Personal Assistance Oversight Committee Meeting Agenda

Wednesday, December 13, 2023 1:00 – 3:00 (Mountain), 12:00 -2:00 (Pacific)

Meeting Link: [CLICK HERE] Meeting Password (if prompted): PAO2023

If calling in: (415) 527-5035 Meeting Number/Access Code: 2763 843 7743
Password (if prompted): 7262023

AGENDA ITEMS	*LEAD*	DECISION / ACTION ITEMS
Welcome and Roll Call	*Alexandra Fernández* *Bureau Chief*	• Committee members: • Guests: • Speakers
OLD BUSINESS		
Read, Review and Approve DRAFT Minutes from September 13, 2023 *(Attachment)*	*Alexandra Fernández* *Bureau Chief*	Notes:
PLANNING		

PAO Committee Composition	*Alexandra Fernández*
	Bureau Chief
		Notes:
		• As of December 1, 2023 PAO has the following vacancies:
		  • 2 Participants from the Northern hub
		  • 1 Participants from the Eastern hub
		
		*No applications for the committee at this time.

UPDATES		
BLTC Quality Assurance Update *(Attachment)*	*Kris King* *BLTC Quality Assurance Specialist*	
Direct Care Professional Crisis Outreach Project Update	*Chris Barrott* *BLTC Quality Assurance Program Manager*	

Idaho Home Choice Update	*Beth Ultis* *IHC Project Coordinator*	
Medicaid Reimbursement Rate Setting and SFY2025 Budget Overview	*Jacque Smithley* *Provider Audit and Reimbursement Manager* *Medicaid Bureau of Financial Operations*	
RECOMMENDATIONS & OTHER UPDATES		
Assignment Update and Wrap Up	*Alexandra Fernández* *Bureau Chief*	•
ADJOURN		

2024 Meeting Dates: March 13, 2024, June 12, 2024, September 18, 2024, December 18, 2024

All meetings will be held on Wednesday from 1-3 PM (MT) and 12-2PM (PT)

Personal Assistance Oversight Committee Meeting Notes
Wednesday, September 13, 2023 1:00 – 3:00 (Mountain), 12:00 -2:00 (Pacific)

AGENDA ITEMS	*LEAD*	DECISION / ACTION ITEMS
Welcome and Roll Call	***Jessica Kirkland BLTC Quality Assurance Specialist***	• **Committee members**: Micky Palmer, Tracy Martin, Dana Gover, Kevin Thorson and Pam Thorson, Marcy Hayman, Jeremy Myers, Lara Goers, Amber Davis, Tara McCarty, Sharon Barber • **Guests**: Susie Choules, Jessica Kirkland, Darcie Miller, Carlena Hjaltalin, Jeremy Maxand, Jennifer Moorman, Crystal Shipler, Tracy Berry, Nicole Withroe, • **Speakers:** Sasha O'Connell, Ryan Langrill, Burke Jensen, Matt Clark, Jennifer Pinkerton
OLD BUSINESS		
Read, Review and Approve DRAFT Minutes from June 14, 2023 (Attachment)	***Jessica Kirkland BLTC Quality Assurance Specialist***	Notes: Tracy Martin motioned to accept, and Sharon Barber seconded the motion
PLANNING		
PAO Committee Composition	***Jessica Kirkland BLTC Quality Assurance Specialist***	Notes: • As of September 1, 2023 PAO has the following vacancies: • 2 Participants from the Northern hub • 1 Participants from the Eastern hub *No applications for the committee at this time.
UPDATES		
Idaho Office of Performance Evaluations - Direct Care Workforce Report Overview (Attachment)	***Sasha O'Connell Senior Evaluator*** ***Ryan Langrill Principal Evaluator***	Sasha O'Connell and Ryan Langrill provided an overview of information from the Office of Performance Evaluations regarding the investigation of the Sustainability of Idaho's Direct Care Workforce.

DRAFT

Medicaid Management Information System (MMIS) Overview and Reprocurement (Attachment)	*Bureau of Medicaid Enterprise Systems* *Burke Jensen*	Burke Jensen from the Bureau of Medicaid Enterprise Systems provided a MMIS Overview and Reprocurement Update.
Medicaid Policy Review (Attachment)	*Idaho Medicaid Policy Team* *Jennifer Pinkerton*	Jennifer provided a policy overview on provider termination rules and service animals: QUESTION: Can Medicaid require a provider to serve a specific participant? ANSWER: No, Medicaid cannot require a provider to serve a participant. Providers must follow all nondiscrimination policies, procedures and complaints and must provide a termination notice and documentation to the participant. The policy team is currently working on updating Provider Agreements at this time and an update of these agreements may be coming soon. QUESTION: Marcy Hayman asked where providers can locate their provider agreement? ANSWER: Jessica Kirkland mentioned that if any provider needs a copy of their medicaid provider agreement or additional terms, they can reach out to Gainwell Technologies. They may be able to access this document through the provider portal as well. QUESTION: Why isn't the care and upkeep of service animals covered by Medicaid? ANSWER: • The Idaho legislature has not approved a regulatory authority for the coverage of service animals. • ADA Americans with disabilities ACT states – The handler is responsible for caring for and supervising the service animal includes toileting, feeding, and grooming and veterinary care. • When a participant is doing the eligibility process and recertification through Self Reliance, they can submit medical expenses (food and upkeep) related to service animal. This will factor in their eligibility and offset their Share of Cost.
BLTC Quality Assurance Update (Attachment)	*Jessica Kirkland BLTC Quality Assurance Specialist*	Jessica Kirkland provided an overview of information from the Bureau of Long Term Care quality management report for the second quarter of 2023.
Direct Care Professional Crisis	*Jessica Kirkland*	Jessica Kirkland shared the following video https://idahocares.dhw.idaho.gov/conference2023. The first Direct Care Professional Conference was held on Monday, September 11th and was very successful. Direct Care

DRAFT

Outreach Project Update	*BLTC Quality Assurance Specialist*	Professionals who attended received information about the importance of the profession and the growing need to find more people like them. All attendees received recruitment tools, such as pamphlets and cards that include how to become a Direct Care Professional and the benefits of becoming one. The next conference will happen tonight, September 13th. Additional updates can be provided at the December meeting.
Idaho Home Choice Update	*Beth Ultis IHC Project Coordinator*	Beth Ultis isn't here today to present. The most recent information will be sent out in the meeting minutes. If there are any questions for Beth, please bring them to the December meeting.
RECOMMENDATIONS & OTHER UPDATES		
Assignment Update and Wrap Up	*Jessica Kirkland BLTC Quality Assurance Specialist*	Recommendation from June PAO meeting that we will carry forward to the December meeting: • Invite Bureau of Financial Operations to provide overview of Medicaid rate-setting processes
ADJOURN		
		Motion to adjourn – Marcy Hayman motioned, and Jeremey Meyers seconded the motion.

2023 Meeting Dates: March 15, 2023, June 14, 2023, September 13, 2023, December 13, 2023

All meetings will be held on Wednesday from 1-3 PM (MT) and 12-2PM (PT)

DRAFT

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

ALEXANDRA FERNÁNDEZ – Bureau Chief, Long Term Care
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 287-1179
FAX: (208) 332-7283

BLTC Quality Management Q3 2023 Summary

Quality Assurance Reviews
The state quality assurance team conducted nineteen (19) biennial provider reviews, one (1) initial provider reviews, and ten (10) reviews of residential assisted living facilities during the third quarter of 2023.

Provider Trainings
During the second quarter of 2023, the BLTC Quality Assurance Team trained 26 new providers. The new agencies consisted of five (5) personal assistance agencies, six (6) residential assisted living facilities, and fifteen (15) certified family home providers.

Initial and Annual Assessments
Nurse reviewers completed 1,051 initial assessments and 2,075 annual assessments in the third quarter of 2023. These numbers are relatively equal to historical trends.

Abuse, Neglect and Exploitation Complaints
During the third quarter of 2023, the Department received four (4) complaints involving abuse/neglect/exploitation.

Primary Care Physician
In Q3 of 2023, 3,363 assessments were conducted, and 3,338 participants had a PCP on record which accounts for roughly 99%. Participants without a PCP on record are provided information and encouraged to select a PCP.

Service Plan Elements
The Quality Assurance team conducts audits on Personal Care Service (PCS) agencies. One component of the audit is to validate that Service Plan requirements and progress notes are compliant with the Idaho Administrative Procedures Act (IDAPA) and the Medicaid Provider Agreement(s). Due to previous deficiencies identified in these areas, BLTC provided training to providers on all areas previously below the 85% compliance threshold during fall of 2023. The following elements were reviewed in Q3 2023:

- Backup Plan: 94% compliant (11% increase over previous quarter)
- Risks and Interventions: 100% compliant (8% increase over previous quarter)
- Goals and Outcomes: 78% compliant (2% increase over previous quarter)
- Frequency: 98% compliant (8% increase over previous quarter)
- Care Tasks (Progress notes): 63% compliant (25% increase over previous quarter)

When audits fall beneath the 85% required compliance threshold, the Quality Assurance Specialist requires remediation, working closely with the provider to ensure compliance ongoing.

Bureau of Long Term Care Quality Improvement Strategy 2023

Administrative Authority

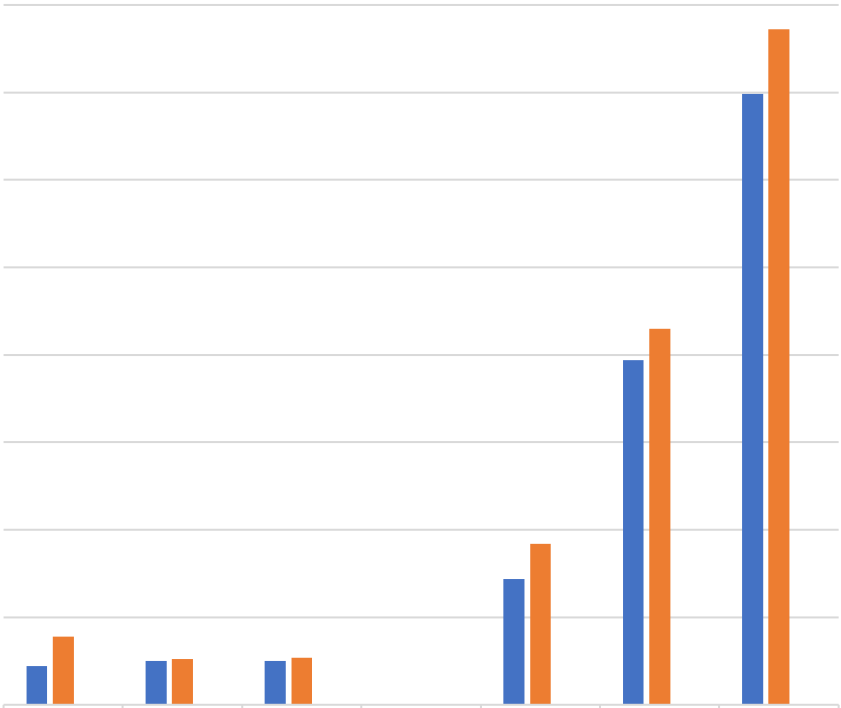
Performance Measure: Number and percent of remediation issues identified by contract monitoring reports & the Medicaid Complaint Submission System that were addressed by the state.

Sub-assurance A-i:

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.

Summary:

Complaints related to MCO vendors and contracted providers are identified within the Medicaid Complaint Submission System and are investigated and remediated within the appointed timeframes.



	Q1	Q2	Q3	Q4	2023	2022	2021
Items Remediated	22	25	25		72	197	349
Health Plans complaints	39	26	27		92	215	386
	56%	96%	93%	0%	78%	92%	90%

Bureau of Long Term Care Quality Improvement Strategy 2023

Level of Care

Performance Measure: Number and percent of remediation issues identified by contract monitoring reports & the Medicaid Complaint Submission System that were addressed by the state.

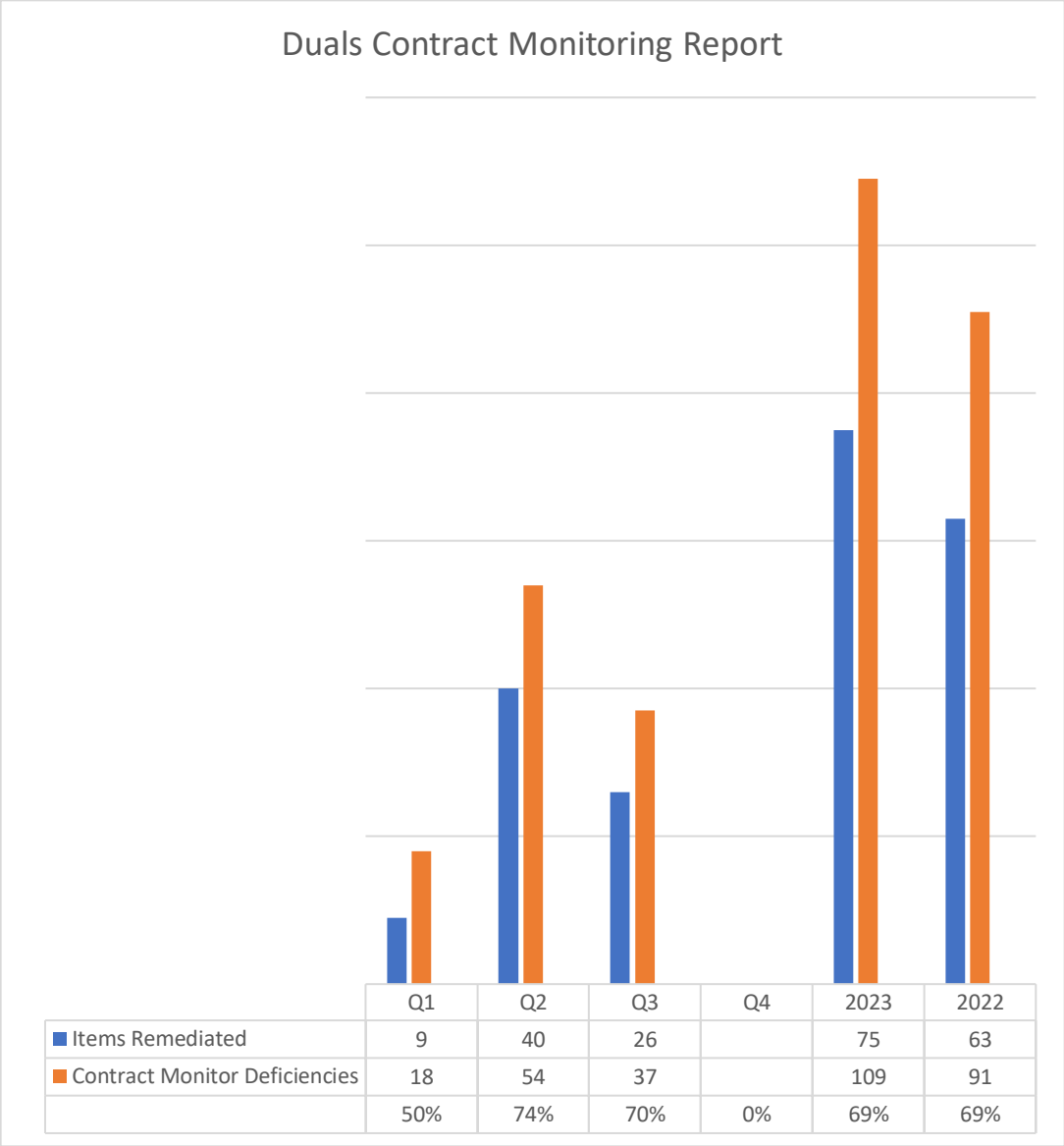
Sub-assurance A-i:

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.

Summary:

Contractual requirements are reviewed by the Duals Contract Monitor and issues are identified and remediated.

During Q3, any deficiencies identified on the monthly contract monitoring reports which were not adequately remediated had appropriate invoice reductions imposed.



	Q1	Q2	Q3	Q4	2023	2022
Items Remediated	9	40	26		75	63
Contract Monitor Deficiencies	18	54	37		109	91
	50%	74%	70%	0%	69%	69%

Bureau of Long Term Care Quality Improvement Strategy 2023

Level of Care

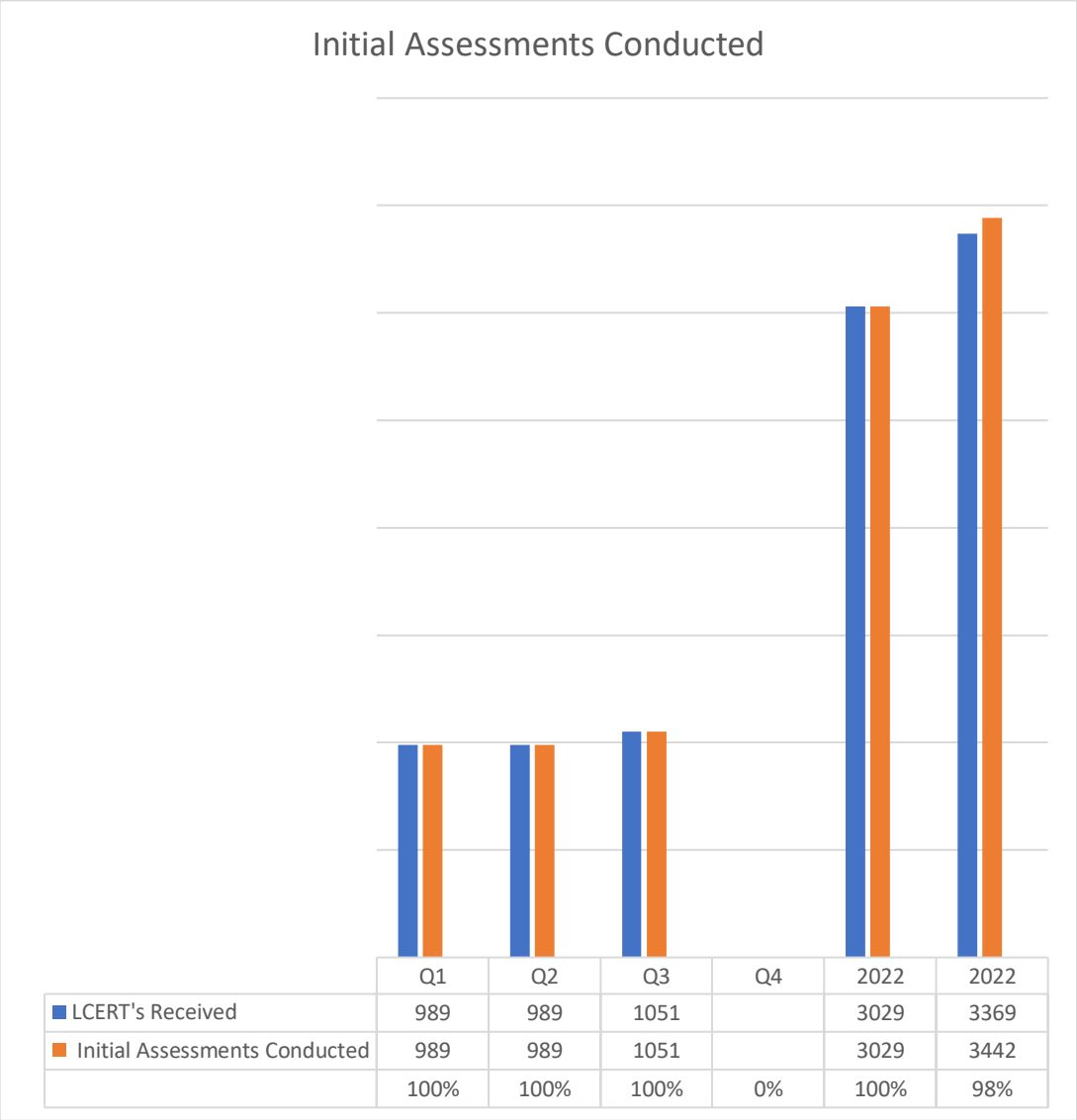
Performance Measure: Number and percent of applicants for HCB services who received a Level of Care assessment prior to receiving services.

Sub assurance B-i:

An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.

Summary

The Self-Reliance division requests a Level of Certification (LCERT) for new applicants. The assigned Nurse Reviewer conducts the assessment for all LCERTS received. 92% of new applicants for Aged & Disabled (A&D) Waiver services met Nursing Facility (NF) LOC during their initial assessment.



	Q1	Q2	Q3	Q4	2022	2022
LCERT's Received	989	989	1051		3029	3369
Initial Assessments Conducted	989	989	1051		3029	3442
	100%	100%	100%	0%	100%	98%

Bureau of Long Term Care Quality Improvement Strategy 2023

Level of Care

Performance Measure: **CMS removed this sub assurance but still requires that the state monitor it.*

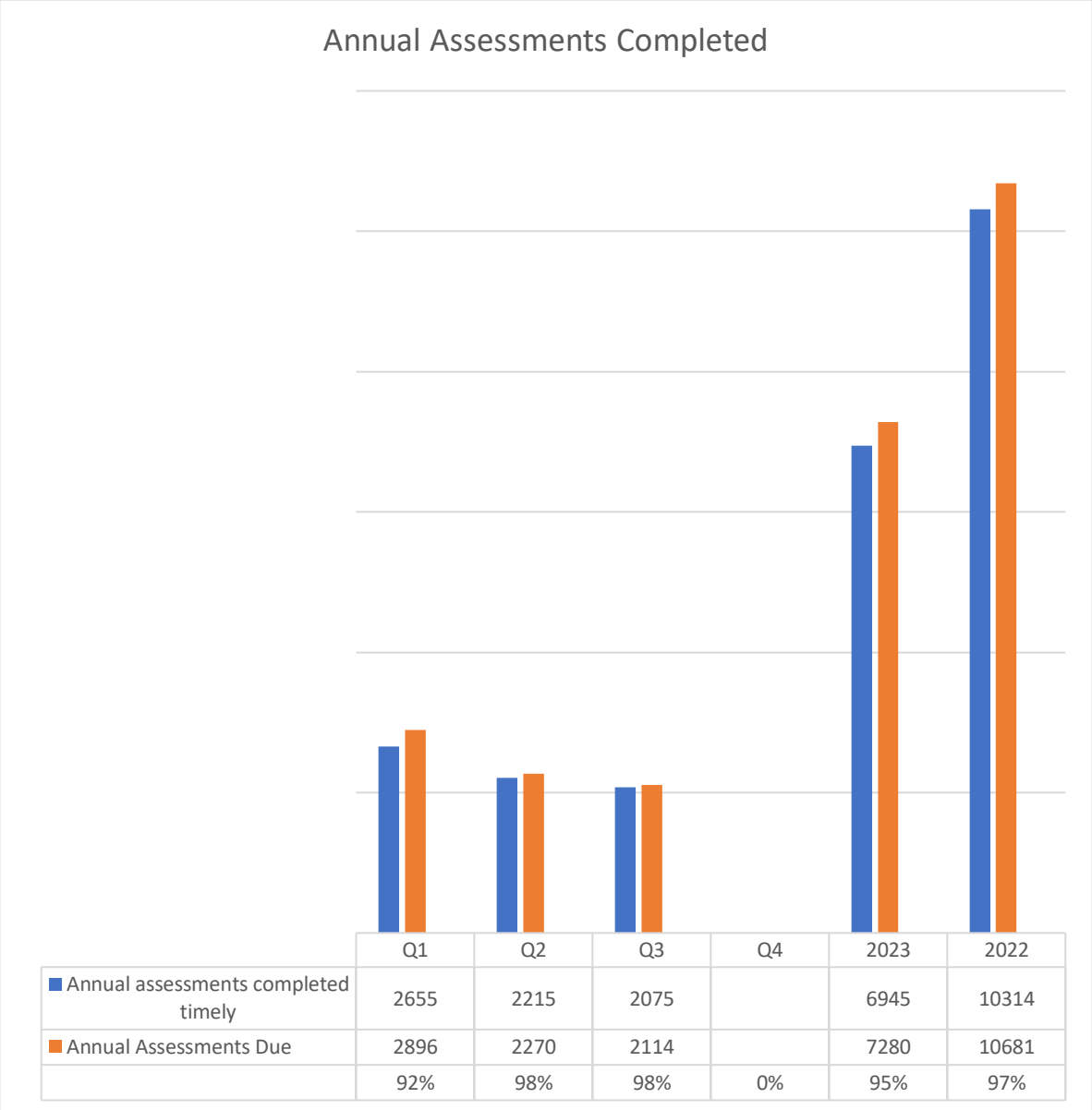
Sub-assurance B-ii:

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

Summary:

The state conducts annual assessments of enrolled participants. Assessments are to be conducted within 364 days of the previous year's assessment.

Due to the Public Health Emergency, annual assessments have been conducted telephonically.



	Q1	Q2	Q3	Q4	2023	2022
Annual assessments completed timely	2655	2215	2075		6945	10314
Annual Assessments Due	2896	2270	2114		7280	10681
	92%	98%	98%	0%	95%	97%

Bureau of Long Term Care Quality Improvement Strategy 2023

Level of Care

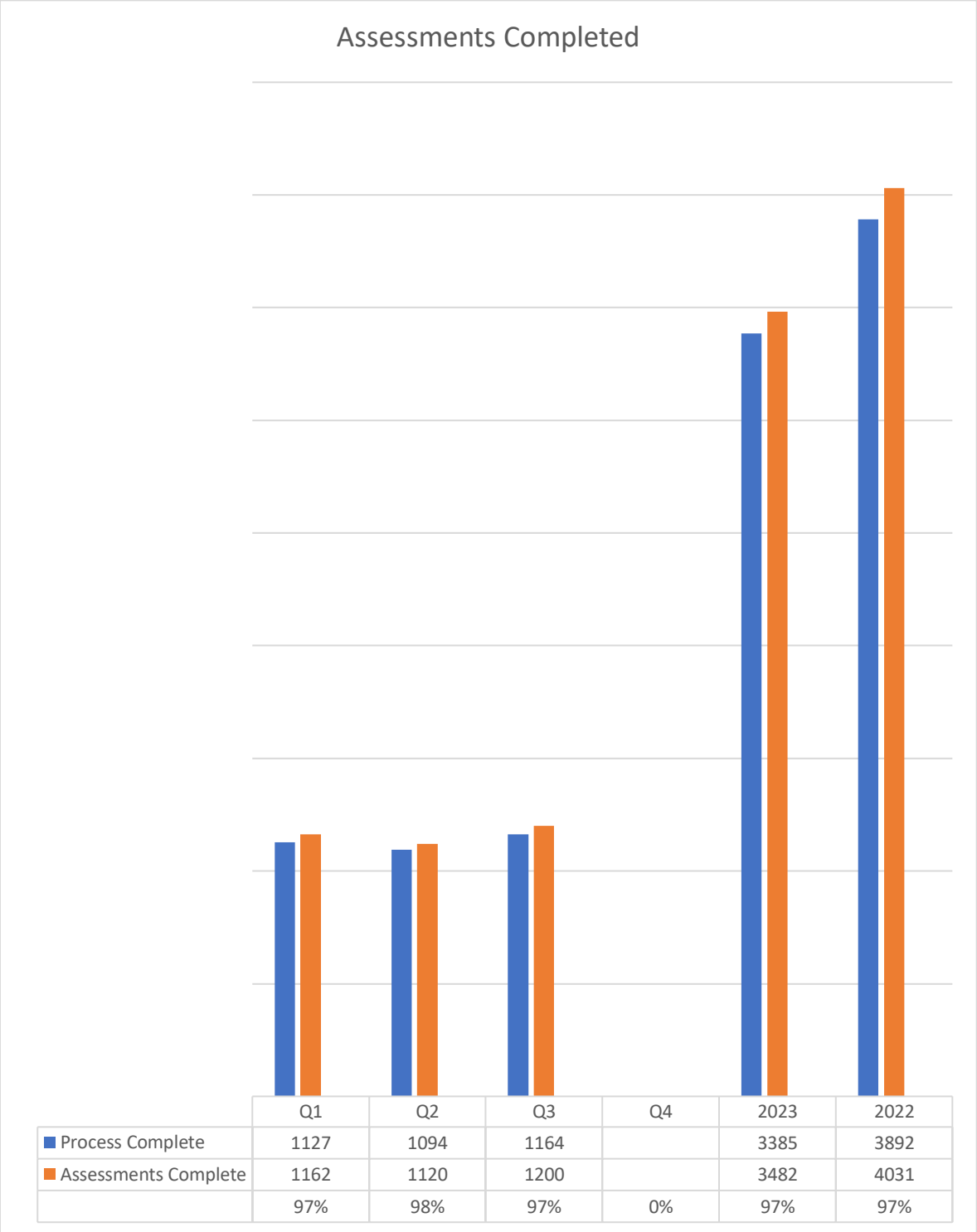
Performance Measure: Number and percent of Level of Care assessments completed according to established processes and timeframes.

Sub-assurance B-iii:

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

Summary:

Nurse Reviewers conduct assessments using the Universal Assessment Instrument (UAI) housed within the Assessment Certification Tool (ACT) system. The ACT system validates that the assessments are conducted according to established processes and then time and date stamps the processes as they are completed.



	Q1	Q2	Q3	Q4	2023	2022
Process Complete	1127	1094	1164		3385	3892
Assessments Complete	1162	1120	1200		3482	4031
	97%	98%	97%	0%	97%	97%

Bureau of Long Term Care Quality Improvement Strategy 2023

Qualified Providers

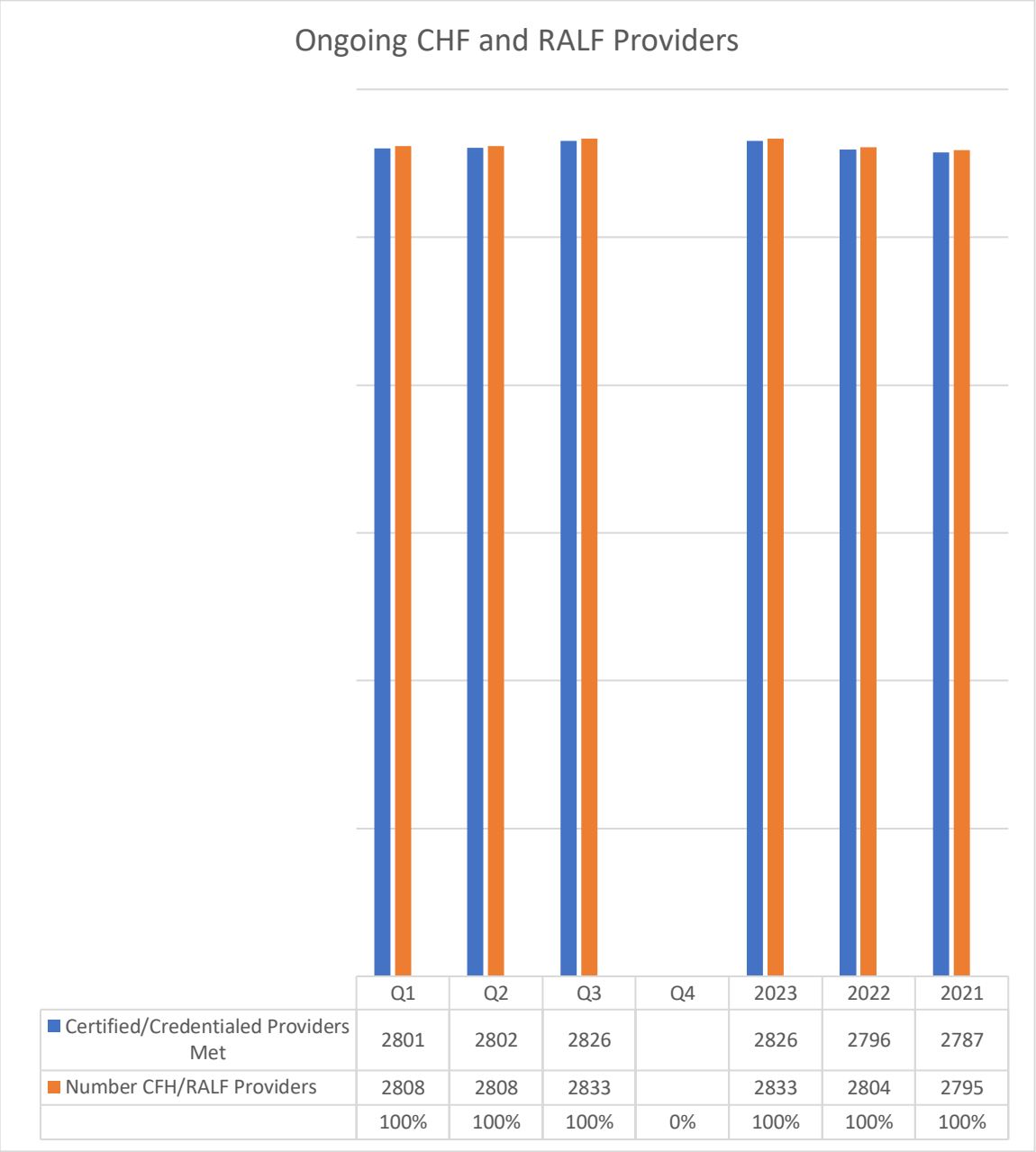
Performance Measure: Number and percent of ongoing waiver providers that meet licensure or certification standards, including training requirements.

Sub-assurance C-i:

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.

Summary:

Licensing and Certification (L&C) conducts all recertification assessments to determine if licenses will remain active. If standards are not met L&C manages all deficiencies associated with the licensure and certification standards.



	Q1	Q2	Q3	Q4	2023	2022	2021
Certified/Credentialed Providers Met	2801	2802	2826		2826	2796	2787
Number CFH/RALF Providers	2808	2808	2833		2833	2804	2795
	100%	100%	100%	0%	100%	100%	100%

Bureau of Long Term Care Quality Improvement Strategy 2023

Qualified Providers

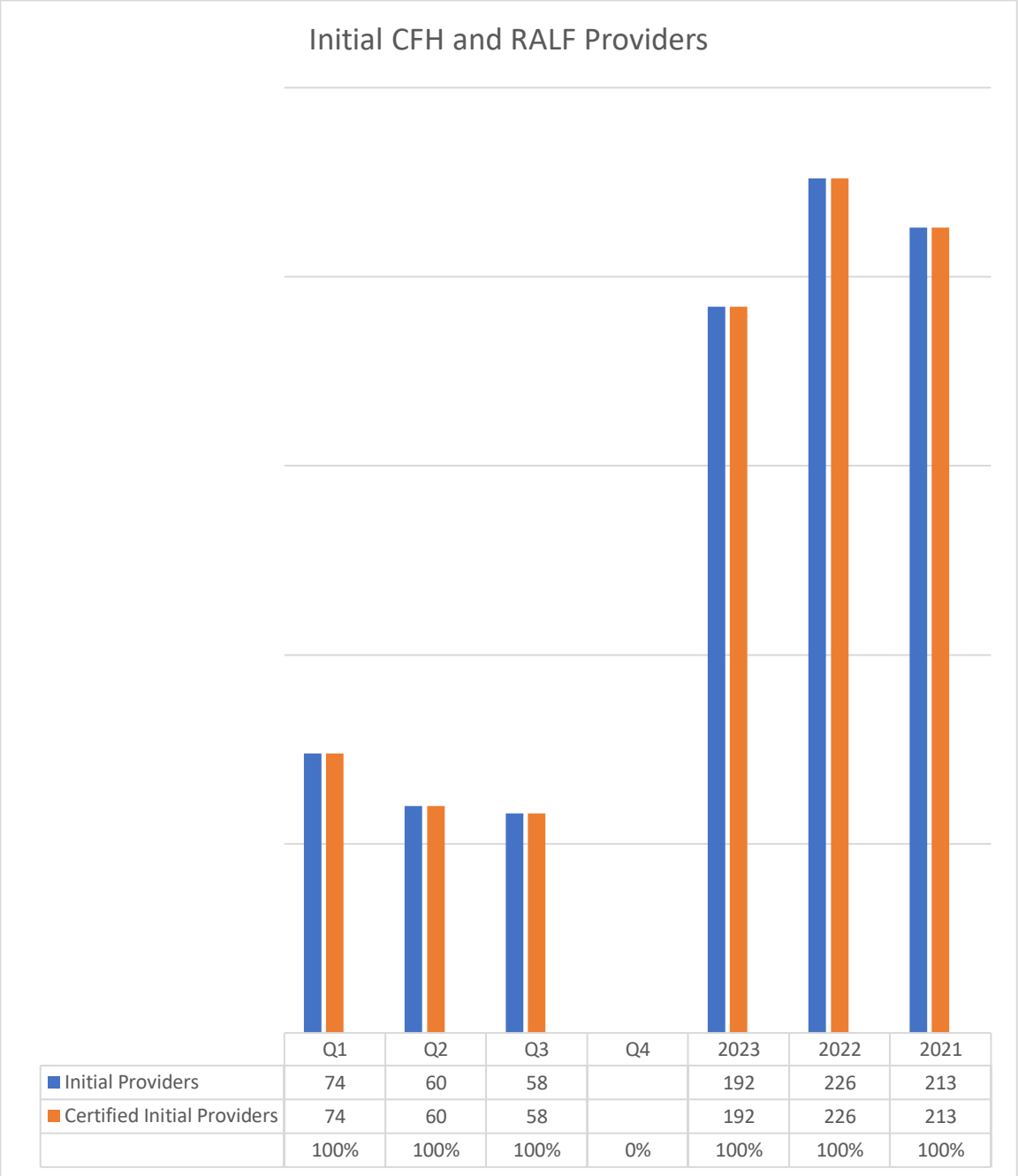
Performance Measure: Number and percent of initial, licensed/certified waiver providers that meet licensure or certification standards, including training requirements.

Sub-assurance C-i:

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.

Summary:

Licensing and Certification (L&C) manages the certification program for Certified Family Homes (CFH) and the licensing program for Residential Assisted Living (RALF) Facilities. L&C is responsible for the certification/licensing, inspection and survey of these provider types.



	Q1	Q2	Q3	Q4	2023	2022	2021
Initial Providers	74	60	58		192	226	213
Certified Initial Providers	74	60	58		192	226	213
	100%	100%	100%	0%	100%	100%	100%

Bureau of Long Term Care Quality Improvement Strategy 2023

Qualified Providers

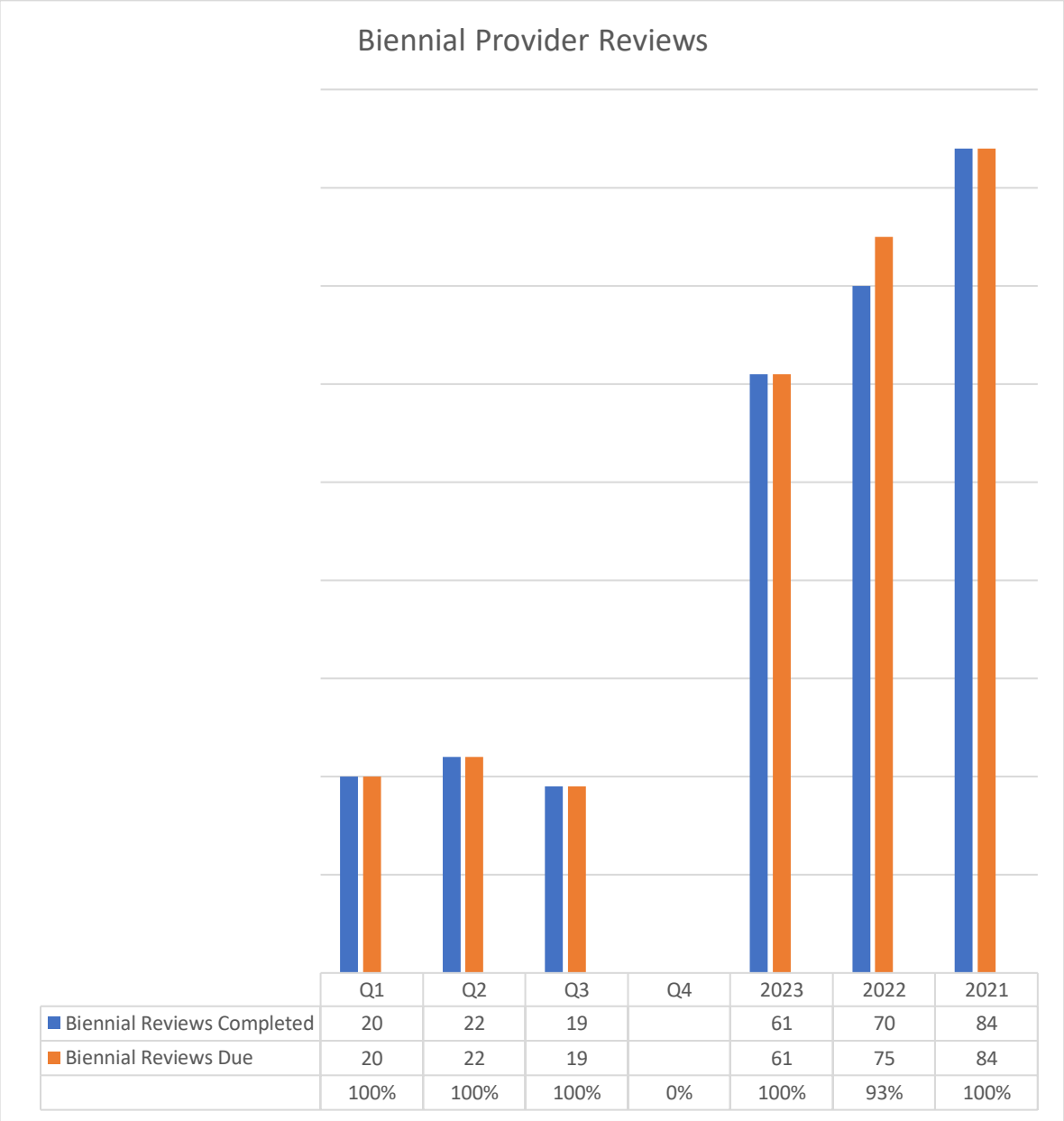
Performance Measure: Number and percent of non-licensed/non-certified waiver providers that received a quality review every two years.

Sub-assurance C-ii:

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

Summary:

Audits continue to be completed by required timelines. Process improvements have contributed to BLTC improvement in meeting required timelines, and we continue to evaluate our operational processes to further enhance our audit process.



	Q1	Q2	Q3	Q4	2023	2022	2021
Biennial Reviews Completed	20	22	19		61	70	84
Biennial Reviews Due	20	22	19		61	75	84
	100%	100%	100%	0%	100%	93%	100%

Bureau of Long Term Care Quality Improvement Strategy 2023

Qualified Providers

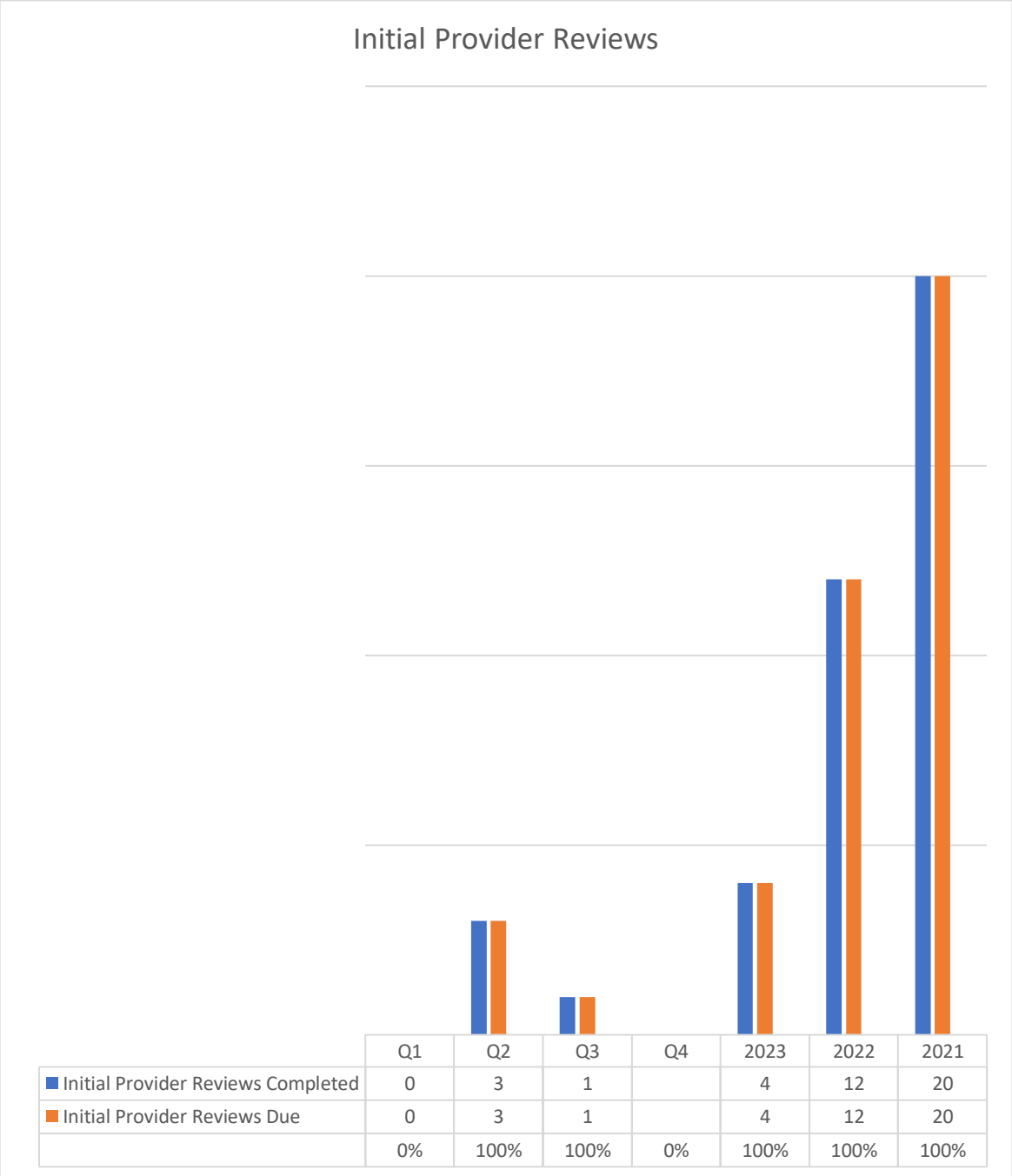
Performance Measure: Number of initial, non-certified/non-licensed providers that received a review within 6 months of providing waiver services.

Sub-assurance C-ii:

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

Summary:

New providers receive a six (6) month review to ensure compliance to all rules and regulations. The QA staff are committed to providing technical assistance and conducting timely audits to ensure that new providers are compliant in all required areas.



	Q1	Q2	Q3	Q4	2023	2022	2021
Initial Provider Reviews Completed	0	3	1		4	12	20
Initial Provider Reviews Due	0	3	1		4	12	20
	0%	100%	100%	0%	100%	100%	100%

Bureau of Long Term Care Quality Improvement Strategy 2023

Qualified Providers

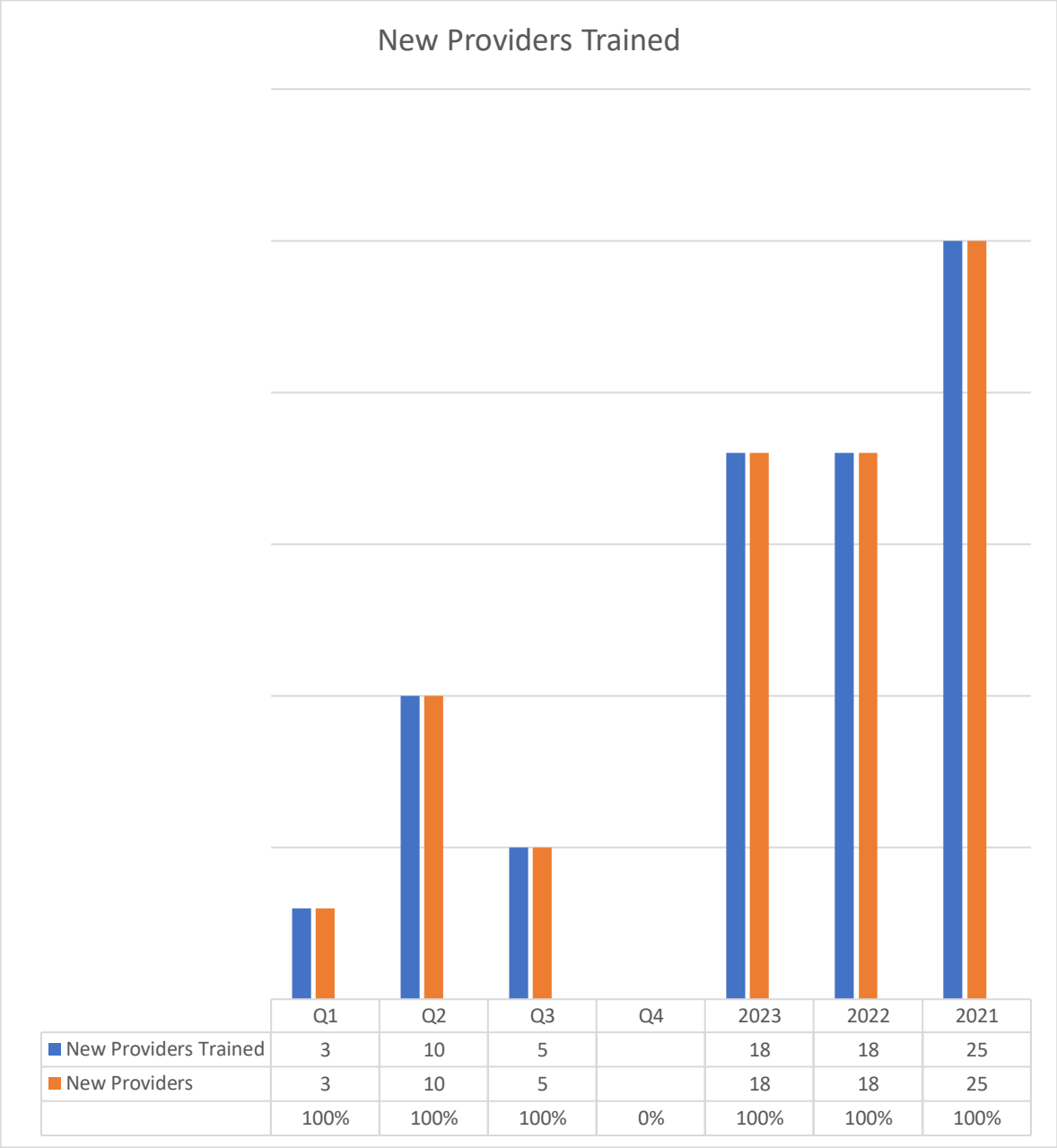
Performance Measure: Number and percent of initial, non-licensed/non-certified waiver providers that received Department training prior to providing services.

Sub-assurance C-iii:

The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

Summary:

All newly eligible providers including Change of Ownership providers are required to attend training prior to service delivery.



	Q1	Q2	Q3	Q4	2023	2022	2021
New Providers Trained	3	10	5		18	18	25
New Providers	3	10	5		18	18	25
	100%	100%	100%	0%	100%	100%	100%

Bureau of Long Term Care Quality Improvement Strategy 2023

Service Plans

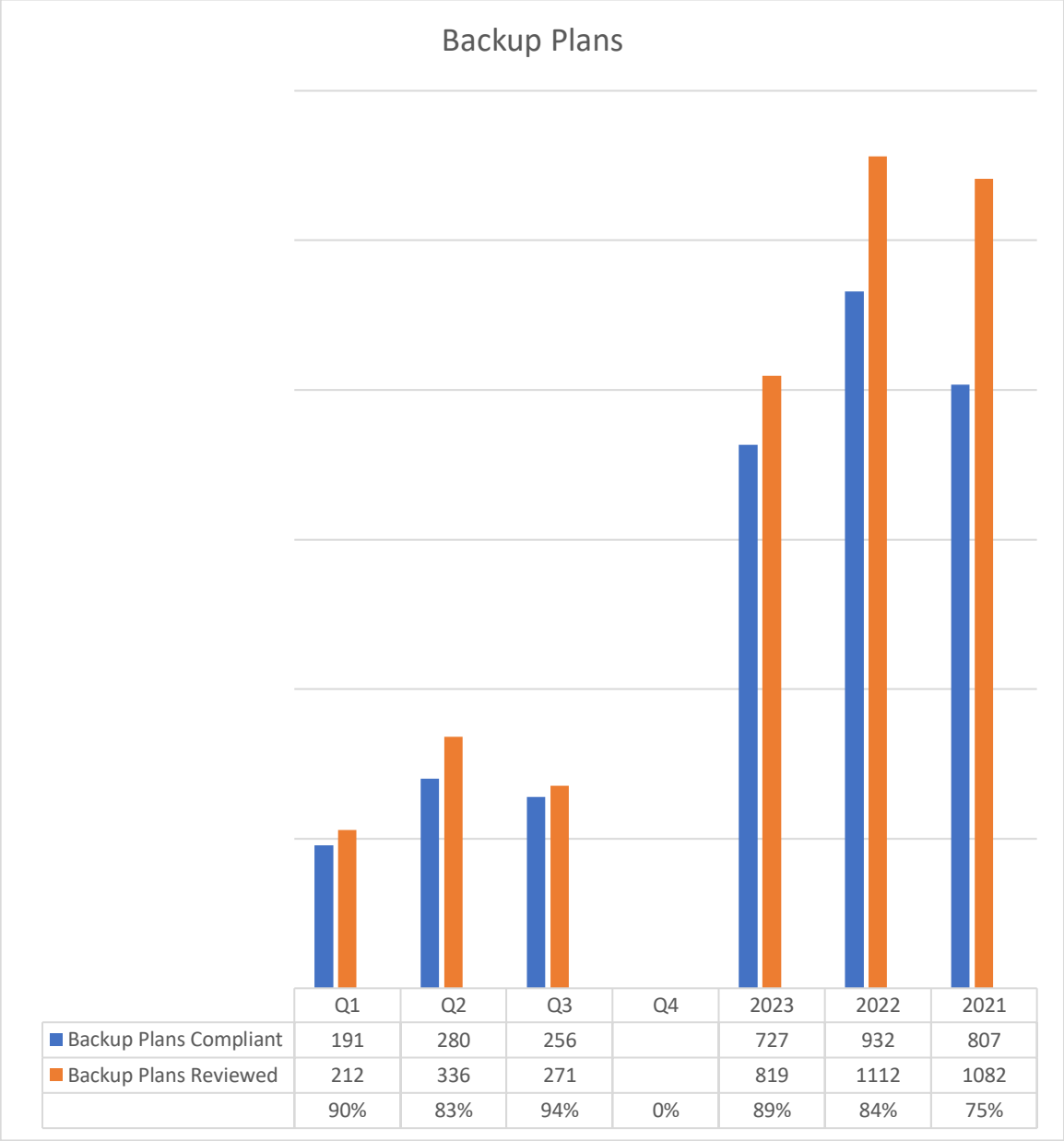
Performance Measure: Number and percent of service plans reviewed that had a backup plan in place.

Sub-assurance D-i:

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

Summary:

The QA team reviews a 30% sample size of the participant population for all audits conducted. The Backup Plans for the sample population are reviewed to ensure compliance. Providers that are deficient in this area are required to remediate the deficiency and technical assistance is provided as needed.



	Q1	Q2	Q3	Q4	2023	2022	2021
Backup Plans Compliant	191	280	256		727	932	807
Backup Plans Reviewed	212	336	271		819	1112	1082
	90%	83%	94%	0%	89%	84%	75%

Bureau of Long Term Care Quality Improvement Strategy 2023

Service Plans

Performance Measure: Number and percent of service plans reviewed that address participants' needs and health and safety risks as identified in the individual's assessment(s).

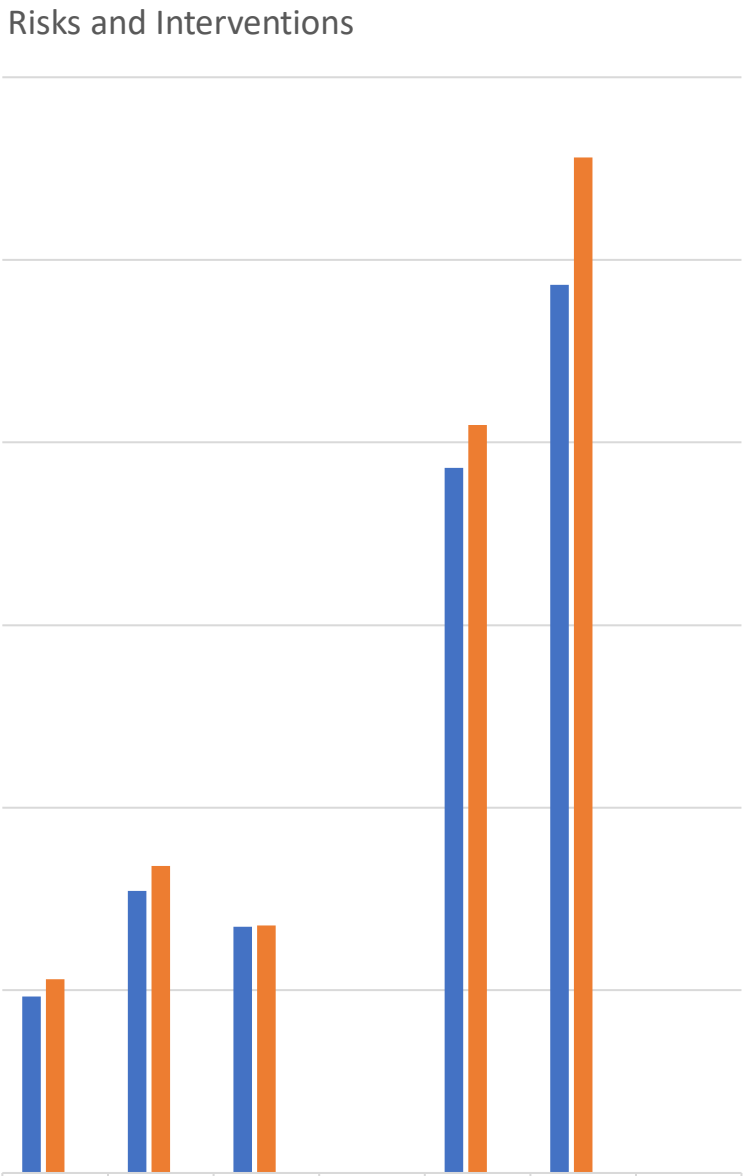
Sub-assurance D-i:

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

Summary:

The QA team reviews a 30% sample size of the participant population for all audits conducted. The Risks & Interventions for the sample population are reviewed to ensure compliance. Providers that are deficient in this area are required to remediate the deficiency and technical assistance is provided as needed.

The BLTC developed an updated Service Plan template that included risks and interventions for each Activity of Daily Living and we have seen significant improvement in this measure for providers that utilize our template.



	Q1	Q2	Q3	Q4	2023	2022	2021
Risks and Interventions Compliant	193	309	270		772	973	0
Risks and Interventions Reviewed	212	336	271		819	1112	0
	91%	92%	100%	0%	94%	88%	0%

Bureau of Long Term Care Quality Improvement Strategy 2023

Service Plans

Performance Measure: Number and percent of service plans reviewed that address participants' personal goals.

Sub-assurance D-i:

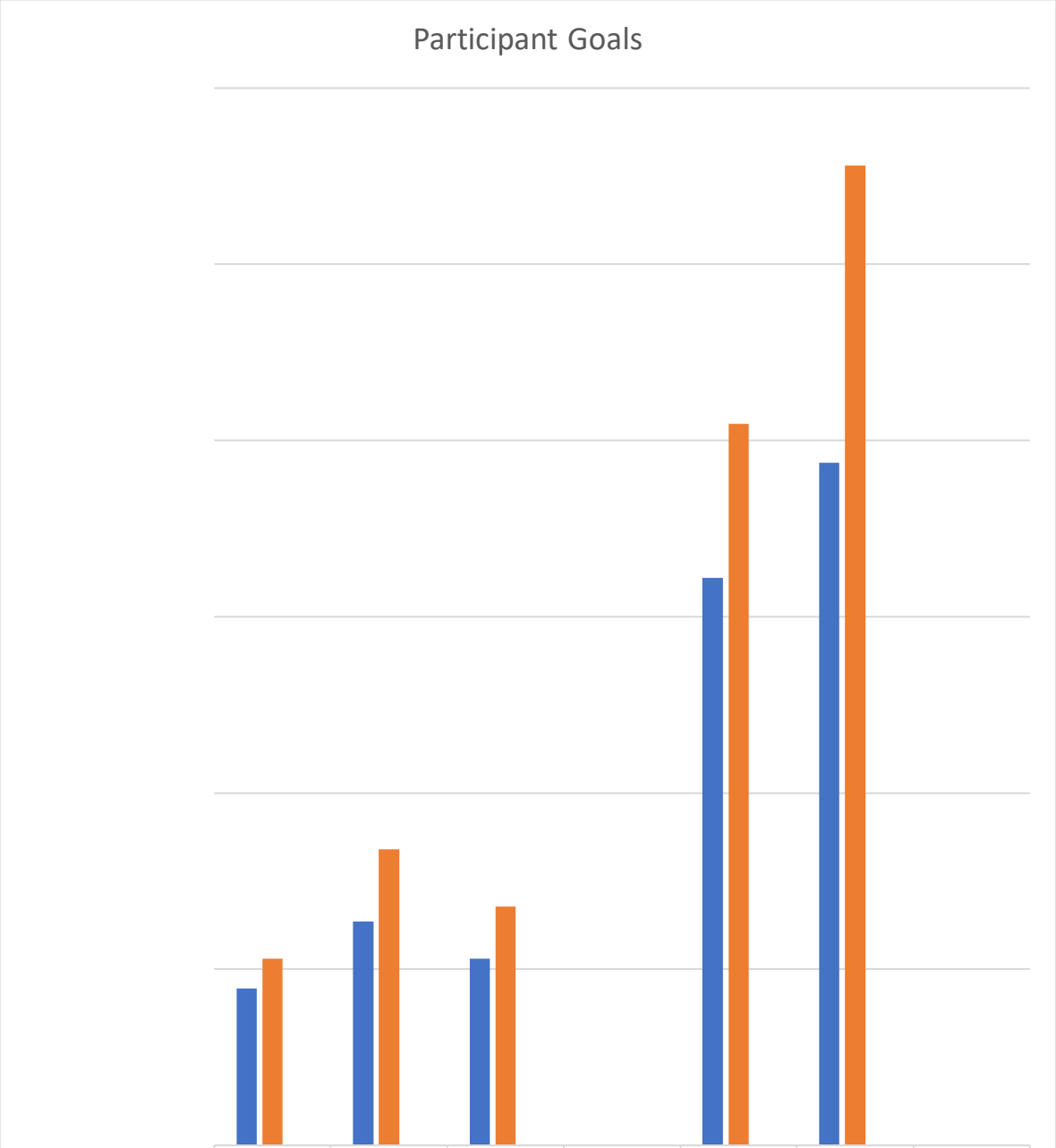
Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Summary:

The QA team reviews a 30% sample size of the participant population for all audits conducted. The Participant Goals for the sample population are reviewed to ensure compliance. Providers that are deficient in this area are required to remediate the deficiency and technical assistance is provided as needed.

Remediation:

The BLTC QA Team conducted statewide provider training during our annual provider trainings in fall of 2023 specifically addressing service plan elements. Additionally, QA staff address areas of non-compliance with the 85% threshold during required exit interviews as part of the audit process.



	Q1	Q2	Q3	Q4	2023	2022	2021
Goals Compliant	178	254	212		644	775	0
Goals Reviewed	212	336	271		819	1112	0
	84%	76%	78%	0%	79%	70%	0%

Bureau of Long Term Care Quality Improvement Strategy 2023

Service Plans

Performance Measure: Number and percent of service plans that were revised when warranted by changes in participants' needs.

Sub-assurance D-iii:

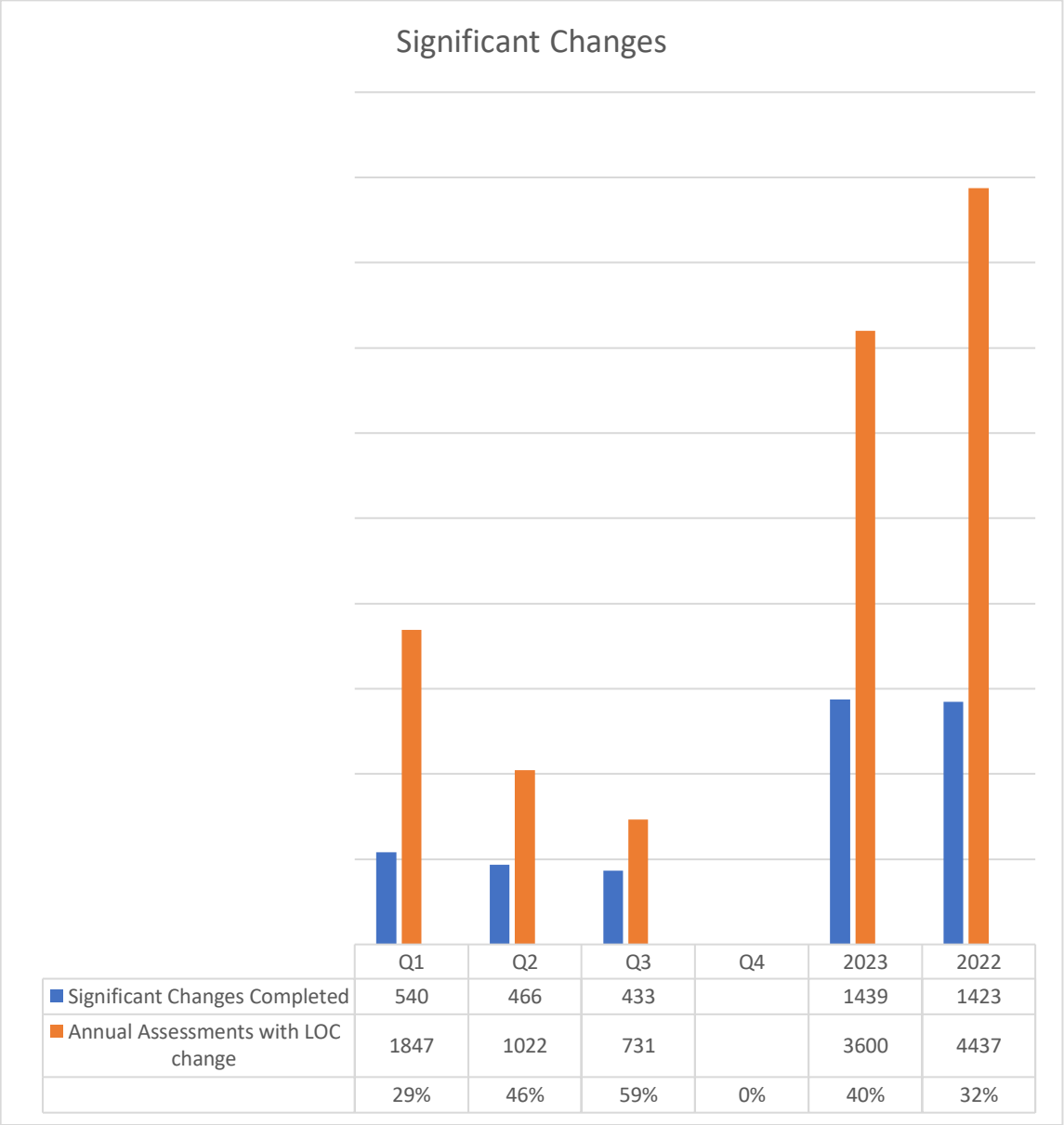
Service plans are updated/revised at least annually or when warranted by changes waiver individual needs.

Summary:

Significant Change is identified as any change in services after the Annual or Initial LOC Assessment has been completed. Significant Changes generally result in a change in the LOC score.

Remediation:

The BLTC QA Team conducted statewide provider training during our annual provider trainings in fall of 2023 specifically addressing the need for significant changes to be submitted from providers due to changes in participant level of care need.



	Q1	Q2	Q3	Q4	2023	2022
Significant Changes Completed	540	466	433		1439	1423
Annual Assessments with LOC change	1847	1022	731		3600	4437
	29%	46%	59%	0%	40%	32%

Bureau of Long Term Care Quality Improvement Strategy 2023

Service Plans

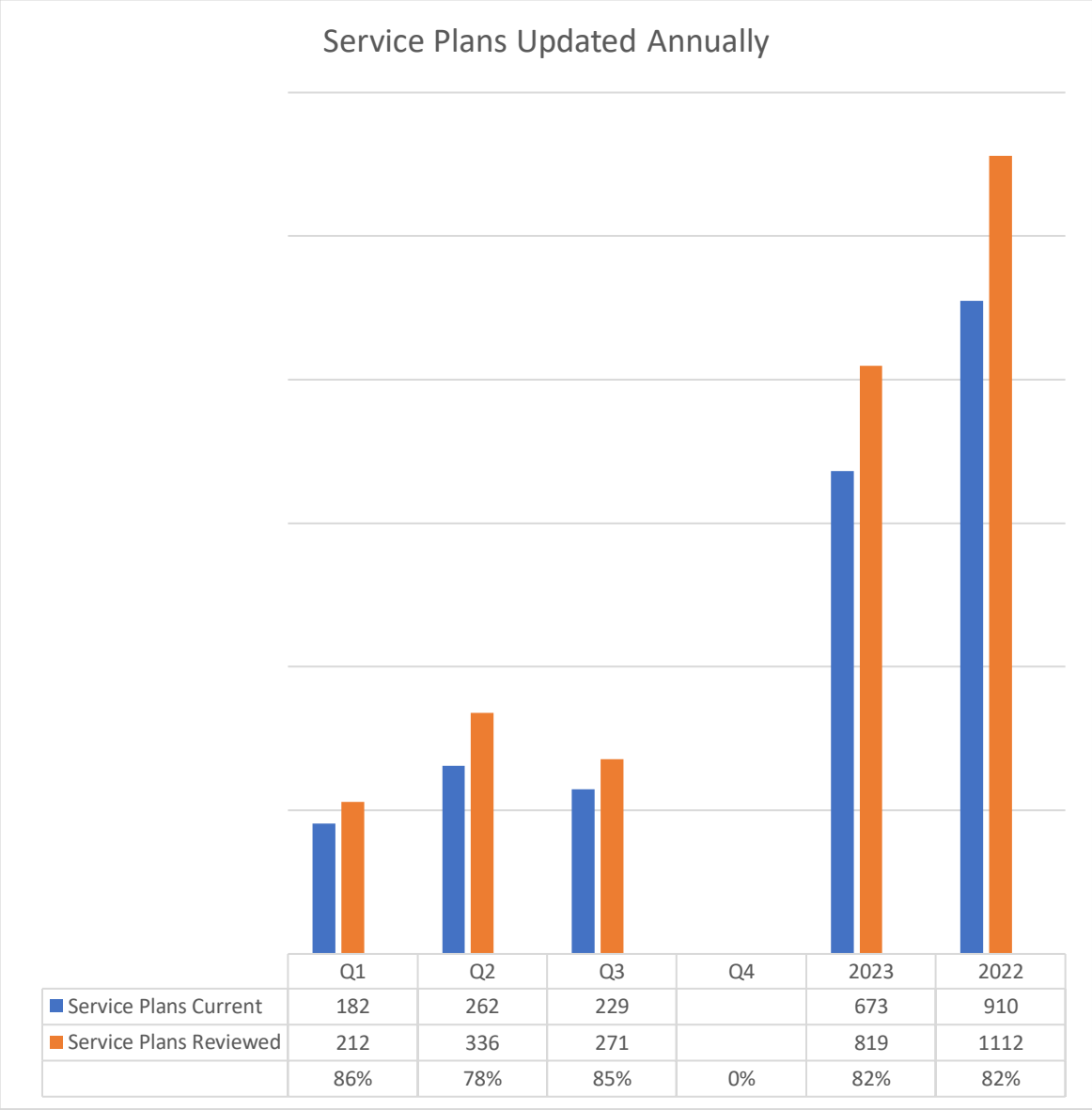
Performance Measure: Number of service plans updated at least annually.

Sub-assurance D-iii:

Service plans are updated/revised at least annually or when warranted by changes waiver individual needs.

Summary:

The QA team reviews a 30% sample size of the participant population for all audits conducted. The Service Plans for the sample population are reviewed to ensure compliance. Providers that are deficient in this area are required to remediate the deficiency and technical assistance is provided as needed.



	Q1	Q2	Q3	Q4	2023	2022
Service Plans Current	182	262	229		673	910
Service Plans Reviewed	212	336	271		819	1112
	86%	78%	85%	0%	82%	82%

Bureau of Long Term Care Quality Improvement Strategy 2023

Service Plans

Performance Measure: Number and percent of participant records reviewed that indicate services were delivered consistent with the service type, scope, amount, duration and frequency approved by the Department.

Sub-assurance D-iv:

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

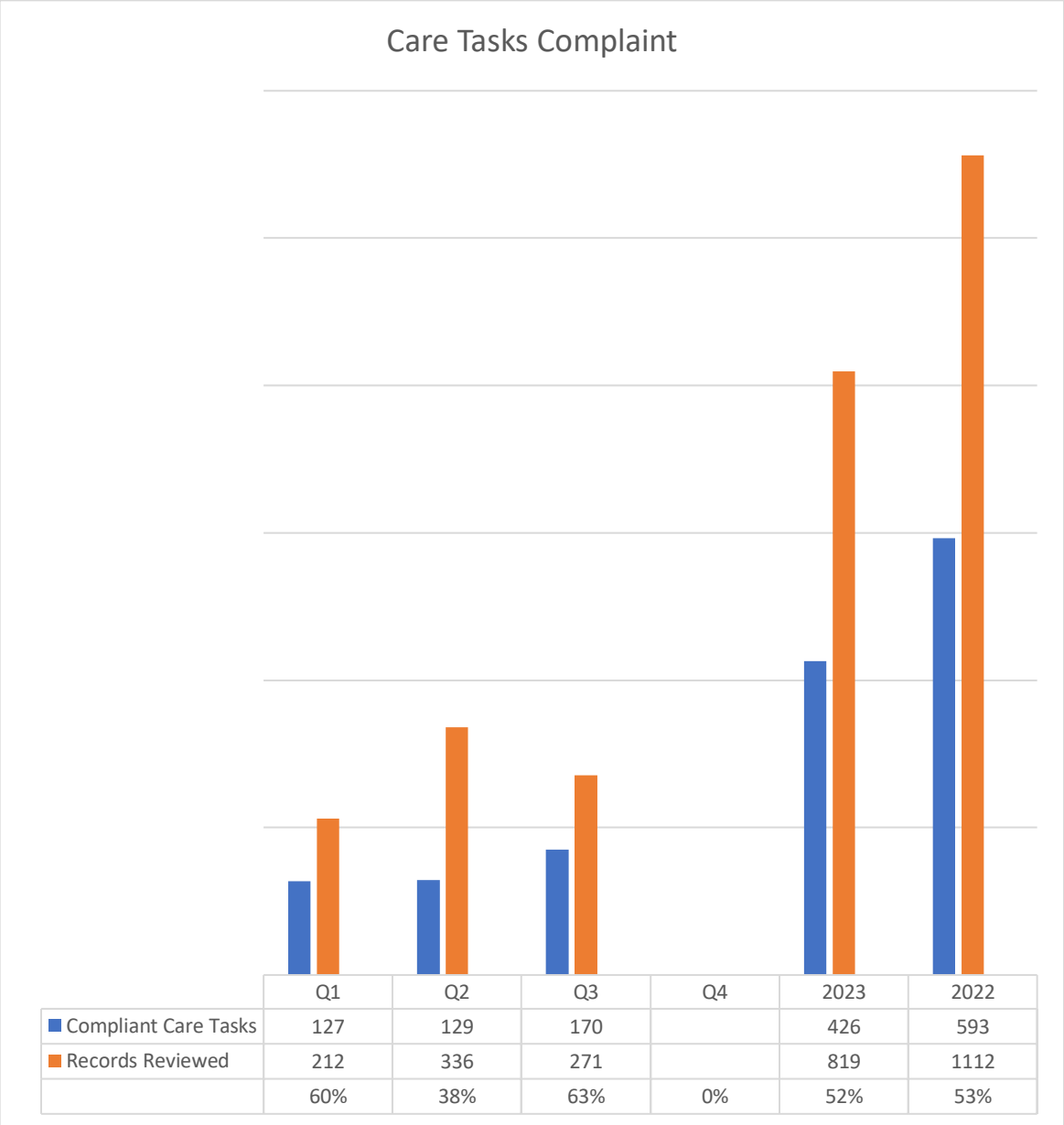
Summary:

The QA team reviews a 30% sample size of the participant population for all audits conducted. Care tasks are reviewed to ensure the Service Plan clearly identify the level of service to be provided based on the UAI.

Remediation:

Providers that are deficient in this area are required to remediate the deficiency and technical assistance is provided as needed. Additionally, if an unauthorized service is provided the BLTC QA team refers these providers to the Medicaid Program Integrity Unit for further review.

Review of instances of noncompliance found caregivers were failing to indicate refusals or were indicating rendering unapproved services. The BLTC QA Team discussed this during the annual provider trainings in the fall of 2023.



	Q1	Q2	Q3	Q4	2023	2022
Compliant Care Tasks	127	129	170		426	593
Records Reviewed	212	336	271		819	1112
	60%	38%	63%	0%	52%	53%

Bureau of Long Term Care Quality Improvement Strategy 2023

Service Plans

Performance Measure: Number and percent of participant records reviewed that indicated participants were given a choice when selecting waiver service providers.

Sub-assurance D-v:

Participants are afforded choice between/among waiver services and providers.

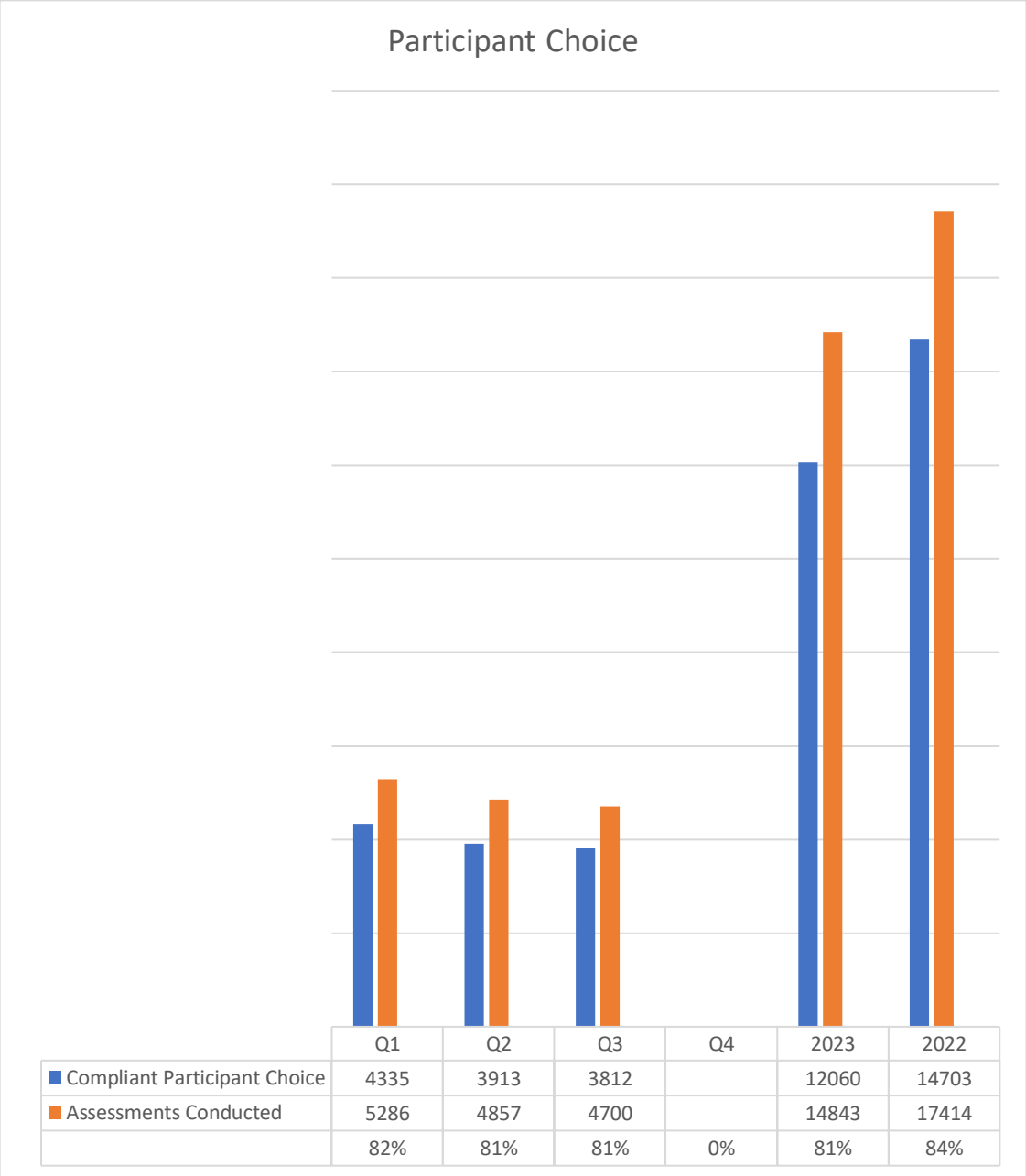
Summary:

All participants are afforded the choice of which provider they would like to deliver A&D Waiver services. The choice is captured in paper or electronic format.

Currently, there are significant access issues and although participants may be approved for services, there is a waiting list for providers willing to accept them due to the caregiver shortage.

Remediation:

During Q4, QA staff reserved time and spoke about this topic during regular quarterly meeting to the Bureau of Long- Term Care.



	Q1	Q2	Q3	Q4	2023	2022
Compliant Participant Choice	4335	3913	3812		12060	14703
Assessments Conducted	5286	4857	4700		14843	17414
	82%	81%	81%	0%	81%	84%

Bureau of Long Term Care Quality Improvement Strategy 2023

Service Plans

Performance Measure: Number and percent of service plans reviewed that reflected participant choices (i.e., time of service, days of service, etc.).

Sub-assurance D-v:

Participants are afforded choice between/among waiver services and providers.

Summary:

The QA team reviews a 30% sample size of the participant population for all audits conducted. The frequency of the services delivered for the sample population are reviewed to ensure compliance. Providers that are deficient in this area are required to remediate the deficiency and technical assistance is provided as needed.

	Q1	Q2	Q3	Q4	2023	2022
Compliant Frequency	197	302	266		765	1008
Service Plans Reviewed	212	336	271		819	1112
	93%	90%	98%	0%	93%	91%

Bureau of Long Term Care Quality Improvement Strategy 2023

Health and Welfare

Performance Measure: Number and percent of reported instances of abuse, neglect, exploitation and unexplained death that were investigated timely.

Sub-assurance G-i:

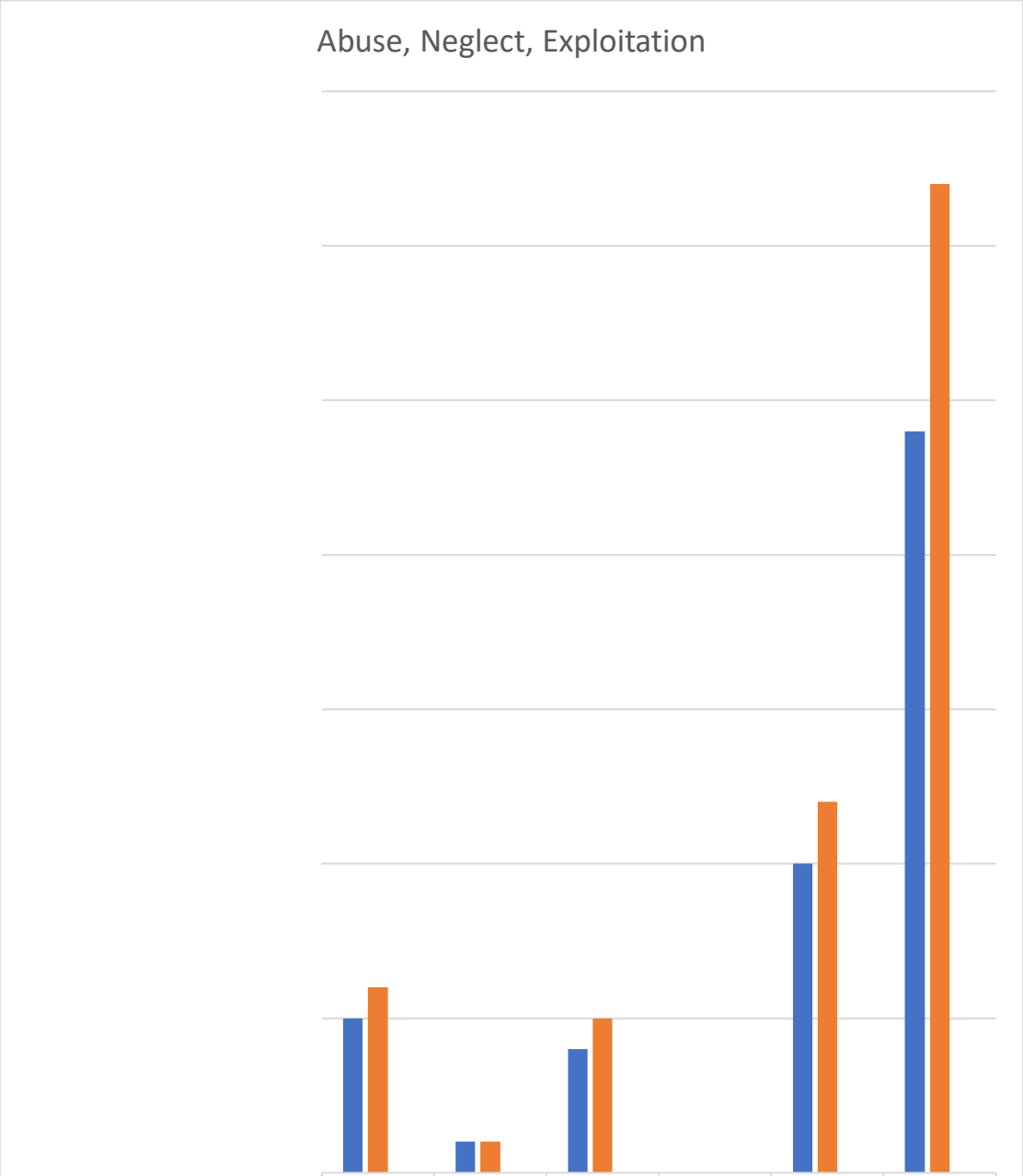
The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation and unexplained death.

Summary:

Complaints related to Abuse/Neglect/Exploitation are identified within the BLTC Complaint database and are investigated within the appointed timeframes.

Remediation:

We have identified training opportunities and provided training for triage staff during intake to properly identify A/N/E complaints and to assign appropriate due dates.



	Q1	Q2	Q3	Q4	2023	2022
Investigated timely	5	1	4		10	24
Abuse/Neglect/Exploitation complaints	6	1	5		12	32
	83%	100%	80%	0%	83%	75%

Bureau of Long Term Care Quality Improvement Strategy 2023

Health and Welfare

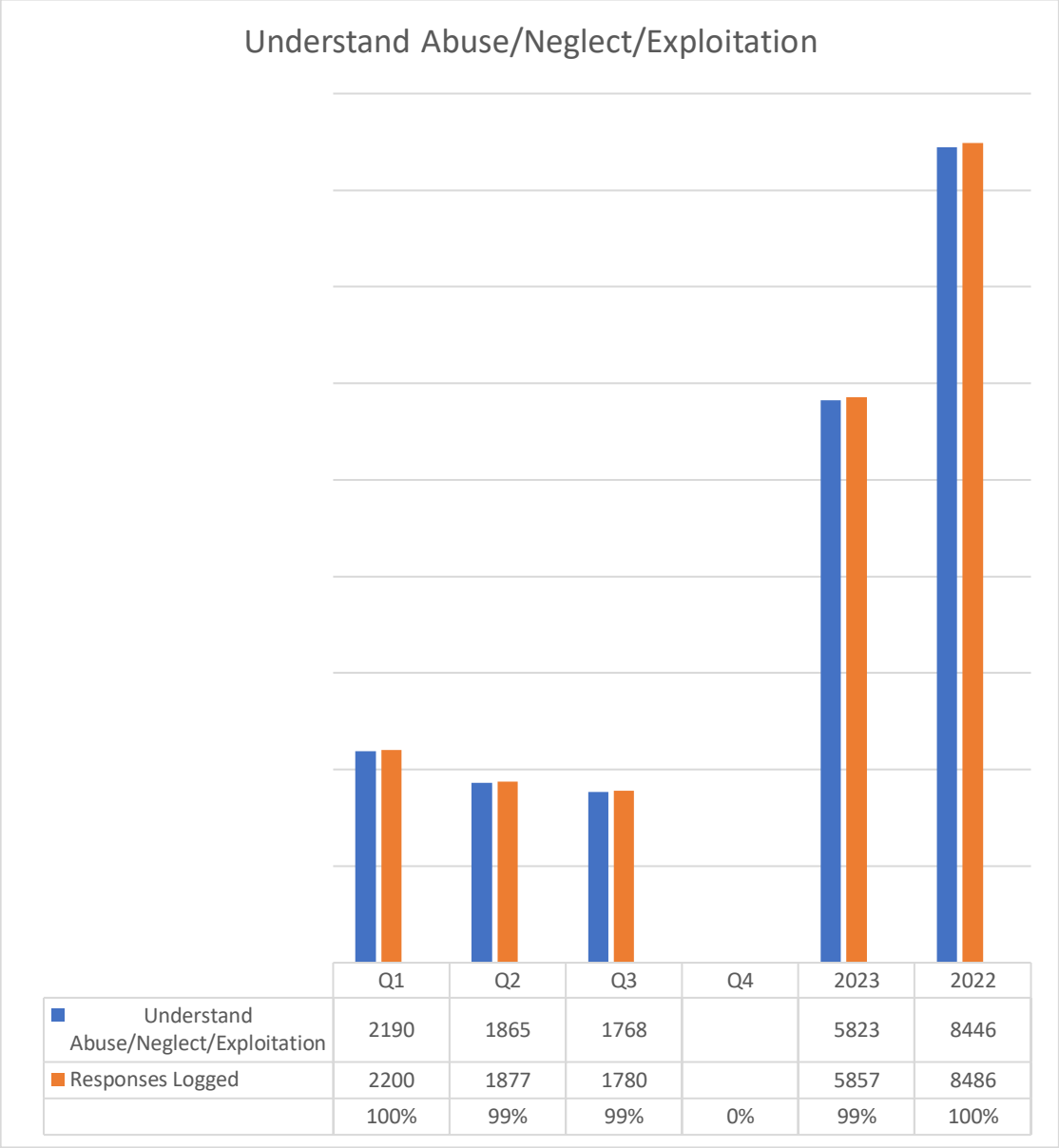
Performance Measure: Number of participants that understand what constitutes Abuse/Neglect and Exploitation.

Sub-assurance G-i:

The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation and unexplained death.

Summary:

When the level of care assessment is conducted, the Nurse Reviewer asks the participant if they understand what constitutes A/N/E and their answers are documented. Additionally, the NR can provide written documentation about what A/N/E is and how to report it.



	Q1	Q2	Q3	Q4	2023	2022
Understand Abuse/Neglect/Exploitation	2190	1865	1768		5823	8446
Responses Logged	2200	1877	1780		5857	8486
	100%	99%	99%	0%	99%	100%

Bureau of Long Term Care Quality Improvement Strategy 2023

Health and Welfare

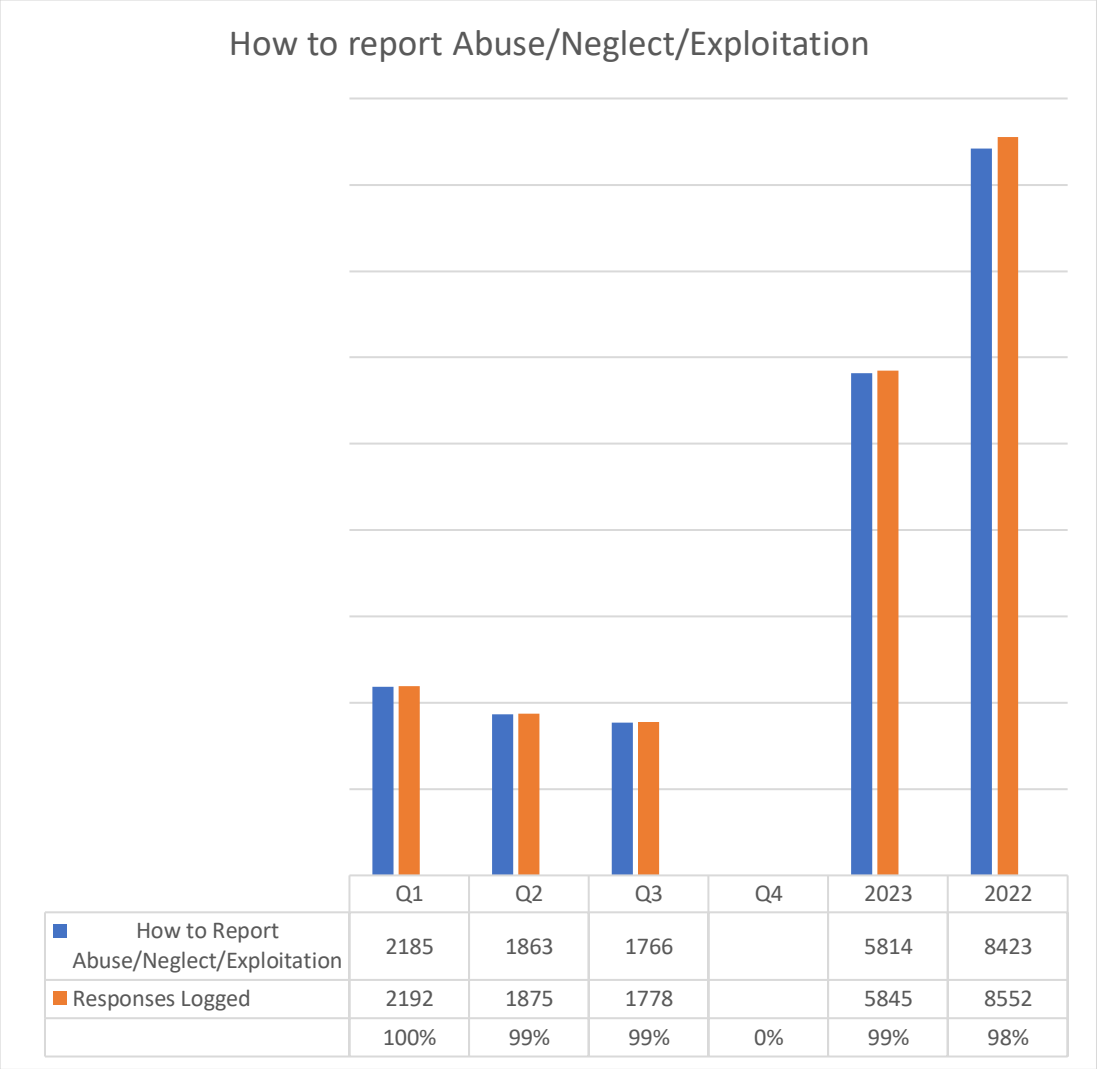
Performance Measure: Number of participants that understand how to report Abuse/Neglect and Exploitation.

Sub-assurance G-i:

The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation and unexplained death.

Summary:

When the level of care assessment is conducted, the Nurse Reviewer asks the participant if they understand what constitutes A/N/E and their answers are documented. Additionally, the NR can provide written documentation about what A/N/E is and how to report it.



	Q1	Q2	Q3	Q4	2023	2022
How to Report Abuse/Neglect/Exploitation	2185	1863	1766		5814	8423
Responses Logged	2192	1875	1778		5845	8552
	100%	99%	99%	0%	99%	98%

Bureau of Long Term Care Quality Improvement Strategy 2023

Health and Welfare

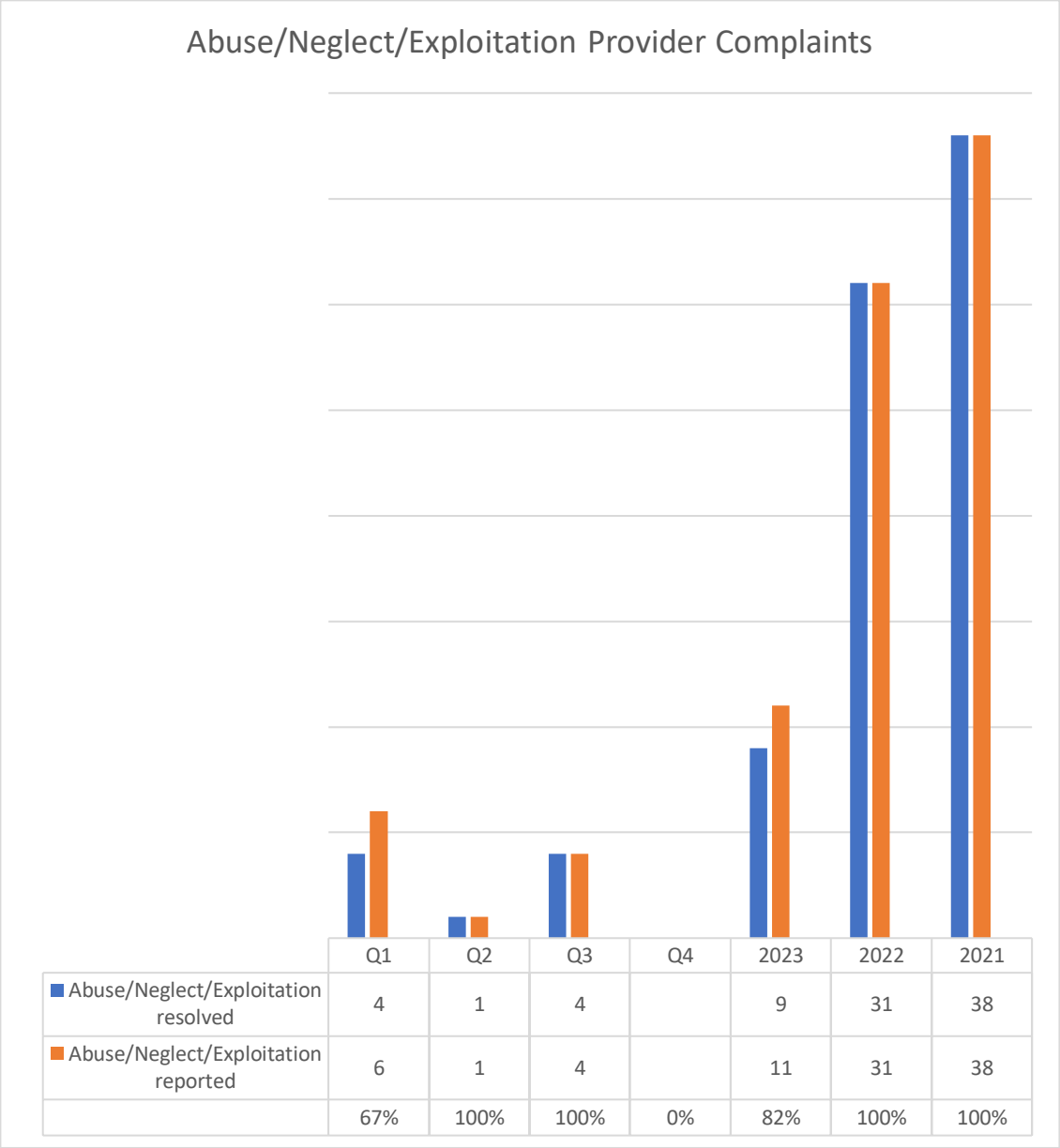
Performance Measure: Number and percent of all incidents investigated according to the state critical event or incident timeframes.

Sub-assurance G-ii.a:

The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.

Summary:

Nurse Managers are designated as front-line staff to triage and investigate all complaints and determine severity through the Complaints database. The database captures the remediation and outcome of all complaints and tracks timelines to ensure compliance.



	Q1	Q2	Q3	Q4	2023	2022	2021
Abuse/Neglect/Exploitation resolved	4	1	4		9	31	38
Abuse/Neglect/Exploitation reported	6	1	4		11	31	38
	67%	100%	100%	0%	82%	100%	100%

Bureau of Long Term Care Quality Improvement Strategy 2023

Health and Welfare

Performance Measure: Number and percent of reported instances of abuse, neglect, exploitation and unexplained death that were referred to appropriate agencies within required timeframes.

Sub-assurance G-ii.b:

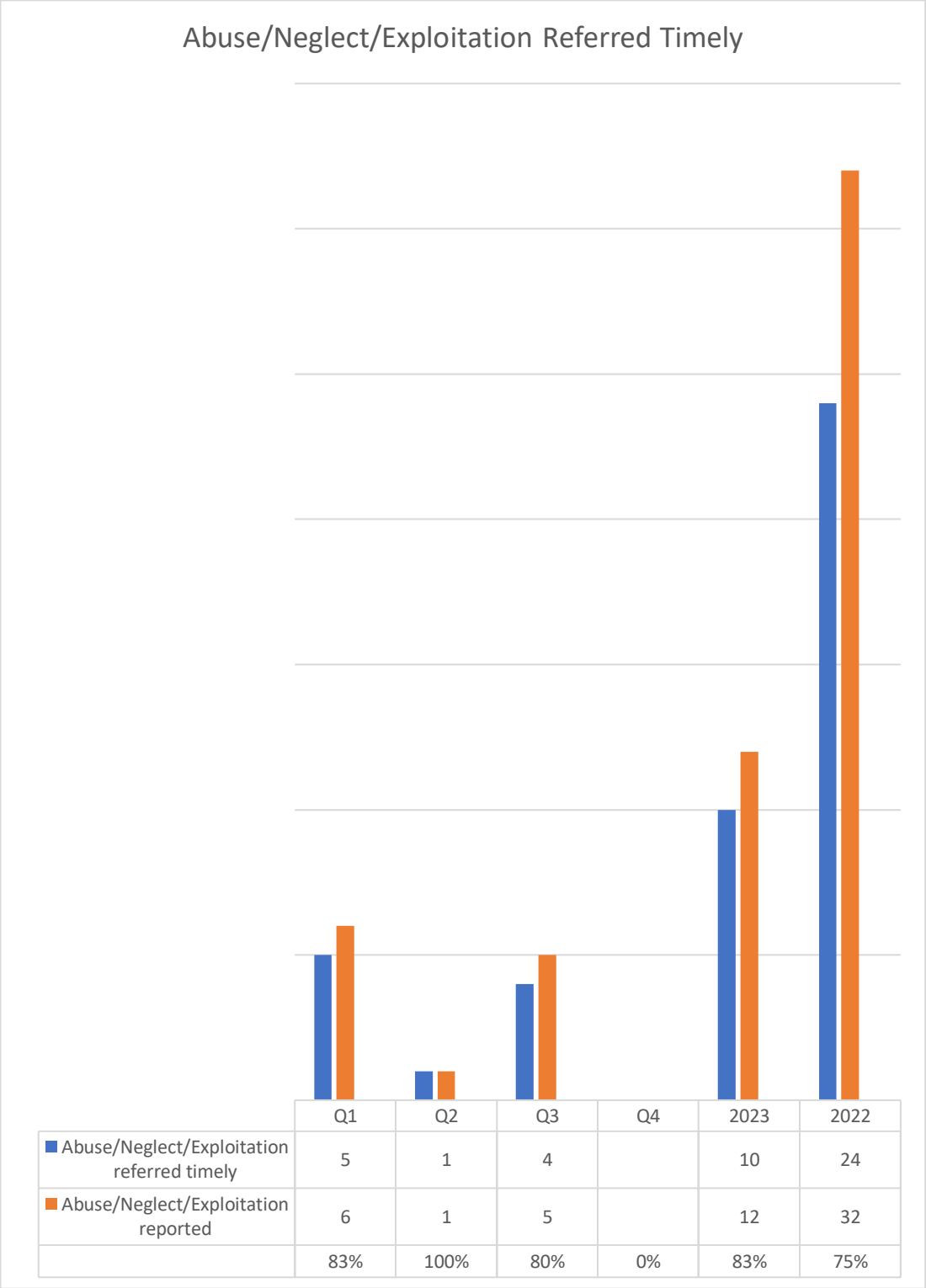
The state is required to report on individual activities in the instances of substantiated abuse, neglect and/or exploitation. To meet this sub-assurance, the state must provide via an attachment or in the section below an aggregated report on the individual remediation of substantiated instances of abuse, neglect and exploitation.

Summary:

Nurse Managers are designated as front-line staff to triage and investigate all complaints, including HCBS setting quality complaints. These complaints are typically forwarded to Quality Assurance Specialist staff for additional review. Violations may be identified via the participants through a report or the Quality Survey, or by Nurse Reviewer observation during an assessment, all of which are tracked in the BLTC Complaint Intake Log.

Remediation:

BLTC QA staff provided training to triage staff regarding timeliness of referrals for abuse/neglect/exploitation related complaints.



	Q1	Q2	Q3	Q4	2023	2022
Abuse/Neglect/Exploitation referred timely	5	1	4		10	24
Abuse/Neglect/Exploitation reported	6	1	5		12	32
	83%	100%	80%	0%	83%	75%

Bureau of Long Term Care Quality Improvement Strategy 2023

Health and Welfare

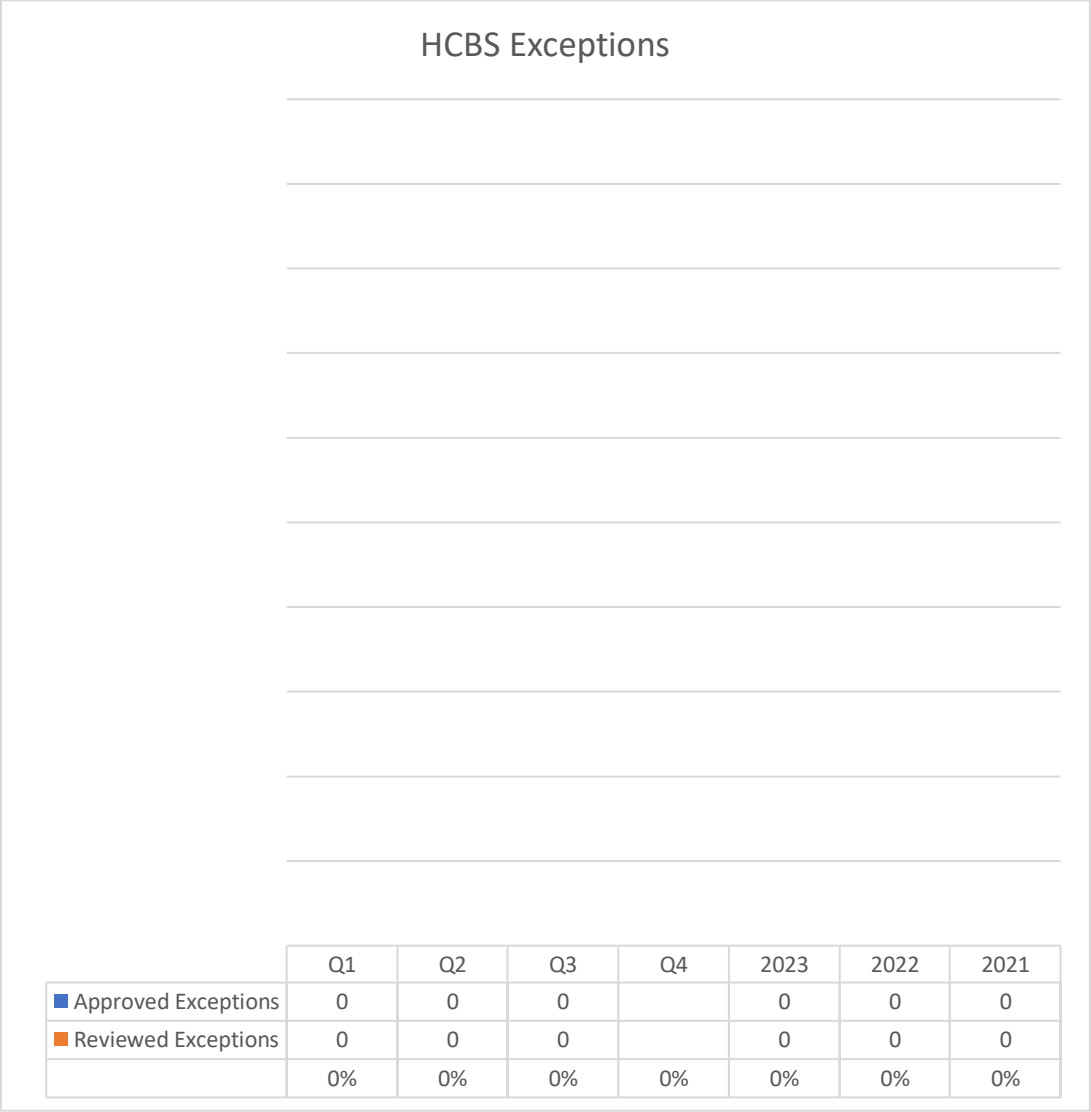
Performance Measure: Number and percent of service plans with restrictive interventions (modifications to HCBS setting qualities) that were approved according to criteria.

Sub-assurance G-iii:

The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.

Summary:

The State has implemented an Exceptions process in the event a provider has to limit access to an HCBS setting quality that poses a health and/or safety risk to the participant. These Exceptions will be reviewed for approval by the participant's Nurse Reviewer (NR). Currently, we have no such Exceptions on file in the state.



	Q1	Q2	Q3	Q4	2023	2022	2021
Approved Exceptions	0	0	0		0	0	0
Reviewed Exceptions	0	0	0		0	0	0
	0%	0%	0%	0%	0%	0%	0%

Bureau of Long Term Care Quality Improvement Strategy 2023

Health and Welfare

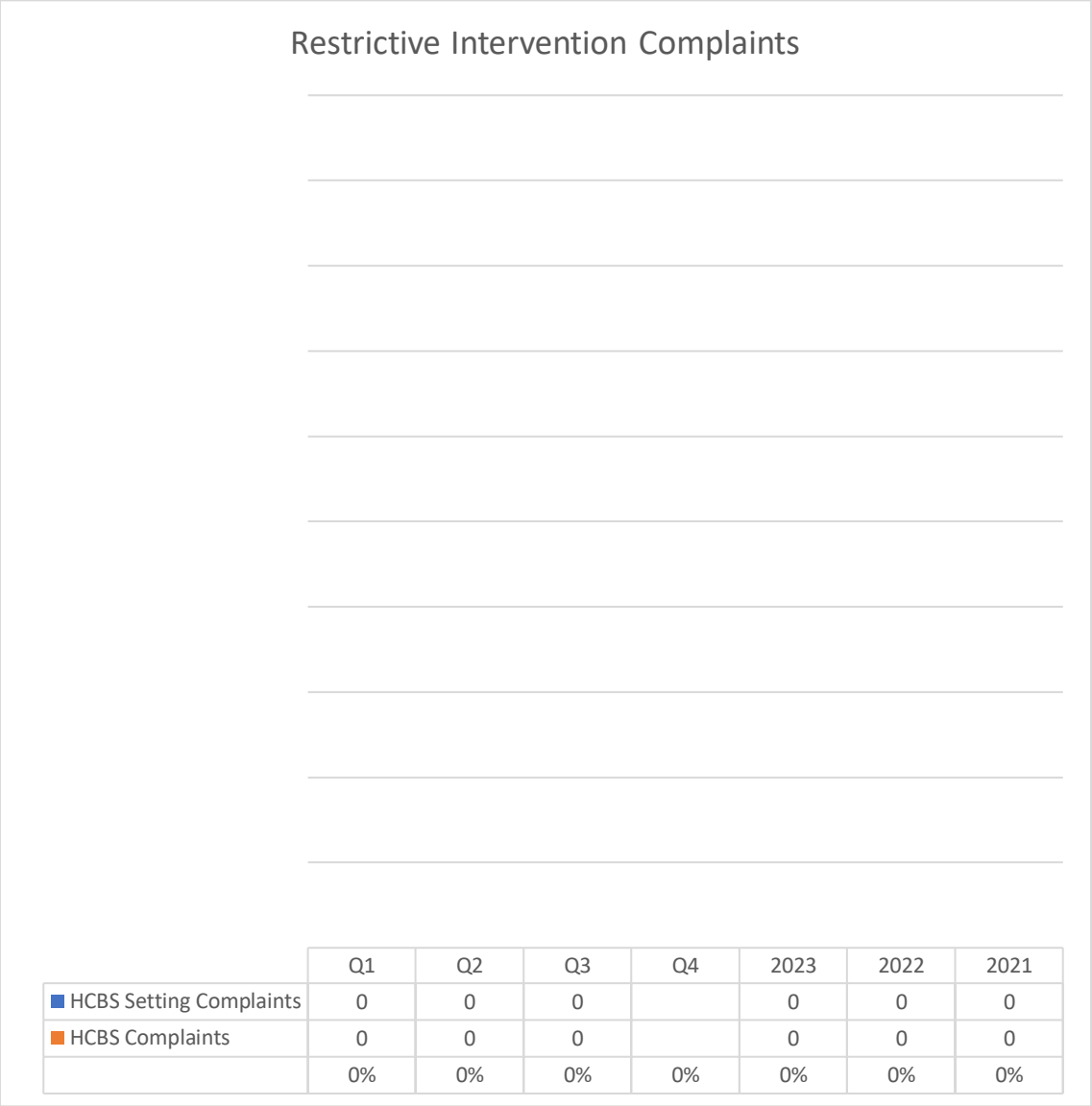
Performance Measure: Number and percent of substantiated complaints associated with restrictive interventions that were remediated.

Sub-assurance G-iii:

The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.

Summary:

The State has implemented an Exceptions process in the event a provider has to limit access to an HCBS setting quality that poses a health and/or safety risk to the participant. These Exceptions will be reviewed for approval by the participant's Nurse Reviewer (NR). Currently, we have no such Exceptions on file in the state.



	Q1	Q2	Q3	Q4	2023	2022	2021
HCBS Setting Complaints	0	0	0		0	0	0
HCBS Complaints	0	0	0		0	0	0
	0%	0%	0%	0%	0%	0%	0%

Bureau of Long Term Care Quality Improvement Strategy 2023

Health and Welfare

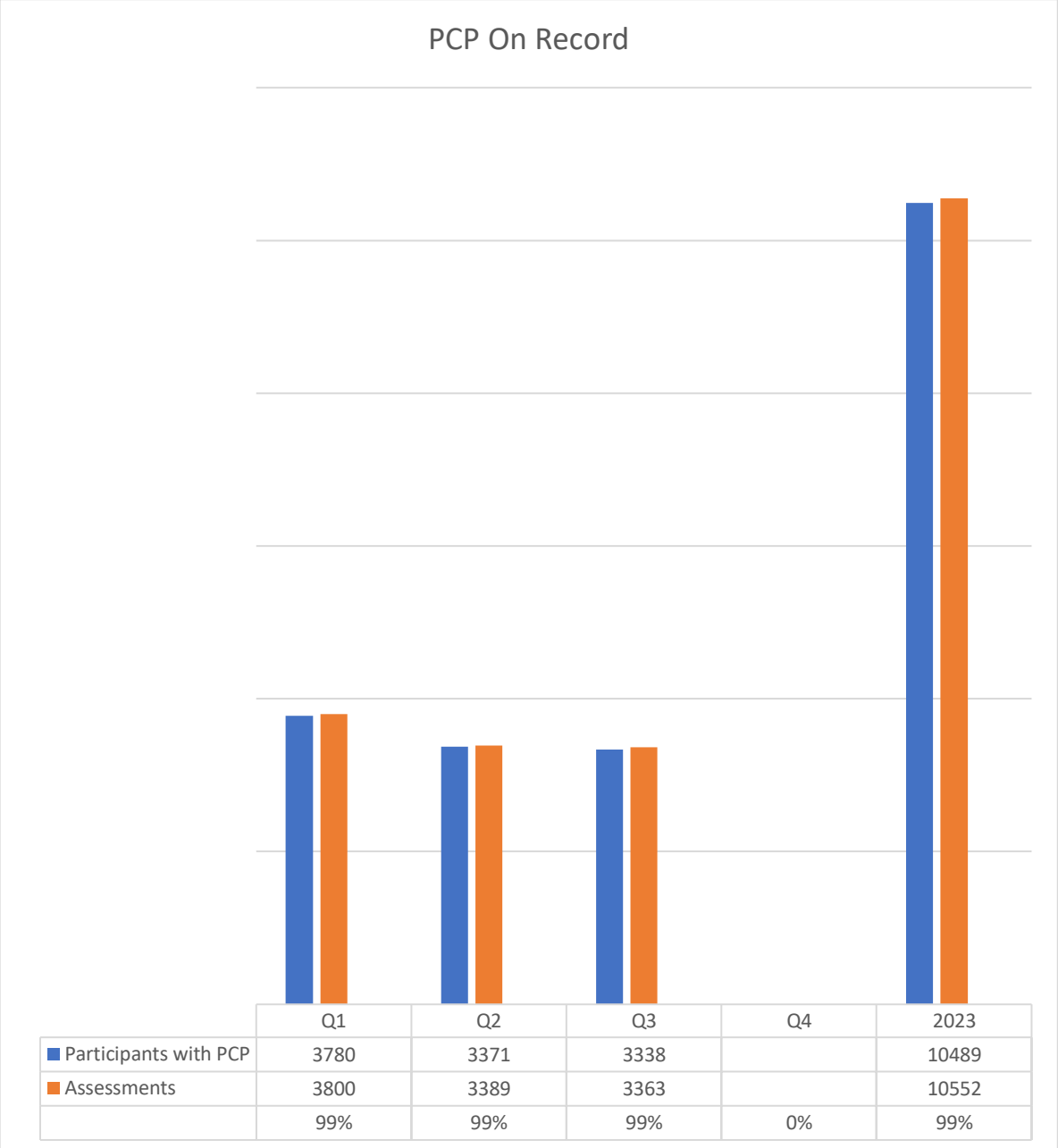
Performance Measure: Total number of A&D Waiver members with a PCP on record in the assessment tool.

Sub-assurance G-v:

The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.

Summary:

The ACT system captures the name of the Primary Care Physician (PCP) for each participant that has one on file. If there is not a PCP on record the NR will educate the participant on the importance of a PCP and wellness visit and document the referral in the ACT system.



	Q1	Q2	Q3	Q4	2023
Participants with PCP	3780	3371	3338		10489
Assessments	3800	3389	3363		10552
	99%	99%	99%	0%	99%

Bureau of Long Term Care Quality Improvement Strategy 2023

Health and Welfare

Performance Measure: Total number of A&D Waiver members with a PCP on record in the assessment tool.

Sub-assurance G-iv:

The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.

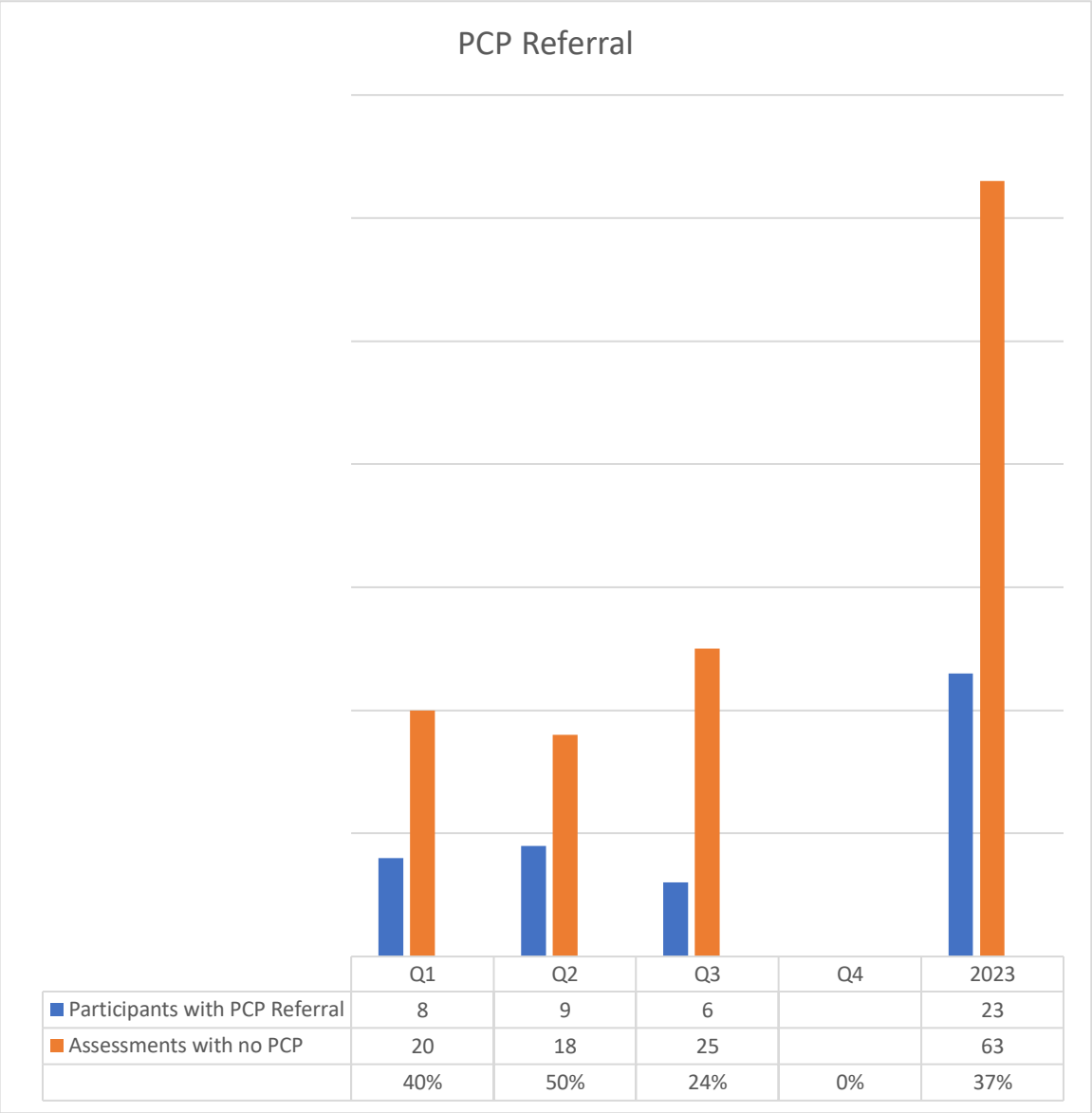
Summary:

The ACT system captures the name of the Primary Care Physician (PCP) for each participant that has one on file. If there is not a PCP on record the NR will educate the participant on the importance of a PCP and wellness visit and document the referral in the ACT system.

Remediation:

The State will conduct internal training with nurse reviewers on the process of ensuring a PCP referral is created when no PCP is on file.

During Q4, QA staff reserved time and spoke about this topic during regular quarterly meeting to the Bureau of Long-Term Care.



	Q1	Q2	Q3	Q4	2023
Participants with PCP Referral	8	9	6		23
Assessments with no PCP	20	18	25		63
	40%	50%	24%	0%	37%

Bureau of Long Term Care Quality Improvement Strategy 2023

Financial Accountability

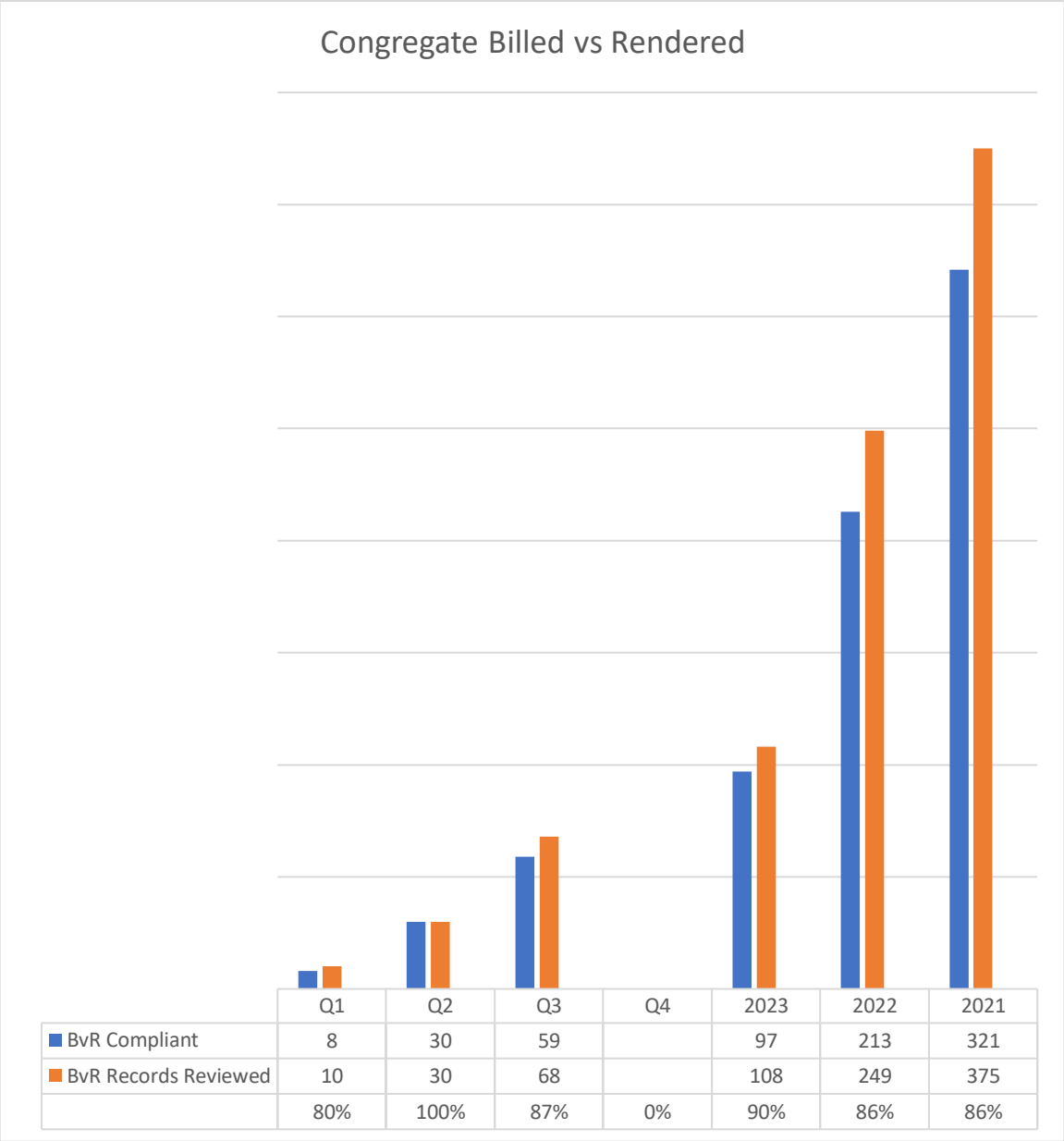
Performance Measure: Number and percent of service delivery records for congregate settings reviewed that support claims paid for waiver services.

Sub-assurance I-i:

The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.

Summary:

The state reviews a random sample of claims records and service delivery records to validate the services delivered support the claims paid. Referrals are made to Medicaid Program Integrity as needed.



	Q1	Q2	Q3	Q4	2023	2022	2021
BvR Compliant	8	30	59		97	213	321
BvR Records Reviewed	10	30	68		108	249	375
	80%	100%	87%	0%	90%	86%	86%

Bureau of Long Term Care Quality Improvement Strategy 2023

Financial Accountability

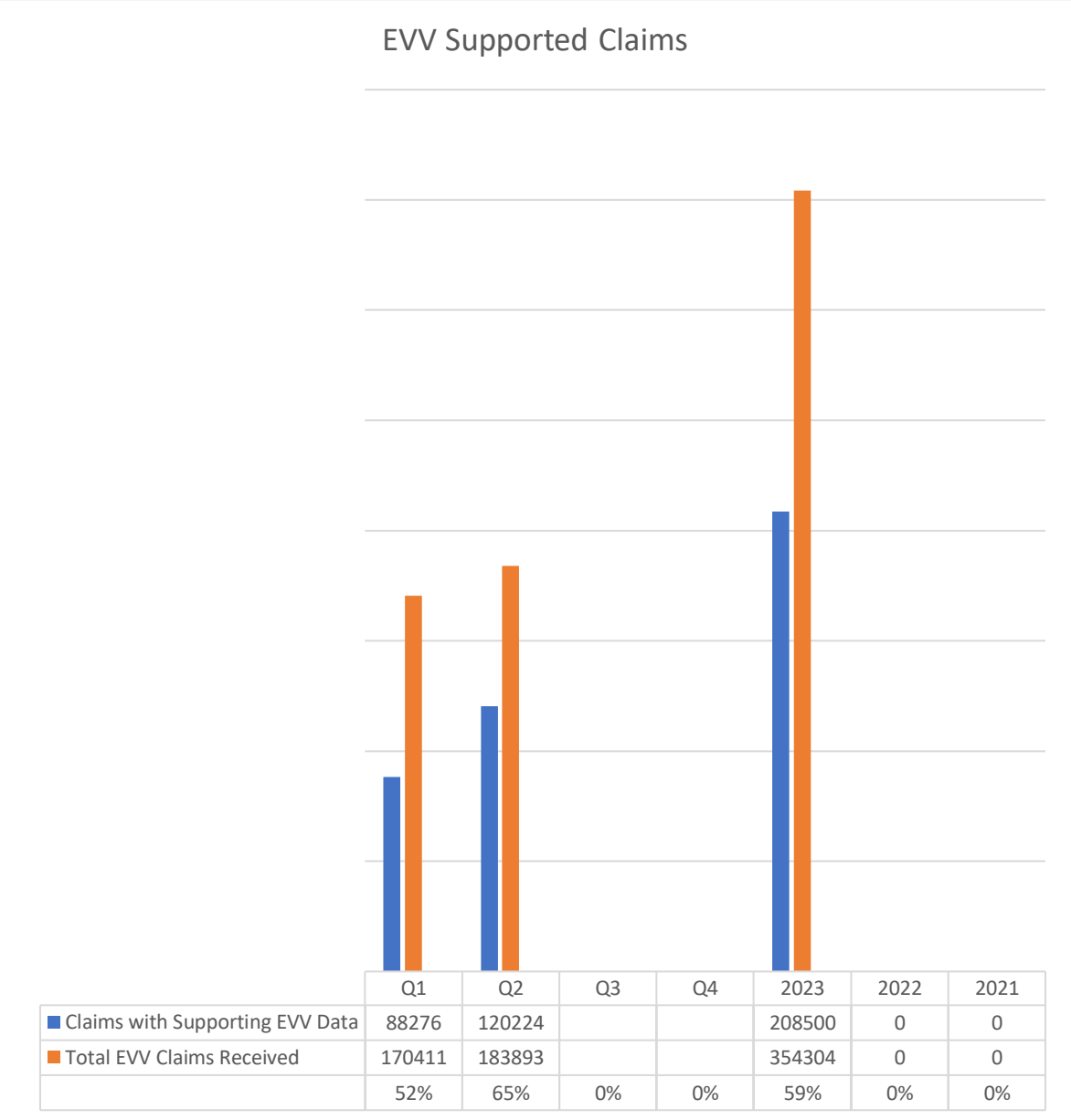
Performance Measure: Number and percent of claims billed for in-home services that successfully matched against EVV data.

Sub-assurance I-i:

The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.

Summary:

This data will be reported in a one quarter delay due to reporting timelines from our MCO partners.



	Q1	Q2	Q3	Q4	2023	2022	2021
Claims with Supporting EVV Data	88276	120224			208500	0	0
Total EVV Claims Received	170411	183893			354304	0	0
	52%	65%	0%	0%	59%	0%	0%

Bureau of Long Term Care Quality Improvement Strategy 2023

Financial Accountability

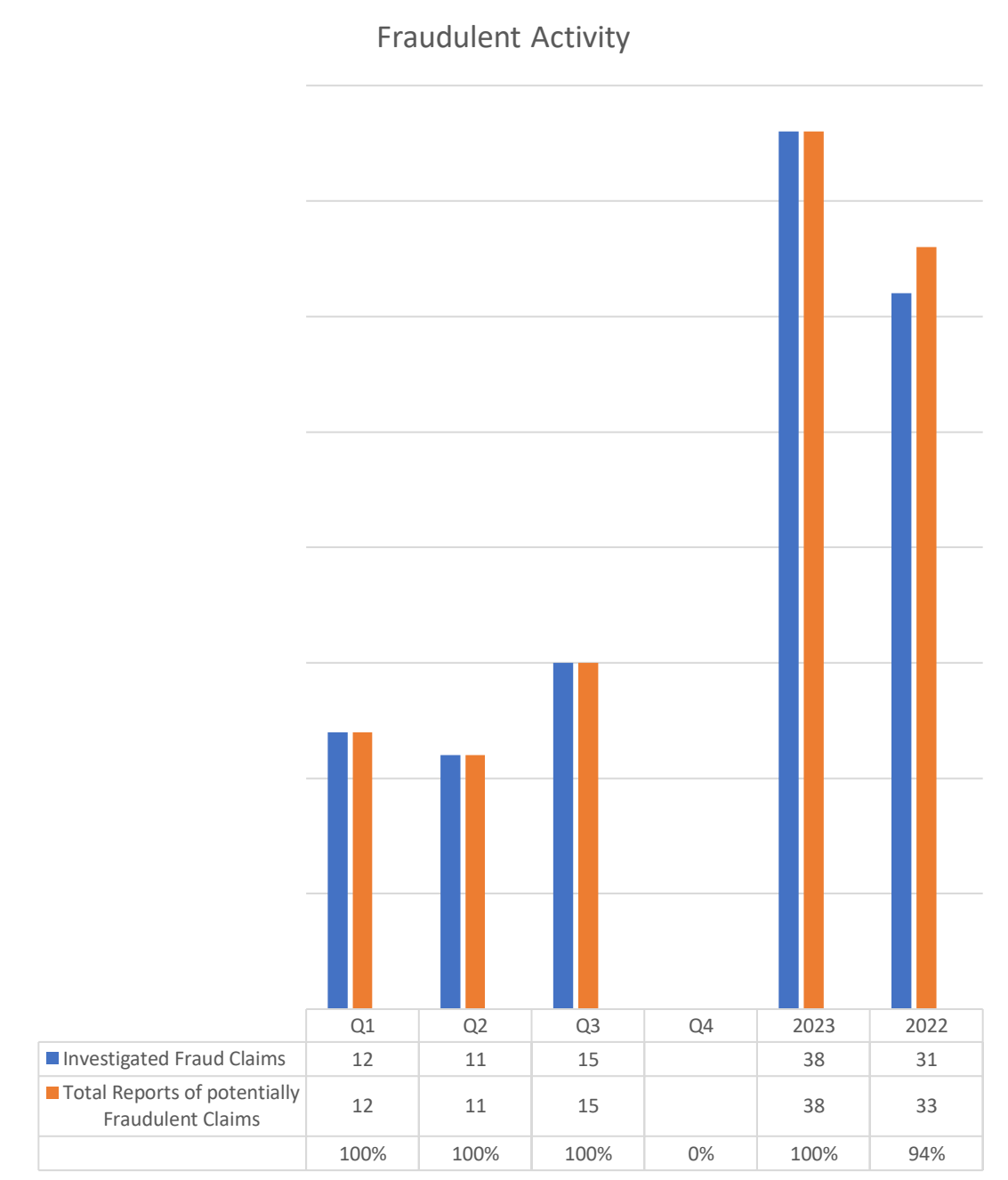
Performance Measure: The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.

Sub-assurance I-i:

The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.

Summary:

Reports of fraud, waste and abuse are provided to the state by the MCO on a quarterly basis. The MCO is responsible to investigate all reports in a timely manner.



	Q1	Q2	Q3	Q4	2023	2022
Investigated Fraud Claims	12	11	15		38	31
Total Reports of potentially Fraudulent Claims	12	11	15		38	33
	100%	100%	100%	0%	100%	94%

Bureau of Long Term Care Quality Improvement Strategy 2023

Financial Accountability

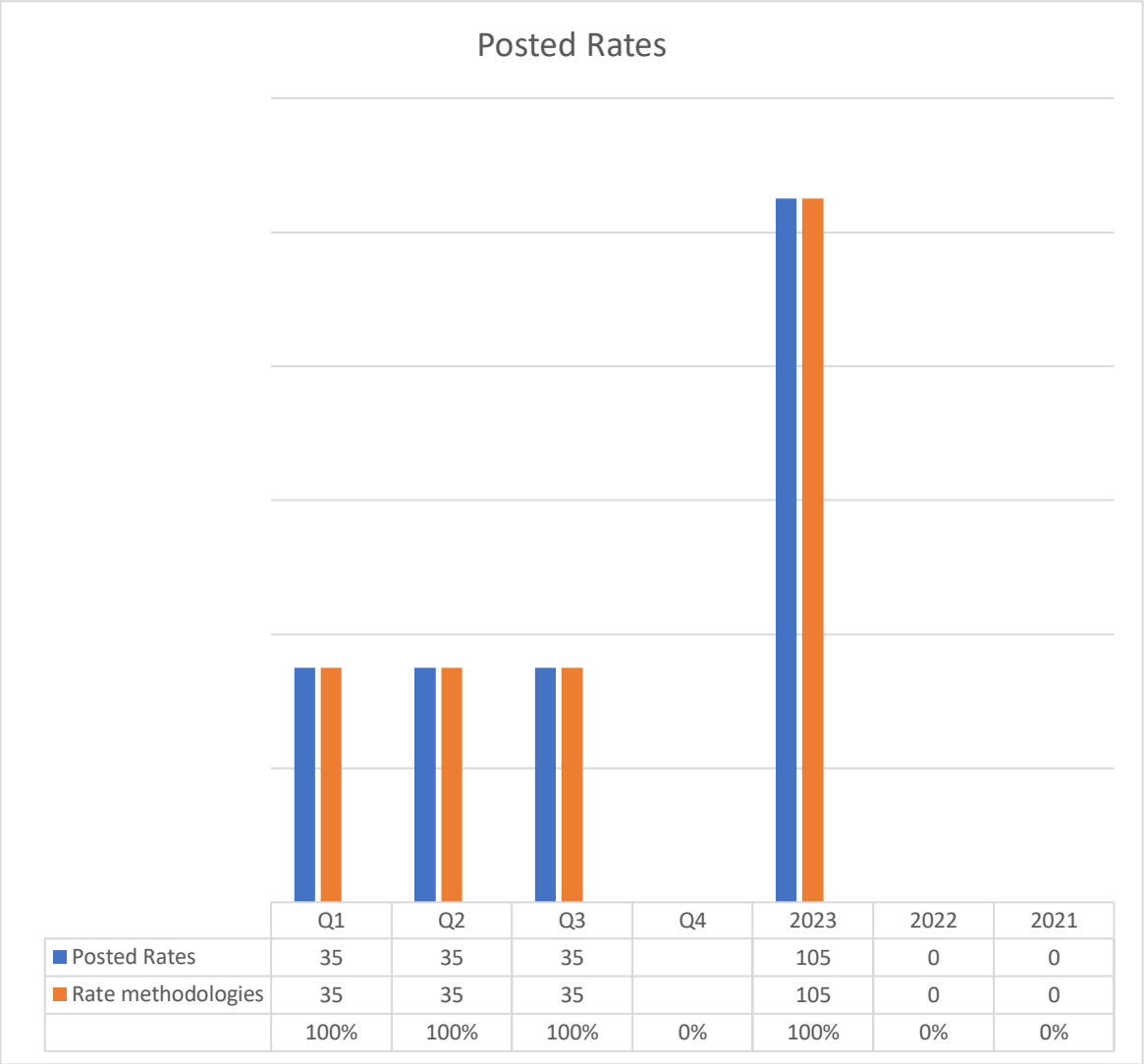
Performance Measure: Number and percent of posted rates that are consistent with the approved waiver rate methodology.

Sub-assurance I-ii:

The state provides evidence that rates remain consistent with the approved rate methodology throughout the five-year waiver cycle.

Summary:

Posted rates are reviewed to ensure they are consistent with approved rate methodology prior to posting.



	Q1	Q2	Q3	Q4	2023	2022	2021
Posted Rates	35	35	35		105	0	0
Rate methodologies	35	35	35		105	0	0
	100%	100%	100%	0%	100%	0%	0%

Other Program Related Summary Reports

Money Follow the Person Demonstration Grant – Idaho Home Choice

Overview: Idaho Home Choice (IHC) is Idaho's federal Money Follows the Person Grant. The program is designed to help individuals who are currently institutionalized move back to the community utilizing Home and Community Based Services. The grant was received in 2011 and is scheduled to continue through September 30, 2028.

Summary:

Idaho Medicaid has transitioned 877 individuals from institutional care to Home and Community Based care through the Idaho Home Choice Program. The grant continues to meet the established benchmarks and has been instrumental in re-balancing long term care spending from institutional care to HCBS care. The two Transition Benefits have also been sustained in the Medicaid Enhanced State Plan Benefit and the Aged and Disabled and Developmental disabilities 1915 (c) waivers.

Waiver	Q1	Q2	Q3	Q4	2023 Total	2022 Total	2021 Total	Total IHC for previous 3 years
DD Waiver	4	3	0		4	11	8	23
A&D Waiver	3	18	3		3	21	23	47
Enhanced	6	7	6		6	14	9	29
Total	**13**	**28**	**9**	**0**	**13**	**46**	**40**	**99**
Qualified Institution	**Q1**	**Q2**	**Q3**	**Q4**	**2023 Total**	**2022 Total**	**2021 Total**	**Total IHC for previous 3 years**
ICF/ID	8	20	0		8	8	8	24
IMD	0	0	0		0	1	0	1
SNF	5	8	9		5	37	32	74
Total	**13**	**28**	**9**	**0**	**13**	**46**	**40**	**99**
Qualified Residence	**Q1**	**Q2**	**Q3**	**Q4**	**2023 Total**	**2022 Total**	**2021 Total**	**Total IHC for previous 3 years**
Supported Living	8	22	1		8	12	6	26
Apartment	3	2	4		3	21	18	42
Own Home	2	0	2		2	5	6	13
Family's Home	0	4	1		0	6	5	11
CFH	0	0	1		0	2	5	7
Total	**13**	**28**	**9**	**0**	**13**	**41**	**40**	**94**

Other Program Related Summary Reports

Pre-admission Screening & Annual Resident Review (PASRR) Program

PASRR TOTAL BY REGION

Overview:

PASRR operation is required based on federal rule.

PASRR is conducted at the time an individual is recommended by a physician for a Nursing Facility admission. The program ensures that individuals with mental illness or intellectual disabilities meet Nursing Facility Level of Care and receive Specialized Services during their stay.

PASRR Total % by Region	Q1	Q2	Q3	Q4	2023 Total	2022 Total	2021 Total
Region 1	14%	12%	15%	0%	13%	14%	13%
Region 2	6%	6%	7%	0%	6%	9%	9%
Region 3	29%	24%	22%	0%	24%	18%	19%
Region 4	14%	23%	28%	0%	21%	16%	12%
Region 5	14%	14%	16%	0%	14%	17%	21%
Region 6	11%	11%	12%	0%	11%	13%	13%
Region 7	11%	10%	13%	0%	11%	14%	13%
Total	100%	100%	100%	0%	100%	100%	100%

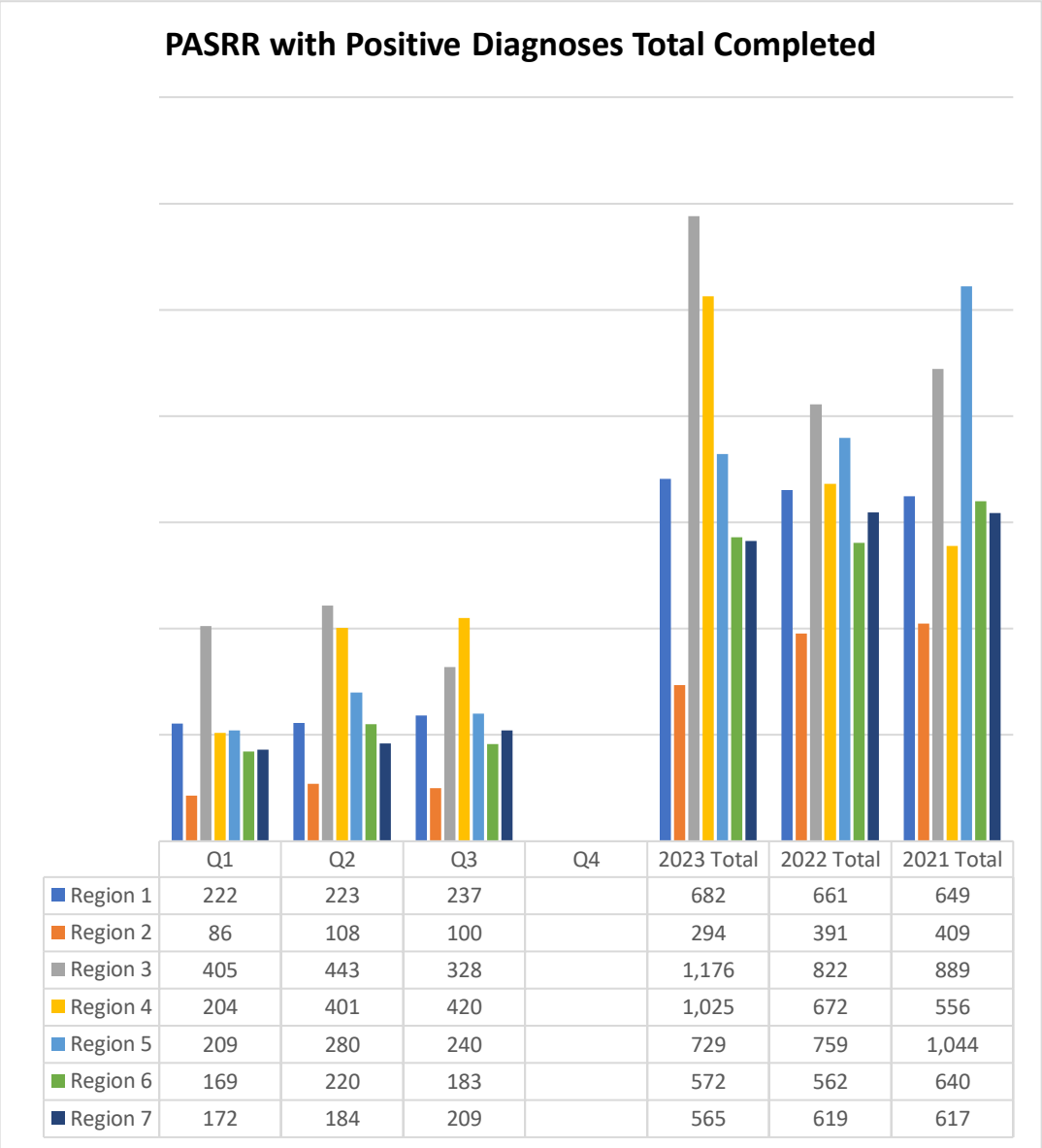
Other Program Related Summary Reports

Pre-admission Screening & Annual Resident Review (PASRR) Program

PASRR REVIEWS WITH A POSITIVE DIAGNOSIS

Overview: Total number of PASRR Reviews with a positive diagnosis.

Summary: 1,791 PASRRs were completed during quarter 3 of 2023. Of the PASRRs completed, 96% (1,717) of them had positive diagnoses.



	Q1	Q2	Q3	Q4	2023 Total	2022 Total	2021 Total
Region 1	222	223	237		682	661	649
Region 2	86	108	100		294	391	409
Region 3	405	443	328		1,176	822	889
Region 4	204	401	420		1,025	672	556
Region 5	209	280	240		729	759	1,044
Region 6	169	220	183		572	562	640
Region 7	172	184	209		565	619	617