



The Provider Self-Assessment

Walking the Road to Compliance, Together



Presenters:

Russell Bowles, KDADS

LaTonia Wright, KDADS

Percy Turner, WSU



1

This training will address...

- What Happens?
 - The process consists of Phases and Timelines
 - Opting out is a choice for a provider at anytime during the process
- Technical Supports:
 - How to access the assessment
 - How to complete the Provider Self-Assessment
 - Providing Evidence
 - What is evidence?
 - Where can I get help?



2

Clarification

- Past assessments do not apply
 - If you have taken an assessment prior to September 15, 2019, you will need to complete the Provider Self-Assessment.
- Every site needs an assessment completed
 - A site-specific assessment is required for all sites that wish to continue providing HCBS services beyond March 17, 2022. Providers that fail to complete an assessment by January 15, 2020, will be considered ineligible for HCBS services after March 17, 2022, and **WILL BE REQUIRED TO BEGIN TO IMPLEMENT A TRANSITION PLAN to transfer all of their HCBS participants to Compliant Settings ANYTIME from January 15, 2020** pending the final March 17, 2022 deadline. KDADS will collaborate with Providers during the transition process.

3

Clarification continued...

- Documents need to be uploaded for each assessment.
- Policies governing multiple sites must be uploaded for each site.
- **Do not wait until the last minute to complete site assessments. The earlier it is completed, the more time a Provider has to remediate for the site.**
- When does evidence need to be provided?
 - Providers will be prompted to submit evidence for questions when needed.
 - Evidence must be provided when requested. The types of evidence will be discussed later during the presentation.

4

Myth Busters

- **Not completing an assessment** – KDADS will not conduct an assessment for/of your site if you do not complete an assessment. Assessments must be completed by January 15, 2020.
- **Current compliance** - Providers are not expected to be fully compliant at this time, the assessment gives a baseline of your current practices. Please do not create new policies or practices until you are in the remediation phase.
- **Documentation**- Only official agency documents are accepted as validation. Only submit what is in practice and as much information as is needed to validate your answer.
- **PCSP documentation** - Should only be used as a last resort, only information from one plan, only relevant portion of that plan, redact PHI. Submission of policies and other documents are the preferred method to show level of compliance.

5



Explaining the Process

Steps Toward Compliance

Presenters:

Russell Bowles and LaTonia Wright

6

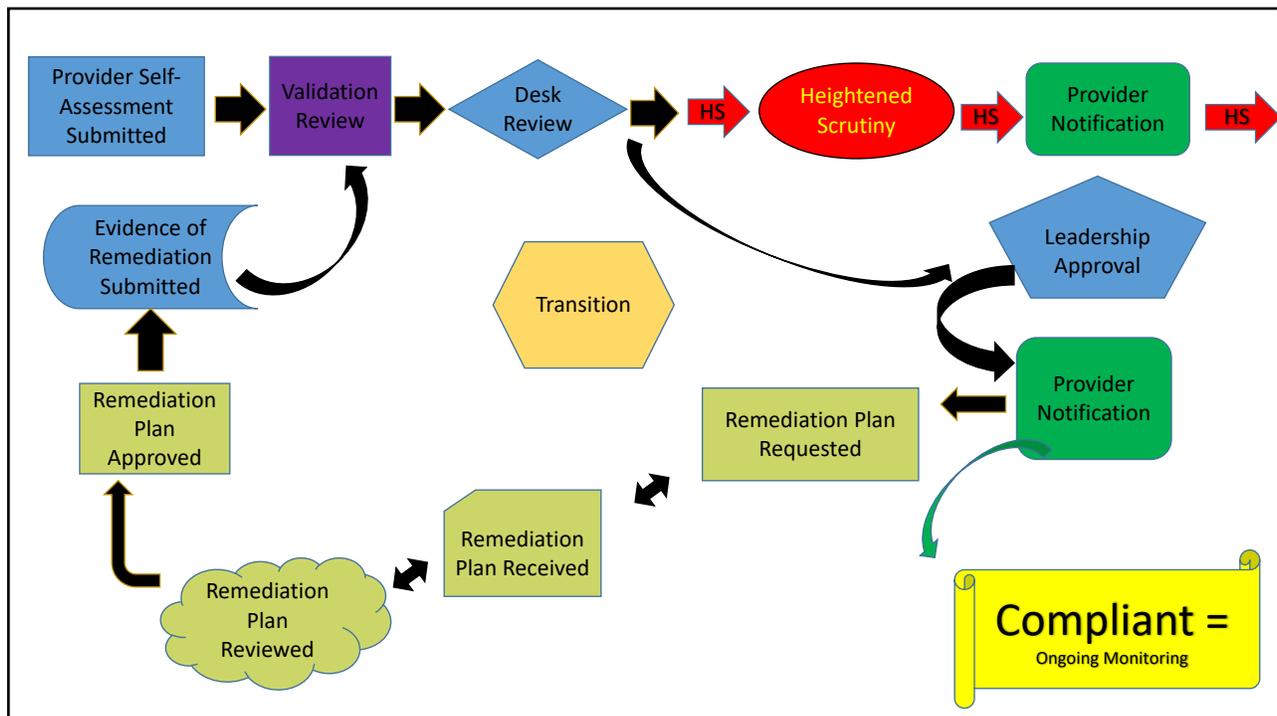
The Provider Self-Assessment Process

There are six possible phases:

- Provider Self-Assessment Completion/Submission Phase
- Validation and Desk Review for Compliance Phase
- Notification of Compliance Status and/or Heightened Scrutiny Phase
- Remediation Phase (if needed)
- Transition Phase (if needed)
- Ongoing Compliance and Monitoring Phase



7



8

Highlighted Phases

Walking the Road to Compliance, Together

- Heightened Scrutiny Phase
- Remediation Phase
- Transition Phase



9

Heightened Scrutiny Categories

Note – Heightened Scrutiny occurs after the Provider Self-Assessment Phase, but before the Remediation Phase.

- It is indicated by three Categories:
 - Category 1: Settings that are located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment.
 - Category 2: Settings that are in a building located on the grounds of, or immediately adjacent to, a public institution.
 - Category 3: Any other settings that have the effect of isolating individuals receiving Medicaid home and community-based services (HCBS) from the broader community of individuals not receiving Medicaid HCBS.



10

Heightened Scrutiny Phase Key Points

- Heightened Scrutiny categories 1-3 will be determined by the self-assessment.
- If you have a site that has been determined to need this process, a communication via email and letter will be sent to you from KDADS.
- Each Heightened Scrutiny category requires an on-site assessment. KDADS will conduct these assessments.
- Information collected from on-site assessments will be compiled and published for a 30-day public comment period.
- KDADS will review all information to determine if a setting passes heightened scrutiny or not. If the site passes the case will be sent to CMS for further review and a final determination. If the site does not pass, the transition phase will begin.
- Heightened Scrutiny on-site assessments must be completed and submitted to CMS by July 1, 2020 (Category 1-2) and October 30, 2020 (Category 3).

11

Remediation Phase Key Points

- Remediation focuses on the idea that sites are able to come into compliance.
- An email and a physical document will be sent to the Provider, with an attachment detailing which sections of the Self-Assessment require remediation as submitted evidence did not meet criteria for compliance with the Final Rule standards.
- It is the Provider's responsibility to complete and submit a remediation plan via the Community Connections website.
- Remediation plans must have time-frames.



12

Remediation - Enacting the Plan

- **Remediation plans must be uploaded to the Community Connections website.**
- KDADS Desk Review team will download the remediation plan off the Community Connections website and review it.
- Next, KDADS will send the Provider an email notification of remediation plan recommendations. The provider has the choice to implement or not to implement recommendations.
- Once the plan is agreed upon by both parties, the Provider will enact the plan as written. If no agreement, the KDADS Desk Reviewer and Provider will work together until the plan meets Final Rule Standards.
- A tab on the Community Connections website will open for the Provider to upload evidence of the remediation actions after a plan is agreed on.
- Submitted evidence will be validated and reviewed again by KDADS.
- Once KDADS has reviewed and agreed upon the remediation plan and evidence package, an email and letter regarding setting compliance status will be issued.

13

Transition Phase – What can trigger?

- At any time, a provider may choose to not continue with the process. Email HCBS.team@wichita.edu to begin this phase.
- A site-specific assessment is required for all sites that wish to continue providing HCBS services beyond March 17, 2022. Providers that fail to complete an assessment by January 15, 2020, will be considered ineligible for HCBS services after March 17, 2022, and **WILL BE REQUIRED TO BEGIN TO IMPLEMENT A TRANSITION PLAN to transfer all of their HCBS participants to Compliant Settings ANYTIME from January 15, 2020** pending the final March 17, 2022 deadline. KDADS will collaborate with Providers during the transition process.
- KDADS and/or CMS makes a determination that a specific site is unable or incapable of coming in to compliance with the Final Rule.



14

Transition – The Process

- **Funding Transition:** If the provider chooses to continue providing services and not receive HCBS funding, they must notify persons served of this decision and that continuing to receive services from the provider will cause them to lose their HCBS funding after March 17, 2022. Individuals must be given the option of accepting this and relinquishing their HCBS funding or moving forward with a site transition. Persons served will return to the statewide waiting list (if applicable) if HCBS eligibility is pursued in the future.
- **Site Transition:** The provider, KDADS, MCO, person served, and other responsible parties collaborate to create a plan to transition persons served to a Final Rule compliant setting, taking into account choice options and available providers.
- KDADS must approve all transition plans.



15

Projected Timelines:

- September 15, 2019 to January 15, 2020 - **All Provider Self-Assessments for each setting must be completed.**
- September 15, 2019 to March 15, 2020 - **Target Date for All Desk Reviews to be completed.**
- July 31, 2020 to August 31, 2020 – **STP Public Comment Period.**
- July 1, 2020 - **Heightened Scrutiny cases must be sent to CMS for final determination (Category 1 and 2).**
- October 30, 2020 - **Category 3 cases must be sent to CMS for final determination.**
- March 17, 2022 - **the final day HCBS settings not determined by CMS to be in compliance with the Final Rule will be able to draw HCBS Medicaid funds.**

16



Provider Self-Assessment

A Walk-through

Presenter:
Percy Turner

17

Who is Required to Take This Assessment?

- All sites providing HCBS services to persons-served and receiving HCBS funding must complete this assessment.
- Again, do not wait until the last minute to complete site assessments. The earlier it is completed, the more time a Provider has to remediate.
- Foster Care – Providers and/or Placing agencies will complete provider self-assessments.



18

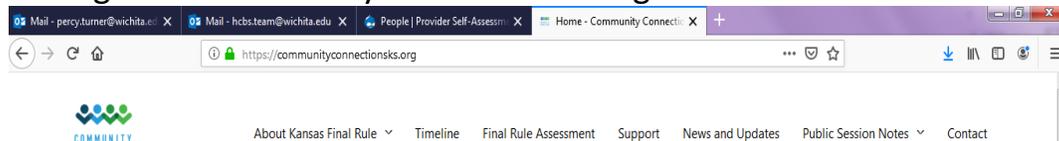
Does Kansas Presume Compliance for any Settings?

- Yes, some settings in Kansas can be presumed compliant.
- FMS is presumed compliant and does not have to take the Provider Self-Assessment.
- Settings where services are provided in the participant's home is an example of sites presumed compliant and that might not have to take the provider self-assessment.
- If you believe that your setting(s) might be presumed compliant, you need to contact the Community Connections Team at hcbs.team@Wichita.edu or use the Live Chat function on the communityconnectionsks.org site to identify the provider and site.

19

Finding the Self-Assessment

- Open your internet provider 
- Navigate to communityconnectionsks.org

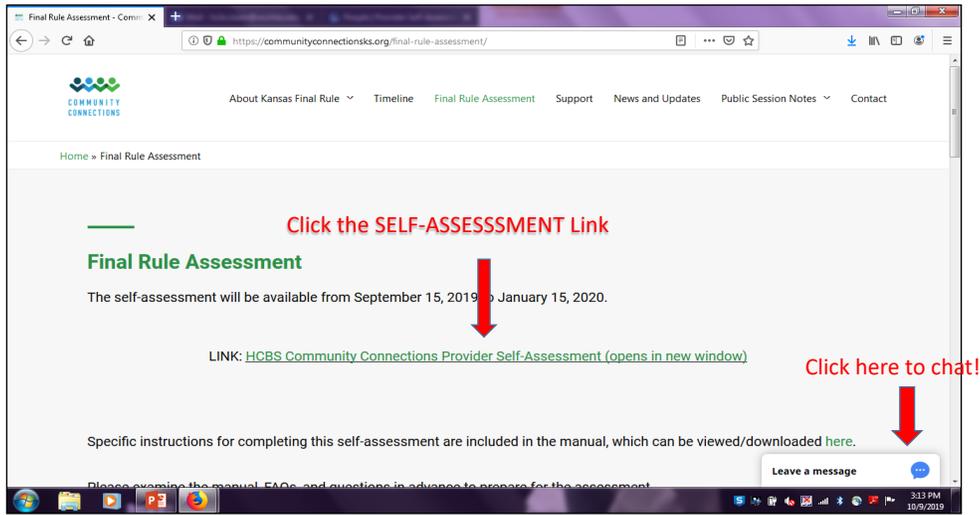


- Click "Final Rule Assessment" 



20

Entering the Self-Assessment



21

Creating a Log-In and Getting Approved

- You will be asked to log-in with a name and password.
- Create a unique log-in and remember it.
- Once you do this step, it must be approved by the site administrator. This should take no more than 24 hours.
- Once the log-in has been approved, it is time to start the assessment!



22

Starting the Assessment: What you need to know.

- Section A = Demographic Information

- Things to watch out for:

- Pay special attention to the way you classify your site via questions A.5 and A.9.
 - Make sure these questions are in agreement.

A5. Please mark which setting-type describes the site for which you are filling out this assessment:

- Adult day care ?
- Assisted living facility ?
- Board care homes ?
- Children's Residential Services/Professional Resource Family Care ?
- HCBS Services provided in a Licensed Foster Home ?
- Home plus facility ?
- IDD day services ?
- IDD residential where 1-2 persons-served live ?
- IDD Residential where 3-8 persons-served live ?

A9. Is this setting considered residential or non-residential?

- Residential
- Non-residential



23

Section B = Document Upload

- This is where you upload everything.

- Well, not *everything*.
 - The Self-Assessment is a question of **policy** more than it is a testament to the experience of each person served.
 - **Documents you provide should give an indication on how your site runs.**
 - Physical pictures and redacted support plans are acceptable snap-shots of policy, but do not substitute for the policy itself.
 - Only official agency documents are accepted as validation. Only submit what is in practice and as much information as is needed to validate your answer.



24

Section C and Beyond = Compliance Questions

- Here is where the assessment lives. A few points:
 - Provide evidence, even if it is the same document, each time it is asked.
 - The same policy may apply to multiple questions and should be provided for each question that it applies for.
 - If evidence is not asked to accompany an answer, you would not need to submit evidence for this question.
 - Read each question carefully, terms like “*whenever they wish*” and “*required*” are very important.
 - Every question asked is centered around persons served, even if the question does not specifically name them the Final Rule applies to policies and procedures centered around the person served.



25

ADDITIONAL SUPPORTS

- **One-on-one support:** Call 1-800-445-0116
- There is a “Live Chat” box and “Contact” tab at <https://communityconnectionsks.org>
- You can sign up for emails at <https://communityconnectionsks.org>
- **Rapid Response Calls** take place every Friday from 10-11 am
 - Phone Line: (866)620-7326
 - Code: 989 114 3937
- **Stakeholder Calls** take place the 3rd Wednesday of every month from 12-1 pm and 5:30-6:30 pm
 - Phone Line: (866)620-7326
 - Code: 989 114 3937

26

Questions/Comments?



27

Technical Supports Provided Today

- Sign-up/log-in access approval for Providers
- In-person technical supports for Providers
- Document scanning



28