

WEBVTT

1 "Carol Brennaman" (238966016)

00:00:00.985 --> 00:00:13.855

Good morning everyone and this cat mentioned welcome to the waiver performance measure overview training. And again, as she mentioned, just please put your questions in the chat and we will get that document taken care of for you.

2 "Carol Brennaman" (238966016)

00:00:14.395 --> 00:00:25.285

So we'd like to introduce ourselves. So, you guys know who's given the presentation today? My name is Carol Brennan, and I started in direct care when I was in college.

3 "Carol Brennaman" (238966016)

00:00:25.495 --> 00:00:29.905

I worked my way up to a queue for provider and then I worked with the St Louis.

4 "Carol Brennaman" (238966016)

00:00:30.025 --> 00:00:44.785

Regional office is a support coordinator for 5 years, and then moved over to the self directed supports coordinator, role and work there for about 3 years. I took a 6 month. What? I like to call a sabbatical from the regional office and went to the county board as a support coordinator.

5 "Carol Brennaman" (238966016)

00:00:45.295 --> 00:00:53.065

And then I came back to the St Louis regional office as a vendor services coordinator, which is the role that I am in now. And I have been for the last 8 years.

6 "Steve Laws" (33065984)

00:00:55.495 --> 00:01:01.645

My name is Steve laws and ilst worked as a direct care staff in a residential care facility many years ago.

7 "Steve Laws" (33065984)

00:01:01.645 --> 00:01:13.195

And then I was a community integration worker for NSB, 40 in Marion County, and I also worked for a CPR program before coming to the regional office as a crisis team member.

8 "Steve Laws" (33065984)

00:01:13.195 --> 00:01:17.545

And I've been doing provider relations work for over 10 years. years

9 "Steve Laws" (33065984)

00:01:19.645 --> 00:01:27.265

Hello, my name is Shaun Murphy, and I also got my starting direct here and I did that working for 5 years in 2 different states.

10 "Steve Laws" (33065984)

00:01:27.745 --> 00:01:41.125

I was a support coordinator for 11 years, and then worked in regional QA and I've been the information and reporting coordinator for the last 10 years with quality programs. I've worked on an executive mortality committee.

11 "Steve Laws" (33065984)

00:01:41.125 --> 00:01:47.755

I spent a lot of time as an analyst, and now spend most of my time on the quality section of the States for 915 C waivers. fifteen c waivers

12 "Steve Laws" (33065984)

00:01:48.120 --> 00:01:52.800

So.

13 "Steve Laws" (33065984)

00:01:52.800 --> 00:02:04.350

Just to get started, there are a few things that we want to let, you know, getting into this presentation. So, for the 1st point that dependencies and sub assurances are determined by CMS.

14 "Steve Laws" (33065984)

00:02:04.350 --> 00:02:13.585

Cms wants value for the dollars they spend on waivers so they ask us to prove that we're meeting appendices or we also call them insurances and sub assurances in return.

15 "Steve Laws" (33065984)

00:02:14.575 --> 00:02:19.465

Cms creates the appendices or assurances stated what they want and can be.

16 "Steve Laws" (33065984)

00:02:20.070 --> 00:02:27.180

Be related to assuring people qualified for services ISP, development, qualified providers.

17 "Steve Laws" (33065984)

00:02:27.565 --> 00:02:34.375

Health and safety and financial accountability within insurance is creates sub insurances to narrow down. Exactly.

18 "Steve Laws" (33065984)

00:02:34.375 --> 00:02:44.545

What they want the state to work on states create performance measures that address what CMS stated in each sub insurance and insurance performance measures are part of a quality process.

19 "Steve Laws" (33065984)

00:02:44.545 --> 00:02:57.085

Cms expects the state to undertake performance measures are designed to determine how well, the state is performed and are structured with a denominator and dictating the sample we are using and the numerator indicating what we are.

20 "Steve Laws" (33065984)
00:02:57.180 --> 00:03:00.720
Measuring from the denominator to determine successful outcomes.

21 "Steve Laws" (33065984)
00:03:02.215 --> 00:03:14.905
So, in the 2nd point, all performance measures created by the state must be a statistically significant sample size. The easiest way to show statistical significance is to review all possibilities. So basically review everything.

22 "Steve Laws" (33065984)
00:03:16.165 --> 00:03:28.075
Otherwise the statistical sample is allowed. Now, CMS recommends completing approximately 410 reviews to assure statistical significance for large sample sizes due to the 3rd point. the third point

23 "Steve Laws" (33065984)
00:03:28.410 --> 00:03:37.645
Improvement plans are created by the subject matter, experts when the division at the division to address noncompliance, performance manager.

24 "Steve Laws" (33065984)
00:03:37.645 --> 00:03:46.435
So you can see there that it's at 86% or below but we do for improvement plans for performance measures are at 87% or below. seven percent or below

25 "Steve Laws" (33065984)
00:03:46.740 --> 00:03:55.530
Now, measures cannot be out of compliance for long is compliance for performance measures it's required by CMS to renew the waiver waiver applications.

26 "Steve Laws" (33065984)
00:03:55.530 --> 00:04:07.380
So, for the last point, uh, performance measures have been determined by the division and take public input into account.

27 "Steve Laws" (33065984)
00:04:07.380 --> 00:04:18.540
Now, performance measures are then approved by Mo, health and in CMS and right now, CMS is adding outcomes based on performance measures to reporting requirements.

28 "Steve Laws" (33065984)
00:04:18.540 --> 00:04:31.289
How exactly this will be done is not yet clear, but they have given suggestions for 2 appendices right now, which is appendix D, which has to do with service plans and appendix g, which has to do with health and safety.

29 "Steve Laws" (33065984)

00:04:31.289 --> 00:04:41.009

Uh, we are unsure of the timeline this will be implemented, but we're expecting to implement, uh, with the next wave of renewals.

30 "Carol Brennaman" (238966016)

00:04:42.594 --> 00:04:48.894

Each provider needs to have 87 compliance when this is not met the provider relations team,

31 "Carol Brennaman" (238966016)

00:04:48.894 --> 00:05:01.074

may work with the provider to get them to where they need to be and continue to issue or issues could result in the plan of correction from provider relations or from the office of licensing and certification. certification

32 "Steve Laws" (33065984)

00:05:02.904 --> 00:05:17.154

And also, the quality enhancement team develops an annual report for each provider examples of items on the report would be number of events with suspicion of abuse or neglect number of due process referrals,

33 "Steve Laws" (33065984)

00:05:17.724 --> 00:05:23.034

the number of authorizations in place and findings and employee qualifications or training.

34 "Steve Laws" (33065984)

00:05:26.214 --> 00:05:35.214

Okay, so these are the, these are the 5 appendices, the division reports on so we report on appendix B, which is level of care.

35 "Steve Laws" (33065984)

00:05:35.484 --> 00:05:44.274

That's essentially making sure people are qualified for services dependency that we have qualified from barter providers,

36 "Steve Laws" (33065984)

00:05:44.304 --> 00:05:54.264

giving services appendix D that the ISP is is a quality ISP appendix, which has to do with health.

37 "Steve Laws" (33065984)

00:05:54.359 --> 00:05:56.279

Take the analytics I.

38 "Steve Laws" (33065984)

00:05:56.279 --> 00:06:10.109

Financial accountability now we will talk in this presentation about each appendix and we'll briefly talk about everything, but we'll talk specifically about performance measures. Providers are responsible for.

39 "Steve Laws" (33065984)

00:06:11.699 --> 00:06:16.889

Now, what I didn't mention before is appendix a.

40 "Steve Laws" (33065984)

00:06:16.889 --> 00:06:22.859

Now, appendix a addresses oversight to the of the waiver and Mo, health net.

41 "Steve Laws" (33065984)

00:06:22.859 --> 00:06:25.494

Provides oversight of the waiver locally.

42 "Steve Laws" (33065984)

00:06:26.754 --> 00:06:40.794

So what they do is they look at primarily at appendix D and when they do their review, that's what they're looking at are those ISP type performance measures and they also look at making sure that.

43 "Steve Laws" (33065984)

00:06:41.579 --> 00:06:46.049

Participants are informed of how to report abuse and neglect.

44 "Steve Laws" (33065984)

00:06:46.049 --> 00:06:50.609

Now, the 1st, 1.

45 "Steve Laws" (33065984)

00:06:50.609 --> 00:06:59.994

Uh, appendices that we appendix that we use or assurance is appendix B evaluation or reevaluation of the level of care.

46 "Steve Laws" (33065984)

00:07:00.144 --> 00:07:14.544

So this is the state demonstrating that it implements the processes and instruments specified in the approved waiver for evaluating, or re, evaluating an applicants or waiver participants, level of care, consistent level of care provided in a hospital and f,

47 "Steve Laws" (33065984)

00:07:14.544 --> 00:07:15.384

for ICF.

48 "Steve Laws" (33065984)

00:07:15.719 --> 00:07:20.489

Id.

49 "Steve Laws" (33065984)

00:07:22.764 --> 00:07:28.224

So, contracting providers don't have a lot to do with appendix B, performance managers. So I'll go through them a little bit quickly.

50 "Steve Laws" (33065984)

00:07:28.524 --> 00:07:43.464

So, the 1st, sub insurance is an evaluation for has provided to all applicants for whom there is reasonable indications and services may be

needed in the future and there's 1 performance measure associated with that. And that is way replications applicants with reasonable and.

51 "Steve Laws" (33065984)

00:07:44.964 --> 00:07:58.404

Indication services may be needed, having a completed evaluation. So the 2nd, sub assurance is the levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.

52 "Steve Laws" (33065984)

00:07:59.394 --> 00:08:10.044

There's also 1 performance manager associated with that sub assurance. And that is the number of percentage of annual level of care redetermination is completed by the next annual level of care implementation date.

53 "Steve Laws" (33065984)

00:08:15.354 --> 00:08:27.234

So the thirds sub insurance under appendix B, is that the processes and instruments describing the Abreu waiver are applied appropriately and according to the approved description, to determine the initial participant level of care.

54 "Steve Laws" (33065984)

00:08:30.534 --> 00:08:38.544

So, there are 3 performance measures under this sub assurance. And that is what the number of percent of initial level of care determination is completed by a qualified staff person.

55 "Steve Laws" (33065984)

00:08:39.054 --> 00:08:51.264

The 2nd is that number of percent of initial level of care determinations, using instruments and processes described in the waiver application and the 3rd, being the number and percent of initial level of care. Determination is completed accurately.

56 "Steve Laws" (33065984)

00:08:51.599 --> 00:08:54.959

Okay.

57 "Steve Laws" (33065984)

00:08:55.374 --> 00:09:02.994

So this brings us to that is the end of appendix B. so this brings us to appendix C, which is participant services and qualified providers.

58 "Steve Laws" (33065984)

00:09:03.594 --> 00:09:13.524

So, here, the state is expected to demonstrate that it has designed and implemented an adequate system for ensuring that all waiver services. Are provided by qualified providers.

59 "Steve Laws" (33065984)

00:09:14.814 --> 00:09:25.524

So, this is specifically for contracting providers note that outside of the quality portion of appendix C is where all of the descriptions for waiver services are.

60 "Steve Laws" (33065984)

00:09:25.914 --> 00:09:31.524

And by far is the longest in the, in the waiver application for our division.

61 "Steve Laws" (33065984)

00:09:31.919 --> 00:09:35.939

Okay.

62 "Steve Laws" (33065984)

00:09:36.959 --> 00:09:50.009

So, the 1st, step assurance under that appendix, is that the state verify that providers initially and continuously meet required licensure and our certification standards. And in here, the other standards prior to their furnishing waiver services.

63 "Steve Laws" (33065984)

00:09:50.009 --> 00:09:54.539

So, I'm going to go ahead and turn this over to Steve.

64 "Steve Laws" (33065984)

00:09:54.539 --> 00:10:09.059

This performance measure make sure that all providers with authorizations are licensed certified or accredited providers, using waiver. Funding must be certified every 2 years by the office of license and certification.

65 "Steve Laws" (33065984)

00:10:09.059 --> 00:10:18.749

Or they can be accredited regularly through a approved accreditation agencies, such as.

66 "Carol Brennaman" (238966016)

00:10:18.749 --> 00:10:23.069

Employees are qualified.

67 "Carol Brennaman" (238966016)

00:10:23.069 --> 00:10:24.024

Per guideline,

68 "Carol Brennaman" (238966016)

00:10:24.024 --> 00:10:38.994

number 55 provider relation staff conducts a review of all division of DD contractor providers with authorization to provide surfaces utilizing a standardized tool and sample size the amount and frequency of the

69 "Carol Brennaman" (238966016)

00:10:38.994 --> 00:10:45.864

review is a minimum and the sample size can be expanded. If significant system wide issues are identified. identified

70 "Carol Brennaman" (238966016)
00:10:46.139 --> 00:10:58.949
Certified or accredited providers, which is what most of the providers are on here. Today. Currently those are reviewed every 3 years by the provider relations team member, using the statewide outcomes based review tool.

71 "Carol Brennaman" (238966016)
00:10:59.484 --> 00:11:01.584
If at any time during the process,

72 "Carol Brennaman" (238966016)
00:11:01.584 --> 00:11:15.384
significant issues are identified the provider relations team member works with the provider to expand the service sample size and offer technical assistance if necessary and looking for the best practice for correction or enhancement of the system.

73 "Carol Brennaman" (238966016)
00:11:16.044 --> 00:11:21.714
And as outlined an outcome number 1 of the PR review guideline, or the peer review and guideline 55. five

74 "Carol Brennaman" (238966016)
00:11:22.199 --> 00:11:28.799
The PR, review of qualified staff will include insuring education requirements are met.

75 "Carol Brennaman" (238966016)
00:11:28.799 --> 00:11:41.609
This means that each staff member has a copy of her high school diploma, or to have an exception letter from the regional office. If the employee has worked for the same company since July. 1st, 1996.

76 "Carol Brennaman" (238966016)
00:11:42.204 --> 00:11:56.064
If they have 5 years or more of experience working with people with developmental disabilities, or if the employee is currently 18 years of age or older, and is currently enrolled in high school or classes there is 1 other exception.

77 "Carol Brennaman" (238966016)
00:11:56.094 --> 00:12:03.654
That has come up. Just very recently. Um, and that is that the DSP can complete the level.

78 "Carol Brennaman" (238966016)
00:12:03.989 --> 00:12:10.614
To DSP training that can be found on the reliance training platform within 1 year of data fire.

79 "Carol Brennaman" (238966016)
00:12:11.364 --> 00:12:24.744

The other qualified staff requirement is ensuring that background screenings are completed per the guidelines outlined in the CSR, which states being completed within 2 days a date of hire and prior to client contact.

80 "Carol Brennaman" (238966016)

00:12:25.104 --> 00:12:28.344

And now Steve is going to tell you about the 2nd performance measure.

81 "Steve Laws" (33065984)

00:12:28.679 --> 00:12:40.709

So, performance measure, 3 is just making sure that license here in certification is meeting their timelines for survey for agencies, receiving their initial contact.

82 "Steve Laws" (33065984)

00:12:40.709 --> 00:12:55.259

The office of life insurance certification or well, see, sometimes you hear they're required to complete a survey prior to services and another survey within the 1st year and then every 2 years after that.

83 "Steve Laws" (33065984)

00:12:58.314 --> 00:13:10.044

Okay, so the 2nd, step assurance is that the state monitors non license, non certified providers to assure adherence to wave requirements and Carol can go and expand on that.

84 "Carol Brennaman" (238966016)

00:13:11.694 --> 00:13:20.694

So, directive program is a non, licensed, non, certified program, allowing people to have some of their choosing provide someone of their choosing provide supports for them.

85 "Carol Brennaman" (238966016)

00:13:21.354 --> 00:13:34.044

This person or persons would not need to be affiliated with a contract agency as the participant in the self directed program. Is viewed as his or her own agency, and that staff would be an employee of the participants.

86 "Carol Brennaman" (238966016)

00:13:34.464 --> 00:13:41.304

However, there are still training requirements that all self directed. Pa staff will need to complete such as abuse and neglect training.

87 "Carol Brennaman" (238966016)

00:13:41.784 --> 00:13:52.914

Positive behavior supports training and confidentiality training and ISP training, CPR and 1st, day level 1, Medicaid and Matt training are not required,

88 "Carol Brennaman" (238966016)

00:13:53.064 --> 00:13:57.024

unless is specific to a particular participant in the self directed program.

89 "Carol Brennaman" (238966016)

00:13:57.359 --> 00:14:07.169

The training requirements will be reviewed by the regional office personnel every 3 years. However, it could be more if there are systems issues and concerns that do arise.

90 "Carol Brennaman" (238966016)

00:14:10.704 --> 00:14:24.834

Okay, so the 3rd set of assurance independence fee is that the state implemented policies and procedures for verifying that provider training is conducted in accordance with the state requirements and the approved waiver and steve's going to go ahead and describe the performance manager for us.

91 "Steve Laws" (33065984)

00:14:27.054 --> 00:14:41.274

So please note, in that performance measure that the training requirements reviewed by provider relation staff, when you have those provided relations reviews, that we're mainly looking at waiver requirements, and also contract requirements,

92 "Steve Laws" (33065984)

00:14:41.394 --> 00:14:55.404

but training requirements that are reviewed by the office of licensing and certification are mainly focused on, according to the code of state regulations. So training's noted in 9 CSR, 45 dash 5 which. which

93 "Steve Laws" (33065984)

00:14:55.409 --> 00:15:02.219

Reviewed by licensing certification, include reporting of abuse, neglect, specialized diets.

94 "Steve Laws" (33065984)

00:15:02.219 --> 00:15:14.189

Things like preventing communicable disease, medication, administration, emergency and disaster training and assistance with eating mechanical supports and adaptive equipment.

95 "Steve Laws" (33065984)

00:15:19.554 --> 00:15:23.964

Okay, so I'll go ahead and let everybody read the 2 performance managers above,

96 "Steve Laws" (33065984)

00:15:23.994 --> 00:15:38.424

but I just wanted to expand on that and let people know that both of these performance managers were out of compliance for fiscal year 22 for the entire for the waiver year as a whole was an 83% and 3.

97 "Steve Laws" (33065984)

00:15:38.424 --> 00:15:44.094

was it 71% now or. seventy one percent now or

98 "Steve Laws" (33065984)

00:15:44.189 --> 00:15:54.629

Quality improvement project or plan has to be developed on performance manager is added below 87% and is considered noncompliant by CMS. When is it? 86% in below.

99 "Steve Laws" (33065984)

00:15:55.554 --> 00:16:10.344

We expect questions from about what is being done to address non compliance. We recently turned in an annual report and expect questions on all performance measures out of compliance. We will identify those performance measures out of compliance for fiscal year.

100 "Steve Laws" (33065984)

00:16:10.344 --> 00:16:15.564

22, as we come across them in the presentation, Carol will go ahead and expand on this. this

101 "Carol Brennaman" (238966016)

00:16:16.349 --> 00:16:20.519

For.

102 "Carol Brennaman" (238966016)

00:16:20.519 --> 00:16:32.394

Purposes of providers, there could be some ramifications if we are out of compliance with this and it's part of the provider contract section 3.4.13 if during the peer review,

103 "Carol Brennaman" (238966016)

00:16:33.024 --> 00:16:45.774

or even the licensing and certification review discovers that there are missing or labs required trainings or there are missing or late background screenings, the contractor will conduct an internal audit of personnel files to validate that required.

104 "Carol Brennaman" (238966016)

00:16:45.774 --> 00:16:50.514

Staff training is complete and has been documented. complete and has been documented

105 "Carol Brennaman" (238966016)

00:16:50.519 --> 00:17:04.619

The internal audit sample size shall be 100 or 200. whichever is less. This audit is due back to your vendor surfaces coordinator within 30 days of the date of notification then an audit is needed.

106 "Carol Brennaman" (238966016)

00:17:05.124 --> 00:17:11.664

If the audit finds that the contractor is below the 87% threshold for compliance, the provider will be placed on an improvement plan.

107 "Carol Brennaman" (238966016)

00:17:11.664 --> 00:17:21.864

So, if I'm conducting a review of 20 staff members, and I find that even 1 person has an expired CPR and 1st day certification,

108 "Carol Brennaman" (238966016)

00:17:21.864 --> 00:17:34.554

then the provider would have to complete the self audit of every single staff member that they have. So, if the agency employees, 150 people that self audit would have to be 100. would have to be one hundred

109 "Carol Brennaman" (238966016)

00:17:34.619 --> 00:17:35.909

150.

110 "Carol Brennaman" (238966016)

00:17:35.909 --> 00:17:45.989

Employee files, if the agency has 250 employees, self audit would only need to conduct 200 of those file audits.

111 "Carol Brennaman" (238966016)

00:17:45.989 --> 00:17:59.549

So some of the most common trainings that we, as PR find, when we're conducting our peer reviews that are missing is not having a copy of the current ISP, which works out to be about 44% of the reviews completed.

112 "Carol Brennaman" (238966016)

00:18:00.024 --> 00:18:12.444

The regional office, or the is responsible for completing the ISP and sending it to the provider but it is ultimately up to the provider and is the responsibility of the provider for ensuring that the ISP is present.

113 "Carol Brennaman" (238966016)

00:18:12.504 --> 00:18:21.114

And it is also your responsibility to ensure that your staff are trained and that they have signed stating that they have read the plan and have had the opportunity to ask questions.

114 "Carol Brennaman" (238966016)

00:18:21.924 --> 00:18:34.344

If you do, not have the ISP, you will need to email the service coordinator and then the supervisor and then you will have to continue to do so regularly. And then if you need to, you can go up the ladder to the assistant director.

115 "Carol Brennaman" (238966016)

00:18:34.344 --> 00:18:44.064

And to the director, and so on, be sure to save those emails and print them out so that you can show that you are doing everything that you can to ensure compliance.

116 "Carol Brennaman" (238966016)

00:18:44.369 --> 00:18:53.609

The next error that we commonly find is staff missing their positive behavior supports training, which works out to be about 30% of the errors that we find.

117 "Carol Brennaman" (238966016)

00:18:53.609 --> 00:19:04.199

This is a required training that is due within 90 days of the date of higher. This is a, once and done class. There is no need to have this as an annual training unless you choose.

118 "Carol Brennaman" (238966016)

00:19:04.199 --> 00:19:15.359

To have that done CPR and 1st, day training is the next 1 we find most common errors and that's at 9%. Each this is the required training every 2 years.

119 "Carol Brennaman" (238966016)

00:19:15.359 --> 00:19:24.029

Your agency is responsible for tracking the employee trainings and ensuring that the trainings do not lapse. This is the same for level 1.

120 "Carol Brennaman" (238966016)

00:19:24.029 --> 00:19:29.969

Abuse and neglect is the lowest percentage of the errors that we find when we're conducting our reviews.

121 "Carol Brennaman" (238966016)

00:19:29.969 --> 00:19:42.354

Well, the image standards say that every 2 years for the training is required. Most of the providers that we see commonly put this as an annual training, because there are so many other annual trainings. Most people just fit this in.

122 "Carol Brennaman" (238966016)

00:19:42.384 --> 00:19:54.174

And then, because of that, they're able to catch a lot of people and make up for things that might have slipped through the cracks. So, that's why that is the lowest error percentage that we find.

123 "Steve Laws" (33065984)

00:19:54.689 --> 00:20:01.049

As we know in order to be qualified.

124 "Steve Laws" (33065984)

00:20:01.074 --> 00:20:14.214

All direct care staff need to have background screenings, initiated within 2 days of hire, and they also need a high school diploma or GD, unless they qualify for an exception and according to the waiver manual or as Carol had mentioned while ago,

125 "Steve Laws" (33065984)

00:20:14.214 --> 00:20:24.294

there's also the new option of completing the level 2 training on the reliance training platform within 1 year of hire this screen that you're looking at the picks the percentage of staff.

126 "Steve Laws" (33065984)
00:20:24.599 --> 00:20:35.369

Who did not have proof of qualifications with the blue showing those who did not have proof of education and the goal showing those who did not have a background screening initiated within 2 days of hire.

127 "Steve Laws" (33065984)
00:20:35.369 --> 00:20:50.124

For example, as you can see background screenings, not completed, we're close to 10% in quarter. 3 year still showed we were above the 87 threshold in both qualifications. So this performance measure was not out of compliance for the year. the year

128 "Steve Laws" (33065984)
00:20:53.784 --> 00:21:07.014

And then this table shows, the number of errors, my personal assistants and respite staff is sorted by quarters for the fiscal year 2022, which is July 1st of 2021 through June 30th of 2022 and error indicates required training that was completed.

129 "Steve Laws" (33065984)
00:21:07.014 --> 00:21:12.174

two thousand and twenty two and error indicates required training that was completed

130 "Steve Laws" (33065984)
00:21:14.094 --> 00:21:25.704

Excuse me completed, for example, notice the top line, which indicates ISP errors. This means documentation did not show that his staff had read or been trained in an individual's current ISP.

131 "Steve Laws" (33065984)
00:21:26.094 --> 00:21:30.834

Overall, this performance measure was out of compliance for 2 and it was the lowest.

132 "Steve Laws" (33065984)
00:21:31.409 --> 00:21:36.659

Warming performance measure 4 f y22 at 71% for the year.

133 "Steve Laws" (33065984)
00:21:40.074 --> 00:21:43.254

Okay, so that was the, the end of appendix C.

134 "Steve Laws" (33065984)
00:21:43.254 --> 00:21:55.644

so the next appendix is appendix D, participant centered, planning and service delivery or the service plan, and the appendix states that the state demonstrates it is designed,

135 "Steve Laws" (33065984)
00:21:55.914 --> 00:22:06.024
designed and implemented and effective system for reviewing the adequacy of service plans for waiver participants. So, basically we're looking at making sure that are done correctly.

136 "Steve Laws" (33065984)
00:22:09.834 --> 00:22:22.794
So the 1st step assurance under appendix d's, that service plans address, all participants assess needs, including health and safety risk factors and personal goals, either by provisional waiver services, or through other means, 1st,

137 "Steve Laws" (33065984)
00:22:22.794 --> 00:22:32.034
almost almost all performance measures in this appendix use the ISP review as a data source I, a few reviews are completed by the tax quarterly.

138 "Steve Laws" (33065984)
00:22:32.339 --> 00:22:47.129
And for the 1st, sub insurance, there are performance measures on service and supports that are aligned with the Stephanie that support plan to address identified health risk and support plans to address individual's desired outcomes.

139 "Steve Laws" (33065984)
00:22:51.414 --> 00:23:00.594
Now, the 4th performance measure, there looks at assuring all the person's safety risk factors, including backup plans and strategies are in place.

140 "Steve Laws" (33065984)
00:23:00.594 --> 00:23:09.774
So this is the number of percent of support plans, reflecting safety, risk factors and measures in place to minimize them, including individualized backup plans and strategies.

141 "Steve Laws" (33065984)
00:23:12.839 --> 00:23:23.669
So, support coordinators will need help, assuring all of this is in place as providers are with people more than anyone and we'll have information pertinent to assuring these components of the ISP are in place.

142 "Steve Laws" (33065984)
00:23:23.669 --> 00:23:33.239
So, the 2nd, set of assurance is that the state monitors service plan development in accordance with its policies and procedures.

143 "Steve Laws" (33065984)
00:23:33.239 --> 00:23:44.129
Now, this performance manager is both old and new. We previously used this performance measure to identify that the sample size use with a number of reviews completed.

144 "Steve Laws" (33065984)
00:23:44.634 --> 00:23:50.214
Mo, health net and their oversight look to make sure that reviews of the
were complete.

145 "Steve Laws" (33065984)
00:23:50.754 --> 00:24:01.794
So, in the last wave of renewal for the community, comprehensive waivers
and an addendum for locating and partnership for hopefully waivers we
updated how the performance manager is used internally.

146 "Steve Laws" (33065984)
00:24:02.214 --> 00:24:14.004
So, now, the division looks at the number of ISP reviews completed, that
should be completed. Now, how this relates to contracting providers is
that support coordinators need to have timely isb review information from
providers in order to get their.

147 "Steve Laws" (33065984)
00:24:14.129 --> 00:24:16.229
Documentation completed on time.

148 "Steve Laws" (33065984)
00:24:16.229 --> 00:24:22.799
So, continuing with the 2nd, sub assurance.

149 "Steve Laws" (33065984)
00:24:24.294 --> 00:24:36.294
Performance measure to assures. People are participants in their plan to
the greatest degree possible. So it's important that waiver participants
are given not just an opportunity to attend their isb meeting, but are
encouraged to.

150 "Steve Laws" (33065984)
00:24:36.714 --> 00:24:49.794
If people cannot an effort must be made to get what the person wants to
happen in their life, incorporated into the isb in another way. This
could mean the person may only be at the meeting for a minute and then
leave but support coordinator meets with the person another time.

151 "Steve Laws" (33065984)
00:24:50.574 --> 00:24:52.674
That might not be so overstimulated.

152 "Steve Laws" (33065984)
00:24:52.799 --> 00:24:55.949
To get their perspective on how their life should be.

153 "Steve Laws" (33065984)
00:24:55.949 --> 00:25:06.059
Uh, for the 3rd performance measure, uh, we are making sure signatures
happen on time appendix K has currently given us flexibility.

154 "Steve Laws" (33065984)
00:25:06.059 --> 00:25:13.829
But prior to that flexibility, we were having trouble being compliant with this performance manager. So those signatures are important.

155 "Steve Laws" (33065984)
00:25:13.829 --> 00:25:23.939
Now, performance measure 4, which is not listed on the slide is addresses plans describing what people need to know, or do to support the person.

156 "Steve Laws" (33065984)
00:25:28.314 --> 00:25:42.594
So, the 3rd of insurance is that service plans that are updated are revised, at least annually are when warranted by the changes in the waiver participants needs. So the 1st performance vendor, which isn't in the slides, that plans are updated at least annually.

157 "Steve Laws" (33065984)
00:25:43.434 --> 00:25:54.084
And performance measure 2, which is listen the number of percent support plans that were updated to reflect current or identify changes in need and those are reflected in the ISP.

158 "Steve Laws" (33065984)
00:25:54.774 --> 00:25:58.524
So, support coordinators need to know when there's a change in needs.

159 "Steve Laws" (33065984)
00:25:58.524 --> 00:26:10.254
So, they can include that in the ISP so we can be compliant with this performance measure and not to mention that it's helpful for having an updated plan of care for people when they do have a change in the.

160 "Steve Laws" (33065984)
00:26:11.249 --> 00:26:14.399
Okay.

161 "Steve Laws" (33065984)
00:26:15.684 --> 00:26:29.814
So, the force of assurances, that services are delivered in accordance with the service plan, including the types scope, amount, duration and frequency specified in the service plan and so, this performance manager assurance. People are getting the services they are authorized.

162 "Steve Laws" (33065984)
00:26:29.844 --> 00:26:44.304
Now, this is the 1 performance manager. And appendix D, that is not coming from the ISP review. This performance measure is derived from the total number of people in the waiver with authorized services and the number without IQ.

163 "Steve Laws" (33065984)
00:26:44.399 --> 00:26:47.729
Empty entries noting they have not been receiving their services.

164 "Steve Laws" (33065984)
00:26:48.864 --> 00:27:03.834

So, I had just kind of a note, I was on call with on a call with head of or community based services, uh, last October, and he was discussing the importance of this. So, um.

165 "Steve Laws" (33065984)
00:27:04.349 --> 00:27:15.569

The fact that we had that we heard about it from the head of really kind of drove the that point home that this is very important to make sure we're implementing.

166 "Steve Laws" (33065984)
00:27:15.569 --> 00:27:25.829

So the last step assurance, and appendix D, is that participants are for choice between or among waiver services and providers. Now.

167 "Steve Laws" (33065984)
00:27:27.534 --> 00:27:38.964

There are 3 performance measures that support coordinators, complete paperwork for but it's important for providers to know the 1st performance measure being that there is choice between waiver services and institutional care.

168 "Steve Laws" (33065984)
00:27:39.174 --> 00:27:44.724

The 2nd, that there is choice between providers and 3rd, that there is choice between waiver services.

169 "Steve Laws" (33065984)
00:27:47.639 --> 00:28:02.459

So, this brings us to appendix g, which is health and welfare, and the appendix here States at the state demonstrates that is designed and implemented an effective system for assuring waiver, participant, health and welfare.

170 "Steve Laws" (33065984)
00:28:02.459 --> 00:28:16.859

So, the 1st of assurance, there is the state demonstrates and an ongoing basis that identifies addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.

171 "Steve Laws" (33065984)
00:28:17.274 --> 00:28:30.204

So, the 1st performance measure addresses waiver, participants, knowing how to report suspected abuse neglect or miss use of funds and we need to know that people have received training in a way that they will understand, and be able to use the information.

172 "Steve Laws" (33065984)
00:28:30.564 --> 00:28:36.444

And not just for for the training and be able to talk about it during training, but between trainings as well.

173 "Steve Laws" (33065984)
00:28:37.379 --> 00:28:41.849
Seamless expect people to be healthy and safe at all times and.

174 "Steve Laws" (33065984)
00:28:41.849 --> 00:28:49.649
Also of note is that this is the last performance manager where the ISP review is how we're getting information for the performance measure.

175 "Steve Laws" (33065984)
00:28:51.414 --> 00:29:01.104
Now, performance measure 2 addresses mortality reviews with plan of action being closed and this is a new performance measure. It used to be that we wanted to see that a plan of action was in place.

176 "Steve Laws" (33065984)
00:29:01.494 --> 00:29:12.984
But now we're looking at close plans of action to a short closure of the process often, regional office, nurses need assistance from providers, getting information and we understand how often.

177 "Steve Laws" (33065984)
00:29:13.319 --> 00:29:19.019
Feelings or law, because of how close people can be to the people that they support. They have just passed.

178 "Steve Laws" (33065984)
00:29:19.019 --> 00:29:25.679
However, the division needs to use this quality process to a short plans, identified needing action are complete.

179 "Steve Laws" (33065984)
00:29:25.679 --> 00:29:28.979
Okay.

180 "Steve Laws" (33065984)
00:29:29.934 --> 00:29:43.194
So, continuing with the 1st of assurance, this 3rd performance measure under that sub assurance is making sure that with suspected abuse neglect, or misuse of funds are submitted on time.

181 "Steve Laws" (33065984)
00:29:43.854 --> 00:29:47.214
Now, we have had trouble with this performance measure in the past.

182 "Steve Laws" (33065984)
00:29:47.214 --> 00:29:58.974
And this is a big focus for CMS that our systems assuring the health and safety of people we support are in place and functional incorrectly also noticed that they submitted submitted later than the time.

183 "Steve Laws" (33065984)
00:29:58.979 --> 00:30:05.549

Filled out for MTS with a suspicion of abuse and neglect or misuse of funds is not identified as.

184 "Steve Laws" (33065984)
00:30:05.549 --> 00:30:17.549

Having a suspicion of abuse neglect or misuse of funds, and the regional office reviewer later finds that there is a suspicion that is out of compliance.

185 "Steve Laws" (33065984)
00:30:17.549 --> 00:30:22.949

So, it's important that possible using vector makes use of funds are identified quickly.

186 "Steve Laws" (33065984)
00:30:22.949 --> 00:30:26.849

So there are 2 other performance measures with this that, uh.

187 "Steve Laws" (33065984)
00:30:26.849 --> 00:30:40.139

That providers don't have a lot to do with and performance management for is making sure that inquiries are conducted in required time frames and performance measure. 5, is that investigations are conducted and requires a timeframe.

188 "Steve Laws" (33065984)
00:30:43.464 --> 00:30:54.894

So, the 2nd, set of insurance under paying this fee is the state demonstrates and the incident management system is in place that effectively results those incidents and prevents further similar incidents to the extent possible.

189 "Steve Laws" (33065984)
00:30:56.094 --> 00:31:06.624

So these performance measures, address, moderate and severe med error and choking episodes, having a closed clinical QA review. Now, they are both old measures with a new way of looking at data.

190 "Steve Laws" (33065984)
00:31:06.714 --> 00:31:19.284

Now, previously, the division of short, clinical key reviews, and then open, and now we are sharing, they are closed or completed when regional office nurses are following up on monitors of your med errors in choking episodes.

191 "Steve Laws" (33065984)
00:31:19.284 --> 00:31:24.894

They have to have their information complete to be considered successful for this performance measure before the data is pulled.

192 "Steve Laws" (33065984)
00:31:25.169 --> 00:31:30.149

And that is called about 2 months after the end of the quarter.

193 "Steve Laws" (33065984)
00:31:34.764 --> 00:31:45.984
So, sub insurance, 3, the state demonstrates that an incident management system is in place to effectively resolve those incidents and prevents further similar incidents to the extent possible.

194 "Steve Laws" (33065984)
00:31:47.244 --> 00:31:56.364
So, this, this performance manager that's listed here has to do with prohibits procedures. And so this performance manager make sure we're just not doing for him and procedures.

195 "Steve Laws" (33065984)
00:31:56.699 --> 00:32:02.699
Hello.

196 "Steve Laws" (33065984)
00:32:02.699 --> 00:32:16.319
So, the 2nd performance manager under insurance, 3 assurance, we continue to look at emergency procedures and the number of people experiencing emergency procedures, and making sure that number remains low.

197 "Steve Laws" (33065984)
00:32:17.004 --> 00:32:31.554
Uh, performance management 3 assures all people with a restrictive intervention have due process. This performance manager has been out of compliance for 7 of the last 8 quarters. Now I'll go ahead and hand this off to Carol with some more information.

198 "Carol Brennaman" (238966016)
00:32:31.889 --> 00:32:43.739
According to directive, 4.200 due process referral can be made by individual served family members, guardians committees.

199 "Carol Brennaman" (238966016)
00:32:43.739 --> 00:32:54.324
Interdisciplinary teams, providers, teenage employees, and even the general public each due process referral needs to have the following pieces of information included.

200 "Carol Brennaman" (238966016)
00:32:54.474 --> 00:33:06.324
So the committee can review it and make a determination if due process is, or is not in place for the individual. And it is important to note that the due process committee does not approve or deny anything.

201 "Carol Brennaman" (238966016)
00:33:06.684 --> 00:33:11.634
They just make sure that due process is or is not in place for an individual.

202 "Carol Brennaman" (238966016)
00:33:11.969 --> 00:33:14.999
So, the 1st, 1 is justification.

203 "Carol Brennaman" (238966016)
00:33:14.999 --> 00:33:20.909
The rights limitation needs to be discussed, explain why the limitation is being put into place.

204 "Carol Brennaman" (238966016)
00:33:20.909 --> 00:33:30.779
Explain of the limitation is in place to keep an individual or other safe, any less intrusive methods that have been tried to keep the individual safe.

205 "Carol Brennaman" (238966016)
00:33:30.779 --> 00:33:41.189
Historical information that would justify the limitation and if the plan is an annual plan documentation of process, or even lack thereof of any progress needs to be submitted.

206 "Carol Brennaman" (238966016)
00:33:42.294 --> 00:33:53.004
The 2nd, 1 is conditions under, which the rice limitation is applied. Explain where, and when the limitation will be imposed for example, is it in the kitchen at mealtimes?

207 "Carol Brennaman" (238966016)
00:33:53.034 --> 00:34:06.414
Is it in the kitchen due to chemicals, being locked up, things like that and include a clear description of the condition that is directly proportionate to the specific assessed need the 3rd, 1 is teaching,

208 "Carol Brennaman" (238966016)
00:34:06.414 --> 00:34:11.184
support strategies outcomes are support strategies that are being taught.

209 "Carol Brennaman" (238966016)
00:34:11.189 --> 00:34:15.624
To develop skills and overcome the need for the restriction document,

210 "Carol Brennaman" (238966016)
00:34:15.624 --> 00:34:30.234
the positive interventions and supports used prior to any modifications to the ISP provide evidence that the requested type of intervention teaching has worked in the past and in form on why this is the method by which the person learns

211 "Carol Brennaman" (238966016)
00:34:30.234 --> 00:34:30.804
best.

212 "Carol Brennaman" (238966016)
00:34:31.259 --> 00:34:43.494
Is there are restrictive interventions that are required to keep the person or other safe and teaching strategies, have not been identified. Then the supports need to be identified in the ISP, along with efforts.

213 "Carol Brennaman" (238966016)

00:34:43.494 --> 00:34:50.754

That are being explored to support the person in the least restrictive way. And who is responsible for training of the strategies.

214 "Carol Brennaman" (238966016)

00:34:52.134 --> 00:34:59.064

The next 1 is monitoring methods, assure that interventions and supports will not cause harm to the individual,

215 "Carol Brennaman" (238966016)

00:34:59.664 --> 00:35:14.094

a regular collection and review of the data to measure the effectiveness of the modification who will be documenting this Where's the documentation being kept? How often the documentation will be collected and how often the team reviews the data.

216 "Carol Brennaman" (238966016)

00:35:15.749 --> 00:35:21.959

The criteria for restoration is the next piece, what will it take for the rights restriction to be lifted?

217 "Carol Brennaman" (238966016)

00:35:21.959 --> 00:35:27.779

How will the individual and team know when the restrictive intervention is no longer needed?

218 "Carol Brennaman" (238966016)

00:35:27.779 --> 00:35:37.499

Or it could be reduced in the intensity of frequency. It needs to be in specific observable and measurable terms. So, for example.

219 "Carol Brennaman" (238966016)

00:35:37.499 --> 00:35:45.539

If an individual has 3 consecutive months of no attempts to elope chimes will be removed from the exterior door.

220 "Carol Brennaman" (238966016)

00:35:45.539 --> 00:35:49.109

The next piece is the review schedule.

221 "Carol Brennaman" (238966016)

00:35:49.109 --> 00:35:57.864

This is the established time limits for periodic reviews to determine if the modification is still necessary, or it can be terminated state.

222 "Carol Brennaman" (238966016)

00:35:57.864 --> 00:36:04.164

How often the team will submit the plan to due process committee for review and remember that the minimum for that is annually.

223 "Carol Brennaman" (238966016)

00:36:05.639 --> 00:36:17.004

And the next 1 is notice of right to do process include informed consent to the individual document that the individual and the Guardian are aware of the rights limitations.

224 "Carol Brennaman" (238966016)

00:36:17.184 --> 00:36:27.414

We're part of the planning process to develop interventions know that they have a right to do process. And have information on what to do if they do not agree with the rights limitations.

225 "Carol Brennaman" (238966016)

00:36:29.699 --> 00:36:37.734

The individual also document that the individual was assisted through external advocacy he, or she disagrees with the limitation,

226 "Carol Brennaman" (238966016)

00:36:37.734 --> 00:36:46.014

if needed make sure that there's assigned authorization page and it can be signed by the Guardian only or it can be signed by the Guardian and, or the individual.

227 "Carol Brennaman" (238966016)

00:36:46.974 --> 00:36:56.694

A lot of the emissions that the due process committee sees are from that are seen, from the due process, chairperson are teaching support strategies,

228 "Carol Brennaman" (238966016)

00:36:56.724 --> 00:37:04.254

monitoring methods and the criteria for restoration without these components in the referral. The committee cannot make a determination.

229 "Carol Brennaman" (238966016)

00:37:04.254 --> 00:37:16.014

If due process is a place and has to send it back to the person, making the referral to include these items, and then resubmit the plan having to send the plan back and forth. Multiple times is what has led to the.

230 "Carol Brennaman" (238966016)

00:37:16.349 --> 00:37:27.419

Compliance of this measure as the timelines are not being met. It is so important to ensure that all components for due process are present before submitting the plan to the committee.

231 "Carol Brennaman" (238966016)

00:37:31.314 --> 00:37:40.344

Okay, so here's a graph on that due process performance measure from fiscal year, 21 quarter 1, through fiscal year, 20 to 44.

232 "Carol Brennaman" (238966016)

00:37:40.344 --> 00:37:52.194

and so we were having some progress going up till fiscal year, 22 quarter 1. but since then it has been in decline all the way through fiscal year, 22, quarter 4.

233 "Carol Brennaman" (238966016)
00:37:52.194 --> 00:37:57.324
so it's looking like, there are. looking like there are

234 "Carol Brennaman" (238966016)
00:37:57.419 --> 00:38:04.529
There are structural issues with that with that particular process. Now this.

235 "Carol Brennaman" (238966016)
00:38:04.529 --> 00:38:15.900
Data only looks at the comprehensive waiver, but that is where the vast majority of these types of referrals come from. And it is the comprehensive waiver is the only waiver funding residential services.

236 "Carol Brennaman" (238966016)
00:38:22.465 --> 00:38:33.715
So, the 4th, sub assurance under appendix 3, is that the state establishes overall healthcare standards and monitors those standards based on the responsibility of the service provider, as stated in the approved waiver.

237 "Carol Brennaman" (238966016)
00:38:34.525 --> 00:38:47.365
So, this performance measure, assures that we complete the health risk screening process. And so so everyone knows this particular performance measure was out of compliance in fiscal year 22. two

238 "Carol Brennaman" (238966016)
00:38:49.975 --> 00:39:04.195
Regional office, nurses rely on information in the health risk screening process to complete the health risks support plants. So whenever the opportunity arises to assist that, they can be on time. That's very helpful to be able to meet this performance measure.

239 "Carol Brennaman" (238966016)
00:39:05.125 --> 00:39:17.455
Now, all of that being said, this was the 1st year, this performance measure wasn't effect. So sometimes when you 1st start a process, you have a little bit of trouble, but because of the performance measure, we really need to make sure that.

240 "Carol Brennaman" (238966016)
00:39:17.700 --> 00:39:26.815
That we are compliant to the best of our ability. So, 1 of the things that I haven't talked about yet is appendix.

241 "Carol Brennaman" (238966016)
00:39:26.845 --> 00:39:37.525
H, so all of the quality processes, the division employees are describing the appendix each of the application. Now there are no performance measures, independent age.

242 "Carol Brennaman" (238966016)

00:39:38.035 --> 00:39:47.185

And we do report on that quarterly, and we also call that appendix page. And those are sent to Mo, health net.

243 "Carol Brennaman" (238966016)

00:39:47.700 --> 00:39:56.335

And we talk about changes that are in our quality processes in those documents appendix age entries, not having to do with performance measures,

244 "Carol Brennaman" (238966016)

00:39:56.335 --> 00:40:09.595

or with performance measures in compliance are possible but the most frequent entries address performance measures is not in compliance. What the division has found the causes for non compliance and the plan to address it.

245 "Carol Brennaman" (238966016)

00:40:10.885 --> 00:40:25.585

The plan to address noncompliance, always include include a or a quality improvement project and we also call those quality improvement plans, follow the dumbing cycle or more commonly known as or plan do study act,

246 "Carol Brennaman" (238966016)

00:40:26.425 --> 00:40:38.725

the subject matter expert for each performance manager creates the and the information and reporting coordinator, which, which is me, summarizes that information and appendix agent submits it to Mo, health net.

247 "Carol Brennaman" (238966016)

00:40:43.980 --> 00:40:57.540

So the last appendix is appendix eye or financial accountability, and there, the state must demonstrate that it's designed and implemented an adequate system for ensuring financial accountability of the waiver program.

248 "Carol Brennaman" (238966016)

00:40:59.935 --> 00:41:12.115

So, the, the 1st of the 2 sub assurances is that the state provides evidence that claims are coded and paid for, in accordance with the reimbursement methodology, specifying the approved waiver and only for services rendered.

249 "Carol Brennaman" (238966016)

00:41:13.080 --> 00:41:25.890

So, the 1st performance manager, planes are coded correctly with the appropriate waiver. Modifier the 2nd performance measure assures we don't exceed the maximum allowable rate. So, Steve can go into a little more detail on that.

250 "Steve Laws" (33065984)

00:41:27.625 --> 00:41:41.725

So, on performance measure, 1, like, at times the provider relations team will become aware of a situation where the wrong modifier code was used. For example, maybe they're using the code for community networking group.

251 "Steve Laws" (33065984)
00:41:42.000 --> 00:41:45.990
Which is t2021.

252 "Steve Laws" (33065984)
00:41:45.990 --> 00:41:59.850
When the service the person that actually should be authorized for is community networking individual, which is 2021. SC so using the right code makes a big difference in getting the correct service and the, the correct, right?

253 "Steve Laws" (33065984)
00:41:59.850 --> 00:42:08.040
And performance measure 2, an example of the service being built over the maximum could be something as simple as an input here.

254 "Steve Laws" (33065984)
00:42:08.065 --> 00:42:18.805
Or maybe a situation where a provider build 7 hours for day program when there's a maximum of 6 hours per day, when this is discovered provider relations staff may have to work with the,

255 "Steve Laws" (33065984)
00:42:19.975 --> 00:42:26.905
and the provider in the regional office business office to reauthorize under rebuild in certain situations.

256 "Steve Laws" (33065984)
00:42:32.335 --> 00:42:42.625
So, the last of assurance in the panic side is the state provides evidence that rates remains consistent with the approved rate methodology through the 5 year waiver cycle.

257 "Steve Laws" (33065984)
00:42:46.465 --> 00:42:59.845
Oh, I'm sorry that initial 1 amended then. So the 1st performance measure is that initial and amended waiver contracts are implemented with the rate methodology described in the waiver. So karen's going to describe that a little bit.

258 "Carol Brennaman" (238966016)
00:43:01.915 --> 00:43:14.455
In 2019, CMS approved a corrective action plan or cap, requiring the division of developmental disabilities to standardize the individualized supported living or ASL rates across all individuals and providers.

259 "Carol Brennaman" (238966016)
00:43:14.455 --> 00:43:21.925
The division contracted with Mercer government, human services, consulting or Mercer as you guys have heard it. have heard it

260 "Carol Brennaman" (238966016)

00:43:22.440 --> 00:43:35.905

To conduct a rate study and develop standardized rates for services, as part of the cap, the division committed to implementing the standardized rates by state, fiscal year 2024, which is July 1st, 2023 through June 30th of 2024.

261 "Carol Brennaman" (238966016)

00:43:35.905 --> 00:43:38.905

and twenty three through june thirty th of two thousand and twenty four

262 "Carol Brennaman" (238966016)

00:43:39.565 --> 00:43:54.325

The main goals of the race study refresh include comply with requirements to formally review 915 rates at least, once every 5 years compile and analyze the most current BLS market data to inform key cost components,

263 "Carol Brennaman" (238966016)

00:43:54.325 --> 00:44:03.805

such as wages and employee related expenses like health insurance employee benefits taxes workers, compensation and things like that. things like that

264 "Carol Brennaman" (238966016)

00:44:04.260 --> 00:44:19.165

And conduct targeted analysis on, uh, on other assumptions that providers request to be looked at more closely. So, just a few other things that I think that might help everyone's understanding with this process.

265 "Carol Brennaman" (238966016)

00:44:19.615 --> 00:44:20.185

Um.

266 "Carol Brennaman" (238966016)

00:44:20.605 --> 00:44:25.315

Now, Mo, health and reviews the divisions performance managers and appendix H, data quarterly.

267 "Carol Brennaman" (238966016)

00:44:25.315 --> 00:44:33.475

So, and we, we meet with them and discuss any any issues does their own audit quarterly,

268 "Carol Brennaman" (238966016)

00:44:34.285 --> 00:44:42.115

which is aggregated for an annual review and the division also responds to that audit the division reports.

269 "Carol Brennaman" (238966016)

00:44:42.115 --> 00:44:50.515

To CMS annually through a process called 372 and we do a 3 year report called evidence reports 2 years before. reports two years before

270 "Carol Brennaman" (238966016)
00:44:50.520 --> 00:44:51.900
Way renewals.

271 "Carol Brennaman" (238966016)
00:44:51.900 --> 00:45:00.060
Uh, now this is to make sure that we are in compliance with our waivers now.

272 "Carol Brennaman" (238966016)
00:45:00.060 --> 00:45:15.030
Performance manager consistently below 86% shows, non compliance with waiver and so if we are below that, if we're not able to show that we're coming into compliance, the CMS does have the option to not renew a waiver.

273 "Carol Brennaman" (238966016)
00:45:15.030 --> 00:45:19.500
Critical.

274 "Carol Brennaman" (238966016)
00:45:21.775 --> 00:45:30.505
So, just to kind of in that Missouri's waivers are public information, and you can access them if you, if you Google,

275 "Carol Brennaman" (238966016)
00:45:30.505 --> 00:45:41.845
Missouri 915 C waivers and I know that the Missouri Department of social services publishes copies and I'm in a doctoral program right now and when I referenced the waivers for,

276 "Carol Brennaman" (238966016)
00:45:41.845 --> 00:45:48.985
for documentation I've been able to do that through Google search and going through CMS. going through cms

277 "Carol Brennaman" (238966016)
00:45:49.500 --> 00:45:54.870
Not only can you look at Missouri but you can look at any State's waivers.

278 "Carol Brennaman" (238966016)
00:45:54.870 --> 00:46:06.540
So, thank you very much everyone for attending and I hope you all have a very good afternoon.

279 "Carol Brennaman" (238966016)
00:46:06.540 --> 00:46:09.480
Okay.