



HCBS SETTING VALIDATIONS

Information for HCBS service providers

Katie Morris, DMAS
Deanna Parker, DBHDS

Housekeeping

- All microphones are muted to prevent background noise
- Please enter all questions into the chat box and we will answer questions at the end of the presentation
- This slide deck will be available at the end of the presentation and will be posted on the DMAS website on the HCBS toolkit.

Agenda

- Message to Providers
- CMS Home and Community Based Services (HCBS) Settings Requirements
- Overview: OSR Process
- Overview: Desk Audit Process
- Timeline
- Recap and FAQ's

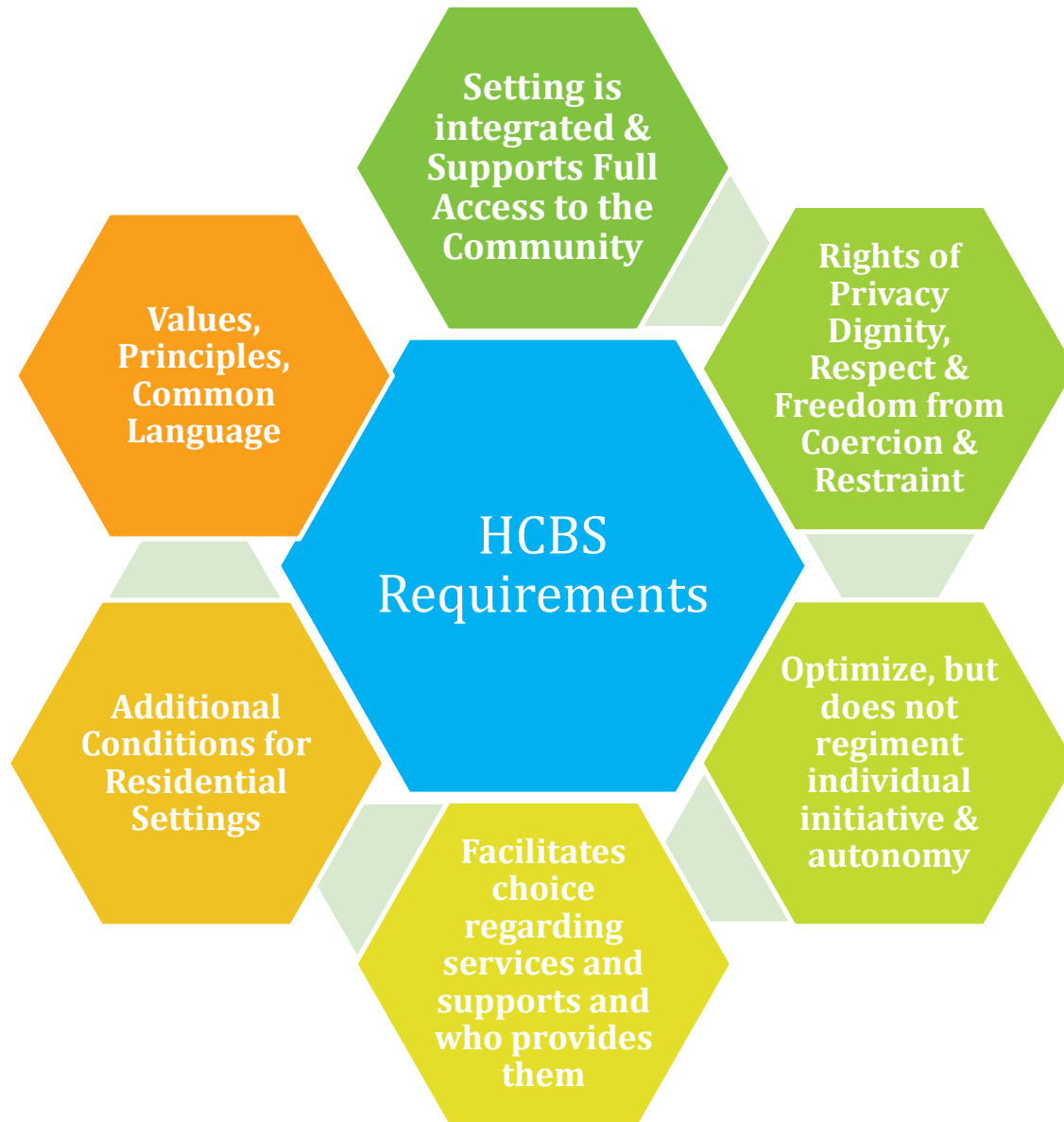
Message to Providers

- Thank you for your commitment to reaching full compliance with the HCBS Final Rule.
- Please direct any questions to hcbscomments@dmas.Virginia.gov

What does HCBS mean for your agency?

The **HCBS Settings Regulation Final Rule** outlines federal requirements for what a community-based experience must entail. Basic expectations for settings:

- Be integrated in and support full access to the greater community.
- Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimize, but 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.
- Facilitate individual choice regarding services and supports, and who provides them.



Provider Organizational Compliance

- In 2017, all HCBS provider agencies were instructed to complete a self-assessment in the REDCap system.
- As part of this assessment, each agency had to develop an HCBS rights policy, disclose HCBS rights to the individuals receiving services from the provider, and train all staff on HCBS rights. The state team named this process **Provider Organizational Compliance**.
- This was Phase 1 of Virginia's plan to transition into full HCBS compliance.

Setting Validation Methods

- **Phase 2** of Virginia's transition plan is to complete setting specific validations for each HCBS setting in the state. This will be conducted via:
 - ✓ Onsite reviews, (tours, record reviews and interviews with individuals and staff)
 - ✓ Standalone desk audits of individuals receiving services
 - ✓ Existing reviews (including the QSR).
- As a state, we are looking at each setting to ensure that the HCBS policy has been translated into practice. An agency is not compliant by simply drafting a policy.
- Compliance is determined by evaluating how this policy has shifted culture and practice at the settings level to ensure that recipients of HCBS services are receiving true community-based experiences.

Onsite Review

- In Virginia's Statewide Transition Plan (STP) DMAS and DBHDS have committed to conducting at least 400 onsite reviews. We have developed a process, tools, and informational packets to assist the review team and provider to have a clear understanding of what is expected during a review.
- In light of the COVID-19 pandemic, we have adjusted the protocol to account for a variety of review methods. We have multiple hybrid models, complete virtual reviews, and complete onsite reviews.
- **At this time and into the near future, all reviews will be conducted *virtually* until further notice.**

Onsite Reviews

Table 1. Settings Review Methods

100% In-Person OSR	All elements of the review are conducted in-person at the location of the setting
100% Virtual OSR	All elements of the review are conducted virtually by telephone, video-conferencing and electronic submission of information and supporting documentation/photos
OSR Hybrid #1	<ul style="list-style-type: none"> • Remote documentation review • Virtual tour • Virtual interviews • Brief in-person validation
OSR Hybrid #2	<ul style="list-style-type: none"> • Remote documentation review • Virtual tour • In-person interview of individuals, staff and volunteers • Brief in-person validation
OSR Hybrid #3	<ul style="list-style-type: none"> • Remote documentation review • In-person tour and interview of individuals, staff and volunteers

Sample Sizes

- **In settings of 4 or fewer people, 100%** of the individuals will be reviewed.
- **In settings of 5 or more people, 25%** of the individuals will be reviewed.
- **For settings with five or fewer staff, the HCBS Review Team asks all staff to participate in interviews.** The HCBS Review Team interviews a **10% sample when the setting has six or more staff.**
- **All staff interviews must include at least an interview with 1 DSP and 1 front-line supervisor.**

Steps in Onsite Review

Activity	Purpose
Pre-OSR Meeting	provider readiness, expectations, logistics, answer questions
Provider Packet	preparation for review (letter outlining setting reviewed, sample of individuals to be reviewed, required documentation for submission, provider fact sheet, individual fact sheet)
OSR	entrance conference, tour, interviews, review of records
Exit Conference	review general observations, clarify points if necessary
Review Team Debrief	team members discuss findings, best practices, and remediation activities
Scoring	setting scored for HCBS and a compliance determination is made (compliant, non-compliant-, partially compliant)
Summary Report	forwarded to provider with summary of review, compliance finding and necessary remediation, and timeline for completion within ten days of completion of the OSR.

Interviews

Individual interviews:

- ✓ Focus on freedom, independence, choice, right disclosure, person-centered planning, safety and satisfaction with services.
- ✓ Should be completed outside the presence of setting staff.
- ✓ Are scheduled in advance and should not interfere with the individual's typical schedule.
- ✓ Last about 45 minutes, but may take longer depending in the individual.

Interviews

Staff Interviews:

- ✓ Should take place outside the presence of management.
- ✓ Are scheduled in advance with the provider agency.
- ✓ Last roughly 30 minutes.
- ✓ Focuses on the agency HCBS policy, disclosing rights to the individuals in the setting, policy and procedure in the agency that protects from coercion and restraint, choice, community participation and freedom in the setting.

Tours

What do we want to see?

- ❖ Proximity to the greater community
- ❖ Any barriers, locks or gates
- ❖ Mobility access and the ability for individuals to move around the setting
- ❖ Any signs of an “institutional” culture
- ❖ Residential settings- locks on doors, decorated bedrooms, communication (phones) and access to food.

Desk Audits

Desk Audits will be used to validate settings that are not scheduled to receive an onsite review. This review will be based on documentation that the provider will submit to include:

- Progress notes;
- Person-centered reviews;
- HCBS staff trainings;
- Staff position descriptions;
- Individual disclosures;
- Behavioral support plans;
- Setting pictures;
- All documentation related to HCBS residential modifications; and
- Other documentation as requested by the reviewer.

Sample Sizes

Desk-audit sample size will be determined using the methodology of $\text{SQRT } N + 1$. Basic rounding rules are used (<5 rounded up).

Number of participants	Sample Size
1	1
2	2
3-6	3
7-12	4
13-20	5
21-30	6
31-42	7
43-56	8
57-72	9
73-90	10
91-110	11
111 or more	12

Desk Audits

- All desk audits will consist of a detailed review of the documentation submitted by the provider. The review team will also review the onsite review tools in WaMS and the documentation previously submitted in REDCap.
- Desk audits will rely solely on documentation to show how a provider has embedded the HCBS requirements and larger culture into their programs.
- As needed, reviewers will follow-up with providers for lingering questions before providing the summary of remediation needs (if a provider requires remediation).

Steps to a Desk Audit

Activity	Purpose
Pre-Audit Email	Inform provider of audit, outline expectations and time frames, establish contact person
Follow-up Email	Confirms contact person's email and phone number, reviews the number of individuals in the setting receiving services, establishes the sample size.
Email 1 week before audit	Confirms that all needed documentation will be uploaded to Edoc and answers any last minute questions.
Audit	Reviewer will read and audit all documents from REDCap, WaMS and Edoc
Scoring	setting scored for HCBS and a compliance determination is made (compliant, non-compliant-, partially compliant)
Summary	Reviewer will send the summary to the provider contact person. This will outline strengths of the provider and any areas that require remediation.
*Communication	The primary mode of communication will be email. Secure emails will be used for any PHI or PII. However, the provider can request a phone call with the reviewer, as needed.

Audit Summary Report

- Following each audit, a provider will receive a detailed summary report. This report will be used for both the onsite reviews and desk audits.
- The report provides an overview of compliance status based on (3) categories: **Compliant, partially compliant or non-compliant.**
- For any area **not** deemed **fully compliant**, the report will include a detailed narrative describing what the review team discovered that is barring the provider from achieving compliance.
- The end of the report will detail remediation on **three levels- individual, setting, and staff.** The provider will receive instruction on the identified areas of non-compliance and what is needed to reach full compliance.
- The provider can request a call with the review team to discuss remediation actions. **The provider remediation plan is due back to the reviewer within 30 days.**

Remediation Review

- Your audit summary will provide your setting with specific areas that require remediation. The levels are: individual, staff, and setting.

Remediation Level	What it Means
Provider Specific Remediation: Setting Specific	Remediation regarding the physical building (ex. remove a sign, improve site physical accessibility, add a lock to a door, system for access to keys)
Provider Specific Remediation: Staff Level	Remediation regarding staff training, program policies, or practices. Staff training may include HCBS training, person centered language or practices, dignity of risk
Site Specific Remediation: Individual Level	Remediation about individuals at the site, may require individual involvement, (ex. updates to ISP or outcomes, documenting an HCBS rights modification for a specific individual, needing a form signed or completed by the individual, changes to documents regarding individuals.)

Full Compliance

- Once a setting has achieved full compliance, a letter will be sent to the provider.
- **Reaching HCBS compliance is not a one-time achievement.** A provider must maintain their compliance status which will be monitored on an ongoing basis through:
 - The DBHDS Office of Licensing
 - The Office of Human Rights
 - DMAS QMR
 - Support Coordination and other quality monitoring reviews.
- **If a setting can't reach full compliance, the provider participation agreement will be reviewed.** Possible consequences include
 - suspension of billing, and
 - removal of the agreement.

Documentation Submission

- All documentation will be submitted using eDocs. This is a secure hub that is located within the Medicaid portal.
- We are creating an instructional video that will be available on the DMAS website under the HCBS toolkit . In this video we discuss uploading and naming conventions. As a reminder, the provider will see five folders, one for each HCBS region.
- **You must upload your documents under the region where the setting is located- not a provider "home base".**

Who are the reviewers?

- The review team consists of existing members of the state team. This includes staff members from DMAS and DBHDS. Our combined teams will be working together to review each setting.
- Representation includes: DMAS HCBS Regional Managers, DBHDS Community Resource Consultants, Service Authorization Consultants, Policy Staff and Employment Specialists.

✓ Timeline

Timeline	
January 2021	OSR and Desk-Audit Reviews Begin
October 2021	Determinations of heightened scrutiny settings are reported to CMS
August 31, 2022	All reviews are complete and remediation activities are validated.
September 2022	Providers receive notice of any setting that will not reach compliance. This allows for 120 days for transition (as per the STP).
March 17, 2023	VA reached full compliance with the Final Rule and ongoing monitoring begins

General Questions & Recap

- (Q)** Will each setting receive BOTH a desk audit and an onsite review (OSR)?
- (A)** *No, a setting will receive either an OSR OR a desk audit review.*
- (Q)** How will providers be contacted for an audit?
- (A)** *They will be contacted via the email on file in REDCap.*
- (Q)** Will the OSR audits be scheduled or unannounced?
- (A)** *All audits will be scheduled with the agency ahead of time.*

Questions after this session?