

Developmental Disabilities Home and Community Based Services Provider Survey Training

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Goal

- ▶ Provide assurances to The Centers for Medicare and Medicaid Services (CMS) that DD licensed providers are providing and meeting conditions set forth by the DD Division; and
 - ▶ Improvement and sustainability of waiver services.
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Purpose

- ▶ CMS requires the oversight/monitoring of waiver services.
 - ▶ CMS requires state oversight of waiver programs:
 - Track providers' policies
 - Conduct site checks of service locations
 - Review consumer incident reports
 - Regional and provider compliance with service plans
 - Overall quality of the plan
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Development

- ▶ Survey was developed by the DD Division in collaboration with a stakeholder workgroup
 - Consisted of providers from across the state, DDPAs, health Facilities/Title XIX, and members of the DD Division.
- ▶ Elements of the survey were established by utilizing:
 - The workgroup recommendations;
 - CMS requirements;
 - State requirements;
 - HCBS Quality Framework;
 - Council for Quality and Leadership (CQL);
 - Title XIX standards.

Applicable Services

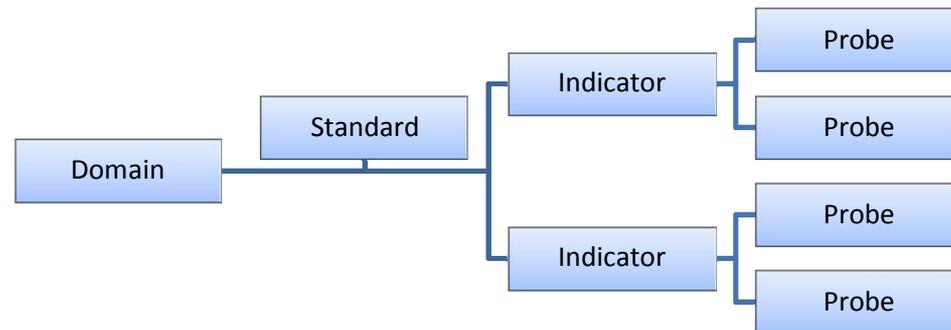
- ▶ All DD Licensed Providers with waiver services will be subject to the survey process

 - ▶ Residential Habilitation
 - Congregate Care (CC)
 - Family Care Options III (FCO III)
 - Individualized Supported Living Arrangement (ISLA)
 - Minimally Supervised Living Arrangement (MSLA)
 - Supported Living Arrangement (SLA)
 - Transitional Community Living Facility (TCLF)

 - ▶ Day Habilitation
 - Day Habilitation Service (Days Supports)
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How is provider performance measured?

- ▶ **Domains** constitute the major sections of the survey
- ▶ **Standards** are the compliance to be met in each domain
- ▶ Each Standard is broken into an **Indicator**
- ▶ **Probes** establish expectations that should be present



Survey Procedures

- ▶ Providers will have a survey completed at least once every 3 years.
 - ▶ Written 30 day notice will be send to the CEO with the dates of the survey.
 - ▶ Sample of Individuals for the survey will be provided 1 week prior to the on-site visit.
 - ▶ On-site observations and review will typically be 3 days, but may vary depending on the provider size, number of services types, and people served.
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Survey Procedures: Provider Responsibilities

▶ Provider Responsibilities

- A list of items needed along with time lines will be send with notification letter, it is the responsibility of the provider to ensure they are received by the surveyor in timely manner. May include but not limited to:
 - Sampled Individual's schedules.
 - Agency waiver program staff list.
 - Agency Orientation Checklist
 - MARs for sampled individuals
 - Agency Personnel training records
 - Agency Personnel Background Checks
- A staff member should be identified as a liaison during the survey process.

Survey Procedures: Provider Responsibilities

▶ Provider Responsibilities Cont.

- It is not the duty of the provider to obtain permission from the individual and/or the legal decision maker for the survey but the provider may inform them of the upcoming survey and its purpose.
- The surveyor will ask permission of the individual and/or legal decision maker upon completion of survey duties.

Survey Procedures: New Providers

▶ New Providers

- Upon receiving initial licensure for HCBS, provider will receive an informal survey within 6–9 months after services begin for the first individual
- Still ensuring the provider is meeting requirements but will focus on:
 - Technical Assistance; and
 - Providing recommendations for improvements vs citations and POC.
- Providers will be added to the schedule for the survey cycle after the initial is completed

Survey Procedures: Off Cycle Visits

▶ Off Cycle Visits

- If concerns arise between visits, another review, visit, or conference call may be completed based on the findings.
 - Visits or follow up may be announced or unannounced.
 - May be conducted for the agency as a whole or a specific location(s).
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Survey Procedures: Off Cycle Visits

- ▶ Additional reviews or follow-up may result from, but is not limited to:
 - Monitoring;
 - health & safety concerns;
 - immediate jeopardy;
 - multiple incidents;
 - unresolved complaints or concerns;
 - survey outcomes;
 - changes that significantly or negatively impacts services (i.e. addition of services);
 - Condition Level Deficiencies or other citations/ concerns with Title XIX reviews; or
 - other issues that may have come to the attention of the DD Division.

Survey Procedures: Samples

- ▶ **Sample Size is completed with assistance from DD Decision Support Staff (DSS)**
 - If a provider offers services in more than one region, DHS Decision Support Services (DSS) will randomly select a region.
 - Following each 3 year cycle of the survey, a new region will be chosen for each provider, until all regions have been visited once for each provider.
 - Once all regions of a provider are surveyed the random selection will restart.
 - If a provider that provides supports in multiple regions has less than 5 individuals in one region, the sample may combine regions depending on the locations of the individuals with in each region.

Survey Procedures: Samples

➤ Individual Sample

- ✓ Minimum of 5 individuals.
- ✓ To the best degree possible, will be a sample of all services delivered by the provider.
 - ✓ At least one individual in each service delivered by provider.
- ✓ DSS will provide surveyor with list of all individuals receiving services after they do the random sample.
 - ✓ List will be of all individuals in ascending order with the respective services they receive.

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Survey Procedures: Samples

➤ Staff Orientation and Annual Trainings Samples

- Record review will be done at the selected provider Region
- Staff members are categorized according to their hire date and 2 samples will be obtained with minimum of 10 staff per sample
 - ❖ New Staff/hired date is less than 3 years
 - ❖ Veteran Staff/hired date is great 3 years
- New staff review will be their orientation trainings and background checks
 - ❖ Background checks are to include any RN, CNA, Child Abuse Registry, and any records needed to be verified by DD Division
- Veteran staff will be a review of the last 2 years of annual training records.
- Current First Aid and CPR will be verified for all staff

Survey Procedures: Samples

▶ **Staff Medication Certification Verification**

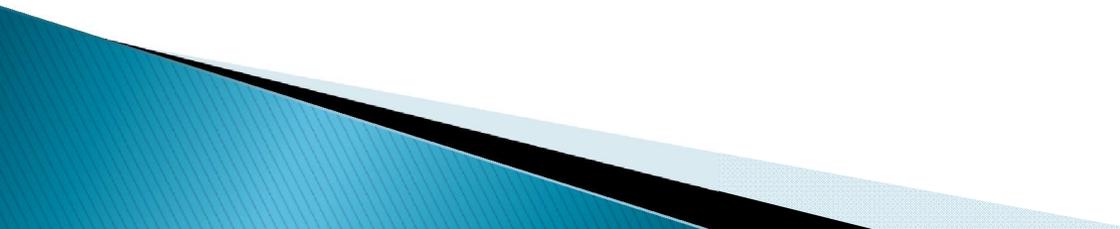
- MARs will need to be available upon arrival for on site review.
- MARs will be sampled for last 3 months of sampled individuals.
- Surveyor will compile list of staff names from MARs while on-site (will need a master list with printed names to be available).
- Surveyor will generate a random ID in excel for each staff member
- Minimum of 10 staff will be reviewed and verified they have current Med Certification.

Survey Procedures: Samples

▶ Guardians Sample

- Guardians for the selected individual sample will be interviewed.
 - Guardians will be contacted in the order of the sampled individuals, until 3 have been reached or an attempted has been made to reach all guardians in the individual sample.
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Questions??



Survey Procedures: Entrance Meeting

▶ Entrance Meeting

- Provider may request at beginning of the review with appropriate provider staff.
- Utilized for:
 - Introductions;
 - Responsibilities;
 - Explanation/logistics of survey;
 - Review of Samples;
 - Materials needed to complete survey;
 - Finalize schedules.

Survey Procedures: Exit Discussion

▶ Exit Discussion

- Done upon completion of the on-site visit.
 - Provider may invite staff they deem necessary.
 - Surveyor will invite DDPA or designee.
 - Consist of brief discussion.
 - Time for feedback from surveyor and provider.
- Discuss strengths, trends, preliminary findings, and recommendations.
- Opportunity to provide more information if needed
- Results discussed are preliminary.
 - Deficiencies may be discussed but are not final, subject to change based on DD Division review.
 - Survey report will contain final results.

Survey Process

- ▶ Data will be gathered using record review, observation, and interview/discussion.
- ▶ Provider is responsible for any GER incident that may occur during observations
- ▶ Unsatisfactory findings may dictate need for expanded review and may include additional
 - Locations,
 - Individuals, and/or
 - Staff records.

Survey Process: Record Review

▶ Record review

- Off-site desk review of sample individual's plan, GERs, information with in Therap, information provided by providers, and any other documents necessary to prepare for on-site visit.
- On-site review may consist of staff records, provider policy and procedures, additional individual record information, and any items needed for clarification.

▶ Record review assists to:

- better understand the individual, their capabilities and needs and the role of services, and
- assessing and verifying how the provider is meeting the individual's needs and other requirements.

Survey Process: Observations

- ▶ **Observation times will be based on the individual's schedule.**
 - Provides opportunity to display the interactions and relationships between staff and individuals, allowing staff to display skills acquired.
 - Will focus on opportunities to exercise choice, participating in activities with as much independence and self-determination, and implementation of supports and services.
- ▶ **Surveyor will ask permission upon arriving at individual's home.**
 - Individuals have the right to refuse participation.
 - Surveyor may continue the visit with others individuals in the setting or utilize supplemental list.

Survey Process: Observations

- ▶ **Observations** will focus on the whole setting and may include other individuals in the environment to be added as supplemental individuals.
 - If additional or supplemental individuals are included, the desk review for those individuals may be concluded after the on-site survey.

****Observations are not a time for formal questioning, individual should continue with their daily routines and staff to assist as needed.**

Survey Process:

Interview/Discussion

- ▶ Surveyor will talk with individuals, staff, and guardians as important sources of information.
 - Can help to clarify any questions or concerns that arise from record review or observations and
 - Assist in determining the provider's performance

Survey Process:

Interview/Discussion

▶ Individual discussions

- Conversations with individuals will be done throughout the survey when ever possible and appropriate by informal discussions.
- Individual has choice to talk with surveyor, but services and supports will continue to be reviewed with observation, documentation, and/or discussions with others.

▶ Topic areas for individuals include, but are not limited to, questions related to:

- Privacy;
- Decisions and choices;
- Dignity and respect;
- Personal possessions;
- Relationships and community activities;
- Medications;
- Environment;
- Finances.

Survey Process:

Interview/Discussion

- ▶ **Staff discussions** for further information and clarification may occur throughout the survey to assist in understanding, clarifying roles, and providing information on how services are provided.
 - ▶ Prior to exit discussion, surveyor may meet with provider staff (Manager, PC, QA, Nurse) to provide more information and clarification of any discovered issues or concerns.
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Survey Process:

Interview/Discussion

- ▶ **Guardian/Legal Decision Maker Interviews** will assist in survey to assess quality of services.
 - Interview will be done during off-site review via phone
 - ▶ Interviews are confidential, but surveyor may address any concerns with the provider.
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Questions??



Determination of Compliance: Deficiencies

- ▶ Deficiency is an identified issue of sufficient severity and/or scope in which requires corrective action.
 - Evaluated and based on scope and severity in relation to the impact on delivery and quality of services.
 - May be determined within the sampling of services; however deficiencies are applicable to **ALL** services within the agency.
 - May be found to have a deficiency when there is potential for causing harm or the provider exhibits lack of appropriate services and practices that are not in the best interests of the individuals.

Determination of Compliance: Scope Levels

- ▶ **Isolated**—when 1 or a very limited number of individuals are affected and/or 1 or a very limited number of staff are involved and /or the situation has occurred only occasionally, in limited number of locations.
 - ▶ **Pattern**—When more than a very limited number of individuals are affected and/or more than a very limited number of staff are involved and/or the situation has occurred in several locations. It is not found to be pervasive throughout the agency but impacts a number of individuals or group.
 - ▶ **Widespread**—When the problem is pervasive, affecting a sufficient number of individuals and/or staff or represents a systemic failure.
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Determination of Compliance: Severity Levels

- ▶ **Low Impact**–potential for causing no more than a minor negative impact on the individuals. No actual harm or minimal potential for harm.
 - ▶ **Medium Impact**–results in minimal harm and/or has the potential to compromise the individuals ability to maintain and/or reach their highest practicable wellbeing as defined by their plan of care. No actual harm, but potential for more than minimal harm.
 - ▶ **High Impact**– results in a negative outcome and/or that has compromised the individual’s ability to maintain and/or reach their highest practicable wellbeing as defined by their plan of care. Actual harm that is not life threatening.
 - ▶ **Immediate Jeopardy**–a situation in which immediate corrective action is necessary because the provider’s deficiency has caused or is likely to cause serious injury, serious harm, or death. Provider practices establish a reasonable degree of predictability of similar actions, situations, practices or incidents occurring in the future. Life threatening harm or death.
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Determination of Compliance: Scope and Severity

		Scope		
		Isolated	Pattern	Widespread
Severity	Low Impact	A	B	C
	Medium Impact	D	E	F
	High Impact	G	H	I
	Immediate Jeopardy	J	K	L

Require Actions base on identified issues and deficiencies:

1. No Action
2. Recommendations for Improvement
3. Plan of Correction (POC)

Determination of Compliance: Scope and Severity

1. **No action**-requirements are being met
 2. **Recommendations for improvement** -not all requirements are met, improvements are identified, and does not result in a deficiency. Specific actions may be recommended or criteria is identified as needing to be met, however no formal follow-up is required by the Provider. Regional DDPM's may follow-up during their face to visits, depending on the area, and the items may be scrutinized during the next monitoring visit.
 3. **Plan of Correction (POC)**-deficiency is cited. Provider will develop a plan of correction addressing the deficient areas, with follow-up completed on the corrections.
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Determination of Compliance: Immediate Jeopardy (IJ)

- ▶ *The CMS State Operations Manual Appendix Q – Guidelines for Determining Immediate Jeopardy* was referenced for the DD IJ triggers and procedures.
- ▶ Immediate Jeopardy is defined as “A situation in which the provider’s noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.”

Determination of Compliance: Immediate Jeopardy (IJ)

- It is considered IJ if the incident occurs while Surveyor is on site. Any prior incidents should still be submitted as a HIGH GER.
- Only one individual needs to be at risk and serious harm, injury, impairment, and death does not have to occur.
- Serious harm, injury, impairment, or death does NOT have to occur before considering Immediate Jeopardy. The high potential for these outcomes to occur in the very near future also constitutes immediate jeopardy.
- Harm can be psychological harm or physical harm.
- Any time a survey suspects abuse or neglect, Immediate Jeopardy should be considered.

Determination of Compliance: Immediate Jeopardy (IJ)

- Triggers describe situations that will cause the surveyor to consider if further investigation is needed to determine the presence of Immediate Jeopardy.
 - Triggers do not automatically equal Immediate Jeopardy.
 - The surveyor must investigate and use professional judgment to determine if the situation has caused, or is likely to cause, serious harm, injury, impairment or death.
 - These triggers are general examples and are not all-inclusive.
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Determination of Compliance: Immediate Jeopardy (IJ)

- ▶ Examples of triggers:
 - Lack of timely assessment of individuals after injury;
 - Serious injuries such as head trauma or fractures;
 - Lack of supervision for individual with known special needs;
 - Application of chemical/physical restraints without clinical indications;
 - Food supply inadequate to meet the nutritional needs of the individual;
 - Administration of medication or treatments to wrong individual.

Determination of Compliance: Immediate Jeopardy (IJ)

- ▶ IJ during the survey
 - DD Division will be notified of situation.
 - Surveyor will ensure immediate risk management steps are in place and may need to remain on site until the situation is resolved.
 - Information will be gathered (who, what, when, where, and why) to determine if it needs to be reported to P&A or other entities for further investigation and follow up.
 - Ensure provider reports to P&A or other entities for further investigation and follow up as needed.

Determination of Compliance: Immediate Jeopardy (IJ)

- ▶ For IJ to be cited, there needs to be sufficient information and validation addressing the 3 components of IJ:
 - Harm –actual and potential;
 - Immediacy –is the harm or potential harm likely to occur in the very near future if immediate action is not taken; and
 - Culpability– which includes; did the provider know about the situation or should have known about it, including if the situation was thoroughly investigated and were corrective measures implemented.

Determination of Compliance: Immediate Jeopardy (IJ)

- ▶ If IJ is founded after the investigation:
 - Surveyor will cite provider with IJ and contact CEO upon decision with specifics of the incident
 - Provider should immediately begin removal of the risks and implement any corrective measures to prevent repeat situation.
 - Provider will submit evidence of their implementation of corrective measures for agency wide, including timelines.
 - Remainder of survey will be completed and may be extended on the findings.
 - IJ will be reported and reflected in the survey results with the status (IJ removed; IJ removed deficient practice corrected; IJ removed deficient practice present; IJ not removed)

Survey Report of Findings

- ▶ DD Surveyor has 15 business days from the exit meeting to send the survey report of findings to the provider.
 - ▶ The survey report must be signed by the Provider CEO and be received by the DD Division within 20 business days of the notice date.
 - ▶ Provider's Board of Directors, Regional Human Service Center(s) and other entities the DD Division deems necessary will receive a copy of the report.
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Survey Report of Findings

- The survey report of findings may contain but is not limited to:
 - Information on the provider and the services sampled;
 - All Domains, Standards, and Indicators contained in the survey;
 - Determination of Compliance and/or summary of recommendations or deficiencies. Repeat deficiencies will be identified if they are significant in nature;
 - Acknowledgment of provider strengths;
 - Summary of concerns discovered not with in the purview of the survey.

Plan of Correction

- ▶ If deficiencies are determined, a POC is required to address deficient areas, resolve non compliance, and avoid recurrence.
- ▶ POC is applied to ALL individuals in waiver services, and needs to be an agency wide plan

Plan of Corrections: timelines

- ▶ Provider must submit within **20 business days** from the date of the survey report of findings and signed by the Provider CEO.
 - ▶ The DD Division may accept, modify, or reject the Provider's POC within **15 business days**.
 - ▶ If unacceptable, the Provider will have **5 business days** to resubmit their POC to the DD Division.
 - ▶ Provider may request, and the DD Division may grant, one fifteen business day extension to submit their POC for good cause and risk management must be assured.
 - ▶ ALL deficiencies must be corrected within **45 calendar days** from the POC approval date.
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Plan of Corrections: Format

- ▶ The Plan of Correction must contain and address each of the following items:
 - 1) Must be addressed for each deficiency cited;
 - 2) Describe the corrective action for those individuals affected during the survey;
 - 3) Describe how others will be identified of having the potential to be affected;
 - 4) Describe how the deficiency will be corrected not only on an individual level but also agency wide (the desired outcomes and necessary action steps);
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Plan of Corrections: Format

- 5) Indicate how the agency plans to monitor its performance to make sure that solutions are sustained. The agency must develop a QA plan for ensuring that correction is achieved and sustained. This QA plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction should be integrated into the agency quality assurance system;
- 6) Person(s) responsible for implementing the plan;
- 7) When the deficiency will be corrected;
- 8) POC must be signed by the Provider CEO.

..\survey_development\DDD work\SURVEY FORMS\POC and report of findings\PLAN OF CORRECTION FORM.docx

Plan of Correction: Follow up

- ▶ DD Division will verify that all deficiencies identified in the POC have been remediated.
- ▶ Follow-up will be completed by the DD Division through a variety of methods, including but not limited to:
 - documentation review,
 - communications with the Provider,
 - Regional Human Service Center assistance, or
 - on-site visit.
- ▶ Upon completion of the POC, the Provider, the Board of Directors, and the Regional Human Service Center will be notified within 15 business days by the surveyor.

Plan of Correction: Technical Assistance

- ▶ Providers may choose to receive technical assistance from the DD Division as a result of survey findings or anytime they wish.
- ▶ Technical assistance may also be recommended by the DD Division for, but not limited to;
 - IJ situations;
 - health and welfare;
 - provider capabilities and qualifications; or
 - other identified issues or trends that if not resolved could result in health and safety issues.

Sanctions: Reasons

- ▶ The DD Division is authorized to impose one or more sanctions when any one of the circumstances listed below are present:
 - Incomplete plans of corrections;
 - Failure to correct deficiencies;
 - Failure to cooperate with surveyors, licensing, CQL;
 - Failure to comply with applicable laws and standards;
 - Operating without an appropriate licensure;
 - Immediate Jeopardy.

Sanctions: Types

- ▶ Sanctions may include, but are not limited to:
 - Change from unrestricted to restricted license;
 - Loss of license;
 - Regional HSC intervention;
 - Technical assistance;
 - Required training that is purchased by the provider and approved by the DD Division;
 - Additional monitoring from other oversight agencies/entities;
 - Plan of Correction;
 - State Monitoring Plan.

Questions??



Interpretive Guidelines

- ▶ The *Interpretive Guidelines* provide the details for the Survey Domains, Standards, Indicators, Probes, and Measurements.
 - ▶ Provides information on the regulation and policies applicable to the domains and standards.
 - ▶ Intended to be helpful for both the provider and surveyor
 - ▶ The guidance does not limit the surveyor from asking other questions or gathering other necessary information due to circumstances that occur.
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Interpretive Guidelines

1. Service Planning, Delivery and Implementation
 - 1A: Individuals have opportunities to be fully involved in their lives.
 - 1A-1: Individuals are developing or maintaining skills and independence to their maximum level.
 - 1A-2: Individuals are included, encouraged, and supported with actively participating in activities.
 - 1B: Individuals are receiving services and supports according to their plan.
 - 1B-1: Services and supports are implemented as identified in their plan.
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Interpretive Guidelines

2. Rights

- 2A: The rights of individuals are promoted, exercised, and protected
 - 2A-1: Individuals have time, space, and opportunity for privacy.
 - 2A-2: Individuals are actively involved in decisions and making their own choices.
 - 2A-3: Individuals have access to person possession.
 - 2A-4: Individuals are treated with dignity and respect.

Interpretive Guidelines

▶ Rights Cont.

- 2B: Individuals in provider-owned settings have a lease or other legally enforceable agreement providing eviction protections.
 - 2B-1: Individuals in provider-owned setting have a signed lease.

Interpretive Guidelines

3. Provider Capabilities and Qualifications
 - 3A: Staff are trained to perform their duties effectively, efficiently, and competently
 - 3A-1: Provider orientation training contains the minimum components as required by Division Policy.
 - 3A-2: There is evidence that orientation was completed according to Division Policy for new hires and rehires.
 - 3A-3: There is evidence that required annual training was completed according to Division Policy.
 - 3A-4: Staff exhibit competency and knowledge for the individuals
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Interpretive Guidelines

- 3B:Background checks are completed for all employees
 - 3B-1: There is evidence of background checks completed on all staff hired in accordance with PI-10-03
 - 3B-2: There is evidence of child abuse and neglect central registry checks completed on all staff hired in accordance with PI-10-03
 - 3B-3: Background/registry checks that did not come back clear were verified by the DD Division as not having a direct bearing
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Interpretive Guidelines

4. Health and Welfare

- 4A: Medications are managed effectively and appropriately
 - 4A-1: There is evidence that only staff who are med certified assist individuals with medication administration.
 - 4A-2: Medications are stored to ensure appropriate access, security, separation, and environmental conditions.
 - 4A-3: Medication administration procedures are appropriately applied and medications are delivered safely.

Interpretive Guidelines

5. Financial Management

- 5A: Individuals funds are managed appropriately
 - 5A-1: There is no evidence of misuse of individual funds or substantiated financial exploitation.

QUESTIONS?

Thank you for attending

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