HCBS Final Rule Provider Remediation Handbook

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Provider Self-Assessment Notification

Once the desk review for a provider self-assessment is completed by Kansas Department for Aging and Disability Services (KDADS), it is entered into the Community Connections database. A provider will receive an email and hardcopy letter notifying them of the setting (a.k.a. "site") status. The notification of a setting's status will be one or more of the following three categories, "**Remediation Required,**" **"Heightened Scrutiny Designation" or "Compliant."** Every setting that has completed a self-assessment will receive a notification. If a setting triggers remediation and heightened scrutiny – two notifications will be received, one for each category. If a setting is compliant, only one notification will be sent. A setting will continue with the remediation process until a compliant status has been reached, the provider chooses to not participate in remediation, or transition of persons served is needed. KDADS sends all category notifications to providers.

Provider do not reply to any notification emails with remediation or heightened scrutiny plans.

If a provider is unsure of its setting(s) status, please contact the HCBS team at hcbs.team@wichita.edu or by the LIVECHAT function at the communityconnectionsks.org website.

Remediation Required Notification

This notification will go to a provider that has a setting in need of remediation to come into compliance with the final rule. **There might be two pathways of remediation for a provider.** One path is remediation and the second path is heightened scrutiny remediation. If a setting triggers remediation and heightened scrutiny – two notifications will be received, one for each category. Each category will need remediation. Status results are based on the provider self-assessment answers and the validation of submitted evidence. The notification will include instructions that directs a provider back to the Community Connections website "Remediation" tab. Once a provider receives a remediation notification, it confirms they are in the Remediation Phase.

A provider will need to sign into the Community Connections website using the username and password previously assigned to access the self-assessment. Once sign-in is completed, note the provider dashboard has changed. There are now two extra tabs on the dashboard. The "Remediation" tab is the one needing access for this phase.

See pages 5-6 of this handbook for a visual guide of the "Remediation" tab process. A provider can begin remediation when it chooses. It does not have to wait on a self-assessment notice from KDADS. However, it is advised that the provider refrain from any major purchases, modifications, financial commitments or physical changes to a setting until after a remediation plan has been accepted by KDADS.

Remediation is aimed at modifying identified areas of a setting needing to become compliant with the final rule. These changes are identified through the provider self-assessment. Providers will implement

these changes and submit evidence through the "Remediation" tab to show what is occurring at the setting to come into compliance. Ongoing monitoring by KDADS will ensure the continuation of home and community-based characteristics of a setting.

All remediation evidence must be submitted to communityconnectionsks.org by July 1, 2021. **This will allow time for KDADS desk review of submitted evidence and to work with the provider to come into compliance before March 17, 2022. Please note that if submitted evidence shows a setting is unable to meet final rule requirements by March 17, 2022, it will no longer receive HCBS funding beginning March 18, 2022. Transition notifications to persons served must begin no later than October 1, 2021.**

Heightened Scrutiny Designation Notification

This notification will go out to providers who have a setting that has triggered heightened scrutiny. An on-site visit and review will be required by KDADS for categories 1 and 2. Category 3 settings might be able to overcome heightened scrutiny by the submission of a plan and/or resubmission of evidence. KDADS Heightened Scrutiny Team will make this final determination. Category 3 settings may continue implementing remediation activities to be removed from Category 3 designation. If a provider receives a heightened scrutiny notification for any category, they should go to the "Remediation" tab and make selections for how they plan to remediate and submit a plan. If it is verified by KDADS that a setting is a category 1 and/or 2, the provider will also receive a second notification from the Heightened Scrutiny Director and/or Team to schedule an on-site visit. A heightened scrutiny tool will be utilized in addition to interviews of staff and persons served/guardians.

Heightened Scrutiny Designation and Remediation Required Notification

It is possible for a provider to receive both a Heightened Scrutiny Designation and Remediation Required notification for the same setting. This means certain questions have triggered heightened scrutiny on the self-assessment which might need a site visit, and other questions will only need remediation. If a provider receives both notifications, the Heightened Scrutiny Director or Team will make contact to schedule an on-site visit and review.

The on-site visit by KDADS is to complete a visual review of if a setting can or cannot overcome heightened scrutiny. While on site, KDADS might make recommendations to submit evidence to communityconnectionsks.org "Remediation" tab for review of compliance documents.

Again, while the provider is waiting for KDADS contact, it should visit the Community Connections website to access the "Remediation" tab to review other questions in need of remediation. A provider can begin remediation when it chooses to provide further evidence to show how the site has qualities of a home and community-based setting. It is advised to refrain from any major purchases, modifications, financial commitments or physical changes to a setting until the heightened scrutiny designation has been resolved for home and community-based services.

Compliant Status Notification

Once this status has been reached, an email and official letter will be sent to the provider for the setting based on submitted self-assessment answers and the validation of the evidence to the Community Connections "Remediation" tab. The setting will move into ongoing monitoring to ensure final rule requirements continue. **Keep this notification in provider records per setting.**

Remediation Visual Walk Through

Visit https://www.hcbs-kansas.org/ to log into provider account.

Click on the "Remediation" tab (pictured below) where the arrow is pointing. This should bring up all the settings **that have had assessments completed. Each setting that receives a "Remediation Required" notification should be listed here.**

Clicking the tab will bring you to this page:

| Dashboard | Remediation | Heightened Scrutiny |

Remediation

User: ProviderA

Click on a table row to view a site.

Site Name	Address	Contact	Email	Submission Date	Status	Heightened Scrutiny
					▼	
Site C	15 Norwich	Provider A	providera@vandecreek.com	Jan 4 2020, 4:10am	Remediable	
Site B	100 Central Ave	A Provider	a-provider@vandecreek.com	Sep 15 2019, 9:49am	Remediable	
Site A	15 West Maple	Provider A	providera@vandecreek.com	Sep 15 2019, 9:38am	Remediable	

You are able to click on each setting to be brought to what questions on the provider self-assessment need remediation. Keep in mind each site will need three items for remediation:

1. A remediation plan for each setting.
2. A timeline for the plan.
3. Evidence that the plan is in effect for each question.

As you click through the remediation tab, you will see where each item goes. Choose a site and click on it. The next page will look like this:

Questions to Remediate

Click a row to begin remediating that question.
Questions in red are under heightened scrutiny and should be remediated first.

#	Question	Reason	Status
C5	Are the persons-served at this site exclusively people with disabilities?	Uploaded documentation is insufficient to validate this assessment answer as compliant; or assessment answer indicates non-compliance.	Other Strategy Awaiting Approval
C7(a)	Does this site also offer residential services?	Documentation provided fails to prove whether residential services are offered at this site; or assessment answer indicates non-compliance; or assessment answer indicates non-compliance.	
D1	In addition to on-site activities, does this site provide opportunities for persons-served to participate in community events, activities and services?	Documentation is insufficient to prove persons-served at this site are provided the opportunities to participate in community events, activities and services; or assessment answer indicates non-compliance.	
F4	Do persons-served at this site have the option of locking his/her bedroom door for privacy when they choose?	Documentation provided is insufficient to prove that persons-served can lock the bedroom door for privacy; or assessment answer indicates non-compliance.	
H2	Does this site offer accommodations (e.g., grab bars, seats in the bathroom, ramps for wheelchairs, etc.) to persons-served who need supports to move about the facility?	Documentation provided is insufficient to prove that this site offers accommodation (e.g., grab bars, seats in the bathroom, ramps for wheelchairs, etc.) to persons-served who need supports to move about the facility; or assessment answer indicates non-compliance.	
I5	Do persons-served at this site have the opportunity to participate in tasks and activities matched to their skills, abilities, and desires?	Documentation provided is insufficient to prove persons-served at this sit have the opportunity to participate in tasks and activities matched to their skills, abilities, and desires; or assessment answer indicates non-compliance.	

Take note: the QUESTIONS IN RED are triggered Heightened Scrutiny questions.

The remediation tab allows access to the original assessment. Use it as a reference to see the evidence previously submitted and/or questions submitted without evidence. If there are questions in red with previously submitted evidence that was not validated (accepted), please modify and resubmit evidence. If questions in red were submitted without evidence, begin thinking about submitting/creating evidence that may address what the question is asking.

All questions in black need to be addressed but questions in red need be addressed first as they are heightened scrutiny and have 2020 CMS deadlines. A setting must be able to overcome heightened scrutiny to continue on the road to Final Rule compliance.

If you are beginning the heightened scrutiny process and wish to address a question in red during the on-site visit and review, click the question in red, select "other" and type "on-site review will address this question."

Addressing a Question

When you click a question, it will bring you to this screen:
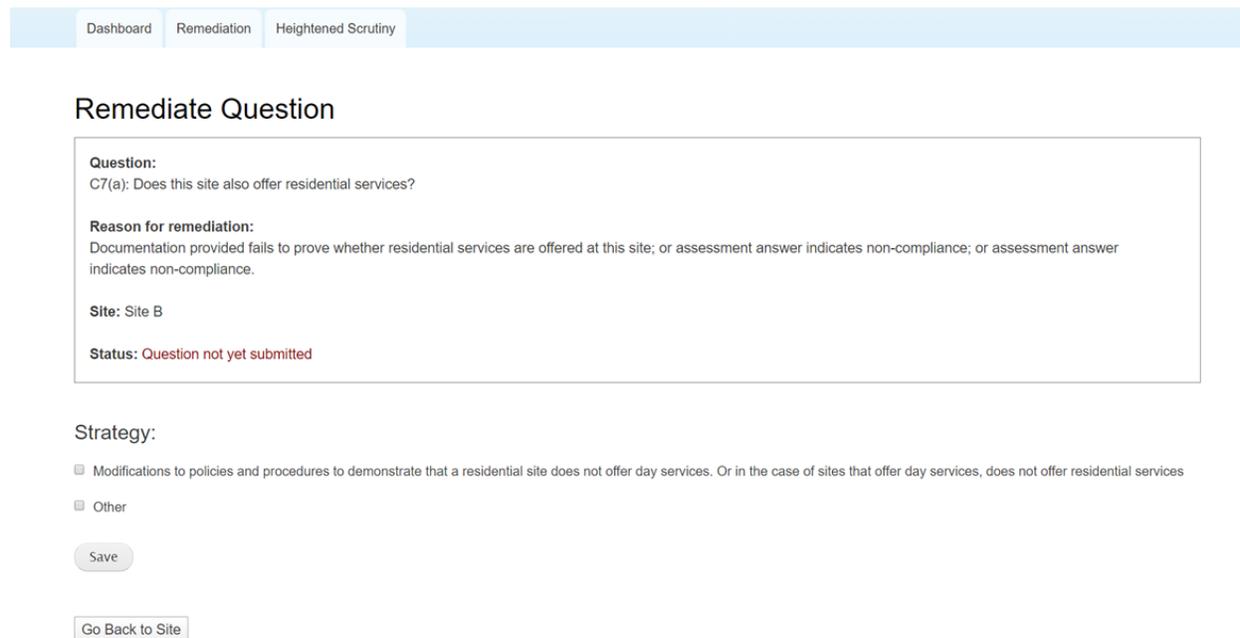
Decide which strategy to use and select it. If you click on "other" you must type in your plan and that plan will need to be reviewed and accepted by KDADS. It is advised to not start remediation until the "other" plan is accepted. Once you have selected your strategy a calendar will populate prompting a date to select. **You will not be able to select a date after July 1, 2021 for the remediation plan to allow time to meet federal and state deadlines.**

Submitting Evidence

Once a timeframe has been selected this screen will populate:
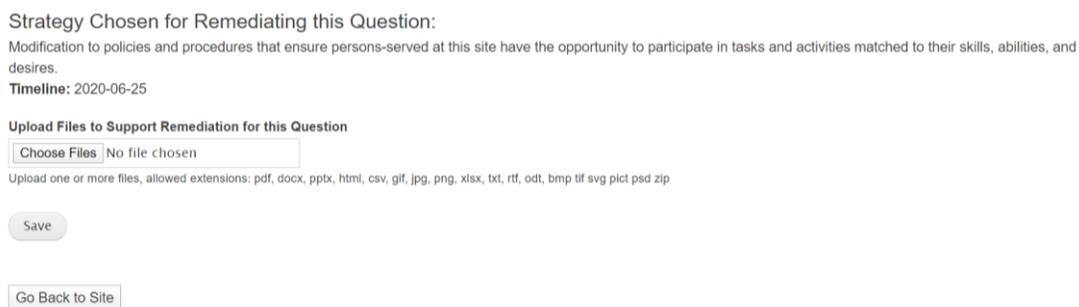
Now you can upload evidence of the proposed change. This process is similar to how evidence was requested and submitted in the original provider self-assessment. There are various types of evidence that can be submitted as proof of remediation. Handbooks, photos, policies, rental agreements, google images (of an address) are examples of evidence types you may use to illustrate remediation strategies selected in the remediation plan have taken place.

It is important to note that not all evidence is stand-alone. For example, to address the question "can persons served lock bathroom doors for privacy," a provider may choose to take a picture of a newly installed lock on a bathroom door. If the photo shows the door is leading into a bathroom, and shows the door is lockable from the inside, this is a good representation of whether the bathroom has a lock, but it *fails to demonstrate persons served can lock the door*. A policy explaining privacy extending to locking bathroom doors will do well to connect the photo to the practice at the site.

All written evidence (policies, procedures, handbooks, training documents) must have the following:

- Date of implementation (revision dates if necessary)
- Official Provider Branding
- If the written evidence is to be shared with persons served, a signature page indicating the new evidence has been shared. (this can be de-identified or blank, to preserve PHI)
- If the written evidence is to be shared with staff, a signature page (or training schedule) showing staff is to be notified.
- If the written evidence is **NOT** a policy, a reference directly to the policy upholding this (ex: a handbook intended for staff training states: "Staff will ensure persons served have choice of whether to eat alone or with others- [per policy 2.3 section A] so during mealtimes it is important to ensure ratio is preserved even if persons served choose to eat alone. Alone time allotted by a PCSP does not apply to dinner- persons served can choose to eat alone and still have their full allotted alone time per their PCSP."

Once you have uploaded evidence, the validation team will review it, send it for final approval and you will receive notification of further steps. Every question must be handled individually, so you will repeat this process (including choosing a timeline and submitting evidence) for each question. You can track all the activity of a site on the Activity Log.

The Activity Log

You can track all progress of remediation in the activity log located at the top of the site page. Example below:

Activity Log

User	Type	Messages (3)	Timestamp
mark.reviewer	Question Updated	Question I5 status set to 'Evidence Rejected'	Mar 3 2020, 12:16pm
ProviderA	Question Updated	Question I5 file(s) uploaded	Mar 3 2020, 12:14pm
ProviderA	Question Updated	Question I5 strategy saved	Mar 3 2020, 12:13pm

The provider will receive an email notification when changes occur for the site remediation. It is advised for the provider to check the activity log regularly for new information. Examples include, if evidence is not accepted, if an "other" plan is not accepted or when remediation is complete for a setting.

Any questions or concerns should be sent to hcbs.team@wichita.edu or the chat function on the Community Connections website located at www.communityconnectionsks.org

Frequently Asked Questions:

Q: I don't remember my Log-in information. Can you get it for me?

A: Of course! Follow these steps:
1. Go to https://www.hcbs-kansas.org/ and click on "Reset your password" in the bottom of the "User Login" box on the left.
2. Enter your **username or email address** associated with your account into the "Username or email" field.
4. You should receive an email with a link (check your spam folder if you are not seeing it after about a minute) that will take you the reset password page for your account.
5. Click "Log In" and you will be taken to a page where you can set your password. Enter a new password (or your first password) into the "Password" and "Confirm Password" fields and click "Save" at the bottom.
5. The green text at the top of the page will change to show your changes have been saved and you will be logged in, however you will not be automatically taken to your dashboard and will instead remain on your account information page. Click on the "Dashboard" tab below the Community Connections logo to go to your dashboard, which is where you will be taken automatically in the future.

Q: I received two emails, one says I'm in Heightened Scrutiny, the other says "Remediation Required." Which is it?

A: The answer is **both**. One part of the assessment has flagged you for heightened scrutiny, meaning an onsite visit by KDAS might be conducted. However other parts of the assessment still need remediation. **KDADS will contact you regarding your onsite visit. In the meantime, log into communityconnectionsks.org and view what needs to be remediated. You can start remediation whenever you choose, it is advised that you do not engage in any large purchases or financial commitments until your heightened scrutiny designation is resolved.**

Q: I had multiple people logging in to complete assessments. Can I do the same thing here?

A: Yes, you can. The same rules apply. One person per site please- it may cause unpredictable errors if multiple people are trying to edit the same site.

Q: I had some problems uploading files before. Has that been fixed?

A: Here are a few tips to help uploading:
1. Do not use Internet Explorer. Google Chrome and Mozilla Firefox are examples of good alternatives.
2. When naming files, do not use a hash tag or number sign (#), it makes retrieving them difficult. (example, photo#1)
3. Do not try to upload videos of any kind.
4. Keep in mind remediation is by question, so only upload evidence relevant to the specific question you are remediating.
5. Refrain from all forms of PHI (Personal Health Information).
   Do not upload PHI as evidence. This evidence will be deleted immediately.