

HCBS Intellectual Disabilities/Developmental Disabilities (ID/DD) Waiver

On-Site Compliance Review Process (OSCR)

Purpose and Goals

The purpose of an on-site compliance review is to verify that each ID/DD Waiver provider is in compliance with applicable state and federal requirements and to monitor the quality of treatment being provided to Medicaid beneficiaries.

The goals of the OSCR are:

- To assess the program and services offered by the ID/DD Waiver provider through direct observation, document review, staff interviews, participant interviews and family interviews.
- To provide clear, specific feedback regarding review findings to ID/DD Waiver providers in order that services may be enhanced.

Review Team Composition

The review team will be comprised of at least two (2) but no more than five (5) DOM staff and consultants, including an identified team leader, who will be a full-time DOM staff person.

Pre-Review Notification

Written notification of an upcoming OSCR will be provided to the ID/DD Waiver provider seven (7) to ten (10) days prior to the time the OSCR is scheduled to begin. The notification will include:

- The anticipated schedule for the OSCR
- The names of the participating team members
- A list of documents to be reviewed

Upon receipt of its pre-review notification, the ID/DD Waiver provider will contact DOM to verify awareness of the upcoming OSCR.

Overview of OSCR Process

The OSCR process is intended to monitor an ID/DD Waiver provider's overall operations for compliance with legal requirements and for quality of clinical programs and services. The review inquires into the ID/DD Waiver provider's operations in three domains:

- **Administration:** This area comprises the organizational structure and management of the ID/DD Waiver program. Administrative functioning is evaluated through the review of such information as policy and procedure manuals, staff credentials and training, utilization review documents, incident reports, etc.
- **Program:** This area comprises the philosophy and structure of the ID/DD Waiver provider's approach to treatment (what they believe constitutes good treatment and how they plan to carry it out). The program is evaluated through the review of program policy and procedure manuals, staff training schedules, and staff interviews.

- **Services:** This area comprises the manner in which an ID/DD Waiver translates into services provided to beneficiaries. The team particularly looks at whether or not services are delivered in such a manner as to provide maximum benefit to each beneficiary. Special emphasis is placed on the Plan of Care (POC) and case management.

The frequency with which routine reviews are scheduled is dependent upon the status of the provider at the time of its last review. Generally, the higher the provider's rating, the longer the period of time between reviews. Refer to the ID/DD Waiver provider Status Categories below for applicable time frames. Routine OSCRs will almost always be full-scale reviews, with every aspect of the ID/DD Waiver provider being evaluated.

Reviews are conducted utilizing the following Compliance Review Instruments (CRI) which can be viewed on the DOM Mental Health Services website under the ID/DD Waiver section:

- DMH Document Review
- Regional Center Document Review
- Staff Interviews
- Home Visit
- Individual Record Review

At the discretion of DOM, an OSCR may be conducted as a partial off-site (review of records) and partial on-site (staff/participant/family interviews) compliance review.

General Outline of OSCR Process

- **Entrance Interview:** At the beginning of the OSCR, the review team will meet with a small group (not to exceed six (6) people) of staff selected by the ID/DD Waiver provider for an overview of the OSCR process. The group will typically consist of the Support Coordination Director, Agency Director and direct care providers. The entrance interview is the provider's opportunity to meet the review team, inform the team of any changes in the program that have occurred since the last review and to ask questions about the current proceedings. This phase typically will last thirty (30) minutes or less.
- **Review of Administrative and Program Records:** The review team will review administrative and program documents requested in the pre-OSCR notification.
- **Review of Participant Records:** Randomly selected participant records will be reviewed by the team to assess compliance with DMH Standards and Record Guide and DOM ID/DD Waiver policy.
- **Staff Interviews:** Staff to be interviewed will be identified during the course of the OSCR. The team is particularly interested in how well program guidelines are carried out in practice and whether or not staff work together collaboratively, functioning as a true team.
- **Participant and Family Interviews (Home Visit):** Prior to the site visit, the review team will identify participants and families to be interviewed separately. Interviews will typically occur in conjunction with a home visit or, if not possible, at an appropriate location convenient for the participant and family. The ID/DD Waiver provider will coordinate home visits and interviews with the review team. The review team will assess if the participant/family feels they are actively involved in their treatment, how knowledgeable they are about specific aspects of their services, and how they view the program and staff's ability to help them. .
- **Review Team Conference (Status rating):** At the conclusion of the above components, the review team will meet in private to compile all information and prepare for the Exit Interview.

- **Exit Interview:** The review team will meet with the ID/DD Waiver staff to present an overview of the team's findings and inform the provider of its current ID/DD Waiver status. At this time staff may ask questions, request examples of problems cited, etc. The same representatives who were present at the Entrance Interview will attend unless changes have been discussed with the review team leader. This phase typically will last one (1) hour or less.
- **Written Report (Compliance Review):** The DOM will provide the ID/DD Waiver provider with a written report of the review team's findings at the conclusion of the OSCR. If the status ruling is Commendation or Approved, the OSCR process is complete until the next routine OSCR. The provider must submit a Corrective Action Plan (CAP) to DOM for all items cited in the OSCR.

ID/DD Waiver Status Categories

At the time of the Exit Interview, the ID/DD Waiver provider will be informed of its status category. The status categories are as follows:

- **Commendation:** Program and services consistently exceed standards
 - No problems were cited by the review team
 - The next OSCR will be scheduled in approximately eighteen (18) months.
- **Approved:** Program and services consistently meet standards
 - No citations in areas that reflect on safety/well-being of waiver participants
 - The next OSCR will be scheduled in approximately one (1) year.
- **Review:** Overall program and services are of acceptable quality with one (1) or more specific areas of substandard quality
 - If there were no citations, the next OSCR will be scheduled in approximately six (6) months
 - If problems were cited, a CAP must be submitted to address them and the next OSCR will be scheduled in approximately six (6) months after the implementation of an approved CAP
- **Probation:**
 1. Program and services are of substandard quality **OR**
 2. The provider is already on Review Status and has failed to show improvement in a follow-up OSCR **OR**
 3. Conditions exist which could jeopardize the safety or well-being of a participant.
 - A CAP must be submitted to address all identified concerns
 - The next OSCR will be scheduled in approximately three (3) months after implementation of an approved CAP
- **Suspension:**
 1. Program and services are of unacceptable quality **OR**
 2. Conditions exist which jeopardize the lives or well-being of participants or families
 - Admissions of Medicaid beneficiaries are suspended until further notice
 - The next OSCR will be scheduled as soon as reasonably possible, but no later than thirty (30) days after the implementation of an approved CAP.
- **Deferred:** If the team requires additional information or expert opinion in order to complete its determination, then the status ruling may be deferred.

- DOM must re-contact the ID/DD Waiver provider within ten (10) days and
 - Request additional information or documentation, which must be provided within ten (10) days of receiving the request **AND/OR**
 - Schedule a continuation of the OSCR, in which case additional team members may participate in further on-site review of the facility **OR**
 - Submit a final status ruling.
 - The ten (10) day request/submission response cycle will continue until a final status determination is made.

Corrective Action Plan (CAP)

Any ID/DD Waiver provider receiving a rating of Review, Probation or Suspension must submit a Corrective Action Plan (CAP). The CAP must be received by DOM no later than ten (10) working days following the ID/DD Waiver provider's receipt of its status ruling.

The CAP must address separately each concern cited in the OSCR report by:

- Proposing specific actions that will be taken to correct each identified problem
- Specifying an implementation date for each corrective action
- Including supporting documentation as appropriate, e.g. policy or procedural changes, new or revised forms, copies of training schedules or staffing, etc.

Justifications or explanations for the cited problems should not be addressed in the CAP. Although there may be good reasons for the existence of the problems, DOM is interested only in the proposed solutions. The narrative of the CAP should be succinct and to-the-point. The following format is suggested for each separate element cited:

- Description of element
- Findings
- Plan of correction
- Implementation date
- Supporting documentation (attached to the CAP and referenced in the narrative response)

Examples:

- Description of element: Plan of Care contains approved hours.
- Findings: Approved hours were not updated in the most recent POC of two (2) charts reviewed.
- Plan of correction: Support Coordination Director will provide in-service training to Support Coordinators on record documentation. Plan of Care will be reviewed for completeness through record audits by Support Coordination Director.
- Implementation Date: July 1, 2011.
- Supporting documentation: Attachment A: Training logs.

The CAP will include the name and telephone number of a provider staff member who will work with DOM towards approval of the CAP.

The DOM must approve/disapprove the provider's proposed CAP within ten (10) working days of receipt by DOM. The ten (10) day submission/ten (10) day response cycle will continue until DOM approves a CAP. The provider must implement the CAP within thirty (30) days of its approval. When notifying the provider of its CAP approval, the DOM will also inform the provider of the anticipated time of the next follow-up OSCR.

Appeals Process

If the ID/DD Waiver provider disagrees with its status ruling or has a complaint regarding DOM's response to the proposed CAP, the concerns should be addressed as follows:

Division of Medicaid
Bureau of Mental Health Programs
Director, Mental Health Services

If the ID/DD Waiver provider disagrees with the response to its appeal, the concerns should be addressed as follows:

Division of Medicaid
Director, Bureau of Mental Health Programs

If the ID/DD Waiver provider disagrees with the results of this appeal, it should address its concerns to:

Division of Medicaid
Deputy Administrator, Bureau of Health Services

If the ID/DD Waiver provider disagrees with the results of this appeal, it should address its concerns to:

Division of Medicaid
Executive Director

Address all correspondence to:

Division of Medicaid
Walter Sillers Building
550 High Street, Suite 1000
Jackson, MS 39201