



Improving lives THROUGH
supports and services
THAT FOSTER self-determination.



The
Columbus
ORGANIZATION

Because everyone deserves a meaningful life™

Introducing the Columbus Organization Partnership

Content

- 👤 Format
- 👤 Introductions of Presenters
- 👤 Columbus Overview
- 👤 Functions and “Why”
- 👤 Implementation Timeline
- 👤 Reviews up close

Introductions

- 👤 Dan Howell, Columbus Project Manager
- 👤 Wanda Crocker, Assistant Deputy Director
- 👤 Carrie Williams, Director of TCM Services
- 👤 Holly Reiff, Director of PR

Organization Overview

The Columbus Organization is a group of caring professionals whose mission is to assist children and adults with physical and intellectual disabilities achieve independence through a life that is meaningful to them.

Quality Improvement Services

As a [CMS certified Quality Improvement Organization \(QIO\)](#) since 2014, The Columbus Organization provides Quality Improvement Services with an independent, objective approach to help you improve healthcare delivery, safety, and efficiency.

Whether you want to proactively improve your existing program or you are responding to a regulatory inquiry or request, The Columbus Organization has the experience and credentials to help you get your agency or program into compliance with best practices.

Mortality Reviews

Consultation, Training and Technical Assistance to Institutional and Community Service Programs

Interim Management of Public/Private Sector Organizations

US DOJ, CMS and Civil Class Action Litigation Support and Compliance Monitoring

Comprehensive System Reviews

Support to Receivers

Peer Review Systems

Risk Management

Transition Planning

Behavioral Services

The Columbus Organization

- 🕒 Since notification of award on November 30, 2022, the Columbus team has conducted multiple team meetings related to project implementation.
- 🕒 Primary implementation team members include:
 - 👤 Dan Howell, Project Director
 - 👤 Beth Reiniger, Program Manager
 - 👤 Elin Howe, Program Manager
 - 👤 Julie Flannery, Internal Project Manager

Project Staff: Identified in Proposal

- 👤 All key project staff are in place including Project Director, Program Managers, Internal Project Managers and other relevant internal staff. The following are project staff:
 - 👤 Celia Feinstein, Quality Review Tool Developer
 - 👤 Janet Simons, Director of Mortality Review Services
 - 👤 Karen Booth, Project Manager-Mortality Review
 - 👤 Eric Billington, ITRH Quality Reviewer
 - 👤 Lauri Gellman Wallace, Due Process Rights Committee Coordinator

Project Staff: Implementers

- 👤 19 Provider Reviewers
- 👤 4 Mortality Reviewers
- 👤 1 ITRH Lead
- 👤 1 Due Process Coordinator

Project Staff: Implementers

Name	Job Title
Alyssa Divinagrada	Provider Reviewer
Beth Shaw	Provider Reviewer
Carrie Peacock	Provider Reviewer
Dan Howell	Project Director
Elin Howe	Project Consultant
Ellen Pace	Mortality Review Nurse
Eric Billington	ITRH Lead
John Kelly	Provider Reviewer
Joy England	Provider Reviewer
Karen Booth	Project Manager, Mortality Review Services
Kim Hancock	Provider Reviewer
Lauri Wallace	Due Process Rights Committee Coordinator
Les Morris	Provider Reviewer

Project Staff: Implementers

Name	Job Title
Lynda Debenedet	Provider Reviewer
Martha Thweatt	Provider Reviewer
Melissa Covert	Provider Reviewer
Mindy Beal	Provider Reviewer
Nashon McPherson	Provider Reviewer
Nicole Arsenault	Provider Reviewer
Noelle Humphrey	Provider Reviewer
Pam Nold	Mortality Review Nurse
Rick Starr	Provider Reviewer
Scot Booth	Provider Reviewer
Sharon James	Provider Reviewer
Suzanne Thomas	Provider Reviewer
Todd Rodemeyer	Mortality Review Nurse
todd streff	Provider Reviewer
Cindy Gaddie	Mortality Review Nurse

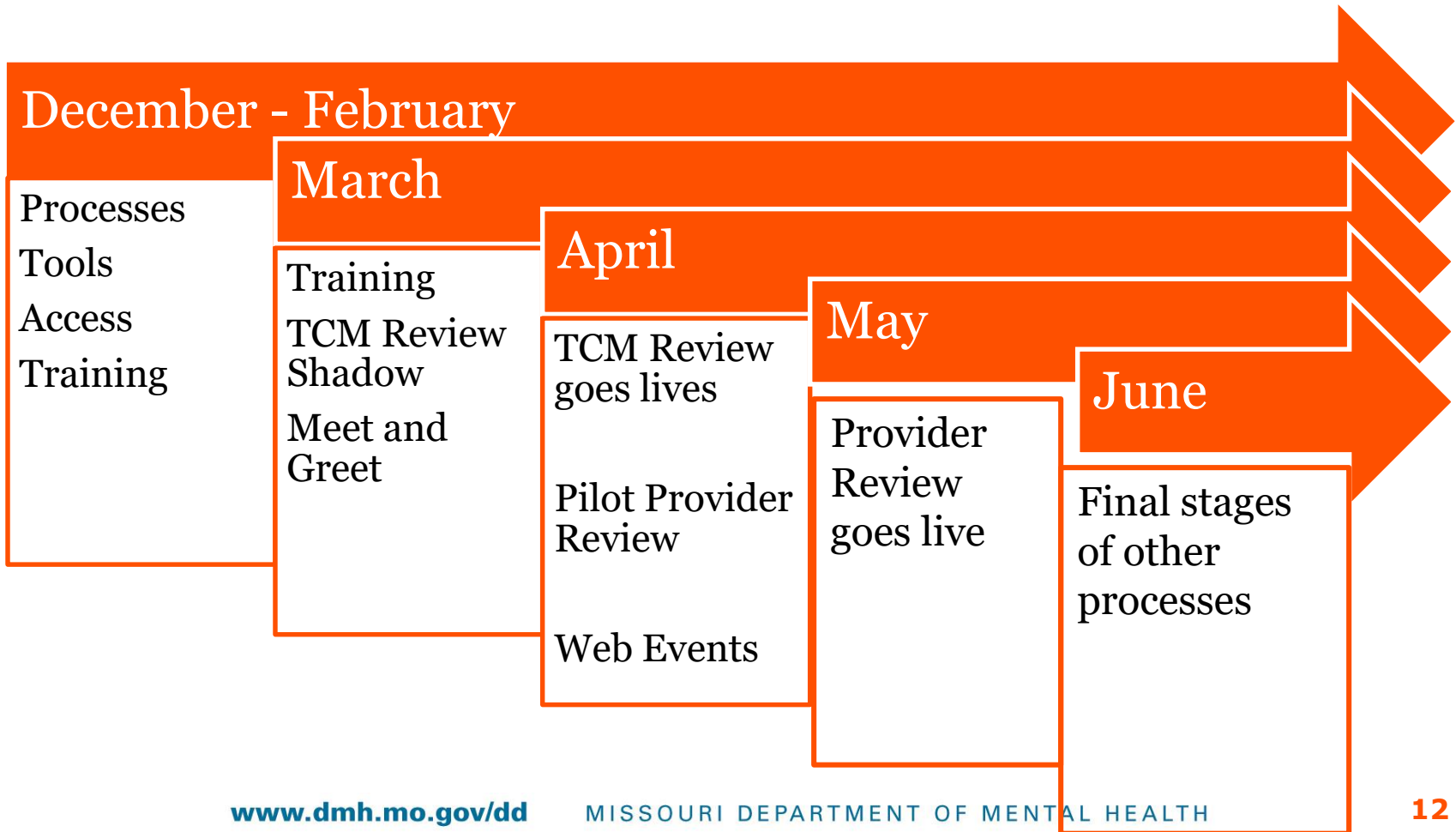
Functions of Contract

Transfer to Columbus	Division Efforts Refocused
Clinical RN component of Mortality Review from QP RN	HRST Clinical Reviewer and MO HRST Expanded Review
Management and Facilitation of Due Process Review Committee from QP QES	Individual Rights and Due Process subject matter experts
Provider Annual Performance Reports from QES and PR	Purchase of Service Review & Reviews of Service Providers not covered by Columbus
Provider Site Review from PR TCM Annual Review from TAC	
ITRH Review (new)	Increase in # of SCs statewide increases CMS waiver assurance requirements of TACs and TA

Why?

- 👤 Create best in class quality assurance system
- 👤 Evaluates for compliance HCBS Rule
- 👤 Comprehensive look at provider qualifications and systems
- 👤 Ability to review additional services
- 👤 Move towards systemic review

Timeline



TCM Annual Review

TCM Annual Review

- 👤 Columbus will use the current process and tools
- 👤 Will be a combination of desk audit and on-site review
- 👤 TACs will work with Columbus and the TCM Provider to transition the process
- 👤 Continues to be an annual review

TCM Annual Review

- 👤 Areas of Annual TCM Review include;
- 👤 Evidence that Case Management Staff Meets Qualifications
- 👤 Records Maintained for Each Individual Receiving Support Coordination
- 👤 Annual ISP is Prepared According to Guidelines

TCM Annual Review

- 👤 Assessment and Level of Care Evaluation is Accurately Completed
- 👤 Evidence that Individuals Were Provided Choice of Waiver Services and Service Providers
- 👤 Evidence that Individual Support Plan Monitoring and Review is Conducted and Identified Concerns are Submitted for Entry into IQMFD

TCM Annual Review

- 👤 Evidence of Implementation of UR Process
- 👤 Evidence that Process is followed for Individual Moves
- 👤 Evidence that the TCM provider support coordinator reports and follows up on the implementation of provider action plans regarding abuse, neglect and death inquiries and investigations

TCM Annual Review

- 👤 Evidence that the individual's record contains documentation of the individual/guardian receiving information annually on rights without limitations
- 👤 Evidence of a system that ensures accuracy of information entered into the DDD Individual Info Management System

TCM Annual Review

- 👤 Evidence of a 24/7 on-call system
- 👤 Evidence that Quality Assurance Processes and Systems are in place
- 👤 Logging

TCM Annual Review Process


- 👤 TCM Provider is notified 30 days in advance
- 👤 Data is collected
- 👤 Exit interview, including TAC
- 👤 Data entered into IQFMD
- 👤 Summary shared with TCM Provider and TCM TAC who distributes to required parties

Provider Site Reviews

Provider Site Review

Expanded Review

 Each provider reviewed annually for consecutive two years

 75% of providers in year 1; 100% in year 2

 Baseline data collected

 Identify the qualifications required to establish 1, 2 or 3 year renewals depending on each providers performance

Provider Site Review

- 👤 Enhanced tools from pre-COVID Provider Relations Review tools
- 👤 All Provider Review questions and interpretive guidelines were drafted by Columbus for review, editing and approval by the Division.

New items required in the IFB

- 👤 Addition of items to further strengthen review of HCBS Settings Rule requirements;
- 👤 Items that the Division and Columbus agreed needed to be included because they do not meet Division requirements and/or do not meet current standards of practice.

Provider Site Review

- 👤 Enhanced tools from pre-COVID Provider Relations Review tools
- 👤 Providers of Medicaid Waiver DSP services
- 👤 Additional waiver services organization is also contracted to provide: OT, PT, ST, Community Specialist, Behavior Services, Crisis Service, Support Broker
- 👤 Review cycle: if you were reviewed in May 2020, 2021 or 2022 you will most likely be reviewed in May 2023

Set Up Process

- 👤 Columbus schedules with 30 days notice
- 👤 Columbus pulls reports to determine samples
- 👤 Columbus reviews last Certification or Accreditation and any Corrective Plans along with data reflecting trends and EMT
- 👤 May request information prior to review to complete partial remote review
- 👤 Brief entrance meeting

Provider Capability Review

- 🕒 Have a Philosophy/Mission and capacity that results in supports directed to Inclusion, Community Participation, Health, Safety Welfare?
- 🕒 Meet requirements of Chapter 19, HCBS Waiver for Individuals with I/DD?
- 🕒 Provide the tools and materials necessary for their staff to effectively perform their duties?
- 🕒 Follow applicable laws and State policy regarding responding to abuse, neglect or other serious incidents that could threaten the safety or well-being of a consumer?

Provider Capability Review

- 🕒 Ensure proper handling of all consumer records, their security, accountability, confidentiality and retention.
- 🕒 Ensure proper handling of all consumer financial benefits and income including security, accountability, confidentiality and retention.
- 🕒 Conduct annual consumer satisfaction surveys if required by the Department and uses information obtained to self-assess improve and expand services using a method approved by the Department.

Waiver Assurance

100% staff review

- 👤 Background Screening*
- 👤 Proof of education*
- 👤 Required training*
 - 👤 CPR, First Aid, Medication Administration, Abuse and Neglect, ISP training, PBS, Crisis Intervention if required

Site Reviews

- 🕒 Service documentation review for requirements as previously outlined in PR review*
- 🕒 Environmental review using Division ISL tool as guide
- 🕒 Medical records
- 🕒 Staffing Patterns at ISL, GH and DH*
- 🕒 Evaluation of RN and PM coverage at GH*
- 🕒 Nurse delegation for Day Hab medical*
- 🕒 CAHPS Survey

CAHPS Home and Community Based Services Survey | Medicaid

- 👤 The Consumer Assessment of Healthcare Providers and Systems Home and Community-Based (HCBS CAHPS®) Survey is the first cross-disability survey for adults receiving long-term services and supports from state Medicaid home and community-based services and supports (HCBS) programs.

Consumer Assessment of Health Care Providers and Systems for HCBS (CAHPS) and the Supplemental Employment Tool.

- 👤 The CAHPS is a tool used to interview individuals on the following topics:
Getting Needed Services; Communication with Providers and Case Managers; Choice and Control over Services; Medical Transportation; Personal Safety and Community Inclusion.

Consumer Assessment of Health Care Providers and Systems for HCBS (CAHPS) and the Supplemental Employment Tool.

- 👤 There are 96 questions in the CAHPS tool although some will not be used. For example, if a question is not applicable to an individual, a number of following questions may be eliminated.
- 👤 There are 21 questions regarding employment that will be asked of individuals participating in employment services.

Consumer Assessment of Health Care Providers and Systems for HCBS (CAHPS) and the Supplemental Employment Tool.

- 👤 Sample size is 10%, no less than 1 and no greater than 10
- 👤 Individuals will be selected for each service that the provider offers and no duplicated
- 👤 Estimated time for completion of the CAHPS interview tool is 30 minutes.
- 👤 Staff member may only be present at the interview if the individual consents.

Additional Focus

Assistive Technology

- 👤 Does the provider have a policy or other document on Assistive Technology?
- 👤 Does the provider have a commitment to use of AT devices or services?

Additional Focus

Ongoing HCBS Community Rule Compliance

- 👤 Has the provider continued to use the Provider Self-Assessment to assure that their organization is compliant with the HCBS Community Rule?
- 👤 Do any provider services remain on Heightened Scrutiny?

Additional Focus

Billing practices

- 👤 Does the provider have a policy/procedure on when billing should be submitted to the Division for payment?
- 👤 If so, does the provider process billing on the date specified in the policy?
- 👤 Is billing submitted to the Division within the move following the service being rendered?

Additional focus

Use of cameras

- 👁️ Does the provider have cameras in any areas in a home or day program?
- 👁️ Where are these located and how many are in use?
- 👁️ Does Division approval exist?

Provider Review Post Review

- 👤 Exit Summary with Provider and PR
- 👤 Develop summary & copies distributed
- 👤 Entry into IQFMD
- 👤 Provider given 30 days to remediate, Columbus provides 2 opportunities
- 👤 Referred to PR for follow up if remediation not complete

Review of Guidance Tool

- 👤 This is the tool provided to the reviewers on the new areas of focus and some of the other
- 👤 There still may be changes/modifications after the pilot is performed

Next Steps

- 👤 April Pilot
 - 👤 All State Operated Programs Medicaid Waiver
 - 👤 4 community provider volunteers
- 👤 April Web Ex
- 👤 Refine tools based on pilot

Next Steps

- 👤 Post tools
- 👤 Web ex if significant changes made to tools
- 👤 Full implementation by end of this FY
- 👤 Provider Score Card and Provider Performance Report development next FY

Q: Will Columbus recoup funds? And under what conditions?

A: This process will not directly recoup funds. Providers will be required to self-report to MMAC when the following is identified:

1. Disqualifying offenses without exception
2. Staffing pattern is not being met
3. GH Professional Manager or RN not provided
4. There's no documentation for the service delivered

Q: Why is there a pilot for Provider Reviews but not for TCM Annual Reviews?

A: There are no changes to the content being reviewed as a part of the TCM annual review – the only difference is who is providing it whereas the provider review has new components.

Q: Does this apply to Accredited providers?

A: Yes. This process applies to all providers of DSP services as the previous PR review was.

Q: Some of these things are not requirements – so I don't have to do it, right?

A: Correct. However, this information is being gathered to develop a 1, 2, or 3 year review cycle. 3 year review cycle parameters are sure to include best practices. Only through evidence of internal systems and self-evaluation will a provider obtain 3 year review cycle.

Q: If Certification is coming this year, are there things you will remove from the review so as not to duplicate?

A: No. Gathering information through the Columbus process is necessary to establish 1, 2, and 3 year cycles.

Q: If Certification comes this year, will Columbus?

A: Yes. We will endeavor to schedule separate from Certification so as not to overwhelm providers.

Q: Can Columbus come at the same time as Certification?

A: No. As both entities interview service recipients, this would be overwhelming to them.

Q: When will new ow when Columbus is coming?

A: We are targeting the same month as your last PR review. The TCM review will be scheduled per existing process.

Q: As Columbus reviews 100% of records – does the contract language around self-audit and Corrective Action Plan (CAP) still apply?

A: Columbus will be in essence completing the self-audit for the provider – so no additional audit will apply. If the results are less than 87%, the CAP will be implemented.

Q: Will Columbus provide technical assistance to providers?

A: Yes but limited only during the review process. Provider Relations and TCM Technical Assistance Coordinators continue to provide TA on all waiver activities

Questions