

DHHS Quality Review

Non-Compliance Process

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Agenda

Commonly Used Acronyms

When Documents are Requested

What do the Regulations Say?

Final Settings Rule Assessments

Mortality Review Compliance

Incident Report and Incident Report Resolution Compliance

Root Cause Analysis Compliance

Non-Compliance Outcomes

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Commonly Used Acronyms

DDD – Department of Developmental Disabilities

- *the state department responsible for oversight of services on the Home and Community Based Waivers.*

HCBS – Home and Community Based Services

- *a line of services for those with varying disabilities in the community*

DD – Developmental Disability

- *used in reference to the waiver service line for people with developmental disabilities*

AD – Aged and Disabled

- *used in reference to the waiver service line typically for those with physical disabilities or are aging.*

TBI – Traumatic Brain Injury

- *used in reference to the waiver service line for those with a traumatic brain injury*

FSR – Final Settings Rule Assessment

- *process used to ensure compliance with CMS requirements*

CIMP – Critical Incident Management Process

- *the required steps for reporting and managing critical incidents for people on the waivers*

GER – General Event Report

- *Therap form for Incident Report*

GERR – General Event Report Resolution

- *Therap form for Incident Investigation*

RCA – Root Cause Analysis

- *An investigative process to determine the why's behind an incident and to create action plans to prevent or lessen recurrence.*

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When Might DHHS Request Documents?

Deep Dive Reviews	Mortality Reviews
	Critical Incident Management Root Cause Analyses
	Root Cause Analysis Action Plan Completion
General Event Report (GER)	GER Corrections
	GER Resolution Corrections
	GER Resolution Verified Remediation
Final Settings Rule (FSR)	FSR Provider Self-Assessment
	FSR Provider Remediation Plans
	FSR Heighted Scrutiny

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Provision of Information – What do the Regs Say?

DD Developmental Disabilities

- 404 NAC 6-001 Each provider must maintain data, statistics, schedules, reports, and other information as required by the Department.
- 404 NAC 6-001.01 The provider must, upon request, submit data, statistics, schedules, reports, and any other requested information to the Department.
- 404 NAC 6-002 Each provider must allow access to records, must provide copies of documents upon request, and must allow access to the provider's operations for on-site review by the Department.

AD Aged & Disabled

- 480 NAC 4-002.06(F) "Allow federal, state, or local offices responsible for program administration or audit to review service records, in accordance with 42 CFR 431.107. Inspections, reviews, and audits may be conducted on site."
- 480 NAC 4-002.06(N) "Allow Department staff to review agency policies regarding hiring and reporting to ensure that appropriate procedures regarding abuse, neglect, and law violations are in place. The agency provider must allow the Department access to records in order to establish compliance with this requirement."

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Non-Compliance – What do the Regs Say?

DD Developmental Disabilities

- 404 NAC 6-005.04 Failure to comply with the requirements imposed upon certified providers in this chapter may result in reduction in or reimbursement of funds, or disciplinary action or termination of certification as provided for in 404 NAC 4, or other applicable law or regulation.

AD Aged & Disabled

- 480 NAC 4-002.07 “AD providers can be sanctioned or terminated for any of the reasons in 471 NAC 2, as well as for additional reasons set forth in 480 NAC 4-002.07.”
- 471 NAC 2-005.01(5) Allows department to sanction or terminate any Medicaid provider for “Failing to provide and maintain quality, necessary, and appropriate services within accepted medical standards.”
- 471 NAC 2-005.01(29) Allows department to sanction or termination for “Endangering health and safety of clients.”

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Final Settings Rule Assessments (FSRA)

FSRAs –Timeline Overview

DD Provider Self-Assessment (SA)

- Assure SA is submitted at least 15-days prior to services planned start date
- If found partially compliant, requested evidence is due 20-business days from initial request
- Waiver services can not be billed unless provider is found fully compliant

DD Monitoring Assessment (MA)

- Either targeted or random sample of providers will have an on-site assessment
- If found partially compliant, requested evidence and/or remediation plan is due 20-business days from initial request date
- If no response received after 20-business days, provider would receive a “Agency No Response Letter”

DD & AD Heightened Scrutiny Assessment (HS)

- Once a provider in need of HS has been identified, an email is sent to the provider that requests completion of an HS evidence packet.
- Evidence packet is due 30-calendar days from delivery of request
- CMS requires a 30-day public comment period after Summary of Findings is completed by DDD

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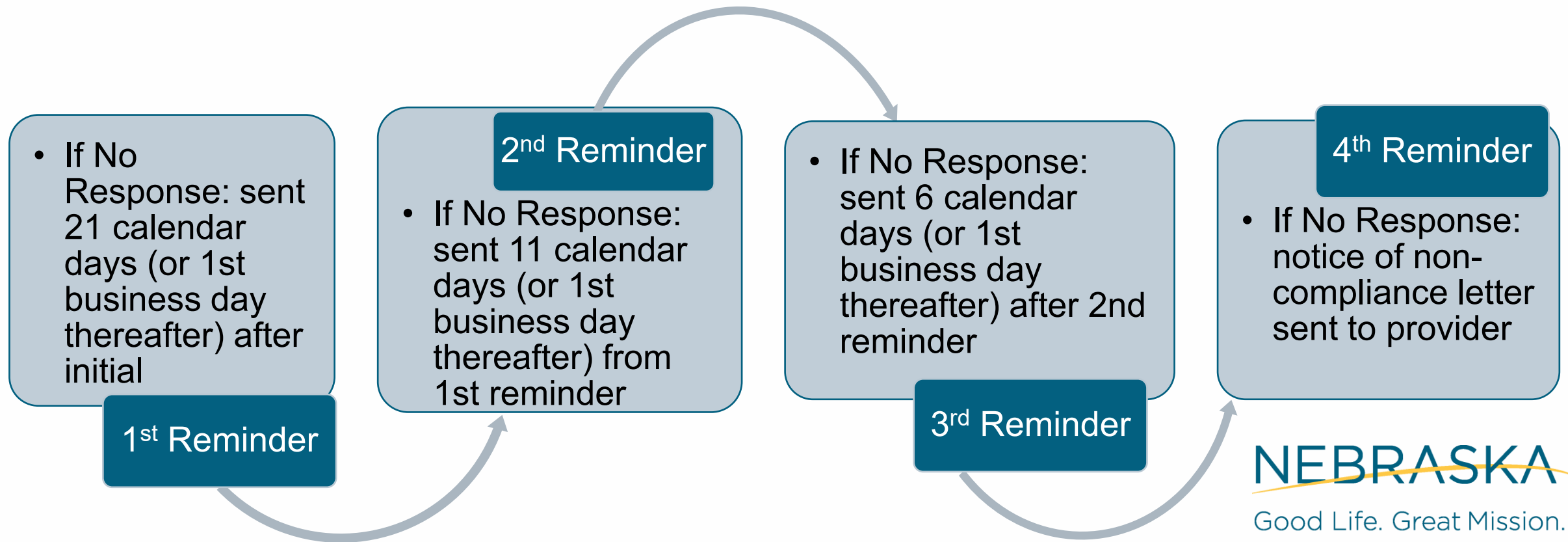
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DD & AD/TBI Mortality Review Program

Mortality Process – 1st Request sent within 1 business day of Notification of Death



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DD & AD/TBI* CIMP GER Corrections

Critical Incident Management Program – 1st Request sent within same business day as review

1st Reminder

- If No Response: Sent on 3rd business day after 1st request



If NO Response

- Aggregate data monthly for providers with continued non-compliant GERs and report to DDD via monthly program reports.

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DD CIMP GER Resolution Corrections

Critical Incident Management Program – 1st Request sent 15 calendar days (or next business day) from GER submission

1st Reminder

- If No Response: sent on 3rd business day from 1st Request to provider.

If No Response:

- *Aggregate data monthly for providers with continued non-compliant GERs and report to DDD via monthly program reports.*

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DD CIMP GER Resolution Verified Remediation

Critical Incident Management Program – 1st Request sent on the 1st business day after the latest due date for recommendations.

1st Reminder

- If No Response: non-compliance letter sent on 3rd business day from 1st Request to provider



If NO Response

- Aggregate data monthly and report to DDD via monthly program reports.

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DD & AD/TBI CIMP Root Cause Analysis Document Requests

Critical Incident Management Program – 1st Request is sent within 5 business days of the initiation of a Root Cause Analysis (RCA)

1st Reminder

- If No Response: sent on 6th business day from 1st request

If No Response

- RCA Activities continue with contingent non-compliance

If a provider needs additional time, it is important to communicate with the assigned reviewer

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DD & AD/TBI CIMP RCA Action Plan Completion

Critical Incident Management Program – 1st Request Liberty submits RCA and action plan form to DDD and Provider within

- 12 business days for High-Level RCAs
- 30 business days for Routine-Level RCAs

1st Reminder

- If No Response: sent on 6th business day from 1st request

If No Response

- Non-compliance letter sent on 3rd business day from 2nd Request to provider via email.

If a provider has questions or concerns regarding the action plan, they must contact the Incident Review Manager within the 5 business days.

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DD & AD/TBI CIMP RCA Action Plan Verified Remediation Completion

Critical Incident Management Program – 1st Request action plan acceptance letter sent same business day of acceptance. Providers have 5 business days to submit their action plan from the date of RCA submission.

1st Reminder

- Sent 1 business day after latest action plan due date set by provider

If No Response

- Non-compliance letter sent on 3rd business day from 2nd Request to provider.

If a provider has questions or concerns regarding the action plan, they must contact the Incident Review Manager within the 5 business days.

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Non-Compliance Outcomes

Any or all these consequences may apply

Monthly non-compliance reports will be provided to DDD leadership

Non-compliance status will be noted in provider's Quarterly Resolution Report with providers for corrective actions

Non-compliance may lead to sanctions per regulations

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Questions?



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