

Site Specific Assessment and Validation Analysis
Office of Aging and Adult Services
January 31, 2017

Introduction

The Office of Aging and Adult Services (OAAS) held a meeting with Adult Day Health Care (ADHC) providers on April 30, 2015 to review the HCBS Settings Rule and how each ADHC setting would be assessed for compliance. Providers completed self-assessments of their service setting and self-reported their current level of compliance. OAAS staff subsequently verified these reports during an onsite assessment. Corrective action plans were drafted and sent to providers when either the self-assessments or site visits identified any instance of noncompliance. OAAS staff provided technical assistance, recommendations for achieving compliance when necessary, and monitored the status of remediation activities. OAAS will also utilize an annual participant interview as part of its 1915(c) quality monitoring process to assess participants’ experience with the HCBS Settings Rule both initially and going forward.

Provider Self-Assessment

The site specific assessment component was completed using a provider self-assessment tool (<http://new.dhh.louisiana.gov/assets/docs/OAAS/publications/HCBS/ADHC-Provider-Self-Assessment-Questions.pdf>). The tool was drafted using CMS’ guidance for non-residential settings and incorporated stakeholder comment that was received after it was circulated and posted for review. Self-assessments were made available online following a training with providers where OAAS provided an overview of the HCBS Settings Rule and instructions for completing the assessment. ADHC providers completed self-assessments in two phases (May-June 2015 and April 2016) with all providers submitting completed surveys by May 2016. OAAS required each provider to assemble a work group to both assess the ADHC setting and complete the survey. Members included provider staff, participants and family members, other providers (e.g. support coordinators), advocates, and other community stakeholders.

A summary analysis of the self-assessment process and results was posted to the OAAS website in May 2016. Data was aggregated and analyzed to determine the current level of compliance that providers were self-reporting and corrective action plans were drafted when any noncompliance was noted. OAAS staff hand delivered the corrective action plans during the subsequent site visit, offered technical assistance and materials to address the noncompliance, and verified completion of the remediation activity(ies) while onsite.

Table 1. Summary of Self-Assessment Data

| Noncompliant Item | | Frequency (# and % of Providers Noncompliant) | Remediation |
|--------------------------|--|---|--|
| 33 | Does the setting make materials and/or resources available to its participants to increase awareness of activities occurring outside of the setting? | 1 (3%) | OAAS provided a local events calendar and a community resource guide from the local Council on Aging & Aging and Disability Resource Center. These were posted and made available to participants. |
| 41 | Does the setting make available information to access public transportation, such as buses, taxis, etc., and is the information available in a | 5 (15.2%) | The ADHC will post and make available the <i>Louisiana DOTD Resource Guide</i> to participants for the appropriate parish. |

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| | convenient location? | | |
| 43 | Alternatively where public transportation is limited, does the setting provide information about resources for the individual to access the broader community, including accessible transportation for individuals who use wheelchairs? | 4 (12.1%) | The ADHC will post and make available the <i>Louisiana DOTD Resource Guide</i> to participants for the appropriate parish. |

Site Visits

Following completion of the site specific assessment (provider self-assessments), OAAS Regional Office staff conducted site visits on all ADHC centers (100%, 31 ADHC centers [2 providers closed following the self-assessment process]) as its primary method to validate the self-assessment data submitted by providers. OAAS regional office staff conducted site visits for each ADHC setting to both verify the accuracy of the self-assessment data and to provide technical assistance with completing any necessary remediation. Prior to scheduling the site visits, OAAS State Office staff provided training materials and interpretive guidelines for the site visit tool to Regional Office staff.

(<http://new.dhh.louisiana.gov/assets/docs/OAAS/publications/HCBS/Site-Specific-Assessment-Validation-Non-Residential.pdf>) which focused on the requirements of the Rule and assessing these requirements from the participant's experience or point of view.

Based on the site visits results, additional corrective action plans will be required for each provider not fully complying with the requirements of the Settings Rule. OAAS staff will track these plans to ensure the provider's remediation successfully addresses the noncompliance by July 1, 2017.

If the corrective action is not received or is inadequate to address the compliance issue, the provider will be disenrolled and another appropriate setting for the participant will be located. The disenrollment process will consist of: 1) provider disenrollment as a Medicaid provider; 2) a Transition Plan for participants; and 3) an internal appeal mechanism for participants and providers. Individuals will be given timely notice and a choice of alternate providers.

Table 2. Summary of Site Visit Data

| | Noncompliant Item | Frequency (# and % of Providers Noncompliant) | Remediation To be completed by 7/1/17 |
|-------------|---|---|--|
| C.1. | Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences? | 4 (12.9%) | |
| C.2. | Does the setting ensure the individual is supported in developing plans to support her/his needs and preferences? | 6 (19.3%) | |
| C.4. | Does the setting post or provide information to participants about how they may request changes to their current services? | 3 (9.7%) | |
| D.1. | Does the setting make materials and/or resources (e.g. community calendar) available to its participants to increase awareness of activities occurring outside of the setting? | 4 (12.9%) | |
| D.3. | Does the setting facilitate or provide information on accessing/attending activities outside of the setting that are important to the participant (e.g. shopping, attending religious services, medical appointments, dining out, etc.) OR is there a staff person who is available to assist the participant with accessing these? | 2 (6.4%) | |

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| D.4. | Does the setting encourage visitors or other people from the greater community (aside from paid staff)? | 2 (6.4%) | |
| D.5. | Does the setting make available information to access public transportation; such as buses, taxis, wheelchair accessible vans, etc., and is the information available in a convenient location? | 3 (9.7%) | |
| E.1. | Is all information about individuals kept private? Do staff follow appropriate confidentiality policies/practices? For example, there are no publicly posted schedules of individual's medications, dietary restrictions, etc. | 1 (3.2%) | |
| E.3. | Is there a policy and/or evidence to support that individual service plans are specific to the individual and not the same for everyone. Are specific supports or plans to address behavioral issues tailored to individual participants and not applied across the entire setting? | 5 (16.12%) | |
| E.6. | Does the setting post or provide information on participant rights? | 1 (3.2%) | |
| F.2. | Does the physical environment support a variety of individual goals and needs (i.e. does the setting provide indoor and outdoor gathering spaces; larger group activities, as well as, solitary activities; or stimulating, as well as, calming activities)? | 2 (6.4%) | |
| F.5. | Does the setting provide for an alternate meal and private dining if requested by the individual? | 1 (3.2%) | |
| F.7. | Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting? | 3 (9.7%) | |
| G.1. | Do paid and unpaid staff receive new-hire training and continuing education related to the rights of individuals receiving services? | 3 (9.7%) | |
| G.2. | Are provider policies outlining rights of individuals receiving services made available to participants? | 2 (6.4%) | |
| G.3. | Are provider policies on participant experience and HCBS rules regularly assessed for compliance and effectiveness? If changes are needed, are policies amended to reflect these? | 5 (16.12%) | |

Participant Interviews

As an additional means of validation, OAAS staff interviewed a representative, statistically valid (95% CL) sample of all waiver participants (composite sample of ADHC and CCW populations) as part of its annual 1915(c) quality assurance monitoring. OAAS monitors visited participants in their homes and interviewed them about their experience with their services as it pertains to the HCBS Settings Rule. Utilizing a person-centered interview approach, OAAS Regional Office staff gathered important information on choice of setting, service, and the degree or extent the participant is engaged in their community. OAAS will collect this information directly from participants annually to gauge ongoing compliance with the HCBS Settings Rule. The participant interview and home observation items may be viewed here: <http://new.dhh.louisiana.gov/assets/docs/OAAS/publications/HCBS/Participant-Survey-Items.pdf>.

Below is a summary of the initial participant survey process conducted during the ADHC/CCW monitoring phase of 2016 (January-June). For any participant responses indicating a “not met” status, support coordinators or Regional Office staff conducted follow-up with the participant and/or provider to address the issue reported by the participant.

Table 3. Summary of Participant Interview Data

| Noncompliant Item | | Frequency (# and % of participants reporting noncompliance) | Remediation |
|--------------------------|---|---|---|
| PI.10.1.b. | Does staff at your Adult Day Health Care (ADHC) center give you information or tell you how you can request changes to your services? | 1 (0.3%) | <p>OAAS staff documented that the setting posted this information in the setting during the site visit.</p> <p>SC followed-up with participant during the quarterly face-to-face meeting at the ADHC to review this posted information.</p> |
| PI.10.2.c. | Do you ever have visitors (family or friends) or people from your community visit your ADHC center? | 1 (0.3%) | <p>OAAS staff confirmed through the provider’s visitor log during the site visit that the setting was routinely visited by family, friends, public, etc.</p> <p>SC followed-up with participant and provider to reinforce the right of the participant to have visitors of their choosing while at the ADHC.</p> |
| PI.10.3.b. | Does your ADHC center have a secure place where you can store your personal belongings if needed? | 1 (0.3%) | <p>During the site visit of this setting, OAAS staff asked whether the setting provided a secure place for storing participant belongings. The ADHC supervisor showed the designated place in the center where participants’ belongings are kept with the ability to secure them if requested.</p> <p>Instructions were given to the SC to follow-up and verify this during their next face-to-face meeting with the participant at the ADHC. However, the participant was discharged from waiver in August 2016.</p> |
| PI.10.4.a. | Does your ADHC center offer a variety of activities and allow you to visit different parts of the center? For example, are there activities | 1 (0.3%) | Regarding items PI.10.4.a, 10.4.b, and 10.4.c; these issues were associated with |

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| | that you can do by yourself as well as group activities involving other people at the center? | | <p>an ADHC provider that ceased its operations and closed during July 2016 and was removed from the Freedom of Choice list. All participants were provided Freedom of Choice and chose another ADHC in that region.</p> <p>The SC attempted to follow-up on these issues with the participant but the participant was discharged from waiver in September 2016.</p> |
| PI.10.4.b. | Do you have the opportunity to choose who you socialize or participate in activities with while at your ADHC center? | 1 (0.3%) | |
| PI.10.4.c. | During meal or snack times at your ADHC center, can you choose where you dine and the people you dine with? | 1 (0.3%) | |