**CABINET FOR HEALTH AND FAMILY SERVICES**
**DEPARTMENT FOR MEDICAID SERVICES**

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**Audrey Tayse Haynes**
Secretary

**Lawrence Kissner**
Commissioner

July 1, 2013

TO: Home and Community Based Waiver Program Providers (Provider Type 42) (Provider Letter #A-1)
Adult Day Healthcare Providers (Provider Type 43) (Provider Letter #A-41)

RE: HCBW/ ADHC On-Site Provider Survey Changes

Dear Kentucky Medicaid Provider:

This letter is to advise you of changes in the Medicaid's on-site survey/monitoring process of services provided by Home and Community Based Waiver and Adult Day Health Care (ADHC) providers. These changes are a result of the Centers for Medicare and Medicaid Services' (CMS) clarification of information needed for performance measures. The information requirements for the performance measures were identified during the last Home and Community Based Waiver (HCBW) waiver renewal period from CMS.

The Department for Medicaid Services (DMS) has contracted with Carewise Health to perform first-line monitoring via on-site surveys of the HCBW/ADHC agencies and the services they provided to HCBW/ADHC recipients. Carewise Health will fax or mail a monitoring review packet to HCBW/ADHC providers scheduled for on-site monitoring/survey review, within 48 hours of the survey date. The review packet will contain the information that will be required during the review and allow providers time to acquire/have available needed information for a complete documentation record of the dates of service being monitored. The packet will also contain a list of the recipients that will be reviewed along with a form for the provider to complete with information about staff that has provided care during the review period. Carewise Health will request information that has not been reviewed during past monitoring/survey periods such as documentation of compliance with HIPAA and criminal and abuse checks for staff for the review period.

Although current and previous provider surveys have included a review of the information outlined above, deficiencies to address a lack of this information will begin with monitoring/review of dates of service for June 1, 2013 and forward. The HCBW/ADHC provider will not receive deficiencies related to this additional requested information for survey periods/service dates prior to this effective date. However, this will be required documentation for future monitoring/surveys and will be included in updated HCBW/ADHC regulations and program manuals.

The best practice and performance measures identified by CMS are staff criminal/background checks, abuse registry checks, staff training in HIPAA, CPR, and abuse, neglect, exploitation and the reporting process for each. These performance and best practice measures/documentation requirements have and continue to be part of the Office of Inspector General's (OIG) licensure process for HCBW/ADHC agencies and now will be reviewed and recorded by Carewise Health for DMS. An additional performance measure identified by CMS was recipient's age appropriate preventive healthcare. These preventive health care services include such services as flu and pneumonia vaccines. If the recipient's case management service is provided through the HCBW/ ADHC provider, the case manager would be responsible for coordinating and managing the recipient's preventive health care services as outlined in the Home and Community Based Waiver Services program manual. If the recipient's case management service is provided through another agency, the case manager for the other agency would be responsible for the coordination of these services. However, the HCBW/ADHC would still be responsible for obtaining all pertinent information (such as the MAP 109, MAP 351, etc.) from the case management agency of record and for updating the plan of care in the recipient's case file. As stated above, a lack of these additional information/documentation requirements will be addressed as deficiencies beginning with date of service June 1, 2013.

The Department for Medicaid Services appreciates your cooperation in maintaining compliance with CMS requirements for performance measures for HCBW/ADHC providers and your continued support and services rendered to HCBW/ADHC recipients. If you should have questions concerning this correspondence, please contact Jennifer Smith, RN, NCI or Marilyn Ferguson RN, NCI at 502-564-5560.

Sincerely,

Lawrence Kissner
Commissioner

# HCBW Greetings Form

## GREETINGS!

## MEDICAID ON-SITE MONITORING REVIEW

Attached are the lists of the recipients whose records we are requesting for this review.

We will require a complete record of documentation which covers the period to for each recipient on the list. The agency may need to locate thinned charts in order to assure all information is gathered for the time period reviewed.

We will also require the following:

1) Policy and Procedure Manuals that include:
   a. Disaster and Contingency Plans & Procedures
   b. Performance Improvement/Continuous Quality Improvement Activities
   c. Training on abuse, neglect, exploitation and reporting.
2) Incident Reports (for the time period listed above)
3) Complaint(s)/-and Complaint Tracking (for the time period listed above)
4) Completion of the Provider Staff Education Form on abuse and neglect training.
   a) Staff criminal background check date/time performed
   b) Abuse registry check date/time performed
   c) HIPAA training date/time for staff
   d) CPR training for staff date/time (American Heart Association requirements)
   e) Abuse, Neglect and Exploitation staff training date/time
5) *Recipient(s) age-appropriate preventative healthcare record (i.e., vaccines-flu shots and Pneumonia vaccine for the time period listed above)*

We will also need to perform member/caregiver surveys on a sampling of the members receiving Home and Community Based Waiver Services.

Sincerely,

Carewise Health

Kentucky Medicaid Program Field Review Department

Kentucky Medicaid On-Site Reviews

# HCB Waiver Provider Staff Compliance Training

| | |
|---|---|
| Provider Name: | |
| Provider Number: | |
| Review Date: | |
| Review Period: | TO |
| Total number of staff providing care during review period: | |

| Staff Name | Abuse Registry Check<br><br>Date | Criminal Background Check<br><br>Date | HIPPA Training<br><br>Date | CPR Training<br><br>Date | Abuse and Neglect Training<br><br>Date |
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Kentucky Medicaid On-Site Reviews

## HCB Waiver Provider Staff Compliance Training

| Staff Name | Abuse Registry Check<br><br>Date | Criminal Background Check<br><br>Date | HIPPA Training<br><br>Date | CPR Training<br><br>Date | Abuse and Neglect Training<br><br>Date |
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**I certify to my knowledge the above information is complete and accurate.**

| Agency Representative: | |
|---|---|
| Date: | |

# HCBW/CDO Agency On-Site Provider Worksheet

| | | | |
|---|---|---|---|
| **Provider Name:** | | | |
| **Provider Number:** | | | |
| **Address:** | | | |
| **Agency Phone Number:** | | | |
| **Review Date** | | **Contact Name:** | |

| **Provider Questions** | | | | |
|---|---|---|---|---|
| 1. | ☐Yes | ☐No | ☐NA | Agency completed required criminal background and abuse registry checks for staff prior to rendering services. |
| 1a. | Number of staff who have completed required criminal background and abuse registry checks prior to rendering services. | | | |
| 1b. | Number of staff for which criminal background and abuse registry checks were required to be completed prior to rendering services. | | | |
| 2 | ☐Yes | ☐No | ☐NA | Agency conducted HIPPA trainings for staff. |
| 2a. | Number of staff for which annual HIPPA trainings have been completed: | | | |
| 2b. | Number of staff for which annual HIPPA trainings should have been completed: | | | |
| 3. | ☐Yes | ☐No | ☐NA | CPR training conducted for staff which meets current American Heart Association certification requirements. |
| 3a. | Number of staff for which annual CPR trainings have been completed: | | | |
| 3b. | Number of staff for which annual CPR trainings should have been completed: | | | |
| 4. | ☐Yes | ☐No | ☐NA | Agency conducted annual Abuse and Neglect trainings for staff. |
| 4a. | Number of staff for which annual Abuse and Neglect trainings have been completed: | | | |
| 4b. | Number of staff for which annual Abuse and Neglect trainings should have been completed: | | | |

**Review List**

| # | Name | Medicaid ID # | # | Name | Medicaid ID # |
|---|---|---|---|---|---|
| 1. | | | 7. | | |
| Dates of Service: | | | Dates of Service: | | |
| 2. | | | 8. | | |
| Dates of Service: | | | Dates of Service: | | |
| 3. | | | 9. | | |
| Dates of Service: | | | Dates of Service: | | |
| 4. | | | 10. | | |
| Dates of Service: | | | Dates of Service: | | |
| 5. | | | 11. | | |
| Dates of Service: | | | Dates of Service: | | |
| 6. | | | 12. | | |
| Dates of Service: | | | Dates of Service: | | |

# HCBW/CDO Agency On-Site Provider Worksheet

| # Name Medicaid ID # | # Name Medicaid ID # |
|---|---|
| 13.<br>Dates of Service: | 27.<br>Dates of Service: |
| 14.<br>Dates of Service: | 28.<br>Dates of Service: |
| 15.<br>Dates of Service: | 29.<br>Dates of Service: |
| 16.<br>Dates of Service: | 30.<br>Dates of Service: |
| 17.<br>Dates of Service: | 31.<br>Dates of Service: |
| 18.<br>Dates of Service: | 32.<br>Dates of Service: |
| 19.<br>Dates of Service: | 33.<br>Dates of Service: |
| 20.<br>Dates of Service: | 34.<br>Dates of Service: |
| 21.<br>Dates of Service: | 35.<br>Dates of Service: |
| 22.<br>Dates of Service: | 36.<br>Dates of Service: |
| 23.<br>Dates of Service: | 37.<br>Dates of Service: |
| 24.<br>Dates of Service: | 38.<br>Dates of Service: |
| 25.<br>Dates of Service: | 39.<br>Dates of Service: |
| 26.<br>Dates of Service: | 40.<br>Dates of Service: |
| **Review Team:** | |