

**Personal Assistance Oversight Committee Minutes**  
**March 13, 2013**  
**1:00PM – 3:00PM (MDT) 12:00 – 2:00PM (PDT)**  
**Video Conference - See locations below\***

**For Attendance – See Sign - in Sheet**

| <b>AGENDA ITEM</b>  | <b>LEAD</b>         | <b>TIME</b>  | <b>DECISIONS/ACTION ITEMS</b>  |
|---|---------------------|--------------|--|
| <b>OLD BUSINESS</b>   |                     |              |  |
| Welcome - Introductions<br>Read and approve<br>DRAFT minutes from<br>December 12, 2012  | Natalie<br>Peterson | 1:00<br>1:10 | Ruth made the motion that the PAO minutes from the December 12, 2012 meeting be approved as written. Jim seconded the motion. The approved minutes will be posted at <a href="http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/PersonalAssistanceOversightCommittee/tabid/1354/Default.aspx">http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/PersonalAssistanceOversightCommittee/tabid/1354/Default.aspx</a>   |
| Issues that did not make it in time to be on the original agenda: <ul style="list-style-type: none"> <li>• Service animals</li> <li>• Feeding and Chores</li> <li>• Transportation</li> </ul> |                     |              | <p>Questions from Tracey Thompson regarding “pets and taking care of them”? How does an animal get to be classified as a “service animal” for Medicaid? Medicaid does not pay for food or to take care of animals while participant is recovering from surgery.</p> <p><b>03.05.502 Special Needs Allowances (AABD Welfare Rules)</b><br/> 02. Service Animal Food. The service animal food allowance is seventeen dollars (\$17) monthly. The allowance is budgeted for a blind or disabled participant, using a service animal trained by a recognized school. (4-1-05)T</p> <p>Transportation – Cannot sit for the length of the “route” for AMR – How to get time authorized for Personal Care giver to be able to drive her to her appointments?</p> <p>If you have immediate travel concerns, contact your Nurse Reviewer or AMR at 1-877-503-1261 or for additional information on AMR/Access to Care go to the website at <a href="http://www.idahonemt.net">www.idahonemt.net</a> A&amp;D Waiver approves non-medical transportation. AMR provides medical transportation.</p> <p><b>16.03.10.05 – Attendant Care.</b> Attendant care services are those services that involve personal and medically oriented tasks dealing with the functional needs of the participant. These services may include personal care and medical tasks that can be done by unlicensed persons, or delegated to an unlicensed person by a licensed health care professional. Services may occur in the participant’s home, community, work, school or recreational settings.</p> <p>Please remember another resource for daily living services, that are not covered by Medicaid, is the Area Agency on Aging - contact them at 1-800-926-2588 or <a href="http://www.aging.idaho.gov/">http://www.aging.idaho.gov/</a></p> |
| <b>PLANNING</b>   |                     |              |  |
| PAO Committee<br>Composition<br>(Attachment )<br>Committee List   | Natalie<br>Peterson | 1:10<br>1:30 | Natalie introduced our nominee for the Advocate position for the PAO Committee, Cathy McDougall Associate State Director- AARP Idaho. Jim made the motion to accept the nomination and Tracey seconded the motion. Welcome Cathy McDougall to the Personal Assistance Oversight (PAO) Committee.<br>Effective 3-13-13 We have vacancies of (1) Personal Assistant – Statewide, (1) Participant from the Eastern HUB.   |

| <b>MONITORING</b>   |                                  |              |  |
|---|----------------------------------|--------------|--|
| Summary Quality Reports<br><i>(Attachment)</i>                          | Pam Mason                        | 1:30<br>2:00 | Pam reviewed the BLTC –Quality Improvement Strategy Summary 2012. This reporting has had lots of changes over the last two years – but we are excited to have all the data that is available in one place and in a usable format that can be beneficial to participants, providers and to Medicaid as we all strive for the best quality utilization and oversight of Medicaid Services. If you have questions regarding the Summary Report – you can contact Pam at <a href="mailto:MasonP@dhw.idaho.gov">MasonP@dhw.idaho.gov</a> .  |
| Idaho Home Choice – Update<br><i>(Attachment)</i>                       | Tammy Ray                        | 2:00<br>2:30 | Tammy reviewed the Idaho Home Choice Transition Update which included the Benchmarks (which have been exceeded for years 2011 & 2012!). The update also identified the number of Transitions from 11-1-2011 through 2-4-2013 in quarters and also identified the grant funding received and expended on a yearly basis. Tammy also gave a thumbnail look at the participant demographics for the transitions that have taken place to date.<br>Idaho Home Choice will be holding Transitional Manager Training in SE Idaho in September, 2013. For more information regarding Idaho Home Choice go to <a href="http://www.healthandwelfare.idaho.gov/Medical/Medicaid/IdahoHomeChoice/tabid/1621/Default.aspx">http://www.healthandwelfare.idaho.gov/Medical/Medicaid/IdahoHomeChoice/tabid/1621/Default.aspx</a> or contact Tammy at <a href="mailto:rayT@dhw.idaho.gov">rayT@dhw.idaho.gov</a> 287-1889 or Sarah at <a href="mailto:SpauldiS@dhw.idaho.gov">SpauldiS@dhw.idaho.gov</a> 287-1172.   |
| Idaho Medicaid’s Proposal to Integrate Care for Dual Eligibles – Update | Natalie Peterson                 | 2:30<br>2:40 | Question from Jason McKinley: An update on what the state is looking at in terms of Health Plans (managed care), specifically for participants: Will the health plans determine what services someone gets? Will the health plans determine if someone receives a treatment or medication? For the whole group: how can we learn more about the MA and NC plans and how closely is Idaho mirroring them? Website for North Carolina Community Cares Networks <a href="https://www.communitycarenc.org">https://www.communitycarenc.org</a><br>Natalie thanked members for their input and the links provided to the different Managed Care Plans that are being developed or are operating in different states around the country. She attended a conference last month that brought different States together to measure and compare the different options for Managed Care. It was a reminder that all states are different, not only geographically and the number of participant’s served, but also by the particular States Medicaid Plans. <b>Medicaid has scheduled a Stakeholder Update WebEx for Tuesday, March 19, 2013 10:00AM (MDT) 9:00 AM (PDT) register at the link below. Idaho Stakeholder information is available at <a href="http://www.MedicaidLTCManagedCare.dhw.idaho.gov">http://www.MedicaidLTCManagedCare.dhw.idaho.gov</a> and feedback is welcome via <a href="mailto:LTCManagedCare@dhw.idaho.gov">LTCManagedCare@dhw.idaho.gov</a></b> |
| <b>RECOMMENDATIONS</b>  |                                  |              |  |
| UAI Workgroup Follow up   | Melanie Belnap/<br>Susie Choules | 2:40<br>2:50 | Questions from Jason McKinley:<br>1) Unlocking the UAI –NSA for editing? Where are we currently at in that process?<br>2) Reviewing any changes implemented based on the UAI Workgroup recommendations last year. What recommendations have resulted in changes and what changes are still in the works? Update.<br>The Department will not be making any changes to the UAI at this time – The Department and IT are working on other options. NOTE: Jason shared “The software that I found for working in the NSA’s is called PDF Converter Professional. It is HIPAA Compliant.” For more information contact Jason at (208) 743-1818 or <a href="mailto:SQHCjason@clearwire.net">SQHCjason@clearwire.net</a>  |
| <b>ADJOURN</b>  |                                  | <b>2:50</b>  |  |

***2013 Meeting Dates: March 13, 2013, June 12, 2013, September 11, 2013 and December 11, 2013. All meetings will be held on Wednesday and meeting times will be from 1-3 PM (MT).***



**Idaho Home Choice  
Transition Updates**



**Benchmarks**

| Calendar Year | Elderly | Individuals w/MR/DD | Physically Disabled | Total |
|---------------|---------|---------------------|---------------------|-------|
| 2011          | 5       | 1                   | 2                   | 8     |
| 2012          | 30      | 5                   | 18                  | 53    |
| 2013          | 35      | 5                   | 25                  | 65    |
| 2014          | 45      | 5                   | 30                  | 80    |
| 2015          | 45      | 7                   | 30                  | 82    |
| 2016          | 20      | 7                   | 10                  | 37    |
| Total         | 180     | 30                  | 115                 | 325   |

**Transitions  
11-1-2011 – 02-04-2013**

| Q4 2011              | October | November | December  | Total     |
|----------------------|---------|----------|-----------|-----------|
| Transitions          | 0       | 3        | 1         | 4         |
| <b>Total 2011</b>    |         |          |           | <b>4</b>  |
| Q1 2012              | January | February | March     | Total     |
| Transitions          | 2       | 3        | 2         | 7         |
| Q2 2012              | April   | May      | June      | Total     |
| Transitions          | 1       | 4        | 8         | 13        |
| Q3 2012              | July    | August   | September | Total     |
| Transitions          | 5       | 6        | 8         | 19        |
| Q4 2012              | October | November | December  | Total     |
| Transitions          | 7       | 12       | 6         | 25        |
| <b>Total 2012</b>    |         |          |           | <b>64</b> |
| Q1 2013              | January | February | March     | Total     |
| Transitions          | 4       | 7        |           | 11        |
| <b>Total 2013</b>    |         |          |           | <b>11</b> |
| <b>Program Total</b> |         |          |           | <b>75</b> |

**Funding Received and Expended**

| 2011 Funding Received | 2011 Funding Expended | 2012 Funding Received | 2012 Funding Expended |
|-----------------------|-----------------------|-----------------------|-----------------------|
| \$695,206             | \$194,686             | \$2,225,163           | \$1,664,142           |

## Demographics

|                                 | Age 18 to 59 | Age 60+ |
|---------------------------------|--------------|---------|
| <b>Medicaid Program</b>         |              |         |
| DD Waiver                       | 16           | 1       |
| A & D Waiver                    | 27           | 29      |
| Enhanced Plan                   | 1            | 1       |
| <b>Type of Institution</b>      |              |         |
| ICF/ID                          | 15           | 0       |
| IMD                             | 4            | 1       |
| SNF                             | 22           | 33      |
| <b>Type of Residence</b>        |              |         |
| Supported Living/Res Hab        | 10           | 1       |
| Apartment                       | 18           | 15      |
| Own Home                        | 6            | 9       |
| Family's Home                   | 4            | 5       |
| RALF                            | 1            | 1       |
| CFH                             | 4            | 1       |
| <b>Region</b>                   |              |         |
| 1                               | 0            | 2       |
| 2                               | 4            | 2       |
| 3                               | 17           | 8       |
| 4                               | 15           | 9       |
| 5                               | 3            | 6       |
| 6                               | 4            | 4       |
| 7                               | 0            | 1       |
| <b>Reason Program Ended</b>     |              |         |
| Re-institutionalized            | 0            | 1       |
| Deaths                          | 1            | 4       |
| Went to Non-Qualified Residence | 1            | 1       |
| Completed 365 Days              | 5            | 1       |

## BLTC – Quality Improvement Strategy Summary 2012

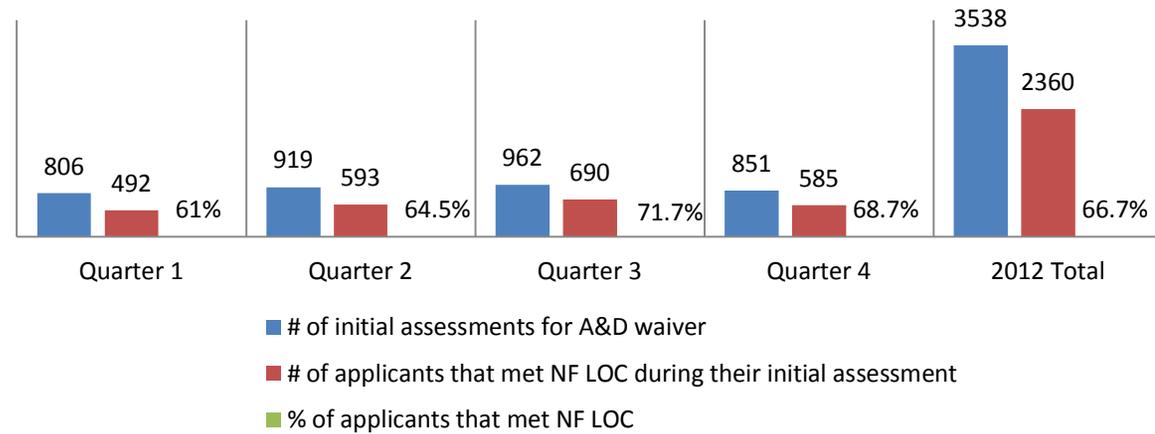
### Level of Care

a. An evaluation for Level of Care (LOC) is provided to all applicants for whom there is reasonable indication that services may be needed in the future.

**Remediation:** None identified.

**System Improvement:** Information is only available through ad hoc request. Recommend requesting a regular report for Bureau of Long Term Care (BLTC).

**Number & Percent of A&D Waiver Applications Meeting NF LOC During their Initial Assessment**

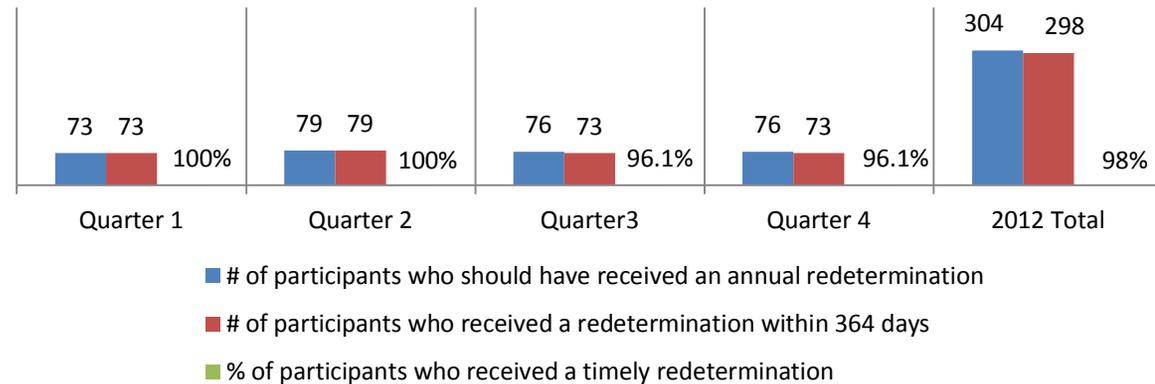


b. The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.

**Remediation:** Education provided as needed.

**System Improvement:** None identified.

**Number & Percent of A&D Participants Who Received their Annual Redetermination with 364 Days of their Prior Eligibility Assessment (Random Sample)**



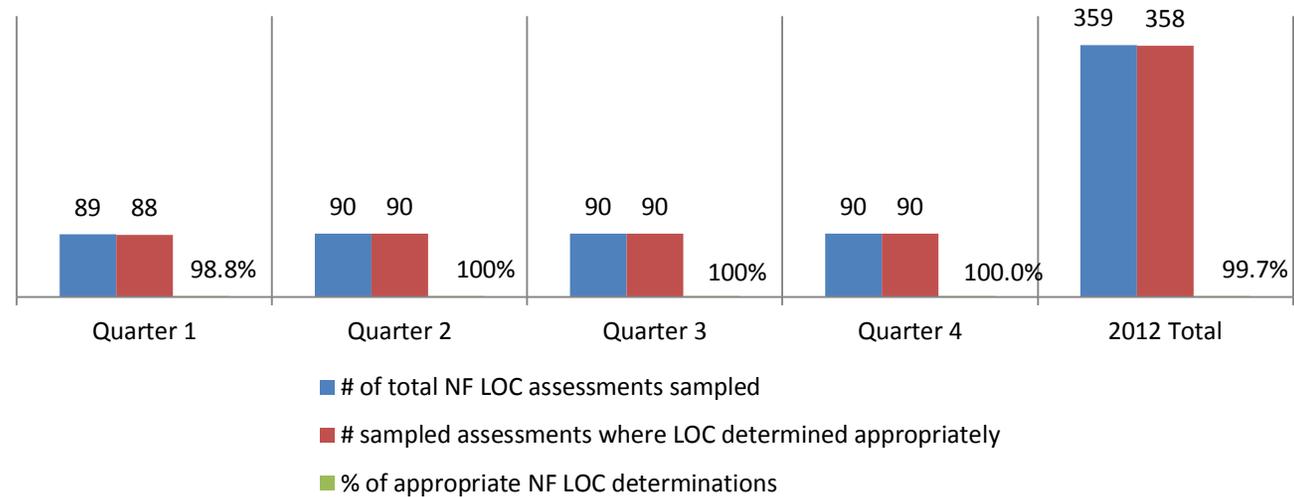
## BLTC – Quality Improvement Strategy Summary 2012

c. The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.

**Remediation:** Education provided as needed.

**System Improvement:** None identified.

### Number & Percent of NF LOC Assessments Determined Appropriately



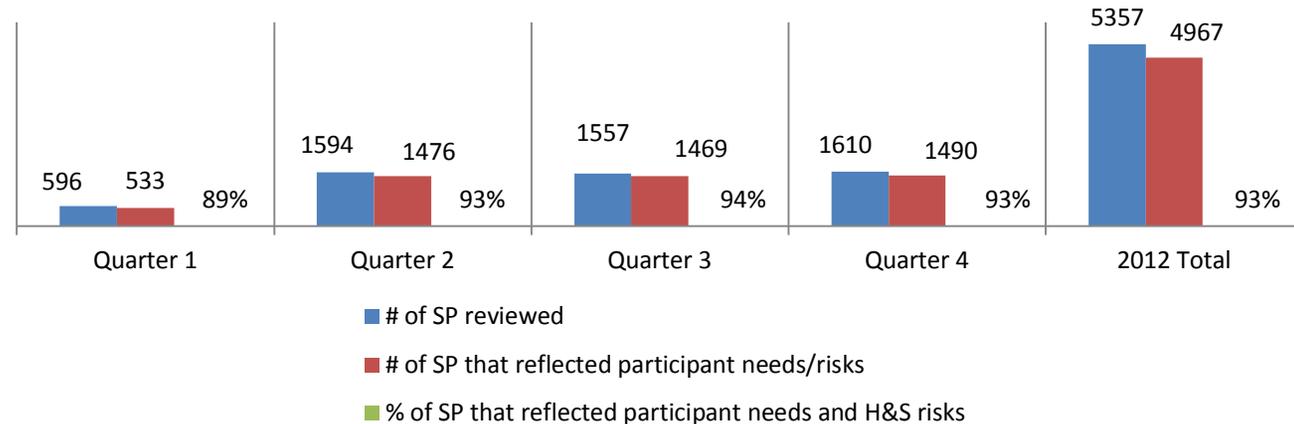
### Service Plan

a. Service plans address all participants' assessed needs (including health and safety and risk factors) and personal goals, either by the provision of waiver services or through other means.

**Remediation:** Providers with deficiencies in this area were sent requests for Corrective Action Plans.

**System Improvement:** In Quarter 2, BLTC implemented a quarterly report to providers for Corrective action Plans instead requiring a CAP on each visit.

### Number & Percent of Service Plans That Reflect Participant Health Care Needs & Health & Safety Risks



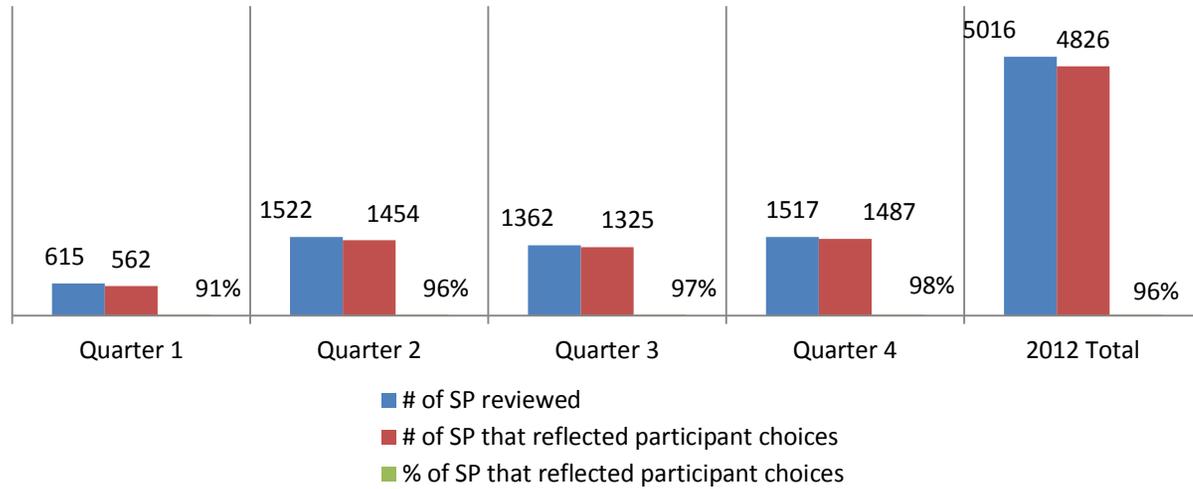
## BLTC – Quality Improvement Strategy Summary 2012

**a.** The State monitors service plan development in accordance with its policies and procedures.

**Remediation:** Providers with deficiencies in this area were sent requests for Corrective Action Plans.

**System Improvement:** In Quarter 2, BLTC implemented a quarterly report to providers for Corrective Action Plans rather than requiring a CAP on each visit.

**Number & Percent of Service Plans That Reflect Participant Choices**

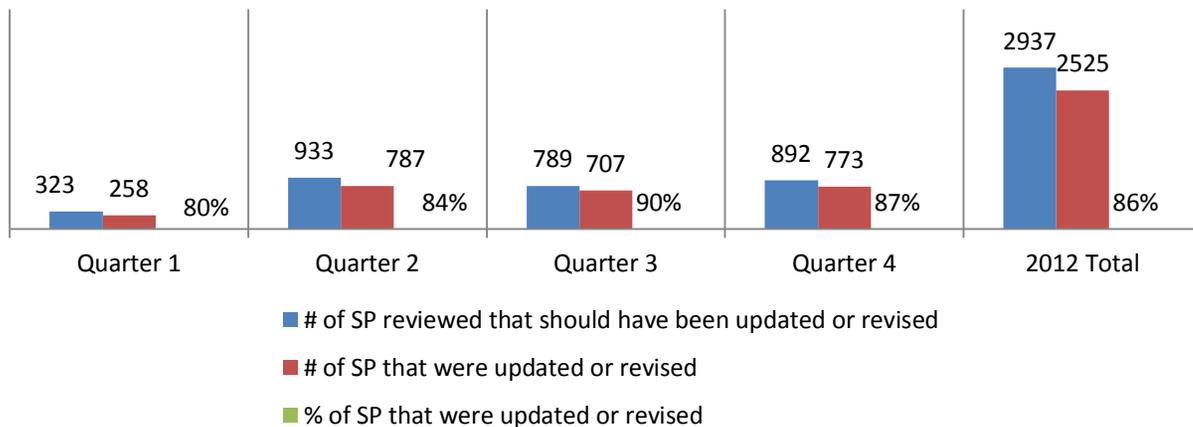


**b.** Service plans are updated/ revised at least annually or when warranted by changes in the waiver participants needs.

**Remediation:** Providers with deficiencies in this area were sent requests for Corrective Action Plans.

**System Improvement:** In Quarter 2, BLTC implemented a quarterly report to providers for Corrective Action Plans instead requiring a CAP on each visit. Recommend provider training in this area.

**Number & Percent of Services Plans Updated/Revised When Warranted by Changes in Participant Needs/Goals**



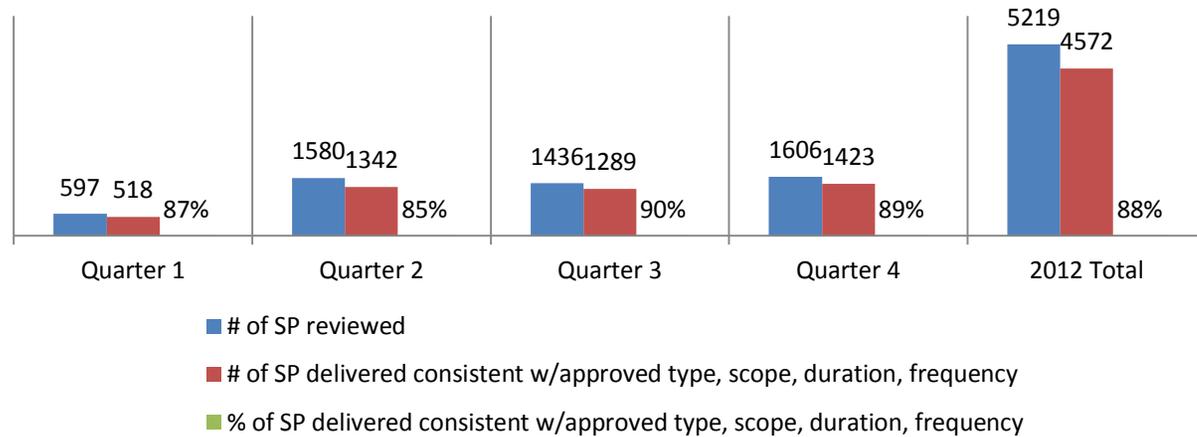
## BLTC – Quality Improvement Strategy Summary 2012

c. Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.

**Remediation:** Providers with deficiencies in this area were sent requests for Corrective Action Plans.

**System Improvement:** In Quarter 2, BLTC implemented a quarterly report to providers for Corrective Action Plans instead requiring a CAP on each visit. Recommend provider training in 2013.

### Number & Percent of Service Plans Delivered Consistent with Approved Type, Scope, Duration, & Frequency

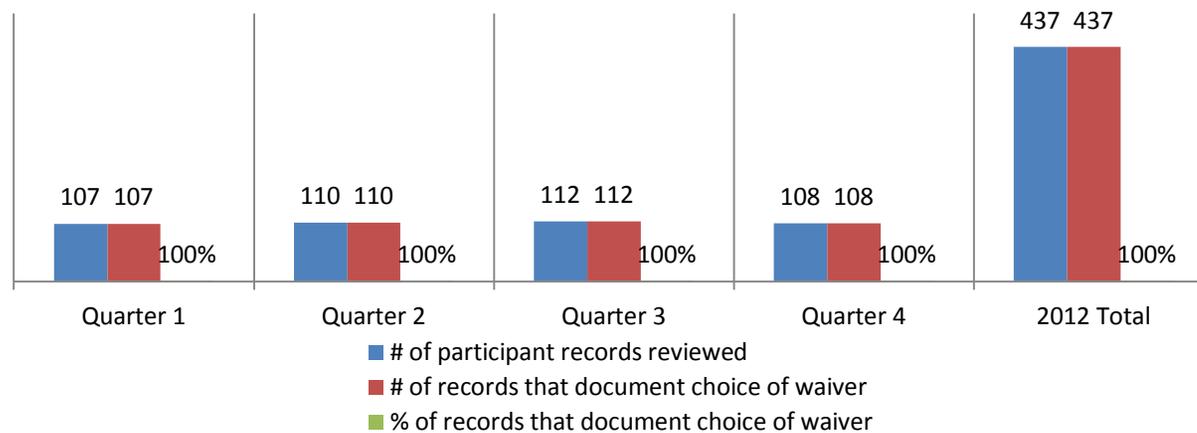


d. Participants are afforded a choice: Between waiver services and institutional care; and between/among waiver services and providers.

**Remediation:** None identified.

**System Improvement:** None identified.

### Number & Percent of Participants Who Were Given a Choice Been A&D Waiver & Institutional Care



**Health and Welfare**

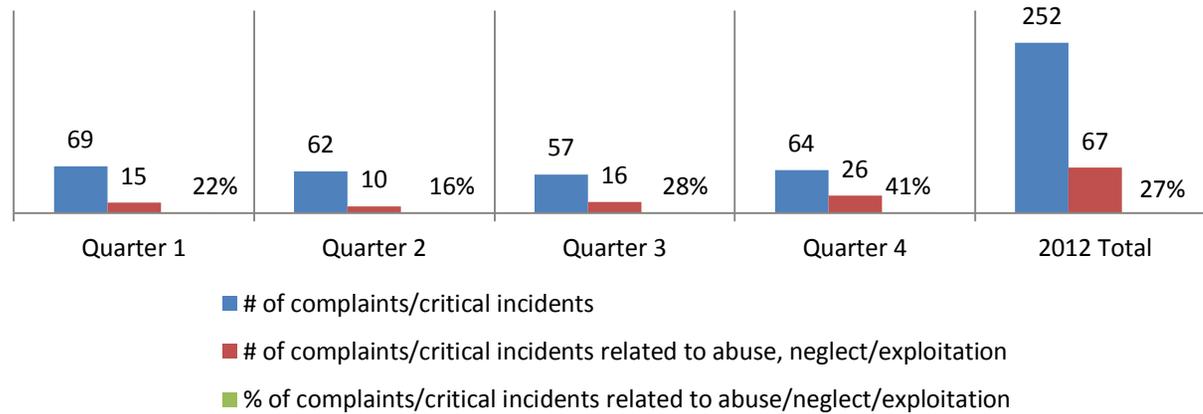
a. The State on an on-going basis identifies addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

**Remediation:** Complaints/Critical Incidents are classified and investigated and referrals are made to appropriate resources and services as necessary.

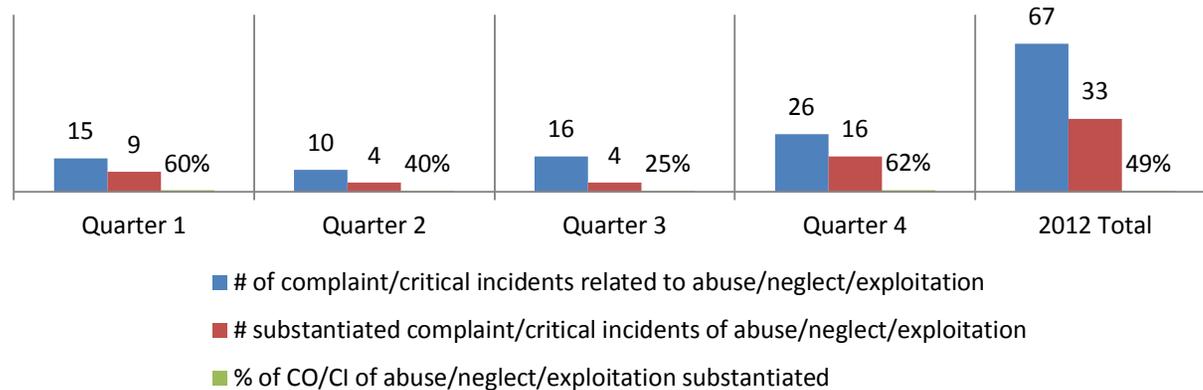
**System Improvement:**

1. Trained QI Specialists in appropriate classification of CO/CI definitions.
2. Trained NR on when to refer CO/CI to QI Specialists.
3. Will train providers in 2013 on quality of care related to following the Service Plan as written.

**Number & Percent of Total Complaints/Critical Incidents Related to Abuse/Neglect/Exploitation**

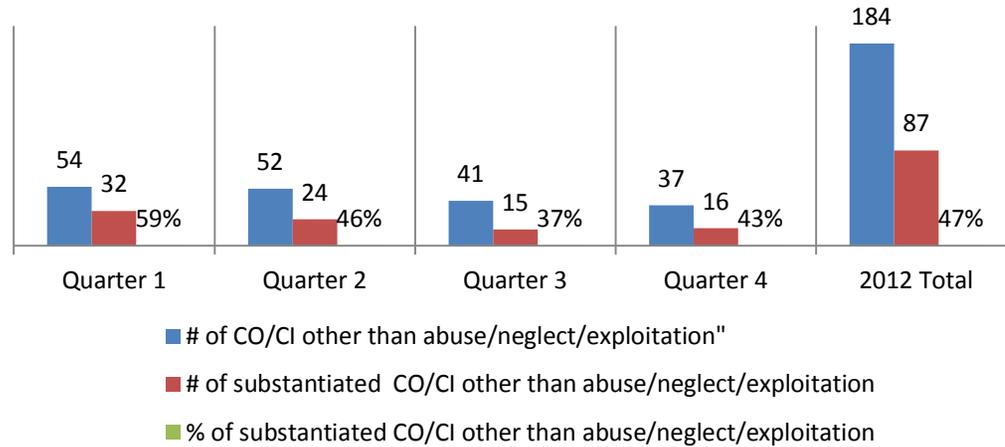


**Number & Percent of Substantiated Complaints/Critical Incidents Related to Abuse/Neglect/Exploitation**



## BLTC – Quality Improvement Strategy Summary 2012

### Number & Percent of Substantiated Complaints/Critical Incidents Other than Abuse/Neglect/Exploitation



### Qualified Provider

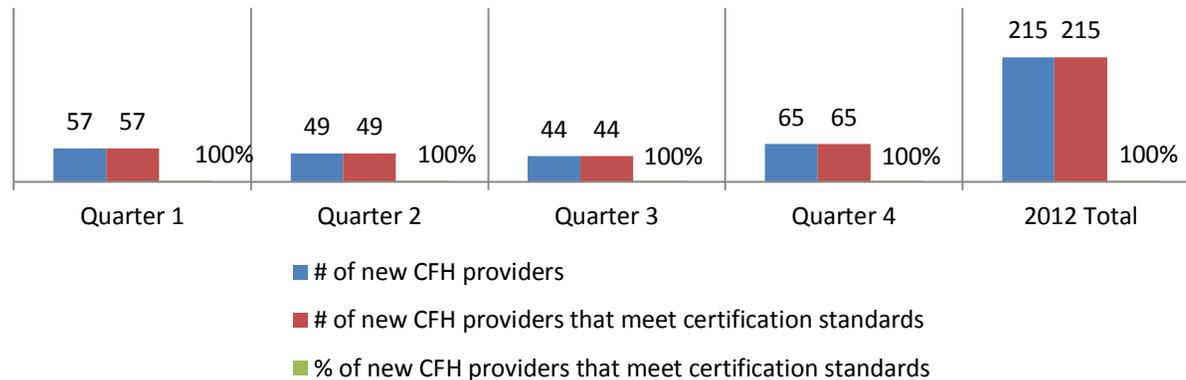
#### Licensed/Certified Providers

- a. The state verifies that providers initially and continually meet required licensure and /or certification standards and adhere to other standards prior to their furnishing waiver services.

**Remediation:** None identified.

**System Improvement:** None identified.

### Number & Percent of New Licensed/Certified Providers that Meet Certification Standards - CFH

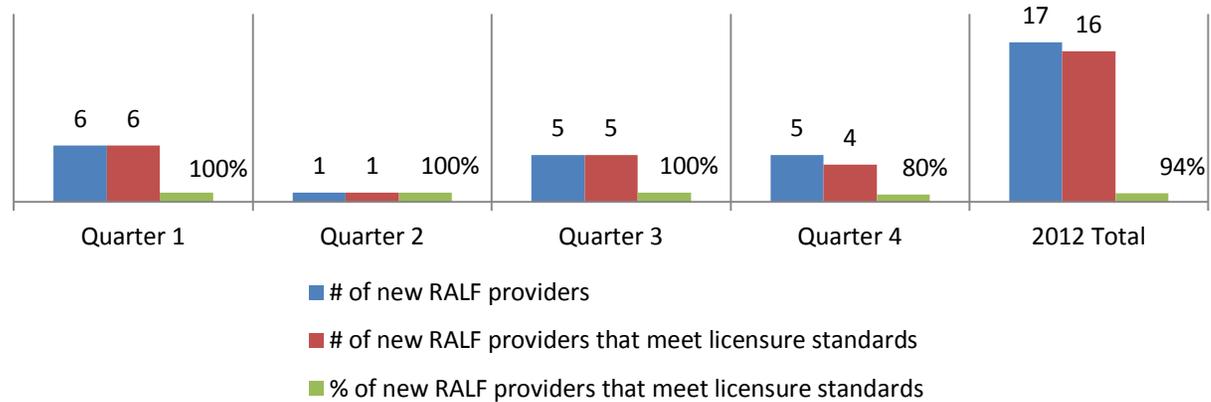


## BLTC – Quality Improvement Strategy Summary 2012

**Remediation:** In 2012 4<sup>th</sup> quarter one applicant for RALF licensure was not granted a license as a result of not meeting licensure standards.

**System Improvement:** None identified.

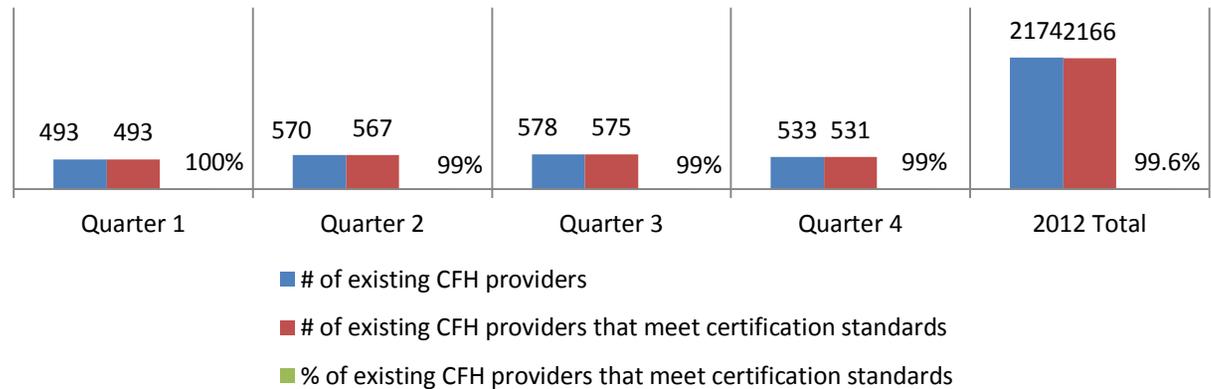
### Number & Percent of New Licensed/Certified Providers that Meet Licensure Standards - RALF



**Remediation:** In 2012 8 CFH provider's provider agreements were terminated for non-compliance with certification standards.

**System Improvement:** None identified.

### Number and Percent of Existing Licensed/Certified Providers that Meet Certification Standards - CFH



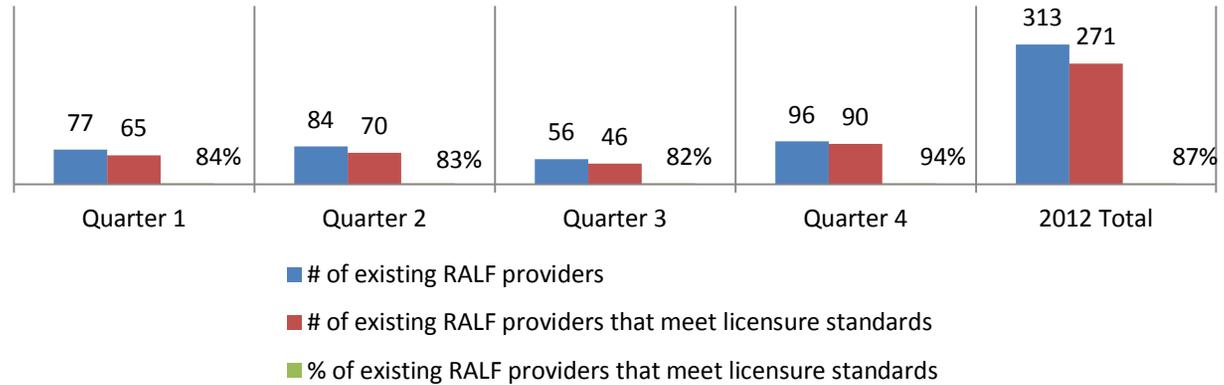
## BLTC – Quality Improvement Strategy Summary 2012

**Remediation:** In 2012 42 existing RALFs did not meet licensure standards during survey. These providers were required to submit a Corrective Action Plan and had 45 days to meet the standard. After 45 days a second survey is completed to assure compliance.

In 2012 two (2) RALFs lost licensure and their Medicaid provider agreement during this process.

**System Improvement:** None identified.

### Number & Percent of Existing Licensed/Certified Providers that Meet Licensure Standards - RALF



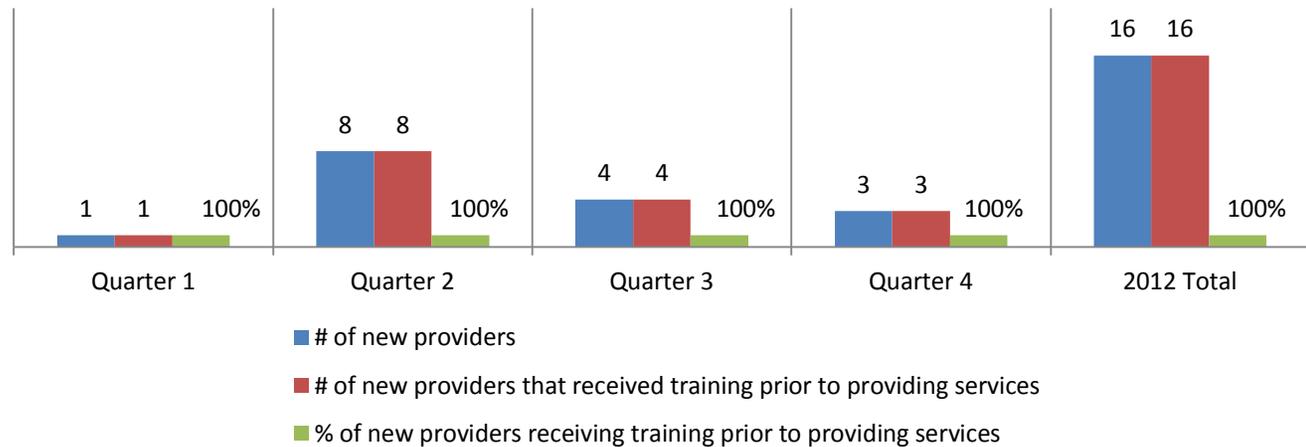
### Non-Licensed/Non-Certified Providers

b. The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

**Remediation:** None identified.

**System Improvement:** None identified.

### Number & Percent of Providers Receiving Training Prior to Providing Services



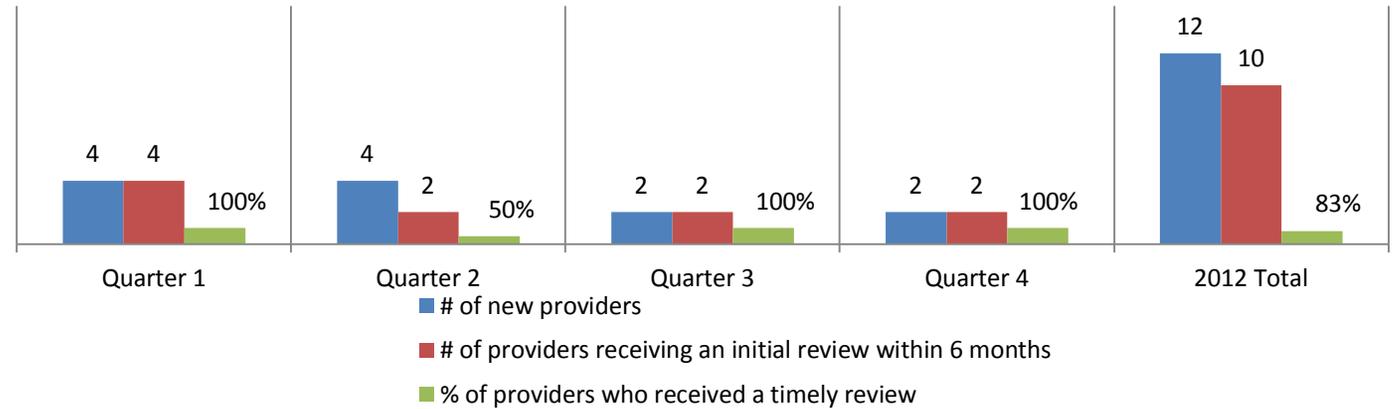
## BLTC – Quality Improvement Strategy Summary 2012

**Remediation:** Individual education to QIS not meeting initial provider review requirements.

**System Improvement:** 100% of 6 month reviews for new providers were completed and submitted. 83% were completed timely.

Develop 2013 QIS Action Plan for timely quality reviews and education/discussion an ongoing agenda item at QI meeting.

### Number & Percent of New Providers Who Had a Initial Review within 6 Months of Providing Services



**Remediation:** Individual education to QIS not meeting onsite review timeline of every two years.

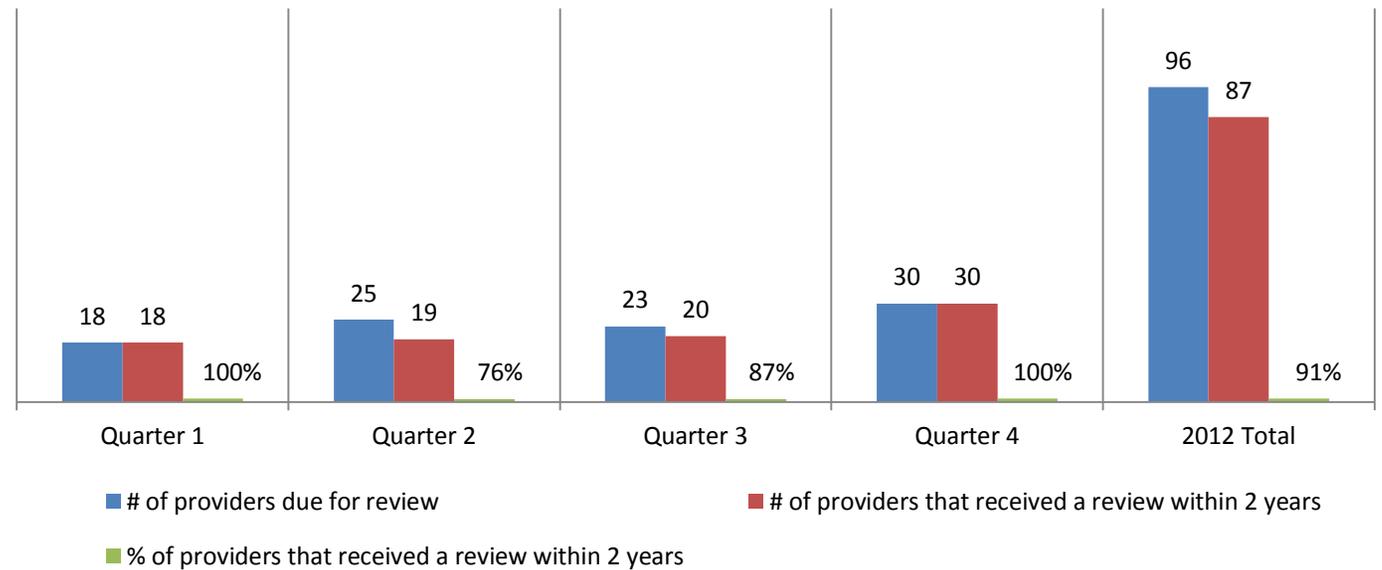
**System Improvement:** 100% of onsite two-year reviews of provider agencies were completed. 91% were completed timely.

Develop 2013 QIS Action Plan for timely quality reviews and education/discussion an ongoing agenda item at QI meeting.

Other 2012 system improvements:

- 60 Corrective Action Plans received from providers as a result of quality review results.
- 67 trainings during exit interviews during the review process occurred.
- 145 telephone training of providers.
- 1 provider terminated due to non-compliance with QA Review.

### Number & Percent That Received An Onsite Review Every 2 Years

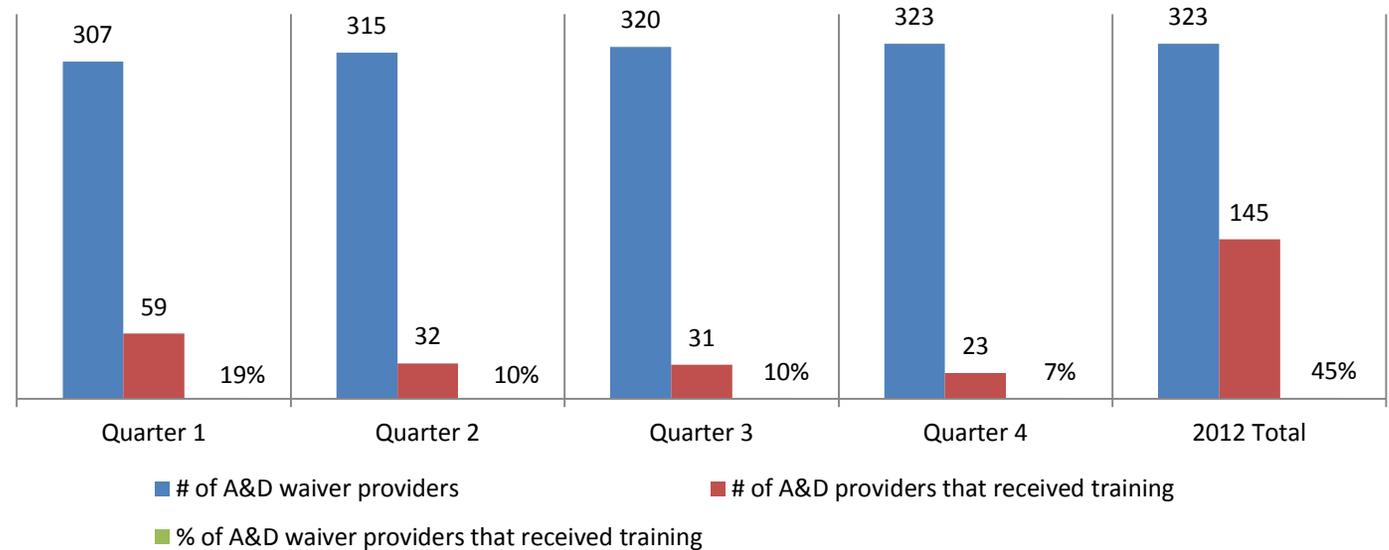


## BLTC – Quality Improvement Strategy Summary 2012

**Remediation:** Education to QIS to ensure all provider training is documented.

**System Improvement:** Provider training needed in 2013 related to QIS provider data (see NRHV and QA review reports).

### Number & Percent of A&D Providers that Received Department Training



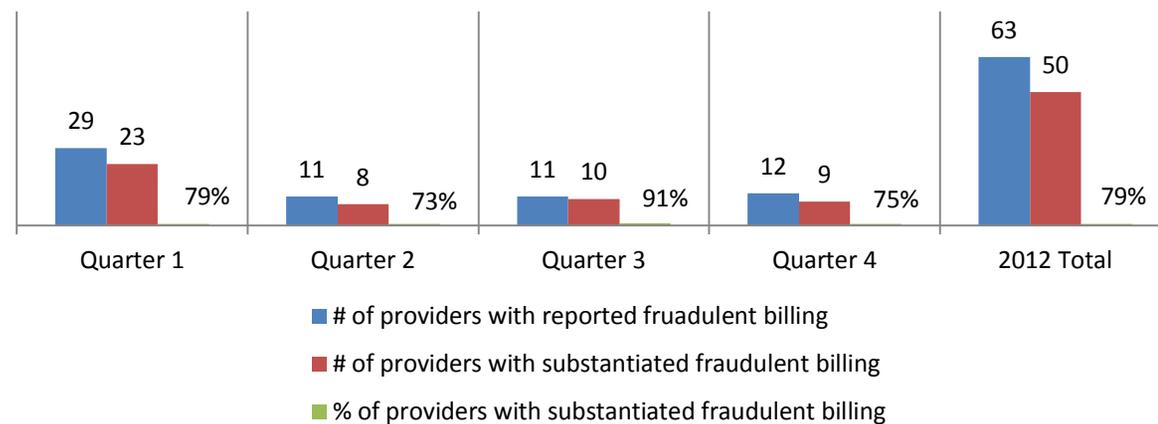
## Financial Accountability

- a. State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.

**Remediation:** 100% of substantiated fraud, billing issues or duplication of services were corrected or referred for further investigation.

**System Improvement:** None identified.

### Number & Percent of Providers Reported for Fraudulent Billing Patterns



**Administrative Authority**

a. The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

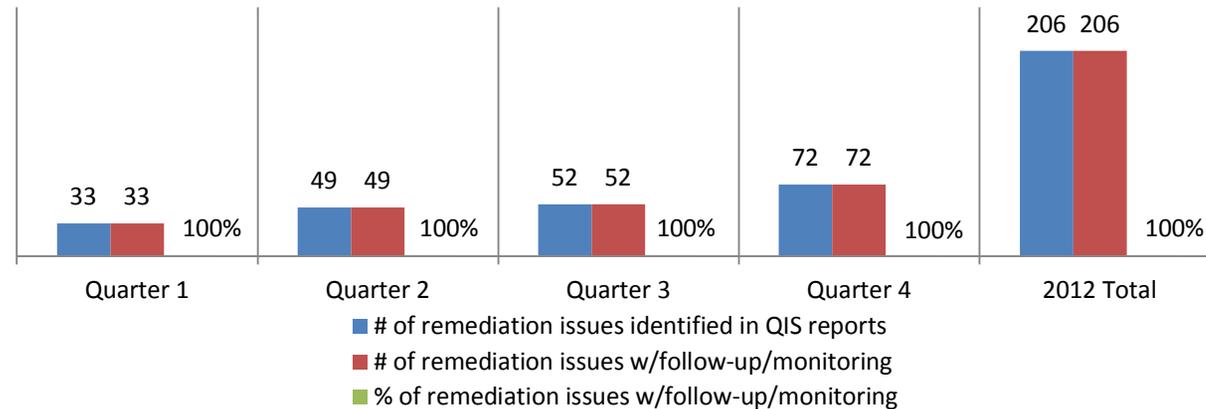
**Remediation:**

1. The Internal File Audits (IFA) identified issues with appropriate documentation of UAI scores. All IFA negative responses were remediated by Nurse Managers' providing education to the NRs.
2. The Provider Reviews identified inconsistencies with services being delivered versus those on Service Plan and caregiver training (Skills Training Matrix). All negative responses from Provider Reviews were remediated via exit interview with the Provider and a CAP.
3. The Complaint & Critical Incident data identified some complaints being classified in the wrong category. Education provided to QIS regarding definition and nature of complaints.

**System Improvement:**

1. Staff training to ensure consistency between NRHV and Provider Reviews.
2. Development of Department training for A&D providers.
3. Refine reporting capabilities.

**Number & Percent of Remediation Issues Identified In QIS Reports That Had Follow-up/Monitoring**



**Number & Percent of System Improvements Identified/Implemented That Had Follow-up thru QIS Reporting**

