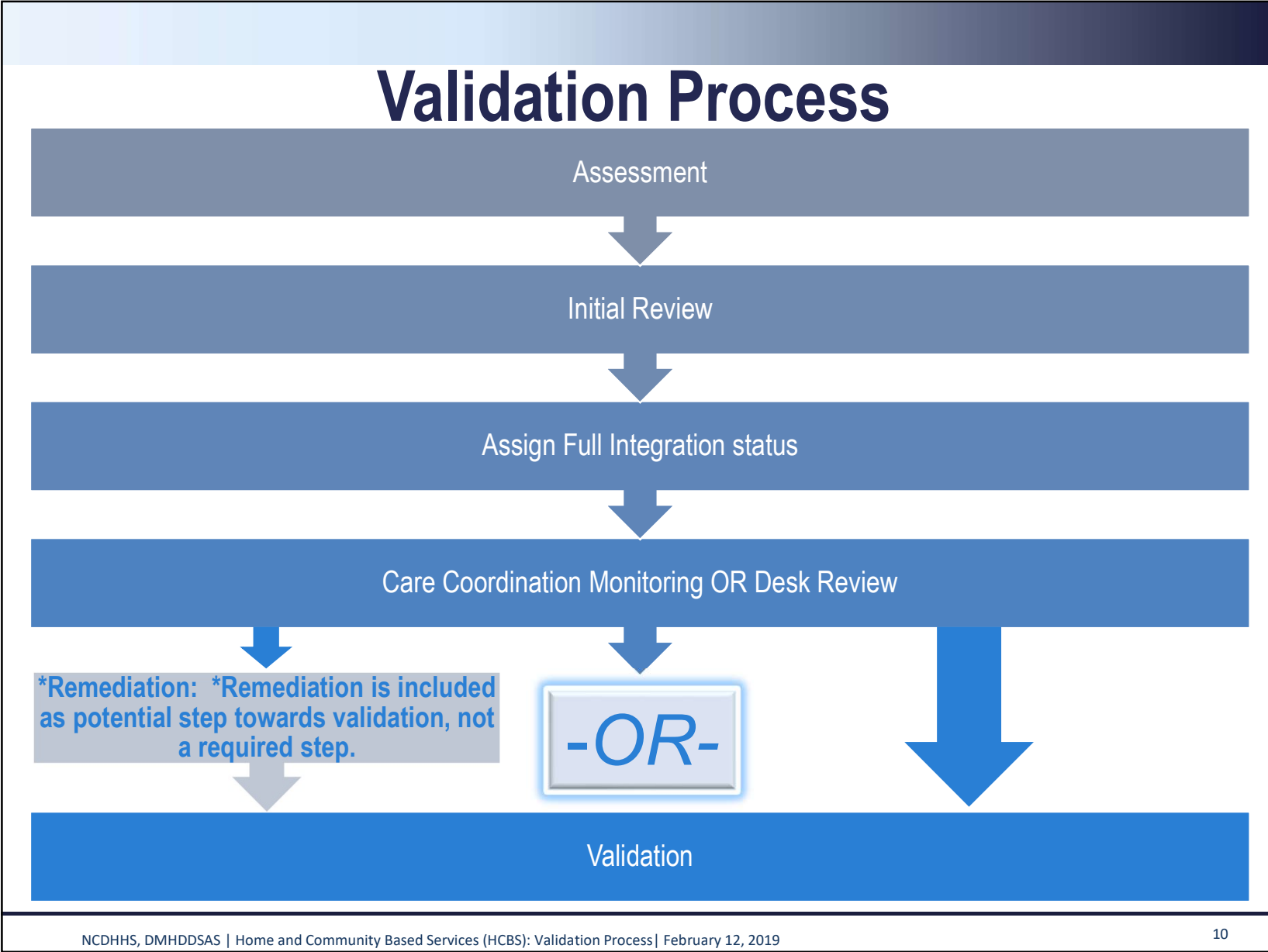
Per CMS: States must provide a validity check for provider self-assessments including consideration of:

- a beneficiary/guardian assessment or other method for collecting data on beneficiary experience
- validation with *care coordinators*, licensing staff or others trained with the requirements of the settings rule.
- The state must assure at least one validation strategy is used to confirm provider self-assessment results.



# Validation



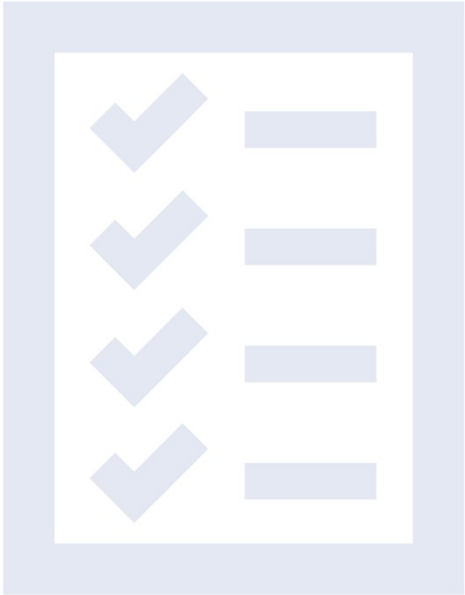


## Validation Method Chart

Service Type	Care Coordination (On-site)	Desk Review	Intense On-site Review	My Individual Experience Surveys
Residential (Innovations & (b)(3))	X	X	X	X
Day Support & Adult Day Health	X	X	X	X
Supported Employment (Innovations & (b)(3))	X	X		X
Supported Employment-Corporate Site	Only if an individual is working at corporate site agency.	X	X	



# Validation Methods



## HCBS and Care Coordination

<p><b>Minimum responsibility for general monitoring is to be alert for these items, ask individual about items, discuss with provider QP as applicable to confirm that all requirements are met, follow-up further as indicated.</b></p>	<p><b>There is no evidence/report that visitors are restricted to specified visiting hours or restricted to a specific 'visitor' area'.</b></p>
<p><b>Does the individual live and/or receive services in the same type of setting as an individual not receiving Medicaid HCBS (Individual receiving waiver services is not separated or unable to interact with other individuals in the setting)</b></p>	<p><b>Observation/report that individual has privacy in his/her living space.</b></p>
	<p><b>Observation indicates the individual is working in an integrated setting.</b></p>
<p><b>Does the setting fit in with surrounding neighborhood? (no permanent parking spaces; no signs in yard indicating the home is a group home; another group home or day program is not located on the same property or immediately adjacent.)</b></p>	<p><b>Do staff or other residents always knock and receive permission prior to entering an individual's living space?</b></p>
<p><b>Is the home located in an area that supports full access to the greater community OR is transportation available to access the community?</b></p>	<p><b>Observation indicates individual has a key to the home and his/her room.</b></p>
<p><b>Observation indicates that staff communicate with individuals in a respectful manner while providing assistance and during regular daily activities</b></p>	<p><b>Does staff only use a key to enter a living area or privacy space under limited circumstances agreed upon with the individual?</b></p>
<p><b>Observation indicates individuals are not required to sit at an assigned seat in the dining area and may choose with whom to eat; individuals are not required to wear bibs, clothing protectors, or use disposable cutlery, plates and cups (in their home).</b></p>	<p><b>Observation indicates that schedules of individuals for physical therapy (PT), occupational therapy (OT), medications, restricted diet, etc., are not posted in a general area for all to view.</b></p>
<p><b>Observation/report that furniture is arranged as individual prefers in his/her living space and they are allowed to decorate?</b></p>	<p><b>Evidence/Observations of personal preference assessments to identify the kinds of work and activities individual wants to participate in?</b></p>



# What are Care Coordinators Looking for?

## Desk Review

### **Suggested Documents to Review:**

1. Provider Self-Assessment
2. Provider Policies and Procedures
3. Individual Support Plans

### **Desk Reviews Associated with Remediation Efforts:**

In addition to documents noted above,

1. Care Coordination Monitoring Tools
2. Applicable MIE surveys

## Suggested Criteria for Intense On-Site Review

- A significant discrepancy in agency policies presented in provider self-assessment and Care Coordination tool.
- Concerns for potential heightened scrutiny that was noted as not meeting the threshold on the provider self-assessment. – **Contact DHHS immediately.**
- Significant concern for isolation. Example: Documented use of a bus route; however, no bus route available at location.

*\*The on-site review would be completed by an alternative LME-MCO/CAP DA staff member, not the care coordinator assigned to complete monitoring.*



## My Individual Experience (MIE) Surveys

1. DHHS will review MIE surveys within the time period of January 1, 2018 – January 1, 2019 and extend the review period at each quarter until March 1, 2020.



# Review of DHHS HCBS Review Tool

Instructions Tab

Guidelines Tab

Workbook Set-Up Tab

HCBS Review Tool Tab

Overall Summary Tab

Data Extraction Tab

# Validation /vs/ Ongoing Monitoring

Validation CONFIRMS  
the Accuracy of Provider  
Self-Assessment

## Ongoing Monitoring:

- Takes Place AFTER a Site is Validated
- Is an Ongoing Measurement of HCBS Compliance
- If Concerns Arise, Remediation Efforts May Take Place
- Sites Remain Validated During Ongoing Monitoring

# Review

- **WHAT QUESTIONS DO YOU HAVE?**
  - Validation Q&A Available Online After Validation Trainings
- **What are the three ways to validate an assessment?**
  - Care coordination (onsite), desk review and intense onsite review.
  - MIEs can Supplement Method Above
- **True or False – Supported Employment sites can be validated by the Care Coordinator?**
  - TRUE
  - CC Onsite Only at Corporate Site if Individual Employed at Corporate Site
- **What types of documents are utilized for a desk review process?**
  - Suggested Documents to Review:
    - Provider Self-Assessment
    - Provider Policies and Procedures
    - Individual Support Plans
  - Desk Reviews Associated with Remediation Efforts: In addition to documents noted above,
    - Care Coordination Monitoring Tools
    - Applicable MIE surveys

## Review Continued

- **What happens if an HCBS concern is noted after a site has been validated?**
  - Site Validation Occurs Once
  - Ongoing Monitoring Follows Validation
  - Technical Assistance Provided until Full Integration/Compliance Reached again
  - Providers Remain in Ongoing Monitoring Indefinitely



# Validation Reporting Requirements

## Validation Reporting Requirements

1. DHHS has developed the *HCBS Validation Quarterly Reporting Tool* to capture all sites required for validation
2. Reporting will be completed within typical quarter year, with submission occurring on the 5<sup>th</sup> of the second month following the last month of the quarter.
  1. Example: If the validation tool was completed in September, the designated LME-MCO HCBS staff would submit the quarterly report for July 1st-Sept 30th by November 5<sup>th</sup>.
3. All validation will be completed March 31, 2020.

# HCBS Validation Reporting Tool

Assessment Number	Site Name	Provider Name	Address	City	Zip	Service Type	Facility Type	Validation Method Used	Month/Year Site was Validated	Date New Plan of Action Assigned to Provider	Date New Plan of Action Completed/Verified	Actions	DHHS Response
3645	RHA Health Services Inc.	Graham AFL	13100 Debra Drive	Laurinburg	28405	residential_supports		Care Coordination	May-19				
6967	Reach for Independence, Inc.	Krystle Short	165 Coleman Ave, Unit 16 Apartment B	Asheville	28801	residential_supports	27G.5400					Wrong catchment area - remove	
200	Ambleside, Inc.	Ambleside Adult Day Program	1 Industrial Drive	Snow Hill	28580	day_support	N/A	Intense On-Site Visit	May-19				
669	Ambleside, Inc.	Ambleside Inc.	1 Industrial Drive	Snow Hill	28580	Day Support	N/A					Duplicate - remove from database	
6363	Better Days Ahead of Rocky Mount	Better Days Ahead Inc #4	100 S Glendale Ave	Rocky Mount	27801	residential_supports	5400	Care Coord. & Desk Review		4/28/2019			
3445	Saguaro Group dba Community Innovations	Community Innovations Southwood	100 Waccamaw Drive	Tabor City	28463	residential_supports		Care Coord. & Intense Onsite	May-19	4/17/2019	5/25/2019		
3721	Touchstone Residential Services-TRS	TRS-Clinton	100 West Elizabeth St.	Clinton	28328-4022	supported_employment							
3820	Touchstone Residential Services-TRS	TRS-Clinton	100 West Elizabeth St.	Clinton	28328-4022	residential_supports	Corporate	Desk Review				Identified as Corporate Site	
3705	Educare Community Living dba Community Alternatives	AFL Periodic	1001 Sunset Place	Goldsboro	27534	residential_supports						No longer contracted with LME-MCO - remove	
6627	Foothills Industries of McDowell County, Inc.	Foothills Industries of McDowell County, Inc.	300 Rockwell Drive	Marion	28752	day_support	other					Site is now fully compliant-please unlock	

**KEY**

Identified as duplicate	Master Index Request
Identified as multiple service	Site is now fully compliant-please unlock



## Technical Support & Remediation

In the event there is a substantial need for remediation and/or technical assistance, the LME-MCO/CAP DA staff should communicate remediation efforts to the provider primarily using the HCBS Provider Self Assessment Portal.

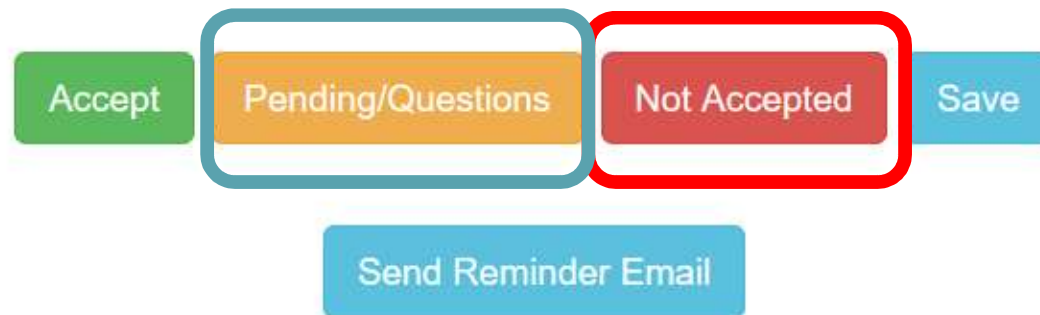
Examples of methods include, but not limited to:

1. Conference calls
2. Webinars
3. Providing additional training materials

*Technical assistance and remediation can occur during any stage of the validation process.*

## Validation Remediation Documentation

- In the event there is a need for remediation based on information provided on HCBS Monitoring Tab, Desk Review, MIE or Intense On-site Review, please identify the related assessment and mark "Not Accepted" at the bottom of the assessment page. This action will place assessment in review for remediation efforts.



# Validation Documentation

All validation remediation should be documented in the Provider Self Assessment portal and submitted in the Questions box, located at the bottom of assessment.

**Questions** The request for additional information should be the exception and not the rule specific to the eReview process.

VALIDATION REMEDIATION-Visiting hours are posted outside the facility

Time frame: 1 month

Plan: Provider will remove the current visiting hours which are posted throughout the facility. Update policy and procedure to reflect changes.

VALIDATION REMEDIATION-Observation indicates individual does not have key to the home and his/her room.

Time frame: 3 months

Plan: Provider will provide door locks for each sleeping unit location within the setting. This includes 10 doors. Door locks will be installed within 1 month. Each recipient will be given a key to their sleeping and living quarters. If it is found to be inappropriate for a recipient to have a key, the provider will work with the individual's Care Coordinator to update the Individual Support Plan. Policies and procedures will be updated accordingly. |

## Look Behind– DHHS Validation

**DHHS HCBS Team will review a sample of validated provider self-assessments starting at the receipt of first quarter validations.**

### **Sampling**

- 1. The sample size selected for review will be completed using Raosoft Sample Calculator <http://www.raosoft.com/samplesize.html>**
- 2. DHHS will use RatStats to determine the sample. Sampling will be stratified, meaning it will include all service categories.**

**Desk Review: Utilizing the HCBS Review Tool, DHHS will request documentation the LME-MCOs and CAP/DA used to validate sites (i.e. Care Coordination Tool- HCBS Quarterly Monitoring Tab, Provider Self-Assessments, My Individual Experience surveys, and any policies or procedures that may have been used to validate).**

## Overview

- **Do you have to submit a master index request for duplicates found on Validation Quarterly Reporting Tool?**
  - No, Select “Duplicate-remove from system” under Actions
- **Can a site be validated prior to May 1, 2019?**
  - No; April Tools May be Used for May Validation
- **Are you required to maintain records of all validation methods used to validate a site?**
  - Yes; DHHS may request during DHHS Look Behind

## Overview Continued

- **Are there any requirements in the HCBS database related to the validation process?**
  - Yes
    - Database: “Pend/Questions” and “Not Accepted”
- **When must ALL Validation be completed by?**
  - March 31, 2020



## Duplicates and Multiple Services

1710 Watkins Drive	Weldon	27890 Day Support	← Multiple Services
1710 Watkins Drive	Weldon	27890 Supported Employment	
1710 Watkins Drive	Weldon	27890 b3_supported_employment	
1717 Lawson ST.	Durham	27703 supported_employment	
1717 Lawson St.	Durham	27703 day_support	
1717 Lawson St.	Durham	27703 b3_supported_employment	
172 Riverbend Street	Waynesville	28786 day_support	
172 Riverbend Street	Waynesville	28786 b3_supported_employment	
174 Sherrill Street	Hudson	28638 residential_supports	
174 Sherrill Street	Hudson	28638 residential_supports	
1754 GKN Way	Newton	28658 day_support	
1754 GKN Way	Newton	28658 b3_supported_employment	
1781 South Main Street	Laurinburg	28352 day_support	← Duplicate
1781 South Main Street	Laurinburg	28352 day_support	
1781 South Main Street	Laurinburg	28352 supported_employment	
1790 McGhee mill road	roxboro	27574 Residential Supports	
1790 McGhees Mill road	roxboro	27574 b3_DI_services	
180 Coastal Lane	Jacksonville	28546 supported_employment	
180 Coastal Lane	Jacksonville	28546 day_support	



# Shared Sites Between LME-MCO's

## WHO IS RESPONSIBLE?

Eastpointe	A Small Miracle, LLC.	240 Newton Road	Raleigh	27615	day_support
Cardinal Innovations Healthcare	A Small Miracle, LLC.	240 Newton Road	Raleigh	27615	day_support
Alliance Behavioral Healthcare	A Small Miracle, LLC.	240 Newton Road	Raleigh	27615	day_support
Trillium Health Resources	A Small Miracle, LLC.	240 Newton Road	Raleigh	27615	day_support

OLD COUNTY HOME AFL	1432 OLD COUNTY HOME ROAD
Old County Home Road AFL	1432 Old County Home Road
J&J Mechanical	1440 Highway 258 S
Grant Home	14474 Watson Seed Farm Road
Wayfarer Group Home	145 Wayfarer Court
Richardson House Group Home	1468 Richardson Road
Cabbagestalk Home	1500 Laguardia Drive
TRS-Lumberton	1501 North Roberts Ave.
TRS-Lumberton	1501 North Roberts Ave.

A shared assessment will show up as a single site in duplicate key color. Check the zip code to determine responsibility.



# Questions?

Please send all feedback to  
[HCBSTransPlan@dhhs.nc.gov](mailto:HCBSTransPlan@dhhs.nc.gov)