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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 19-019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



Regional Operations Group

November 5, 2019

Suzanne Bierman
Administrator
Nevada Division of Health Care Financing and Policy
1210 S. Valley View, Suite 104
Las Vegas, NV 89702

Dear Ms. Bierman:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 19-019. The SPA updates NV's 1915(i) Home and Community Based Services (HCBS) Quality Management Strategy. This SPA is approved effective October 1, 2019.

Attached is a copy of the following approved pages to be incorporated into your state plan:

- Attachment 3.1-I Pgs. 1-17

If you have any questions, please contact Peter Banks by phone at (415) 744-3782 or by email at Peter.Banks@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Richard C. Allen.

Richard C. Allen
Director
Western Regional Operations Group

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
1 9 - 0 1 9

2. STATE
NEVADA

3. PROGRAM IDENTIFICATION:
TITLE XIX OF THE SSA (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2019

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION
~~1915(i); 42 CFR (440.130 and 440.180); 34 CFR~~
Section 1915(i) of the Social Security Act and 42 CFR Part 441 Subpart M

7. FEDERAL BUDGET IMPACT:
a. FFY 2019 \$ 0
b. FFY 2020 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
State Plan:
Attachment 3.1-G Page 41, Page 41a, Page 41b
Attachment 3.1-I Pgs. 1-17


9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-G Pgs. 41-41b [Deleted]

10. SUBJECT OF AMENDMENT PB

The proposed changes will incorporate federal quality measures as required by ~~42 CFR 441.710~~ 42 CFR 441.745.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE OFFICIAL


13. TYPED NAME
RICHARD WHITLEY

14. TITLE
DIRECTOR, DHHS

15. DATE SUBMITTED
September 30, 2019

16. RETURN TO
Tammy Moffitt, Chief of Operations
DHCFF/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701


FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
9/30/19

18. DATE APPROVED
November 5, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
10/1/19

20. SIGNATURE OF REGIONAL OFFICIAL


21. TYPED NAME
Richard Allen

22. TITLE
Director, Regional Operations Group

23. REMARKS Pen and Ink Request: Box 6: Please change to "Section 1915(i) of the Social Security Act and 42 CFR Part 441 Subpart M". Box 8: Please change to "Attachment 3.1-I Pgs. 1-17". Box 9: Please change to "Attachment 3.1-G Pgs. 41-41b [Deleted]". Box 10: Please change "42 CFR 441.710" to "42 CFR 441.745".

Quality Improvement Strategy

Quality Measures

(Describe the state’s quality improvement strategy. For each requirement, and lettered sub-requirement, complete the table below):

1. Plan of Care a) address assessed needs of 1915(i) participants; b) are updated annually; and (c) document choice of services and providers.

2. Eligibility Requirements: (a) an evaluation for 1915(i) State plan HCBS eligibility is provided to all applicants for whom there is reasonable indication that 1915(i) services may be needed in the future; (b) the processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately; and (c) the 1915(i) benefit eligibility of enrolled individuals is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS.

3. Providers meet required qualifications.

4. Settings meet the home and community-based setting requirements as specified in this SPA and in accordance with 42 CFR 441.710(a)(1) and (2).

5. The SMA retains authority and responsibility for program operations and oversight.

6. The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to 1915(i) participants by qualified providers.

7. The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation.

(Table repeats for each measure for each requirement and lettered sub-requirement above.)

Requirement	<i>1.a) Service plans address assessed needs of 1915(i) participants.</i>
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of service plans reviewed that adequately address the assessed needs of 1915(i) participants. N = Number of service plans reviewed that adequately address the assessed needs of 1915(i) participants. D = Total number of service plans reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews, on-site. Less than 100% review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.

<p>Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i></p>	<p>State Medicaid Agency (SMA) Quality Assurance (QA) and 1915(i) Units.</p>
<p>Frequency</p>	<p>Annually</p>
<p>Remediation</p>	
<p>Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>SMA will remediate any issue or non-compliance within 30 days. Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and 1915(i) Units.</p>
<p>Frequency <i>(of Analysis and Aggregation)</i></p>	<p>Monthly, Quarterly, Annually</p>

<p>Requirement</p>	<p><i>1.b) Service plans are updated annually</i></p>
<p>Discovery</p>	
<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Number and percent of service plans that are updated at least once in the last 12 months. N = Number of service plans that are updated at least once in the last 12 months. D = Total number of service plans reviewed.</p>
<p>Discovery Activity <i>(Source of Data & sample size)</i></p>	<p>Record reviews, on-site. Less than 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.</p>
<p>Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i></p>	<p>SMA QA Unit</p>

Frequency	Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA will remediate any issue or non-compliance within 30 days. Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and 1915(i) Units.
Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, and Annually

Requirement	<i>1.c) Service plans document choice of services and providers</i>
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of service plans reviewed that indicate 1915(i) participants were given a choice when selecting services. N = Number of service plans reviewed that indicate 1915(i) participants were given a choice when selecting services. D = Total number of service plans reviewed
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews, on-site. Less than 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA QA Unit
Frequency	Annually
Remediation	
Remediation Responsibilities	SMA will remediate any issue or non-compliance within 30 days.

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<p><i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and 1915(i) Units.</p>
<p>Frequency <i>(of Analysis and Aggregation)</i></p>	<p>Monthly, Quarterly, and Annually</p>

<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Number and percent of service plans reviewed that indicate 1915(i) participants were given a choice when selecting providers.</p> <p>N = Number of service plans reviewed that indicate 1915(i) participants were given a choice when selecting providers.</p> <p>D = Total number of service plans reviewed</p>
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<p>Discovery Activity <i>(Source of Data & sample size)</i></p>	<p>Record reviews, on-site. Less than 100% Review.</p> <p>The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.</p>
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<p>Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i></p>	<p>SMA QA Unit</p>
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<p>Frequency</p>	<p>Annually</p>
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Remediation

<p>Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>SMA will remediate any issue or non-compliance within 30 days.</p> <p>Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and 1915(i) Units.</p>
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<p>Frequency</p>	<p>Monthly, Quarterly, and Annually</p>
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<i>(of Analysis and Aggregation)</i>	
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Requirement	2. (a) an evaluation for 1915(i) State plan HCBS eligibility is provided to all applicants for whom there is reasonable indication that 1915(i) services may be needed in the future
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Discovery	
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Discovery Evidence <i>(Performance Measure)</i>	Number and percent of new applicants who had an evaluation indicating the individual met the 1915(i) needs-based eligibility criteria prior to receiving services. N: Number of new applicants who had an evaluation indicating the individual met the 1915(i) needs-based eligibility criteria prior to receiving services. D: Number of new applicants receiving 1915(i) services reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews, on-site. Less than 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA 1915(i) Unit
Frequency	Monthly, Quarterly and Annually

Remediation	
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Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA will remediate any issue or non-compliance within 30 days. Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and 1915(i) Units.
Frequency <i>(of Analysis and Aggregation)</i>	Quarterly, Annually

Discovery

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<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Number and percent of applicants who receive an evaluation for 1915(i) State plan HCBS eligibility for whom there is reasonable indication that 1915(i) services may be needed in the future.</p> <p>N: Number of applicants who receive an evaluation for 1915(i) State plan HCBS eligibility for whom there is reasonable indication that 1915(i) services may be needed in the future.</p> <p>D: Number of 1915(i) applicants</p>
<p>Discovery Activity <i>(Source of Data & sample size)</i></p>	<p>Record reviews, on-site. Less than 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.</p>
<p>Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i></p>	<p>SMA 1915(i) Unit.</p>
<p>Frequency</p>	<p>Monthly, Quarterly and Annually</p>

Remediation

<p>Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>SMA will remediate any issue or non-compliance within 30 days.</p> <p>Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and 1915(i) Units.</p>
<p>Frequency <i>(of Analysis and Aggregation)</i></p>	<p>Quarterly, Annually</p>

<p>Requirement</p>	<p>2. (b) the processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately</p>
<p>Discovery</p>	
<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Number and percent of reviewed 1915(i) evaluations that were completed using the processes and instruments approved in the 1915(i) HCBS state plan.</p>

	<p>N = Number of reviewed 1915(i) evaluations that were completed using the processes and instruments approved in the 1915(i) HCBS state plan.</p> <p>D = Total number of 1915(i) evaluations reviewed</p>
<p>Discovery Activity <i>(Source of Data & sample size)</i></p>	<p>Record reviews, on-site. Less than 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.</p>
<p>Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i></p>	<p>SMA Quality Assurance</p>
<p>Frequency</p>	<p>Annually</p>
<p>Remediation</p>	
<p>Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>SMA is responsible for the collection of documentation of monitoring findings, remediation, analysis of effectiveness of remediation, documentation of system improvement. Documentation of sample selection process for program review, monitoring tools, monitoring findings reports and management reports.</p> <p>SMA will remediate any issue or non-compliance within 30 days.</p> <p>Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and 1915(i) Units.</p>
<p>Frequency <i>(of Analysis and Aggregation)</i></p>	<p>Monthly, Quarterly and Annually</p>

<p>Requirement</p>	<p>2. (c) the 1915(i)-benefit eligibility of enrolled individuals is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS</p>
<p>Discovery</p>	
<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Number and percentage of enrolled recipients whose 1915 (i) benefit Needs Based eligibility Criteria, was reevaluated annually.</p> <p>N: Number of enrolled recipients whose Needs Based Criteria was reevaluated annually;</p> <p>D: Number of enrolled recipients reviewed.</p>
<p>Discovery Activity</p>	<p>Record reviews, on-site. 100% Review</p>

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<i>(Source of Data & sample size)</i>	
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA QA
Frequency	Quarterly, Annually, Continuously and Ongoing
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA will remediate any issue or non-compliance within 30 days. Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and 1915(i) Units.
Frequency <i>(of Analysis and Aggregation)</i>	Quarterly, Annually, Continuously and Ongoing

Requirement	Providers meet required qualifications.
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of 1915(i) providers who meet the State’s certification standards, as required, prior to providing 1915(i) services. N: Number of 1915(i) providers who meet the State’s certification standards, as required, prior to providing 1915(i) services. D: Total number of 1915(i) providers reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews. 100% Review
Monitoring Responsibilities	SMA 1915(i) Unit, Provider Enrollment Unit and SMA Fiscal Agent.

<i>(Agency or entity that conducts discovery activities)</i>	
Frequency	Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA 1915(I), and Provider Enrollment Units and Fiscal Agent. State Medicaid Agency will remediate any issue or non-compliance within 30 days. All provider enrollment applications and revalidations are submitted electronically through the Interchange. The Fiscal Agent and SMA Provider Enrollment Unit monitor and review all applications and documents and make appropriate action as needed.
Frequency <i>(of Analysis and Aggregation)</i>	Ongoing and Annually or on re-validation schedule

Requirement	4. Settings meet the home and community-based setting requirements as specified in this SPA and in accordance with 42 CFR 441.710(a)(1) and (2).
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of HCBS settings that meet Federal HCBS settings requirements. N: Number of HCBS settings that meet Federal HCBS settings requirements. D: Total # of HCBS settings providing 1915(i) services.
Discovery Activity <i>(Source of Data & sample size)</i>	Record reviews, on-site. 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA QA

Frequency	Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	State Medicaid Agency will remediate any issue or non-compliance within 30 days. Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and 1915(i) Units.
Frequency <i>(of Analysis and Aggregation)</i>	Annually

Requirement	5. The SMA retains authority and responsibility for program operations and oversight.
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of issues identified in contract monitoring reports that were remediated as required by the state. N = Number of issues identified in contract monitoring reports that were remediated as required by the State. D = Total number of issues identified.
Discovery Activity <i>(Source of Data & sample size)</i>	Provider application. Less than 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA 1915(i) Unit.
Frequency	Annually
Remediation	
Remediation Responsibilities	SMA will remediate any issue or non-compliance within 30 days.

<p><i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>On a monthly basis, HCC supervisor reviews random sample of case files and if deficiencies are found, will take action as needed such as one-on-one education with the HCC as well as remediation discussion during the monthly QI meeting.</p>
<p>Frequency <i>(of Analysis and Aggregation)</i></p>	<p>Annually</p>

<p>Requirement</p>	<p>6. The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to 1915(i) participants by qualified providers.</p>
<p>Discovery</p>	
<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Number and percent of claims paid to 1915(i) service providers who are qualified to furnish 1915(i) services to 1915(i) recipients. N: Number of claims paid to 1915(i) service providers who are qualified to furnish 1915(i) services to 1915(i) recipients. D: Number of claims reviewed.</p>
<p>Discovery Activity <i>(Source of Data & sample size)</i></p>	<p>Financial records (including expenditures); Less than 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.</p>
<p>Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i></p>	<p>SMA QA</p>
<p>Frequency</p>	<p>Annually</p>
<p>Remediation</p>	
<p>Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>SMA will remediate any issue or non-compliance within 30 days. Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and 1915(i) units.</p>

Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, Annually
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Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Number and percent of claims verified through a review of provider documentation that have been paid in accordance with the individual’s service plan. N: Number of claims verified through a review of provider documentation that have been paid in accordance with the individual’s service plan. D: Total number of claims reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	Financial records (including expenditures); Less than 100% Review. The State will obtain a sample size that will produce a probability of 95% and confidence level of 5% using Raosoft Sample Size Calculator.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA QA
Frequency	Annually

Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	SMA will remediate any issue or non-compliance within 30 days. Deficiencies are remediated through the monthly quality improvement (QI) meeting. The QI team consists of SMA QA and 1915(i) Units.
Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, Annually

Requirement	7. The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation.
Discovery	

<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Number and percent of 1915(i) recipients who receive information/education about how to report abuse, neglect, exploitation and other critical incidents. N: Number of recipients who received information or education about how to report abuse, neglect, exploitation and other critical incidents. D: Number of participants reviewed.</p>
<p>Discovery Activity <i>(Source of Data & sample size)</i></p>	<p>Records review on-site, 100% Review.</p>
<p>Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i></p>	<p>SMA</p>
<p>Frequency</p>	<p>Annually, Continuously and Ongoing</p>

Remediation

<p>Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>SMA will remediate any issue or non-compliance within 30 days. During initial and annual assessment, potential recipient/recipient will be educated and sign the acknowledgement form indicating they were given information on how report and provided a list of contacts for reporting critical incidence. The form will be kept in the case file for 1915(i) supervisor review monthly and for SMA QA review annually.</p>
<p>Frequency <i>(of Analysis and Aggregation)</i></p>	<p>Monthly, Quarterly, Annually</p>

Discovery

<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Number and percent of incident reviews/investigations that were initiated regarding unexplained deaths, abuse, neglect, exploitation and unapproved restraints as required by the SMA. N: Number of incident reviews/investigations that were initiated regarding unexplained deaths, abuse, neglect, exploitation and unapproved restraints as required by the SMA. D: Number of incidents reviewed.</p>
<p>Discovery Activity</p>	<p>Records review on-site, 100% Review.</p>

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<i>(Source of Data & sample size)</i>	
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	SMA
Frequency	Annually, Continuously and Ongoing
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	<p>SMA will remediate any issue or non-compliance within 30 days.</p> <p>All Serious Occurrence Reports (SOR) must be reported within 24 hours of discovery. All SORs are entered into the database called Harmony, including follow-ups by HCCs. On a weekly basis or as needed, HCC supervisor reviews and approves follow-ups to ensure appropriate action is taken and the health and safety of the recipients have been addressed timely. Reports are generated upon request.</p> <p>Within 5 business days, HCC will conduct all necessary follow-ups to include plan of correction, report submitted to law enforcement, EPS or Health Care Quality and Compliance (HCQC) if applicable.</p> <p>The Harmony database monitors and tracks all incidents and generates reports upon request. The 1915(i) Supervisor will review SORs on a weekly or as needed basis.</p>
Frequency <i>(of Analysis and Aggregation)</i>	Monthly, Quarterly, Annually

Discovery	
Discovery Evidence <i>(Performance Measure)</i>	<p>Number and percent of incident reviews/investigations involving unexplained deaths, abuse, neglect, exploitation and unapproved restraints for recipients that were completed by the SMA.</p> <p>N: Number of incident reviews/investigations involving unexplained deaths, abuse, neglect, exploitation and unapproved restraints for recipients that were completed by the SMA.</p> <p>D: Number of incidents reviewed.</p>
Discovery Activity <i>(Source of Data & sample size)</i>	Records review on-site, 100% Review.

<p>Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i></p>	<p>SMA</p>
<p>Frequency</p>	<p>Annually, Continuously and Ongoing</p>

Remediation

<p>Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>SMA will remediate any issue or non-compliance within 30 days.</p> <p>All Serious Occurrence Reports (SOR) must be reported within 24 hours of discovery. All SORs are entered into the database called Harmony, including follow-ups by HCCs. On a weekly basis or as needed, HCC supervisor reviews and approves follow-ups to ensure appropriate action is taken and the health and safety of the recipients have been addressed timely. Reports are generated upon request.</p> <p>Within 5 business days, 1915(i) HCC will conduct all necessary follow-ups to include plan of correction, report submitted to law enforcement, EPS or Health Care Quality and Compliance (HCQC) if applicable.</p> <p>The Harmony database monitors and tracks all incidents and generates reports upon request. The 1915(i) Supervisor will review SORs on a weekly or as needed basis.</p>
<p>Frequency <i>(of Analysis and Aggregation)</i></p>	<p>Monthly, Quarterly, Annually</p>

Discovery

<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Number and percent of incidents reviewed involving abuse, neglect, exploitation, unexplained deaths, and unapproved restraints that had a plan of prevention/documentation of a plan developed as a result of the incident.</p> <p>N: Number of incidents reviewed involving abuse, neglect, exploitation, unexplained deaths, and unapproved restraints that had a plan of prevention/documentation of a plan developed as a result of the incident.</p> <p>D: Number of incidents reviewed.</p>
<p>Discovery Activity <i>(Source of Data & sample size)</i></p>	<p>Records review on-site, 100% Review.</p>
<p>Monitoring Responsibilities</p>	<p>SMA</p>

<p><i>(Agency or entity that conducts discovery activities)</i></p>	
<p>Frequency</p>	<p>Annually, Continuously and Ongoing</p>
<p>Remediation</p>	
<p>Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	<p>SMA will remediate any issue or non-compliance within 30 days.</p> <p>All Serious Occurrence Reports (SOR) must be reported within 24 hours of discovery. All SORs are entered into the database called Harmony, including follow-ups by HCCs. On a weekly basis or as needed, HCC supervisor reviews and approves follow-ups to ensure appropriate action is taken and the health and safety of the recipients have been addressed timely. Reports are generated upon request.</p> <p>Within 5 business days, the 1915(i) HCC will conduct all necessary follow-ups to include plan of correction, report submitted to law enforcement, EPS or Health Care Quality and Compliance (HCQC) if applicable.</p> <p>The Harmony database monitors and tracks all incidents and generates reports upon request. The 1915(i) Supervisor will review SORs on a weekly or as needed basis.</p>
<p>Frequency <i>(of Analysis and Aggregation)</i></p>	<p>Monthly, Quarterly, Annually</p>

System Improvement

(Describe the process for systems improvement as a result of aggregated discovery and remediation activities.)

1. Methods for Analyzing Data and Prioritizing Need for System Improvement

On an ongoing basis, the 1915(i) and QA Units collaborate in a Quality Improvement Team to assess quality improvements needed to ensure required performance measures are met. Monthly Comprehensive QI meetings review performance measures below 86% to determine remediation and mitigation efforts using CMS guidelines. Such guidelines include, but are not limited to, identifying probable cause, development of interventions to improve performances, trend analysis on performance measures, etc. On an as needed basis, the QA Unit conducts educational trainings with the 1915(i) Unit regarding how to perform case file and provider reviews. Provider reviews are entered into the ALis database to be tracked and deficiencies flagged. Depending on the deficiency, referrals are sent to an appropriate state agency for review and corrective action plan as appropriate.

Case Management records are in a SAMS database which generates reports needed for QA case file reviews. Provider records are managed through the InterChange (Medicaid Management Information System) and reviewed by the SMA Fiscal Agent and Provider Enrollment Unit. Electronic submission of claims is also done through InterChange, which has built-in edits to ensure claims are processed correctly and appropriately.

Serious Occurrence Reports (SORs) are tracked through a Harmony system which is monitored and reviewed by the 1915(i) Supervisor.

2. Roles and Responsibilities

The SMA QA complete annual reviews of the performance measures outlined above excluding provider reviews which are conducted by the 1915(i) Unit.

1915(i) and QA Unit participate in monthly and quarterly comprehensive QI meetings.

3. Frequency

QI Team meet monthly to discuss remediations on deficiencies found during the annual review. QI Team also meet quarterly to review remediations and discuss system improvement to determine changes as needed to the process. The QIS is evaluated in its entirety prior to the 5-year renewal.

4. Method for Evaluating Effectiveness of System Changes

Through QI Team meetings, trend analysis is conducted on remediation efforts to determine effectiveness of such efforts and those performance measures needing continual improvement. As potential trends develop, specific activities will be identified that may need changing and an evaluation is conducted to remedy the issue.