

# Quarterly Quality Meeting

September 2024

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# Agenda

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- Welcome
- Liberty Update
  - Technical Assistance Program (TAP)
  - Onsite Provider Review (OPR)
  - Utilization Review (UR)
  - Abuse/Neglect/Exploitation (ANE) General Event Report (GER) Changes
- HCBS Final Settings Rule
- Wrap up

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# Liberty Updates

September 2024

# Technical Assistance Program (TAP)

- Quarterly Systemic Training
  - The first training covering Abuse/Neglect/Exploitation was delivered in August 2024.
  - The second training on Incident Follow-Up and GER Resolutions is scheduled for:
    - September 18 at 10 a.m., Central time;
    - September 24 at 5 p.m., Central time; and
    - September 28 at 10 a.m., Central time.
  - The third training topic has been approved by the state and is currently being created.
- We are in the process of developing a Resource Library the public can utilize.
  - Resources will be identified as needed through data analysis or requests from stakeholders.
  - All resources will be from credible sources.

# Technical Assistance Program (TAP)

- Currently working on engagement and outreach opportunities.
- Examples of topics providers could reach out for:
  - How to effectively identify a root cause
  - Assistance with completing or implementing Action Plans from RCAs
  - Assistance with identifying gaps in processes and procedures
  - Assistance with ensuring services are person-centered and adhere to the settings rule.
  - Assistance with GERs and Resolutions
  - Assistance with correlating data and trends

# On-Site Provider Review (OPR)

- Collaborative Workgroup held in July, August, and September for the DD Waivers.
- AD Waiver Collaborative Workgroup will commence in September, October, and November 2024.
- Pilot for both Waivers to begin December 1, 2024.
- Anticipated go-live of Onsite Provider Reviews for all waivers is February 1, 2025.

# Utilization Review (UR)

- Utilization Review Program (UR)
  - Developing a new Utilization and Claims Review Process
  - Validate that services were provided
  - Evaluate the utilization of services authorized
  - Provide summaries of review findings
- Anticipated to start development in February 2025

# ANE GER Changes

If an incident occurs meeting DHHS-DDD GER requirements but does not meet state statute:

1. The provider will not be required to make a notification to the abuse/neglect hotline.
2. The provider will report “No” under the Basic Information Tab of the GER.

## Abuse/Neglect/Exploitation

\* Abuse Suspected?  Yes  No

\* Neglect Suspected?  Yes  No

\* Exploitation Suspected?  Yes  No

3. The provider will continue to utilize the Abuse/Neglect/Exploitation event type and will include verbiage such as “Does not meet state statute” in the event summary.
4. If a provider is unsure if an event meets state statute, the provider should err on the side of caution and enter the GER with no changes to the current process.
5. All current requirements for incident notification level and follow-up will remain.





# Any Questions?

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# **HCBS Final Settings Rule**

# HCBS Final Settings Rule

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Federal regulation promulgated by the Centers for Medicare and Medicaid Services (CMS) in 2014.

States submitted transition plans, and the regulation went into full effect in March 2023.

The regulation applies to all settings that are owned, leased, operated, or controlled by service providers.

- DD – Group homes, shared living homes, day sites
- AD/TBI – Assisted Living, Adult Day sites, out of home childcare

# Intent of HCBS Final Settings Rule

Enhance

quality.

Add

protections for participants in waiver services.


Ensure

settings where services are provided are integrated in their communities do not have institutional features.

# Federal Requirements for HCBS Settings

- |                         |   |
|-------------------------|---|
| Federal Requirement 1:  | Full access to greater community, integrated work, community life, personal resources |
| Federal Requirement 2:  | Choice of setting options   |
| Federal Requirement 3:  | Individual rights   |
| Federal Requirement 4:  | Individual autonomy   |
| Federal Requirement 5:  | Individual choice of services   |
| Federal Requirement 6:  | Lease   |
| Federal Requirement 7:  | Privacy, lockable doors, roommates, decor   |
| Federal Requirement 8:  | Control of schedule and food access   |
| Federal Requirement 9:  | Visitors  |
| Federal Requirement 10: | Physical accessibility  |

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**Poll #1**  
**What are the three most challenging compliance requirements to meet?**

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# #3 – Individual Rights

The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.

- Are any restrictive practices used in compliance with division policy?
- Is there a complaint process? Is it anonymous? Is information about how to make a complaint shared?
- Is private information about participants discussed discreetly, not within hearing of others, not posted in public areas?
- Are participants supported with grooming as they desire and wearing clean clothes that fit and are seasonally appropriate and consistent with the participant's preferences?
- Do staff communicate with participants in a dignified manner, using age-appropriate language and addressing participants as they prefer to be addressed?
- Do participants have secure places for participants to store their belongings?

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# #3 – Individual Rights

The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.

- Examples of non-compliance could include:
  - Staff calling participants “honey” or “sweetie” if that isn’t a participant’s preference.
  - Posting participants’ schedules of therapies, safety interventions, medical protocols, etc. in public areas where anyone could see them.
  - Discussing a participant’s medical needs or condition amongst staff where other participants or visitors could hear.
  - Staff limiting a participant’s access to their personal electronics without team approval.
  - Failing to share information about the provider’s complaint process or not having a process that is easily accessible to participants.
  - Participants are all wearing their pajamas with stains from their lunches in the afternoon.

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## #4 – Individual Autonomy

The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.

- Does the setting offer many activities for participants to choose based on their preferences?
- Are there gates, locked doors, or other barriers preventing participants from accessing certain areas?
- Is the participant able to choose who they engage in group activities, meals, etc. with or choose to eat and engage in activities on their own?
- Are participants able to engage in legal, age-appropriate activities, like voting, smoking, or consuming alcohol?
- Do participants have access to a personal phone or other communication device to communicate as they choose? If there is a shared phone, computer, etc. is it in an area that affords privacy for a participant using it?

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# #4 – Individual Autonomy

The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.

- Examples of non-compliance could include:
  - Participants in a group home are required to eat at the same time together at the dining room table.
  - The breakroom in a day site is locked so participants need staff assistance to access their personal items, vending machines, etc.
  - Activities are planned for everyone in the setting each day and no alternatives or variety to choose from are offered.
  - Participants aren't able or allowed to have a phone in their room and the shared landline is in an area of the home which does not allow any privacy.

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# #8 – Schedule

The setting provides options for individuals to **control their own schedules** including access to food at any time.

- Are participants able to choose when and what to eat?
- Can participants have a snack at any time of day?
- Does the participant required to adhere to a set schedule for waking, bathing, mealtimes, bedtimes?
- Does the participant's schedule vary from day to day in accordance with their preferences?
- Does the participant have access to leisure activities that interest them that they can access at any time?
- Can the participant request an alternative meal from what is being served?

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# #8 – Schedule

The setting provides options for individuals to **control their own schedules** including access to food at any time.


- Examples of non-compliance could include:
  - There are set meal and snack times, and participants are not able or allowed to access food if they want to eat outside of these times.
  - Participants are expected to go to bed at a specific time and cannot choose to stay up later or watch TV in shared areas of the home after that time.
  - Participants are required to take a bath/shower every day in the morning, even if that is not their preference.
  - A participant's schedule is the same every single day, and they are not allowed to divert from it.
  - Menu is set for the home without input from participants living there, and they are not allowed to choose meals not on the menu.

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**Poll #2**  
**Which compliance requirement needs  
your attention?**

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**Poll #3**  
**Are you interested in attending  
Provider Forums with the DHHS Quality Team?**

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# Questions?

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