The Provider Alliance
SHARING IDEAS, RESOURCES, AND PURPOSE

Compliance Workgroup

October 12, 2022

Upcoming Meetings

Upcoming Membership Meetings

- o October 28, Technology & Innovation Summit
- o December 2, Deputy Secretary Kristin Ahrens

Other Meetings & Workgroups

- o October 20, Council on Racial & Social Equity
- o November 10, The Purchasing Edge
- o November 16, Financial Workgroup

Agenda for Today

1. <u>ODP News:</u>

    HCBS Settings Rules

    Announcement on Fatal 5 Training Requirements

2. <u>Privacy & Security Update:</u>

    Information Blocking Regulation Changes & What it means for us.

3. <u>Education:</u>

    Best Practices in Documentation

4. <u>Licensing Discussion:</u>

    Licensing Experiences & Lessons from the Field

NEWS & ANNOUNCEMENTS

pennsylvania
DEPARTMENT OF HUMAN SERVICES
OFFICE OF DEVELOPMENTAL PROGRAMS

CMS-HCBS Settings Rules

- January 2014, CMS Issued Guidelines & Rules for HCBS Long-Term Services & Support
- Compliance with New Standard By March 2023
- Goals of the Rule:
  - Ensures individuals receiving Long-Terms HCBS Services & Supports will receive full access and benefits of living in the community
  - Ensures individuals receiving long-term HCBS Services & Supports can receive services in the most integrated setting based on assessed needs
  - Enhances the quality of HCBS settings and provides protections to participants.

Key Elements of the Settings Rules

Person Centered Plan

Reflect the needs identified through an assessment, as well as the individual's strengths, preferences, identified goals, and desired outcomes

Conflict Free Case Management

Providers of HCBS for the individual must not provide case management or develop the person-centered service plan.

Person-Centered Planning

The individual leads the process to the greatest extent possible and is provided information and support to make informed choices regarding his/her/their services, as well as providers.

Provider Settings

The setting is integrated in and supports full access of individuals receiving HCBS to the greater community, giving the individual initiative and independence in making life choices, to make informed choices regarding his/her/their services, as well as providers.

What do you need to know?

- All States will receive approval of their Statewide Transition Plan by March 2023

- All states and HCBS providers will be fully compliant with the standards on "Privacy, dignity, respect, and freedom from coercion and restraint; and Control of personal resources."

- All provider owned and controlled residential settings will be compliant with the criteria including;

  - *A lease or other legally enforceable agreement providing similar protections;*
  - *Privacy in their unit, including lockable doors, and freedom to furnish or decorate the unit;*
  - *Access to food at any time;*
  - *Access to visitors at any time;*
  - *Physical accessibility; and*
  - *Person-centered service plan documentation of modifications to relevant regulatory criteria.*

Fatal 5 Training Requirement

- Announcement [ODPANN 22-108](#)

- Effective between mid-October and December 2022

- All provider staff working along with an individual must complete a *"Department approved training on the common health conditions that may be associated with preventable deaths in people with an intellectual or developmental disability."*

- The Requirement applies to provider staff, direct employees of an agency, contracted employees of an agency, or volunteers.

- Approved Trainings are either through the **HCQU's** -OR- **IntellectAbility** -OR- **Relias Learning Management System (LMS)**

- This is being issues NOW in advance of the approval Waiver Renewals to ensure sufficient time for Providers have sufficient time to meet the new training requirements.

Information Blocking Regulations

What is this?

- On 10/6/22 – new regulations went into effect to prohibit providers from *"Blocking or interfering with patient access to any electronic health information in a Designated Record Set as defined by HIPAA."*

- What is a "Designated Record Set" as Defined by HIPAA Mean? --- It's a group of records, paper or electronic, maintained by and for the organization that is:

  - The medical and billing records about persons served maintained by and for the organization;

  - The payment, claims adjudication, and case management notes maintained by the organization; and

  - Those medical and billing records used, in whole or in part, by the organization to make decisions about the person served.

Important Clarification

- 'Designated Record Set' vs. 'Legal Medical Record'

- Since 2003, the HIPAA Privacy Rule required a Covered Entity to have a Designated Record Set Policy

- Providing Accessibility to Designated Record Set 'Proactively' vs. 'upon request'.

What should you do?

- Update or Create your Designated Record Set (DRS) Policy – Sample Policy Elements
  - ✓ Make sure that you define the scope of the DRS to include medical and billing records maintained by the organization, payment records, and medical and billing records used (in whole or in part) for making decisions about care and support.
  - ✓ Review your record system and outline what you will 'INCLUDE' what medical/clinical information will be part of the DRS, what billing record information will be included as part of the DRS, what 'Source Documentation' will be included in the DRS, and what is NOT included in the DRS.
  - ✓ Review your procedures and privacy rights documents to ensure that the procedures for an individual or their designee to access and amend their record is clear and published.
  - ✓ If you are using an electronic health record that has a 'Portal' for people to access their records on-demand, make sure that the information that is available to the person served OR their representative via the portal is part of the DRS.

Documentation Best Practices

Review the Fundamentals

Reviewing the Importance of Documentation

...and why is documentation so miserable for everyone

Reviewing the Fundamentals of Documentation

...and how we can reprioritize documentation for colleagues

Reviewing Strategies to Improve Documentation

...and what can we do different

Recognizing Challenges

✓Insufficient Education

✓Insufficient Time for Documentation

✓Disorganized forms & systems

✓Compliance Concerns

Compliance Concerns

✓ Preventing False Claims

✓ Preventing Loss of Contracts

✓ Preventing Contract Violations

✓ Protecting the Organizations Reputation

✓ Preventing Financial Loss

✓ Protecting Against Potential Fraud

It's Important…

✓ Promotes Good Communication & Care

✓ Meets our Legal Obligations as Providers

✓ Supports Payment for the Service

It's As Important as the Service!

Characteristics of GOOD Documentation

✓It's Concise

✓It's Legible

✓It's Accurate

✓It's Traceable

#1 - Concise Documentation

✓Standardized Forms

✓Easily Understood Formats

✓Avoids Consistent Errors

✓Tells a Story

#2 - Legible Documentation

Assures that documentation can be both READ & UNDERSTOOD by anyone!

Legibility Test
- ✓ Is it written/typed clearly?
- ✓ Is it error free?
- ✓ Is it complete?

#3 - Accurate Documentation

Meets Legal Standards…

✓42 CFR 455.20

   Reasonable & Necessary

✓55 PA Code 1101

   Record Integrity

✓55 PA Code 51

   HCBS Requirements

✓55 PA Code 6100

   Progress Documentation

✓PA Bulletins

   Recent Technical Guidelines

What do these standards share?

✓ Documentation and the control on documentation must be formalized!

✓ Documentation must substantiate the claim for payment

✓ Documentation must meet a minimum level of integrity

- *Data Quality*
- *Individual identification*
- *Authorship validation*
- *Effective amendments and record corrections*
- *Auditing the record for validity*

✓ Documentation must support the service as both reasonable and necessary for the individual served (aka it ties back to a service and/or support plan)
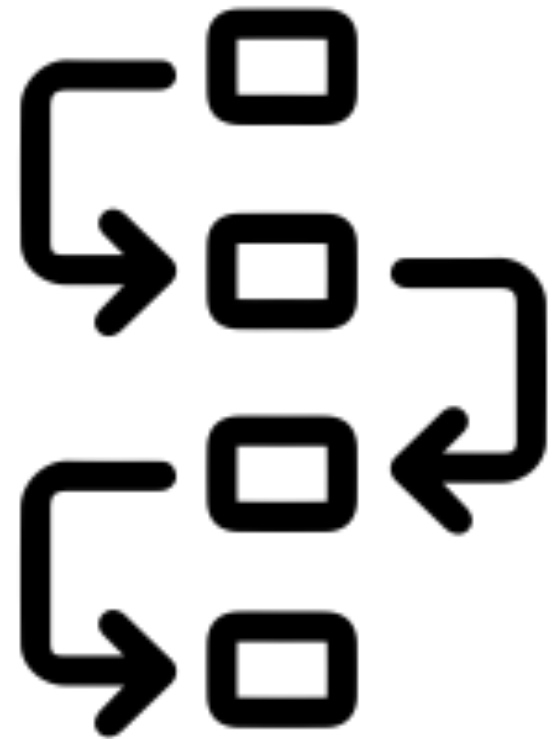
#4 - Traceable Documentation

Simply Put...

Connecting the service delivery, documentation of progress, and claim for payment in a verifiable and controlled way.

What's Important for Tracing?

✓ **ORIGIN**

    Assuring integrity & control on creating & authenticating documentation
    Ex: DSP → Service Notes → Program Specialist = Progress Note

✓ **TRACKING**

    Making the Connections between two or more processes related to documentation
    Ex: Attendance Roster → Service Note → Employee Time Sheet

✓ **SOURCE INTEGRITY**

    Tracking the original source of the documentation to reporting progress
    Ex: Service Notes + Fire Drill Logs + Doctors Visits → Progress Note

Continuous Improvement is Key

✓ **Educate Leaders & Employees**
  - *Raise Awareness to Reprioritize Documentation*
  - *Focus on improving readability*
  - *Focus on clarifying standards*

✓ **Evaluate Standards & Policies**
  - *Embed Accountability into Standards of Conduct*
  - *Review your Documentation Integrity Policy*
  - *Utilize the ODP Technical Guidelines for support*

✓ **Simplify Forms & Formats**
  - *Use Pick-Lists to reduce narrative*
  - *Build in 'checks & balance' controls*
  - *Keep the note formats as simple*

✓ **Improve Systems & Monitoring**
  - *Evaluate Usability of Forms*
  - *Structure Data & Information on Forms*
  - *Establish a clear monitoring schedules*
  - *Target highest risk areas*

Questions So Far?

Licensing Lessons from the Field

Lessons from the Field (2022)

- Experiences have been 'More Focused & Intense'

- Significant emphasis on Training & Content Covered

- Focus on TB Testing & Results

- Respite Service - at 31 days in Residential, the individual is considered Admitted and subject to Licensing

- Documentation Alignment – Focus on documentation alignment (Assessment and ISP)

- Other Experiences?

Thank You!

*People with Down syndrome still face stereotypes and myths, but they've shown time and again that the condition is just **one** part of who they are and doesn't define them or limit their abilities.*

That's why it's so important that during Down Syndrome Awareness Month and all year long, we help spread the message of love, acceptance, inclusion, and respect.