

## Assessment of HCBS Settings

### IOWA'S CORRECTIVE ACTION PLAN FOR VALIDATING COMPLETED ASSESSMENTS

Below is Iowa's response to CMS regarding the request for a written "proposed assessment process for ensuring all provider owned or controlled settings had/will have received a site-specific assessment of all of the HCBS settings criteria as well as follow up with the MCOs/CMs about whether or not the addresses can be linked with assessments and the barriers that exist to completing this. It would be helpful to have any estimated timeframes associated with anticipated tasks."

#### SETTINGS REQUIRING ASSESSMENT

Iowa determined that the following settings were required to be assessed for HCBS settings criteria to determine if they could comply with final rule with or without modifications or if the setting would be unable to comply.

These settings included:

- Settings where site-based, group prevocational service and supported employment services are provided.
- Settings where site-based adult day care and day habilitation services are provided.
- Settings where HCBS are provided in licensed facilities, including Residential Care Facilities (RCF) and assisted Living Facilities (ALF).
- Provider owned and controlled residential settings (i.e., settings where traditional and host-home models of supported community living (SCL), Home-Based Habilitation, and residential based supported community living (RBSCL) are provided).

#### ASSESSMENT PROCESS AND TOOLS

In order to assess the settings identified above, Iowa Medicaid used existing processes, as well as enhanced, expanded, or new processes and tools where gaps existed.

These processes include:

- Provider quality self-assessment, address collection, and attestation (form #470-4547)
- Quality oversight review and specifically the SFY17-18 and SFY23 Focused Review projects.
- Residential Assessments

#### Provider Quality Self-Assessment

- Since 2014, the Annual Provider Quality Self-Assessment has included questions covering all HCBS settings requirements.
- As part of the SA, providers attest that requirements are met in all settings where the provider provides HCBS.
- Consequently, providers have self-assessed for compliance with HCBS settings requirements in all settings where the identified services are provided eight annual self-assessments.

- The address collection process is part of the annual SA and collects:
  - Settings where site-based, group prevocational service and supported employment services are provided.
  - Settings where site-based adult day care and day habilitation services are provided.
  - Settings where HCBS are provided in licensed facilities, including RCFs and ALFs.
  - Provider owned and controlled residential settings (i.e., settings where traditional and host-home models of SCL, Home-Based Habilitation, RBSCCL are provided).

### **Quality Oversight Review**

- Periodic or Certification Reviews completed since 2014 include assessment of all HCBS settings requirements.
- Every provider subject to HCBS quality oversight is selected for a Periodic or Certification Review at least once per five-year cycle or according to their certification end date.
- Consequently, every provider has been assessed by the QIO HCBS Unit through a Periodic or Certification Review process at least once in the past five years.
- The Focused Review topic changes annually based on historical data, trends with providers and Iowa Medicaid's needs.
- The main assessment process for determining compliance in non-residential settings was the Focused Review project of SFY17-18 which focused on assessing HCBS setting readiness and compliance in non-residential settings.
- All providers enrolled for prevocational services, supported employment, day habilitation, and adult day care services at the time, were selected for a Focused Review in those years. The Focused Reviews included tours and assessment of each site where these services occurred as well as overall review of the provider's policies, procedures and a representative selection of staff and member records. Every setting where HCBS prevocational services, supported employment, day habilitation, and adult day care services was provided have been assessed for compliance with settings requirements.
- In SFY23, the Focused Review topic is HCBS settings compliance in residential settings including verification of responses on selected member's most recent Residential Assessment.

### **Residential Assessment**

- The HCBS Residential Setting Member Assessment was created as a means of assessing individual member's homes for compliance with HCBS settings requirements.
- The Residential Assessment also assesses the members experience of living in the community.
- Residential Assessments are the main mechanisms for assessing residential settings.
- The tool is to be administered at least annually by the member's case manager. Since every HCBS waiver and Habilitation member receives a Residential Assessment, every residential setting where HCBS waiver and Habilitation services are provided is evaluated for compliance with settings requirements.
- Case managers are required to meet to face with the member in their home at least quarterly.

## VALIDATION OF RESULTS

While all settings requiring assessment have received a site-specific assessment either through the non-residential Focused Review project of SFY 17-18 or through completion of a Residential Assessment, Iowa has been unable to validate the results of those assessments due to how the data was collected. CMS has requested validation of the total number of settings in the state requiring assessment, how many were assessed, and whether the setting complied with modifications, without modifications, or if the setting was found to be unwilling or unable to comply. If the setting was found to be unwilling or unable to comply, Iowa should show how many settings disenrolled from services or discontinued providing services in the setting as a result.

Ideally the information would be displayed in a chart like the one below.

Assessment Results	Residential Service Settings				Non-Residential Service Settings			
	Supported Community Living Service Settings	Residential-Based Supported Community Living Service Settings	Assisted Living Service Settings	CDAC Agency Services provided in an RCF or ALF Setting	Adult Day Care Service Settings	Day Habilitation Service Settings	Prevocational Service Settings	Supported Employment Service Settings
Total Number of Settings Requiring Assessment								
Number of Settings Assessed								
Complied Without Modifications								
Complied With Modifications								
Unwilling or Unable to Comply								
Disenrolled/Discontinued Services								
Number of Settings Requiring Heightened Scrutiny Review								

### Barriers to Reporting the Total Number of Settings Requiring Assessment

Iowa does not require registration or licensing for a large majority of settings where HCBS is provided. The main method for obtaining this information is through the annual address collection process in the annual provider self-assessment whereby providers list all the provider owned or controlled settings where they provide the services listed in the chart. Approximately 5000 settings are self-reported by Iowa's approximately 450 providers each year. Data entry errors, inconsistencies in data gathered, and inflexibilities of obtaining data from multiple spreadsheets does not allow Iowa to show the total number of settings there were between 2014 and present to compare to assessment results from the Residential Assessments and the Non-Residential Focused Review project of SFY 17-18.

Another method for obtaining the data is through the total number of Residential Assessments completed. Since 2017 when the Residential Assessments began, more than 124,000 Residential Assessments have been completed which means that over 124,000 residences have been assessed for compliance with HCBS settings criteria. Data entry errors and inconsistencies in data entry have made it impossible for Iowa to pull accurate data on all settings where the services listed in the chart are provided for comparison to assessment results or to reported residential settings from the Address Collection Tools.

**Barriers to Reporting Assessment Results by Setting**

Iowa is able to show the number of residential settings assessed that are member owned and controlled versus provider owned and controlled residences and how many complied without modification, meaning they did not have any “flags” that required follow-up and remediation. Iowa is also able to show how many complied with remediation, meaning they did have a “flag” requiring follow-up and remediation.

Additionally, Iowa is able to provide a similar chart to the one above demonstrating compliance results for non-residential settings that have been assessed. However, the data would be reported from a previous version of Statewide Transition Plan which shows a point-in-time look at settings that had been assessed. The results were not tracked in terms of providers who complied with remediation or without remediation. It was tracked based on whether or not the provider was compliant at the time of the report or still in the process of remediation at the time of the report. There is no way to distinguish providers that were found compliant immediately (without a need for remediation) from providers that came into compliance with remediation. Settings that were unwilling or unable to comply were tracked as “compliant” if they discontinued services in the setting or disenrolled.

**Proposed Corrective Action:**

Action Items	Timeline
Residential Settings	
To demonstrate that all residential settings requiring assessment were assessed along with the results of the assessments, Iowa Medicaid will review and update the Residential Assessment form to ensure inclusion of ALL HCBS settings requirements and to ensure key information such as the services provided in the setting and the physical address of the setting is validated or otherwise uniform upon entry. Additionally, remediation of any identified areas of non-compliance will be tracked directly on the tool which will allow for more thoughtful and standardized planning and action.	April 30, 2023
Updated, competency-based training will be provided to case managers, who are responsible for administering the Residential Assessments, to ensure consistency and accuracy in completing and submitting the form.	May 31, 2023
All case managers will be required to use the new Residential Assessment Tool. The requirement will remain to complete the Residential Assessment with members within 30 days of admission to a waiver or Habilitation program (upon development of their initial person-centered	July 1, 2023- June 30, 2024

plan) and annually thereafter. Therefore, all residential settings within the state will be assessed using the new tool by June 30, 2024.	
Reporting will be developed from the new Residential Assessment Tool. Data will be analyzed and reported to CMS to demonstrate that all residential settings where the identified services are provided have been assessed and the results of the assessment.	July 1, 2024- October 31, 2024
Non-Residential Settings	
A tracking spreadsheet will be updated to demonstrate the outcomes of non-residential settings assessments in a manner that will be transferrable to the sample validation chart above.	June 30, 2023
General	
Iowa Medicaid will develop an Informational Letter to be sent to providers of HCBS to require reporting of new or closing provider owned or controlled locations and to ensure the setting is approved before receiving HCBS funding in the setting. This letter will also remind providers that some residential and non-residential settings may require heightened scrutiny review and approval from CMS prior to receiving HCBS funding in the setting. This will allow Iowa to accurately track settings that close if unwilling or unable to comply and ensure new setting are screened and assessed as applicable.	February 28, 2023