

THE ECKAAA-CDDO SERVING COFFEY, OSAGE, AND FRANKLIN COUNTIES
Policies and Procedures

SUBJECT: CDDO QUALITY ENHANCEMENT

EFFECTIVE: ~~7/2/2018~~ **7/1/2019**

SECTION: ~~520D~~ **512A**

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SUPERCEDES: ~~520C-D~~

~~R4 Dated 2/6/2017~~ **R5 Dated 2/26/2019**

Policy:

The East Central Kansas Area Agency on Aging Community Developmental Disability Organization (ECKAAA-CDDO) serving Coffey, Osage, and Franklin Counties will conduct Quality Enhancement reviews to ensure that Intellectual/ Developmental Disability Services (I/DD) services provided by affiliates and all providers of services in the CDDO region are responsive to the needs and preferences of persons served. A review of the Person-Centered Support Plan (PCSP) should indicate that services are provided as specified within the PCSP, and in a manner that is responsive to it, so that the opportunities of choice to the person being served are safeguarded and are also provided in a way that ensures that all of the person's rights are observed and protected as per K.A.R. 30-64-26, as also indicated in K.A.R. 30-63-21 and 23 (Person-centered support planning; implementation).

Procedure:

- 1) Targeted Case Managers shall provide an electronic copy of each individual's Person-Centered Support Plan (PCSP), including any updates to the PCSP, and any Positive Behavior Support Plans and/or Risk Assessments, to the CDDO Quality Assurance Coordinator **Liaison** within thirty (30) **calendar** days of the date the PCSP meeting was held. Meetings for service provider changes and/or new service approvals will also require an updated PCSP within 30 **calendar** days of the meeting's date, or within 30 **calendar** days of the start of the provider change or new service, depending on which came first. Written indication of PCSP meetings will be made available to the CDDO prior to the meeting occurrence in order to track compliance.
- 2) The CDDO will review ~~all of~~ the Person-Centered Support Plans submitted by Targeted Case Managers on a regular basis. The CDDO will review 10%, minimum, of all PCSPs of persons-served in the CDDO region each year.
- 3) CDDO Quality Enhancement will include a review of the Person-Centered Support Plan, related documentation and interviews with the person-served, (guardian/responsible party if applicable) and support team, as well as on-site visits where the services are being provided to ensure that all elements of K.A.R. 30-63-21 and 23 (Person-centered support planning; implementation), are being observed **for individuals IDD waiver eligible**, namely:
 - A) Opportunities for Independence, Productivity, Integration, and Inclusion are provided
 - B) Individual Rights and Responsibilities are supported
 - C) Personal Health and Safety is maintained
 - D) Social, Emotional, and Behavioral Supports are addressed
 - E) Medical support is available; and
 - F) Records are maintained in accordance with K.A.R. 30-63-29 and HCBS guidelines
 - G) Supports are provided as requested in the Person-Centered Support Plan, and that the provider is delivering services to the person only in accordance with the person's person-centered support plan.
 - H) The Plan was developed only after consultation with the person, the person's legal guardian, if one has been appointed; and other individuals from the person's support network as the person (or the person's guardian/responsible party if applicable) chooses.

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- I) The Plan is reviewed and revised on a regular basis and updated as life circumstances and choices dictate. Life circumstance changes for PCSP updates should include but should not be limited to: significant schedules changes in PCS (in-home support schedules), changes from one type of structured service to a less structured service, and vice versa, all service provision changes, moves, death in the family, and any other significant life change. Regular review and revision should occur at least annually and shall follow K.A.R. 30-63-21 and K.A.R. 30-63-32.
 - J) Communication needs, necessary supports and training in order that the person can fully participate in the planning process and other choice making are present in the Plan.
 - K) Information given to the person (and person's guardian/responsible party if applicable) of how the preferred lifestyle of the person might be limited because of imminent significant danger to the person's health, safety or welfare based on an assessment of the person's history of decision-making, the possible long and short term consequences resulting from the poor decision(s), the possible long and short term consequences that might result to the person if the provider limits or prohibits the person from making a choice, the safeguards available to protect the person's safety and rights in each context of choices.
 - L) The delivery of all services is prioritized and structured toward the goal of achieving the person's preferred lifestyle. Service provision of all services will be monitored for quality, safety, health measures, welfare and preferred lifestyle, and all services will be expected to be provided in a manner as indicated in K.A.R. 30-63-01 et seq., regardless of the type of service provided.
 - M) The Plan contributes to the continuous movement of the person towards the achievement of the person's preferred lifestyle.
 - N) Any restrictions to a person's rights shall strictly follow the guidelines stated in K.A.R. 30-63-21, and K.A.R. 60-63-23.
- 4) Outcomes will be documented on the Quality Enhancement Review Form. The CDDO will notify the Targeted Case Manager of issues which need to be addressed as a result of the review. The Targeted Case Manager (TCM) and Provider of services will be responsible for correcting the deficiencies within the timeframe specified by the CDDO (For deficiencies relating to the Affiliate Agreement, see CDDO Policy 501B ~~C, Affiliation process, #9-10~~).
- 5) All Trend Tracking Reports and Adverse Incident Reports (AIR) will ~~trigger a Quality Enhancement review to assure compliance with stated person-centered support plan supports and interventions~~ **be reviewed and followed up on as determined by the CDDO Quality Assurance Liaison.**
- 6) **Critical Incident Reporting (Trend Tracking): All affiliated Providers and their agents shall be trained on critical incident tracking procedures and protocols (also known as Trend Tracking reporting), ANE (Abuse, Neglect and Exploitation) reporting, as well as AIR (Adverse Incident Reporting) and will submit a report on any known issue of abuse, neglect, exploitation. In addition, the following types of incidents shall also be reported, including, but not limited to: unexpected hospitalization, mental health hospitalization or screenings, emergency room visits, law enforcement contact, broken bones, unexpected death, missing person, life-threatening injury either sustained by or caused by person served, unexplained injuries. Anything that is or could be detrimental to the health, safety, welfare or preferred lifestyle of**

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an individual served shall be reported to the CDDO, AIR, and to the KDADS Quality Management Specialist within 24 hours of knowledge of the incident via the Trend Tracking report in electronic format (secure email).

- 7) ~~All Person-Centered Support Plans indicating Personal Care Services (PCS) will be reviewed and monitored for goals and supports compliance. The expectation for PCS (in-home supports) is the same for all other Medicaid-funded services, in that this service shall be monitored for quality, safety, health, protection of rights, usage, background checks, and compliance with all regulations that govern this service. (K.A.R. 30-63-10) Any significant changes to the PCS usage will require a PCSP update to reflect this change. (K.A.R. 30-63-21, (8) (c)(1)~~
- 8) Revisions to Quality Enhancement review procedures will be presented to the Governing Board of the CDDO and reviewed by the Council of Community Members to ensure compliance with K.A.R. 30-64-21.
- 9) CDDO staff, with the Quality Assurance Committee, if applicable, will complete on-site reviews for at least twenty percent (20%) of the total number of individuals served in the CDDO service area each year. A minimum of 5 randomly chosen individuals will be reviewed each month from various affiliate providers. Additional reviews will be completed based on trend tracking data, as indicated in CDDO Policy 513A Quality Enhancement. On-site surveys by CDDO staff will be both scheduled and unscheduled for persons receiving licensed and unlicensed services, in order to ascertain quality of services, as per Affiliate Agreement with the CDDO and this policy, based on K.A.R. 30-64-27, Quality Assurance, and K.A.R. 30-63-21,(8) (d), Person-Centered Support Planning; Implementation.
- 10) The affiliated provider and any agent of the affiliated provider must provide information to satisfy the requests of the QA Committee, CDDO and or KDADS:
 - A) Information necessary for the completion of Functional Assessments, formerly known as Basic Assessment Services and Information System (BASIS) (CDDO Policy #503A "CDDO BASIS").
 - B) Integrated Service Plans generated by the Managed Care Organization (MCO)
 - C) All funding agreements pertaining to the paid service
 - D) Independent financial audits and any management letters generated as a result of the audit
 - E) Any other relevant documentation needed to monitor services effectively
- 11) The CDDO will conduct further monitoring to identify trends and patterns of non-compliance. If the CDDO believes that the Provider's (whether licensed or unlicensed) non-compliance creates a situation of imminent danger to health, safety, or welfare of any person/persons the CDDO may:
 - A) Request an immediate Plan of Correction from the Affiliated Provider
 - B) Give notification to terminate the CDDO-Provider affiliation agreement, communicating this notification to KDADS and the MCOs.
 - C) Implement action allowed by the current CDDO-Provider affiliate agreement

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- D) Give notice to person served or responsible party of person served of corrective action needed, as per K.A.R. 30-63-10, J (i) and (ii), as concerns in-home supports and support worker. If the situation is not so corrected, after notice and an opportunity to appeal, funding for the services shall not continue, pursuant to K.A.R. 30-63-10, J (ii) and KDADS current policy.
 - E) A provider and/or the person served (and his/her /guardian/responsible party if applicable) as indicated in K.A.R. 30-63-10, 4A, may appeal the corrective action taken by the CDDO through the dispute resolution process as stated in CDDO Policy #515A Dispute Resolution.
- 12) The CDDO will inform THE AFFILIATE in written format of concerns. If concerns persist, the CDDO will issue a request for a written plan of correction. THE AFFILIATE will acknowledge the receipt of written plan of correction within 48 hours. THE AFFILIATE has 15 calendar days from the date of written plan of correction to submit the formal corrective action plan to the CDDO. Should the Affiliate fail to achieve compliance, the Affiliate may be subject to any of the following:
- A) Notification to QA Committee and KDADS
 - B) Imposition of penalties in an amount not to exceed \$125 per day for each violation from a specified date forward until Affiliate complies
 - C) Suspension of referrals for services
 - D) Termination of Affiliate Agreement