

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health

SWIFT# 012820144063

SEP 16 2014

Cynthia Beane, MSW, LCSW
Acting Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301-3706

Re: CMS Final Assessment Report for West Virginia's Home and Community-Based Services Aged and Disabled Waiver, CMS Control #0134

Dear Acting Commissioner Beane:

Enclosed is a final report of the Centers for Medicare & Medicaid Services' (CMS) quality review of West Virginia's Home and Community-Based Services (HCBS) Aged and Disabled Waiver program, with control number 0134. This waiver is designed to provide home and community-based services to individuals who are aged and disabled, who are at least 18 years of age, who meet nursing facility level of care criteria, and meet Medicaid financial eligibility criteria.

The State submitted comments to the draft report regarding level of care determinations, service plan monitoring, provider qualifications, participant health and welfare, administrative authority, and financial accountability. In the final report, such comments are referenced under State Response. We found the State to be in compliance with the assurances: State Conducts Level of Care Determinations Consistent with the Need for Institutionalization; Services Plans are Responsive to Waiver Participant Needs; Qualified Providers Serve Waiver Participants; Health and Welfare of Waiver Participants; State Medicaid Agency Retains Administrative Authority over the Waiver Program; and State Provides Financial Accountability for the Waiver. CMS encourages the State to develop additional performance measures to be included in the waiver renewal for two assurances: State Medicaid Agency Retains Administrative Authority over the Waiver Program; and State Provides Financial Accountability for the Waiver. The final waiver assessment report is releasable to the public.

Finally, we would like to remind you to submit a renewal package on this waiver to CMS Central and Regional Offices at least 90 days prior to the expiration of the waiver, June 30, 2015. Your waiver renewal application should address any issues identified in the final report as necessary for renewal and should incorporate the State's commitments in response to the report. Please note the State must provide CMS with 90 days to review the submitted application. If we do not receive your renewal request 90 days prior to the waiver expiration date, we will contact you to discuss termination plans.

Page 2 – Ms. Cynthia Beane, MSW, LCSW

Please do not hesitate to let us know how we may be of assistance. If you have any questions, please contact Margaret Kosherzenko at 215-861-4288.

Sincerely,



fm Francis McCullough
Associate Regional Administrator

Enclosure

cc: Sarah Young, BMS
Patricia Nisbet, BMS
Colleen Gauruder, CMS



U.S. Department of Health & Human Services

Centers for Medicare & Medicaid Services

Region III

FINAL REPORT

Home and Community-Based Services Waiver Review

West Virginia Aged & Disabled Waiver

CMS Control #0134

September 10, 2014

EXECUTIVE SUMMARY

On July 1, 2010, West Virginia's Aged and Disabled Home and Community-Based Services (HCBS) Waiver, CMS control #0134, was renewed for five years by the Centers for Medicare & Medicaid Services (CMS). The Aged and Disabled Waiver (ADW) program provides home and community-based services to West Virginia residents who are both medically and financially eligible to participate in the program. Members must also be at least eighteen years of age and choose home and community-based services rather than nursing home placement. The ADW currently serves 8,201 individuals with an estimated average annual per capital cost of \$16,159 for waiver services expenditures. The purpose of the ADW is to prevent unnecessary institutionalization by providing cost-effective services in the community. The goals and objectives of this program are focused on providing services that are person-centered and a program that promotes choice, independence, participant-direction, respect, dignity, and community integration.

The West Virginia (WV) Department of Health and Human Resources Bureau for Medical Services (DHHR) is responsible for assessing the performance of contracted entities with delegated waiver operations and administrative functions. The Bureau for Medical Services (BMS) is a division within the DHHR. The BMS is responsible for the development of policies and procedures for statewide implementation of the Medicaid program under the federally approved State Plan and is responsible for the operation of the ADW Waiver Program.

The Bureau for Medical Services contracts with another State Agency, the Bureau of Senior Services, to operate the program. BMS also contracts with an Administrative Services Organization (ASO) to assess medical eligibility for program applicants, as well as, annual re-evaluations for those receiving Waiver services. The ASO also authorizes ADW services for eligible members. The BMS contracts with a claims processing entity to process claims, and with a Fiscal Employer Agent (FE/A) to support Waiver members who choose to direct their own services through the participant-directed model within the ADW.

Members of the ADW can choose one of two service delivery models: Traditional or Participant-Directed. Members choosing the Traditional Model receive their services from certified ADW Personal Assistance/Homemaker and Case Management Agencies. The services they can access include Case Management and Personal Assistance/Homemaker Services. Members who choose the Participant-Directed Model are allotted a monthly budget which they can use to hire employees to meet their direct-care needs.

The Operating Agency is responsible for implementing the Quality Improvement System (QIS) for the ADW program. Operating Agency monitoring staff review providers every twelve months to ensure provider qualifications and the delivery of quality services. Case Management agencies have front line responsibility for ensuring the health and safety of ADW members. The West Virginia Incident Management System (WVIMS) is a web-based application that requires providers to report, track, and trend incidents. Operating Agency staff use the WVIMS to monitor and track critical incidents in real time and generate monthly statewide reports.

The CMS conducted the current review of the waiver program in accordance with Federal regulations at 42 CFR §441.302 and instructions from the Revised Interim Procedural Guidance for Conducting Reviews of HCBS waiver programs issued on February 6, 2007. In response to the CMS request for specific evidence to review and determine if the State is meeting the required assurances in the approved waiver, BMS submitted an evidence report. Overall, CMS finds that, upon implementation of the recommendations in this report, the waiver program will have met the regulatory assurances that are required for the program to continue.

STATE RESPONSE

As noted in West Virginia's June 25, 2014 response to the draft report, BMS provided CMS with additional information regarding the assurances that the State demonstrates it has designed and implemented an adequate system for assuring that the State conducts level of care determinations consistent with the need for institutionalization; all Service Plans are responsive to waiver participant needs; waiver services are provided by qualified providers; the State assures the health and welfare of all waiver participants; and the State Medicaid program retains administrative authority and financial accountability for the waiver program.

After reviewing the response that BMS provided to the draft report, CMS recommends that the State continue to monitor the process to ensure that members' annual re-determinations are performed within 12 months of the level of care evaluation; ensure that Service Plans are adequate and appropriate to meet the members' assessed needs, are revised as needed, and are updated when service levels change; monitor abuse, neglect, and exploitation allegations to ensure timely reporting of these allegations and follow-up on incidents within required timeframes; ensure the State's participation in oversight meetings; and monitor level of care evaluations and re-evaluations to ensure timely completion in accordance with the agreement with the ASO. CMS also recommends that the State conduct further analysis and quality improvement strategies to ensure compliance with the administrative authority assurance. In addition, CMS recommends that interviews with State staff and providers are periodically conducted to verify that any identified financial irregularities are addressed and site visits are conducted with providers to verify that they maintain financial records according to provider agreements/contracts. The State's responses are included throughout the final report.

The report findings for each assurance are as follows:

I. State Conducts Level of Care Determinations Consistent with the Need for Institutionalization

The State demonstrates the assurance, but CMS recommends improvements.

II. Service Plans are Responsive to Waiver Participant Needs

The State demonstrates the assurance, but CMS recommends improvements.

III. Qualified Providers Serve Waiver Participants

The State substantially meets this assurance.

IV. Health and Welfare of Waiver Participants

The State demonstrates the assurance, but CMS recommends improvements.

V. State Medicaid Agency Retains Administrative Authority Over the Waiver Program

The State demonstrates the assurance, but CMS recommends improvements.

VI. State Provides Financial Accountability for the Waiver

The State demonstrates the assurance, but CMS recommends improvements.

Introduction

Pursuant to section 1915(c) of the Social Security Act, the Secretary of the Department of Health and Human Services has the authority to waive certain Medicaid statutory requirements to enable a State to provide a broad array of home and community-based services as an alternative to institutionalization. The Centers for Medicare and Medicaid Services has been delegated the responsibility and authority to approve State HCBS waiver programs.

The CMS must assess each home and community-based waiver program in order to determine that State assurances are met. This assessment also serves to inform CMS in its review of the State's request to renew the waiver.

State's Waiver Name:	Aged and Disabled Waiver
State Medicaid Agency:	Bureau for Medical Services (BMS)
Operating Agency:	Bureau for Medical Services (BMS)
State Waiver Contact:	Patricia Nisbet, Director of Office of Home and Community-Based Services (304) 356-4904
Target Population:	Individuals who are aged and disabled, who are at least 18 years of age, meet Nursing Facility (NF) level of care, and meet Medicaid financial eligibility criteria.
Level of Care:	Nursing Facility (NF)
Number of Waiver Participants:	CMS 372 Waiver Year 2 (2012): 8,201
Average Annual per capita costs:	CMS 372 Waiver Year 2 (2012): \$16,159
Effective Dates of Waiver:	July 1, 2010 through June 30, 2015
Approved Waiver Services:	Case Management Participant-Directed Goods and Services Personal Assistance/Homemaker Services
CMS Contact:	Margaret Kosherzenko Health Insurance Specialist 215-861-4288

I. State Conducts Level of Care Determinations Consistent with the Need for Institutionalization:

The State must demonstrate that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with care provided in a hospital, NF, or ICF/ID. Authority: 42 CFR 441.301; 42 CFR 441.302; 42 CFR 441.303; SMM 4442.5

The State demonstrates the assurance, but CMS recommends improvements.

Background

Anyone requesting to apply for the West Virginia Aged and Disabled Waiver program must submit a Medical Necessity Evaluation Request (MNER) signed by their physician. This request indicates basic diagnostic and demographic information. Upon receipt, the Administrative Service Organization (ASO) contacts the applicant or representative to schedule a Pre-Admission Screening (PAS) assessment, which is the same assessment used with the aged and disabled population for screening in a nursing home setting. The applicant's Level of Care (LOC) is determined. If a slot is available, the eligible applicant is asked to choose agencies and service delivery model and establish financial eligibility at their local DHHR. The Operating Agency (OA) manages enrollment into the program and verifies all enrollees meet both medical and financial eligibility criteria prior to enrolling new members.

Sub-Assurance I-A: An evaluation for level of care is provided to all applicants for whom there is reasonable indication that services may be needed in the future.

Performance Measure: Number and percent of new enrollees whose medical eligibility assessment indicated nursing home level of care was conducted prior to receipt of waiver services.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	3189	100%	1791	100%	108	100%
Non-Compliant	0	0	0	0	0	0
Total	3189	100%	1791	100%	108	100%
Numerator: Number of new enrollees whose medical eligibility assessment indicated nursing home level of care was conducted prior to receipt of waiver services.						
Denominator: Total number of enrollees						
Data Source: Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #1. See Attachment I						

Discovery and Remediation Report

Due to 100% compliance, no remediation was required.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as West Virginia has ensured that new enrollees whose medical eligibility assessments indicated nursing home level of care were conducted prior to receipt of waiver services.

Sub-Assurance I-B - The level of care of enrolled individuals is reevaluated at least annually or as specified in the approved waiver.

Performance Measure: Number and percent of participants who received an annual re-determination of eligibility within 12 months of their last level of care evaluation.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	4696	65%	4064	81%	4374	70%
Non-Compliant	2580	35%	923	19%	1844	30%
Total	7276	100%	4987	100%	6218	100%
Numerator: Number of participants who received an annual re-determination of eligibility within 12 months of their last level of care evaluation.						
Denominator: Total number of participants due an annual re-determination.						
Data Source: ASO Discovery and Remediation Report Item #5 See Attachment 2.						

Discovery and Remediation Report

The Cyrus Court Order requires a minimum of 2 weeks' notice for every initial and re-evaluation (annual) PAS assessment. This order substantially reduces the amount of time in which the assessors can schedule within timelines and still give 2 weeks' notice. It is recommended that for the next iteration of CMS Quality Reporting, the timeline does not begin to be tracked until the 2 weeks requirement has elapsed.

2011 Remediation: There were issues with providers submitting MNER requests for re-evaluation within 320 days prior to expiration of current PAS, which delayed timeline for ASO to conduct evaluations. Compliance does not take into consideration the number of "Requests for Service Continuation" which were approved, as appropriate, to delay the completion of the assessment due to member scheduling issues, member hospitalizations, etc. There were times throughout the year where the ASO had registered nurse (RN) positions to be filled.

2012 Remediation: Non-compliance rate includes assessments that were not completed within timeframe due to varying factors such as the member/legal representative cancelling a previously-scheduled assessment, cancellations due to inclement weather, or scheduling conflicts where the RN was required to attend a hearing in lieu of keeping a scheduled appointment.

2013 Remediation: Non-compliance rate includes failure of providers and F/EA-members to submit re-evaluation MNER within timeline (within 45 days prior to expiration of PAS), delayed assessment completion due to member and ASO scheduling issues, member hospitalizations, RN positions are at capacity; however incorrect MNER submissions, appointment cancellations, and appointment refusals contribute to non-compliance. It is recommended that the issue be evaluated systemically and from all vantage points (member, provider, F/EA, ASO responsibilities and policy) to determine where improvements can be made.

CMS Findings and Recommendations

The evidence provided does not demonstrate compliance with this performance measure. CMS requested that West Virginia provide a plan for remediation or quality improvement strategies to ensure compliance with the level of care re-determinations. CMS recommends that West Virginia monitor the annual re-determination of eligibility process to ensure that the re-determinations are performed within 12 months of the level of care evaluation.

Documentation submitted by West Virginia indicates that every effort is made to ensure assessments are completed within 12 months of the member's last evaluation. A challenge to meeting the established timelines is the Cyrus decree requirement of two weeks' formal notice of the scheduled assessment appointment, which limits the amount of time available to schedule the evaluations with the established timelines.

The ASO tracks standardized reasons for cancellations and extensions to determine which are under ASO's control and can be remediated. These reasons include: member/representative cancellation; member/representative refused/unavailable for visit; assessment coordinator (ASO RN staff) no show/cancel/illness; assessment coordinator scheduling conflict/hearing, inclement weather, and other. The ASO has attempted to remediate the issues of assessment coordinator availability by insuring they are fully staffed, with a float staff available to cover assessments when the original assessment coordinator is not available as planned. For issues not directly under ASO's control, such as member/representative cancellations or refusals, ASO staff makes efforts to encourage the member to participate. This includes a minimum of three contacts to schedule the evaluation, reminder letters, and follow up when the member is not available at the scheduled time.

In addition to the actions noted above, West Virginia has contracted with the ASO to build an integrated data collection system that will be able to show direct correlation between the number of assessments not completed and the reason. It will also include functions that will assist case management agencies in knowing when re-evaluations are due based on members' anchor dates and will issue reminders which will require action on the case managers' part in a timely manner. This system was available in July 2014. BMS will also build into the timelines the two weeks required notice by the Cyrus decree in the next waiver application.

Sub-Assurance I-C - The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.

<i>Performance Measure: Number and Percent of members who have a current Pre-Admission Screening (PAS- WV Level of Care Assessment Tool) in the member's chart.</i>						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	731/733	99.7%	428/430	99.5%	611/612	99.8%
Non-Compliant	2/733	0.3%	2/430	0.5%	1/612	0.2%
Total	733/733	100%	430/430	100%	612/612	100%
Numerator: Number of members who have a current PAS in member's chart						
Denominator: Number of member charts reviewed						
Data Source: Operating Agency – Member Record Review - Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #8. See Attachment 3						

Discovery and Remediation

2011 Remediation: Technical support was provided at the time of the Exit Conference. Family paid privately for services during this timeframe.

2012 Remediation: Technical support was provided at the time of the Exit Conference and repayment of claims. Case Management training provided via webinar and posted on the West Virginia Learning Management System.

2013 Remediation: Technical support was provided at the time of the Exit Conference and repayment of claims.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as West Virginia has ensured that members' files contain a current Pre-Admission Screening.

<i>Performance Measure: Number and Percent of Pre-Admission Screening (PAS- WV Level of Care Assessment Tool) signed by an Administrative Services Organization RN</i>						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	731/733	99.7%	428/430	99.5%	611/612	99.8%
Non-Compliant	2/733	0.3%	2/430	0.5%	1/612	0.2%
Total	733/733	100%	430/430	100%	612/612	100%
Numerator: Number of PAS's signed by an ASO RN						
Denominator: Number of charts reviewed						
Data Source: Operating Agency – Member Record Review - Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #9.						

Discovery and Remediation

2011 Remediation: Two members did not have a copy of page 6 of the PAS. Technical support was provided at the time of the Exit Conference and repayment of claims.

2012 Remediation: One member record did not have a copy of page 6 of the PAS. Technical support was provided at the time of the Exit Conference and repayment of claims.

2013 Remediation: One member record did not have a copy of page 6 of the PAS. Technical support was provided at the time of the Exit Conference and repayment of claims.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure, but CMS requested additional information regarding the omission of page 6 of the PAS in members' records as this appeared to be a trend for all three reporting years.

Documentation submitted by West Virginia indicates that technical support was provided at the provider agency's review exit conference with repayment of claims. Incidents were evaluated and determined not to be a systemic trend. These were isolated incidents with different providers, and were related to agency's filing errors or due to the original document not being submitted as required to DHHR. Though the provider had a filing error that resulted in page 6 of the PAS not being in their member's record, page 6 of the PAS is on record with the ASO.

Performance Measure: Number and percent of initial nursing home level of care determinations made where appropriate criteria was accurately applied.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	899	96%	1268	97%	1129	98%
Non-Compliant	41	4%	36	3%	23	2%
Total	940	100%	1304	100%	1152	100%
Numerator: Number of initial nursing home level of care determinations made where appropriate criteria was accurately applied.						
Denominator: Number of initial nursing home level of care determinations reviewed.						
Data Source: ASO Discovery and Remediation Report Item #6						

Discovery and Remediation

2011 Remediation: 96% compliance using Innovative Resource Group (IRG)/West Virginia Medical Institute (WVMI) "Gold Standard" criteria data. Each item on the PAS is rated for accuracy and the standard. The standard benchmark for this type of inter-rater reliability activity is 95%. Each time an assessment was found to have any inconsistent rating, the individual nurse and the department received additional training. An example of inconsistent rating would be: narrative information documented did not match the actual rating on the assessment item.

2012: 97% compliance is well within inter-rater reliability standards.

2013: 98% compliance is well within inter-rater reliability standards.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as West Virginia has ensured that initial nursing home level of care determinations had the appropriate criteria accurately applied.

II. Service Plans are Responsive to Waiver Participant Needs

The State must demonstrate that it has designed and implemented an adequate system for reviewing the adequacy of service plans for waiver participants. Authority: 42 CFR 441.301; 42 CFR 441.302; 42 CFR 441.303; SMM 4442.6; SMM 4442.7 Section 1915(c) Waiver Format, Item Number 13

The State demonstrates the assurance, but CMS recommends improvements.

Background

At the time of the medical eligibility assessment, applicants/members (or legal representatives) are provided information regarding their rights to direct and be actively engaged in the Service Plan development process. General information regarding participant-centered planning is also provided. Program information regarding service delivery models (Traditional Model and Participant-Directed Model) is provided as well.

Participant-Centered Planning is the process by which the Case Manager (CM) works in collaboration with the member (or legal representative) to develop the Service Plan (SP). The initial SP is scheduled and developed in collaboration with informal supports as requested by the

member (or legal representative). Subsequent annual revisions to the SP are done in collaboration with direct care staff, other service providers and informal supports as requested by the member (or legal representative).

The SP is developed utilizing the medical eligibility assessment, the Case Management Assessment, the RN Assessment, and incorporates the preferences and needs identified by the member. By participating in the assessment process and having access to the support of the CM, direct care provider, other professionals, and informal supports, the member has the opportunity and tools to be actively engaged in the Service Plan development process.

Those who choose participant-direction are responsible for the development of the Participant-Directed Service Plan (PDSP). Members may also choose to utilize their budget to purchase case management services from a qualified ADW provider to assist with the development and implementation of the PDSP. In addition to the medical eligibility assessment, a variety of self-assessment tools are made available to assist members in identifying and addressing needs. Staff of the FE/A are available to assist and support members in the development of the Participant-Directed Service Plan if requested by the member.

Certification reviews are conducted annually and include a statewide representative sample of member records. The Operating Agency reviews the member records using the assigned Monitoring Tool. A proportionate random sample will also be implemented to ensure that at least one member record from each provider site is reviewed.

The Service Plan meeting must be scheduled within 7 calendar days of the Case Management Member Assessment. The Service Plan must detail all services (service type, provider of service, frequency) the member is receiving, including any informal supports that provide assistance (family, friends, etc.) and address all needs identified in the PAS, the Member Assessment (Case Management Member Assessment, and the Personal Assistance/Homemaker RN Assessment). The Service Plan must also address the member's preferences and goals. It is the Case Manager's responsibility to ensure that all assessments are reviewed with the member and considered in the development of the Service Plan.

A copy of all Service Plans must be provided to the member (or legal representative) and the Personal Assistance/Homemaker Agency. The Case Management Agency must have the original document in the member's file.

In Personal Options, the member (or legal representative) is responsible for the development of the Participant-Directed Service Plan. Participation in the development of the Initial Participant-Directed Service Plan, the 6 month Service Plan Update, and the Annual Participant-Directed Service Plan is mandatory for the member (or legal representative) and the Resource Consultant. The member (or legal representative) may choose to have whomever else they wish to participate in the process (direct care staff, other service providers, informal supports, etc.)

The member's Service Plan or Personal Options Participant-Directed Service Plan must contain reference to any other service(s) received by the member, regardless of the source of payment.

Sub-Assurance II-A: Service plans address all individuals' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Performance Measure: Number and percent of members who's Service Plans are adequate and appropriate for assessed needs						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	110/135	81%	0/0	0/0	261/303	86%
Non-Compliant	25/135	19%	0/0	0/0	42/303	14%
Total	135/135	100%	0/0	0/0	303/303	100%
Numerator: Number of service plans that are adequate and appropriate to member's assessed needs						
Denominator: Number of member charts reviewed						
Data Source: Operating Agency – Member Record Review Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #18.						

Discovery and Remediation

2011 Remediation: West Virginia is implementing a new review process to address this performance measure. Data is to be reported when the new process and new forms are implemented. Person centered planning training was conducted for providers by national consultant, Suzanne Crisp, in December 2010 and placed on West Virginia's State Learning Center.

2012 Remediation: No data to report. State is implementing a new review process to address this performance measure. Data is to be reported when the new process and new forms are implemented.

2013 Remediation: Technical support and findings were provided during the provider monitoring review exit conference. A web based Case Management training was conducted for providers. The training included policy, new forms, and the role and responsibility of the Case Manager. The webinar was placed on the State Learning Center for providers to use for new staff training. Case Management training was provided via webinar and posted on the West Virginia's Learning Management System.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as the State has developed a process for monitoring whether Service Plans are adequate and appropriate. CMS requested additional information regarding the new review process. In addition, CMS recommends continued monitoring of Service Plans to ensure they are adequate and appropriate to meet the members' assessed needs.

Documentation submitted by West Virginia indicates that technical support has been provided to providers as well as, training on policy, forms, and the roles and responsibility of the Case Manager. Due to the fact that there was some improvement to the data, we are currently evaluating the SFY 2014 monitoring data to determine the impact of the SFY 2013 remediation. Also, the SFY 2013 data is not reflective of the training provided because the review period for SFY 2013 was for a period prior to the remediation. Additional remediation will be considered pending the results of SFY 2014 data. A new Service Plan webinar training was conducted on July 21, 2014. This specific performance measure area was covered in detail during this training.

Performance Measure: Number and percent of members who's Service Plans addressed identified risks.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	300/334	90%	0/0	0/0	272/309	88%
Non-Compliant	34/334	10%	0/0	0/0	37/309	12%
Total	334/334	100%	0/0	0/0	309/309	100%
Numerator: Number of Service Plans that address members identified risks						
Denominator: Number of Case Management charts reviewed						
Data Source: Operating Agency – Member Record Review Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #19. See Attachment 4						

Discovery and Remediation

2011 Remediation: West Virginia is implementing a new review process to address this performance measure. Data is to be reported when the new process and new forms are implemented. Person centered planning training was conducted for providers by national consultant, Suzanne Crisp, in December 2010 and put on West Virginia's Learning Management System.

2012 Remediation: Improved the current Monitoring Tool Guide and Monitoring Tool for the RN Monitors. No data to report. State is implementing a new review process to address this performance measure. Data is to be reported when the new process and new forms are implemented.

2013 Remediation: Technical support and findings were provided during the provider monitoring review exit conference. A web based Case Management training was conducted for providers. The training included policy, new forms, and the role and responsibility of the Case Manager. The webinar was placed on the State Learning Center for providers to use for new staff training.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this measure, but CMS requested additional information regarding the process for monitoring Service Plans to ensure they addressed members' identified risks.

Documentation submitted by West Virginia indicates that the training for Case Management providers on new forms, policy, and the role and responsibility of the Case Manager was conducted, as well as, individual provider technical support at provider agency exit reviews specifically on the new forms including the Service Plan. However, the SFY 2013 data is not reflective of the training provided because the review period for SFY 2013 was for a period prior to the remediation. Additional remediation will be considered pending the results of SFY 2014 data. A new Service Plan webinar training was conducted on July 21, 2014. These specific performance measure areas were covered in detail during this training.

Performance Measure: Number and percent of Service Plans that address member's goals as indicated by assessment.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	0/0	0/0	0/0	0/0	300/309	97%
Non-Compliant	0/0	0/0	0/0	0/0	9/309	3%
Total	0/0	0/0	0/0	0/0	309/309	100%
Numerator: Number of Service Plans that address member's goals as indicated in the assessment						
Denominator: Number of member charts reviewed						
Data Source: Operating Agency – Member Record Review Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #20. See Attachments 4, 5, 6, & 7.						

Discovery and Remediation

2011 Remediation: No data to report. State is implementing a new review process to address this performance measure. Data is to be reported when the new process and new forms are implemented. Person centered planning training was conducted for providers by national consultant, Suzanne Crisp, in December 2010 and put on West Virginia's Learning Management System.

2012 Remediation: No data to report. State is implementing a new review process to address this performance measure. Data is to be reported when the new process and new forms are implemented. Improved the current Monitoring Tool Guide and Monitoring Tool for the RN Monitors.

2013 Remediation: New Service Plan and Member Assessment Forms were implemented with a new policy manual on September 1, 2011. Improved the current Monitoring Tool Guide and Monitoring Tool for the RN Monitors. Case Management training was provided via webinar and posted on West Virginia's Learning Management System.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure in SFY 2013, but CMS requested additional information about the new Service Plans and clarification regarding when the policy was implemented and monitoring began.

Documentation submitted by West Virginia indicates that the certification reviews are conducted by the Operating Agency annually and include a statewide representative sample of member records. The new policy manual and forms were implemented September 1, 2011. The Service Plan and Member Assessment in the previous policy manual required a narrative without specific direction to identify goals. Providers were instructed to implement the new forms, which delineated the identification of member goals for each individual waiver member. In addition, the review periods for SFY 2011 were prior to the implementation of the new policy. The review period for SFY 2012 began in January 2012 and covered at least six months prior. This was for a period immediately following the implementation date of the new policy and therefore the new forms had not been fully implemented because they were to be completed as they came due during the fiscal year for each member.

Sub-Assurance II-B: The State monitors Service Plan development in accordance with its policies and procedures.

Performance Measure: Number and percent of members whose initial Service Plans were completed within required timeframe.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Initial Service Plans within required time frames						
Compliant	174/179	97%	283/291	97%	166/169	98%
Non-Compliant	5/179	3%	8/291	3%	3/169	2%
Total	179/179	100%	291/291	100%	169/169	100%
Numerator: Number of members whose initial Service Plan was completed within required time frames						
Denominator: Number of charts reviewed for members who had an initial Service Plan developed during review period						
Data Source: Operating Agency – Member Record Review Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #21. See Attachment 4.						

Discovery and Remediation

2011 Remediation: No data to report. West Virginia is implementing a new review process to address this performance measure. Data is to be reported when the new process and new forms are implemented.

2012 Remediation: No data to report. West Virginia is implementing a new review process to address this performance measure. Data is to be reported when new process and new forms are implemented. Improved the current Monitoring Tool Guide and Monitoring Tool for the RN Monitors.

2013 Remediation: Technical support and findings were provided during the provider monitoring review exit conference. A web based Case Management training was conducted for providers. The training included policy, new forms, and the role and responsibility of the case manager. The webinar was placed on the State Learning Center for providers to use for new staff training.

CMS Findings and Recommendations

The evidence demonstrates compliance with this performance measure, but CMS requested additional information about the completion of initial Service Plans and the reporting for this performance measure prior SFY 2013.

Documentation submitted by West Virginia indicates that certification reviews are conducted annually (including SFY2011 and SFY 2012) but the previous Monitoring Tool was not worded exactly the same as the Performance Measure. The question on the previous Monitoring Tool stated “was the initial Service Care Plan meeting held within 14 days of assessment?” The previous monitoring tool focused on the Service Plan meeting rather than the completion of the Service Plan itself. This data was collected, but does not accurately reflect the Performance Measure; however, we included the data anyway. We assumed if the meeting was held within the required timeframe that a Service Plan was completed as well. The question was reworded on the new Monitoring Tool. SFY 2013 data of 98% indicates timely completion of the initial Service Plan.

<i>Performance Measure: Number and percent of Service Plans with a member or legal representative signature.</i>						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	0/0	0/0	106/110	96%	306/309	99%
Non-Compliant	0/0	0/0	4/110	4%	3/309	1%
Total	0/0	0/0	110/110	100%	309/309	100%
Numerator: Number of Service Plans with a member or legal representative signature						
Denominator: Number of member charts reviewed						
Data Source: Operating Agency – Member Record Review Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #22.						

Discovery and Remediation

2011 Remediation: No data to report. This is a new performance measure. West Virginia is implementing a new review process.

2012 Remediation: Technical support and findings were provided during the provider monitoring review exit conference. A web based Case Management training was conducted for providers. The training included policy, new forms, and the role and responsibility of the Case Manager. The webinar was placed on the State Learning Center for providers to use for new staff training.

2013 Remediation: Technical support and findings were provided during the provider monitoring review exit conference. A web based Case Management training was conducted for providers. The training included policy, new forms, and the role and responsibility of the Case Manager. The webinar was placed on the State Learning Center for providers to use for new staff training.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as West Virginia has ensured that members' Service Plans include the member's or the legal representative's signature.

<i>Performance Measure: Number and percent of members who's Service Plans were developed by a qualified Case Manager</i>						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	0/0	0/0	110/110	100%	309/309	100%
Non-Compliant	0/0	0/0	0/110	0%	0/309	0
Total	0/0	0/0	110/110	100%	309/309	100%
Numerator: Number of members whose Service Plans were developed by a qualified Case Manager						
Denominator: Number of member charts reviewed						
Data Source: Operating Agency – Member Record Review Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #23.						

Discovery and Remediation

2011 Remediation: Implementing new provider reporting system for next review period.

2012 Remediation: The provider reporting system was a paper reporting system. Currently developing contract with West Virginia Interactive to develop a web based reporting system for the new report period. Continuing to work with West Virginia Interactive on web based reporting system.

2013 Remediation: The provider reporting system was a paper reporting system. Efforts to secure a web based reporting system with West Virginia Interactive did not come to fruition due to the cost of the system and maintenance. The West Virginia Bureau for Medical Services is currently working with another provider for a web based reporting system.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure, but CMS requested additional information as to why the State included data for only one reporting year. West Virginia indicated it is working on an electronic process for monitoring this performance measure. However, West Virginia should continue to report data for each waiver year and provide this information to CMS.

Documentation submitted by West Virginia indicates that when this report was submitted in September, 2013, SFY 2013 data was not yet available in the web-based system. This data has been added to the report.

Sub-Assurance II-C: Service Plans are updated/revised at least annually or when warranted by changes in waiver individual needs.

<i>Performance Measure: Number and percent of members whose Service Plans were revised as needed.</i>						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	0/0	0/0	91/98	93%	47/66	71%
Non-Compliant	0/0	0/0	7/98	7%	19/66	29%
Total	0/0	0/0	98/98	100%	66/66	100%
Numerator: Number of members whose Service Plans were revised as needed						
Denominator: Number of charts reviewed for members whose Service Plans need revision during the review period						
Data Source: Operating Agency – Member Record Review Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #24. See Attachment 4.						

Discovery and Remediation

2011 Remediation: No data to report. Improved the current Monitoring Tool Guide and Monitoring Tool for the RN Monitors.

2012 Remediation: Technical support was provided during the provider monitoring review exit conference. A web based Case Management training was conducted for providers. The training included policy, new forms, and the role and responsibility of the Case Manager. The webinar was placed on the State Learning Center for providers to use for new staff training. Most findings occurred when a level of care request was made by the Personal Assistance/Homemaker (PA/HM) RN and approved. The PA/HM RN failed to notify the Case Manager of the change in

the level of care. Poor communication between the two providers/professionals resulted in a change in policy, which requires the Case Manager to submit a current Service Plan with the other required documents needed to request a level of care change. The result of the request will be sent to the PA/HM RN and the Case Manager which will ensure the Case Manager has the information needed to revise the Service Plan as required.

2013 Remediation: See 2012 remediation.

CMS Findings and Recommendations

The evidence does not demonstrate compliance with this performance measure and CMS requested additional information regarding the Service Plan revisions and remediation activities. In addition, CMS recommends continued monitoring of Service Plans to ensure that revisions are made as needed.

Documentation submitted by West Virginia indicates that in SFY 2011, the Monitoring Tool in place evaluated that the Service Plan addressed all needs. It did not accurately reflect the data needed for this performance measure. The Monitoring Tools were revised to collect this performance measure data. The findings of non-compliance with this performance measure resulted when a level of care request was made by the Personal Assistance/Homemaker RN and approved. The RN then failed to notify the Case Manager of the change in the level of care so that the Service Plan could be revised. The remediation resulted in a change in policy, which requires the Case Manager to submit a current Service Plan with the other required documents from the PA/HM RN needed to request a level of care change. This will eliminate the Case Manager from being unaware of the level of care change. The ASO then reviews the level of care request and will verify inclusion of the current Service Plan. The SFY 2013 review period was prior to the implementation of this policy change. Therefore, the data will not reflect the impact of this remediation until SFY2014. A new Service Plan webinar training was conducted on July 21, 2014. This specific performance measure will be covered in detail during this training.

Performance Measure: Number and percent of member Service Plans updated at least annually						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	0/0	0/0	106/110	96%	308/309	99.7%
Non-Compliant	0/0	0/0	4/110	4%	1/309	.3%
Total	0/0	0/0	110/110	100%	309/309	100%
Numerator: Number of Service Plans updated at least annually						
Denominator: Number of member charts reviewed						
Data Source: Operating Agency – Member Record Review Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #25. See Attachments 4 & 5.						

Discovery and Remediation

2011 Remediation: No data to report. Improved the current Monitoring Tool Guide and Monitoring Tool for the RN Monitors.

2012 Remediation: Technical support and findings were provided during the provider monitoring review exit conference. A web based Case Management training was conducted for

providers. The training included policy, new forms, and the role and responsibility of the Case Manager. The webinar was placed on the State Learning Center for providers to use for new staff training. The Service Plan developed during the policy revisions did not achieve the desired results. A Forms Committee was convened by the Quality Improvement (QI) Council and a new Service Plan was developed to achieve the desired results.

2013 Technical support and findings provided during the provider monitoring review exit conference. A web based Case Management training was conducted for providers. The training included policy, new forms, and the role and responsibility of the Case Manager. The webinar was placed on the State Learning Center for providers to use for new staff training. The Service Plan developed during the policy revisions did not achieve the desired results. A Forms Committee was convened by the QI Council and a new Service Plan was developed to achieve the desired results.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as West Virginia has developed a process for monitoring Service Plan updates, and improvements were made to the Monitoring Tool and Monitoring Tool Guide. However, CMS requested additional information regarding why there was no process for monitoring this performance measure in SFY 2011.

Documentation submitted by West Virginia indicates that the review period for SFY 2011 was six months prior, and therefore, the Monitoring Tool in place at that time evaluated that the Service Plan meeting was held initially/annually. It did not accurately reflect the data needed for this performance measure. Monitoring Tools were revised to collect this performance measure data. SFY 2012 data of 96% and SFY 2013 data of 99.7% indicates member Service Plans are being updated annually.

<i>Performance Measure: Number and percent of member Service Plans were updated when service level changed</i>						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Service Plans updated when service level changed						
Compliant	0/0	0/0	19/23	83%	12/19	63%
Non-Compliant	0/0	0/0	4/23	17%	7/19	37%
Total	0/0	0/0	23/23	100%	19/19	100%
Numerator: Number of members whose Service Plans were updated when service level changed						
Denominator: Number of member charts reviewed						
Data Source: Operating Agency – Member Record Review Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #26. See Attachment 4.						

Discovery and Remediation

2011 Remediation: New performance measure. No data to report. Improved the current Monitoring Tool Guide and Monitoring Tool for the RN Monitors

2012 Remediation: Technical support and findings were provided during the provider monitoring review exit conference. A web based Case Management training was conducted for providers. The training included policy, new forms, and the role and responsibility of the Case Manager. The webinar was placed on the State Learning Center for providers to use for new staff

training. Additional information required when providers request a level of care change to ensure Case Managers receive prompt notification of change. Most findings occurred when a level of care request was made by the PA/HM RN and approved. The PA/HM RN failed to notify the Case Manager of the change in the level of care. Poor communication between the two providers/professionals resulted in a change in policy, which requires the Case Manager to submit a current Service Plan with the other required documents needed to request a level of care change. The result of the request will be sent to the PA/HM RN and the Case Manager which will ensure the Case Manager has the information needed to revise the Service Plan as require.

2013 Remediation: See 2012 remediation.

CMS Findings and Recommendations

The evidence does not demonstrate compliance with this performance measure and CMS requested additional information about the process for monitoring Service Plan revisions. In addition, CMS recommends continued monitoring of the Service Plans to ensure they are updated when there is a service level change.

Documentation submitted by West Virginia indicates that the findings of non-compliance with this performance measure resulted when a level of care request was made by the Personal Assistance/Homemaker RN and approved. The RN then failed to notify the Case Manager of the change in the level of care so that the Service Plan could be revised. The remediation resulted in a change in policy, which requires the Case Manager to submit a current Service Plan with the other required documents from the PA/HM RN needed to request a level of care change. This will eliminate the Case Manager from being unaware of the level of care change. The ASO then reviews the level of care request and verifies inclusion of the current Service Plan. The SFY 2013 review period was prior to the implementation of this policy change. Therefore, the data will not reflect the impact of this remediation until SFY2014. Out of the 309 records reviewed, only 19 had a service level change with 12 of those being compliant. The percentage is reflective of a small sample.

Sub-Assurance II-D: Services are delivered in accordance with the Service Plan, including the type, scope, amount, duration, and frequency specified in the Service Plan.

Performance Measure: Number and percent of members who received the type, scope, amount, duration, and frequency specified in the Service Plan

DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Type -Compliant PM#27	0/0	0/0	0/0	0/0	260/309	84%
Type -Non-Compliant	0/0	0/0	0/0	0/0	49/309	16%
Total	0/0	0/0	0/0	0/0	309/309	100%
Scope -Compliant PM#28	0/0	0/0	0/0	0/0	261/303	86%
Scope -Non-Compliant	0/0	0/0	0/0	0/0	42/303	14%
Total	0/0	0/0	0/0	0/0	303/303	100%
Amount and Frequency-Compliant PM#30	0/0	0/0	0/0	0/0	261/303	86%
Amount and Frequency -Non-Compliant	0/0	0/0	0/0	0/0	42/303	14%
Total	0/0	0/0	0/0	0/0	303/303	100%
Duration-Compliant PM#29	0/0	0/0	0/0	0/0	298/303	98%
Duration -Non-Compliant	0/0	0/0	0/0	0/0	5/303	2%

Total	0/0	0/0	0/0	0/0	303/303	100%
Numerator: Number of members who received the services type, scope, amount, duration, and frequency specified in the Service Plan						
Denominator: Number of charts reviewed						
Data Source: Operating Agency – Member Record Review Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #27, 28, 29, 30. See Attachment 4.						

Discovery and Remediation

2011 Remediation: No data to report. Improved the current Monitoring Tool Guide and Monitoring Tool for the RN Monitors.

2012 Remediation: No data to report. Improved the current Monitoring Tool Guide and Monitoring Tool for the RN Monitors.

2013 Remediation: Web based training conducted May 10, 2012 to Case Management providers to include policy, new forms, the role and responsibility of a Case Manager. The Webinar was saved and is on the State Learning Center for providers to review and use for new staff training. Technical support and findings were provided during the provider monitoring review exit conference.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure, but CMS requested additional information about the process for monitoring this performance measure prior to SFY 2013.

Documentation submitted by West Virginia indicates that the Operating Agency did monitor this performance measure in SFY 2011 and SFY 2012. The Monitoring Tool utilized during those periods did not have a separate delineation for each of these areas. The Monitoring Tool grouped them all together as a whole. The provider reviews in SFY11 and SFY12 did monitor providers for compliance in this area and disallows resulted for any non-compliance. The new Monitoring Tool that was developed separated each area into their own category. There has been continued remediation in the area of Service Planning and training specific to the definition of type, scope, amount, frequency and duration. A best practice Service Plan was also developed and shared with providers. Also, the SFY 2013 data is not reflective of the training provided to Case Managers because the review period for SFY 2013 was for a period prior to when the training was conducted. A new Service Plan webinar training was conducted on July 21, 2014. These specific performance measure areas were covered in detail during this training.

Sub-Assurance II-E: Individuals are afforded choice between waiver services and institutional care and between/among waiver services and providers.

Performance Measure: Number and percent of files that contain a consent form showing evidence of choice between waiver services and institutional care.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	1039	99%	1453	100%	1146	99%
Non-Compliant	9	1%	0	0%	6	1%
Total	1048	100%	1453	100%	1152	100%
Numerator: Number of member files that contain a consent form showing evidence of choice between						

waiver services and institutional care.
Denominator: Number of member files reviewed
Data Source: ASO Discovery and Remediation Report Item #7

Discovery and Remediation:

2011 Remediation: File review at ASO to verify RNs collected all required information during the eligibility assessments. During all events of non-compliance, the nurses submitting documentation were contacted in attempt to retrieve a hard copy of consent forms. In the event that a consent form cannot be located, the RN is expected to acquire one, even if another home visit is necessary to obtain.

2012 Remediation: 100% compliance.

2013 Remediation: 99% compliance. Any instances are followed up on to acquire appropriate signatures/consents.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as West Virginia has ensured that members' files contain a consent form showing evidence of choice between waiver services and institutional care.

<i>Performance Measure: Number and percent of files that contain a Case Management Selection Form.</i>						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	332	100%	247	99%	226	100%
Non-Compliant	0	0%	3	1%	0	0%
Total	332	100%	250	100%	226	100%
Numerator: Number of member files that contain a Case Management Selection Form.						
Denominator: Number of member files reviewed						
Data Source: ASO Discovery and Remediation Report Item #8						

Discovery and Remediation

2011 Remediation: 100% compliance. All files contained a Case Management Selection Form.

2012 Remediation: Three instances of non-compliance, but this does not mean the member was not offered choice. It is indicative that the tracking/processing process did not include a scanned copy. All instances were followed up on to verify original forms were signed and scanned into record.

2013 Remediation: 100% compliance.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as West Virginia has ensured that members' files contain a Case Management Selection Form.

Performance Measure: Number and percent of member files that contain a Personal Assistance/Homemaker Selection Form.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	N/A	N/A	139	99%	41	100%
Non-Compliant	N/A	N/A	1	1%	0	0%
Total	N/A	N/A	140	100%	41	100%
Numerator: Number of member files that contain a Personal Assistance/Homemaker Selection Form.						
Denominator: Number of member files reviewed						
Data Source: ASO Discovery and Remediation Report Item #9						

Discovery and Remediation

2011 Remediation: This data was not collected during FY 2011. Policy was to be implemented with new ADW Policy Manual.

2012 Remediation: 99% compliance. Missing forms are followed up on and located, and eventually scanned into record.

2013 Remediation: 100% compliance.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as West Virginia has ensured that members' files contain a Personal Assistance/Homemaker Selection Form.

Performance Measure: Number and percent of member files that contain a Service Delivery Model Selection Form.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	328	99%	248	99%	42	100%
Non-Compliant	4	1%	2	1%	0	0%
Total	332	100%	250	100%	42	100%
Numerator: Number of member files that contain a Service Delivery Model Selection Form.						
Denominator: Number of member files reviewed						
Data Source: ASO Discovery and Remediation Report Item #10						

Discovery and Remediation

2011 Remediation: 99% compliance. During one month (October 2010) out of the review period, 4 of 93 member files did not contain Service Delivery Model selection forms. At the time of review, the ASO had not yet received the completed form from the members.

2012 Remediation: 99% compliance.

2013 Remediation: 100% compliance.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as West Virginia has ensured that members' files contain a Service Delivery Model Selection Form.

III. Qualified Providers Serve Waiver Participants

The State must demonstrate that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers. Authority: 42 CFR 441.302; SMM 4442.4

The State substantially meets this assurance.

Initial Certification

The Operating Agency web site contains information and forms needed to become an Aged and Disabled Waiver (ADW) provider. The provider applicant must: Complete the Certification Application, review all Medicaid Program Manual common chapters, review the Site Monitoring Tool then complete and submit an application to the Operating Agency. An RN will contact the applicant to discuss the process and review the required documents; business license, federal tax identification number (FEIN), curriculum for required training areas for Personal Assistance/Homemaker direct care staff, an organizational chart, list of all agency staff including their qualifications, and a Quality Management Plan consistent with the Centers for Medicare & Medicaid's quality framework and assurances. The RN Monitor will then determine if the applicant met or did not meet all requirements as outlined in Policy Section 501.3.1. If all requirements are met, a recommendation is submitted to BMS for enrollment. Once an applicant becomes an enrolled provider and has members, within the first year an onsite visit is made by the RN Monitor to provide technical support and review personnel and members' records.

Continuing Certification

Once certified and enrolled as a provider, each provider is required to submit a Continuing Certification report annually and must continue to meet all requirements listed in policy and its subparts including:

- A. Employ adequate, qualified, and appropriately trained personnel who meet minimum standards for providers of the ADW Program.
- B. Provide services based on each member's individual assessed needs, including evenings and weekends.
- C. Maintain records that fully document and support the services provided.
- D. Furnish information to BMS, or its designee, as requested.
- E. Maintain a current list of members receiving ADW services.
- F. Comply with the Incident Management System and maintain an administrative file of Incident Reports.

Prior to submitting the continuing certification, an affidavit stating the following must be signed by the Administrator:

I acknowledge and agree that any misrepresentations in the submitted records will be grounds for removal from provider selection forms, of all types; members being transferred to other approved providers; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses. I declare under penalty of perjury that the information provided in the forgoing documents is true and correct.

The provider is required to repay any paid claims if the certification requirements are not met and must remove employees who do not meet the requirements from members' homes until certification standards are met and required documentation is approved by the Operating Agency. If documentation is not received within 30 days BMS may:

- Place payment hold on all future claims until the provider can prove they meet all certification requirements;
- Remove the provider from all selection forms; and
- Terminate the provider's participation as an ADW provider if all issues are not resolved in 30 days.

Background

Provider Monitoring: A provider onsite review is conducted annually and includes a statewide representative sample of members' records. Each member file is reviewed for the selected three month review period using the assigned Monitoring Tool. Any findings resulting in repayment of claims may also include claims outside the review period due to specific findings such as a plan which spans a six month period. A proportionate random sample will also be reviewed to ensure that at least one member record from each provider site is reviewed.

Sub Assurance III-A – The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other State standards prior to their furnishing waiver services.

Performance Measure: Number and percent of new ADW providers who received certification prior to the provision of Waiver services						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	12/12	100%	12/12	100%	8/8	100%
Non-Compliant	0/12	0%	0/12	0%	0/8	0%
Total	12/12	100%	12/12	100%	8/8	100%
Numerator: Number and percent of new ADW providers who received certification prior to the provision of Waiver services						
Denominator: Total number of new ADW providers						
Data Source: Operating Agency – Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #10.						

Discovery and Remediation

Due to 100% compliance, no remediation was required.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as West Virginia has ensured that ADW providers received certification prior to the provision of waiver services.

Performance Measure: The number and percent of ADW providers who continue to meet certification standards.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	152/152	100%	145/145	100%	157/157	100%
Non-Compliant	0/0	0/0	0/145	0%	0/157	0%
Total	152/152	100%	145/145	100%	157/157	100%
Numerator: The number of ADW providers who continue to meet certification standards.						
Denominator: Number of ADW enrolled providers						
Data Source: Operating Agency – Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #4.						

Discovery and Remediation

2011 Remediation: No data to report.

2012 Remediation: 100% compliance

2013 Remediation: 100% compliance

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as West Virginia has ensured that ADW providers meet certification standards. However, CMS requested additional information regarding why there was no data to report during SFY 2011.

Documentation submitted by West Virginia indicates that the 2011 data has been provided. The State did conduct provider certification reviews in SFY 2011. The provider continuing certification system was re-designed and a certification database was developed.

Performance Measure: Number and percent of direct care staff for whom a background check is conducted prior to providing services.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	8320/9611	87%	11976/11989	99.8%	10425/10428	99.97%
Non-Compliant	1291/9611	13%	13/11989	0.2%	3/10428	0.03%
Total	9611/9611	100%	11989/11989	100%	10428/10428	100%
Numerator: Number and percent of direct care staff for whom a background check is conducted prior to providing services						
Denominator: Total number of personnel files reviewed (SFY 2012 reflects total number of direct care staff)						
Data Source: Operating Agency – Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #12.						

Discovery and Remediation

2011 Remediation: Developing and implementing a new fingerprint-based live scan criminal history background check system with the West Virginia State Police and their vendor MorphoTrust. Also began monitoring 100% of provider employees. Any provider employee

who did not meet this requirement was immediately removed from providing services and required repayment of claims.

2012 Remediation: Developing and implementing a new fingerprint-based live scan criminal history background check system with the West Virginia State Police and their vendor MorphoTrust. Also began monitoring 100% of provider employees. Any provider employee who did not meet this requirement was immediately removed from providing services and required repayment of claims.

2013 Remediation: Developing and implementing a new fingerprint-based live scan criminal history background check system with the West Virginia State Police and their vendor MorphoTrust. Also began monitoring 100% of provider employees. Any provider employee who did not meet this requirement was immediately removed from providing services and required repayment of claims.

CMS Findings and Recommendations

The evidence submitted demonstrates compliance with this performance measure, but CMS requested additional information about the process for conducting background checks on providers.

Documentation submitted by West Virginia indicates that the manner in which the Continuing Certification report data is reported by providers to the Operating Agency creates a lag report. At the time that evidence was reported to CMS, the Operating Agency did not yet have the SFY 2013 data. This data was formerly reported on the provider reporting period and not the SFY. Reporting has been modified to align with the SFY and all data for each SFY has been provided in the above chart. The Continuing Certification reports will continue to be reported on the SFY in July for the preceding year.

For this program a criminal investigation background check consists of three things: 1) A fingerprint based criminal history check conducted by the West Virginia State police contracted entity (MorphoTrust) and, in certain situations, an FBI fingerprint check through the National Crime Information Database 2) A check of the U.S. Office of Inspector General (OIG) List of Excluded Individuals and Entities and 3) A check of the West Virginia DHHR Protective Services Record Check. The fingerprint based criminal history check by the West Virginia State Police contracted entity (MorphoTrust) must be conducted initially and again every three years for all ADW staff including direct-care personnel, Case Managers, RNs and anyone who has direct access to members. If the prospective employee has lived out of State within the last 5 years, the agency must also conduct an FBI background check utilizing fingerprints through the National Crime Information Database (NCID). Any findings in any of these three background checks that do not meet policy will result in that individual not being permitted to provide services and a repayment for any services provided when non-compliant. SFY 2012 data of 99.8% and SFY 2013 data of 99.97% indicates continued improvement and an increase in compliance.

Sub-Assurance III-B – The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

A provider agency must be certified by the Operating Agency before providing service to members. A Certification Application is submitted along with all required documentation. Once certified, the agency is reviewed by the Operating Agency within six months and annually thereafter.

Sub-Assurance III-C: The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.

Performance Measure: The number and percent of direct care staff who meet all mandatory training requirements prior to service delivery						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	9491/9611	99%	11826/11989	99%	10191/10428	98%
Non-Compliant	120/9611	1%	163/11989	1%	237/10428	2%
Total	9611/9611	100%	11989/11989	100%	10428/10428	100%
Numerator: Number and percent of direct care staff who meet all mandatory training requirements prior to service delivery						
Denominator: Total number of direct care staff						
Data Source: Operating Agency – Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #13.						

Discover and Remediation

2011 Remediation: No data to report. A new provider reporting system is being developed for the next review period. A new web based provider reporting system is being developed to enhance the reporting process.

2012 Remediation: No data to report. A new provider reporting system is being developed for the next review period. A new web based provider reporting system is being developed to enhance the reporting process.

2013 Remediation: Implemented a new provider reporting system. The new system requires providers to report on 100% of employees that provided waiver services in a fiscal year. Continuing to work with West Virginia Interactive on web based reporting system. Any provider employee who did not meet required trainings that could affect health and safety was immediately removed from providing services and required repayment of claims.

CMS Findings and Recommendations

The evidence submitted demonstrates compliance with this performance measure, but CMS requested additional information about the mandatory training requirements and the lack of evidence during SFY 2011 and 2012.

Documentation submitted by West Virginia indicates that the manner in which this Continuing Certification report data is reported by providers to the Operating Agency creates a lag report. This data was formerly reported on the provider reporting period and not the SFY. Reporting has been modified to align with the SFY and all data for each SFY has been provided in the above chart. The Continuing Certification reports will continue to be reported on the SFY in

July for the preceding year. SFY 2011, 2012, and 2013 compliance data of 99%, 99%, and 98% indicate a high percentage of compliance. Non-compliance resulted in claim re-payment.

Performance Measure: The number and percent of direct-care staff who met all annual training requirements for review period.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	9491/9611	99%	11826/11989	99%	10220/10428	98%
Non-Compliant	120/9611	1%	163/11989	1%	208/10428	2%
Total	9611/9611	100%	11989/11989	100%	10428/10428	100%
Numerator: Number of direct care staff who met all annual training requirements for the review period						
Denominator: Total number of personnel files reviewed (SFY 2012 reflects total number of direct care staff)						
Data Source: Operating Agency – Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #14.						

Discovery and Remediation

2011 Remediation: Data reported in 2011 spanned time frame into 2012 due to previous reporting system. A new web-based continuing certification system was being developed.

2012 Remediation: A new web-based provider continuing certification system was developed as a tool for continuing certification reporting and provider tracking of employee training. Implemented new training policy requirements to assist providers in tracking and ensuring continued qualified staff. Any provider employee who did not meet this requirement was immediately removed from providing services and required repayment of claims.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure, but CMS requested additional information regarding why there was no data to report during SFY 2013.

Documentation submitted by West Virginia indicates that the manner in which this Continuing Certification report data is reported by providers to the Operating Agency creates a lag report. At the time that evidence was reported to CMS, the Operating Agency did not yet have the SFY 2013 data. This data was formerly reported on the provider reporting period and not the SFY. Reporting has been modified to align with the SFY and all data for each SFY has been provided in the above chart. The Continuing Certification reports will continue to be reported on the SFY in July for the preceding year.

Performance Measure: Number and percent of direct care staff who met annual abuse/neglect training.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	9091/9611	95%	11796/11989	98%	10127/10428	97%
Non-Compliant	520/9611	5%	193/11989	2%	301/10428	3%
Total	9611/9611	100%	11989/11989	100%	10428/10428	100%
Numerator: Number of direct care staff who met the annual abuse/neglect training requirements						
Denominator: Total number of personnel files reviewed (SFY 2012 reflects total number of direct care staff)						
Data Source: Operating Agency – Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #15. See Attachment H.						

Discovery and Remediation

2011 Remediation: Data reported in 2011 spanned time frame into 2012 due to previous reporting system. Technical assistance provided at exit review. Required repayment for any services provided by an unqualified employee.

2012 Remediation: Data reported in 2011 spanned time frame into 2012 due to previous reporting system. Technical assistance provided at exit review. Required repayment for any services provided by an unqualified employee.

2013 Remediation: Developed new web-based provider recertification system as a tool for continuing certification reporting and provider tracking of employee training. July 1, 2012 new policy implemented requiring all new provider employees to have a DHHR Protective Services check. Any provider employee who did not meet this requirement was immediately removed from providing services. ADW Quality Council developed the Homemaker User Guide which was distributed to providers in 2013.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure, but CMS requested additional information regarding why there was no data to report during SFY 2013.

Documentation submitted by West Virginia indicates that the manner in which this Continuing Certification report data is reported by providers to the Operating Agency creates a lag report. At the time that evidence was reported to CMS, the Operating Agency did not yet have the SFY 2013 data. This data was formerly reported on the provider reporting period and not the SFY. Reporting has been modified to align with the SFY and all data for each SFY has been provided in the above chart. The Continuing Certification reports will continue to be reported on the SFY in July for the preceding year.

Performance Measure: Number and percent of direct care staff who met cardiopulmonary resuscitation (CPR) certification for review period.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	9294/9611	97%	11785/11989	98%	10282/10428	98%
Non-Compliant	317/9611	3%	204/11989	2%	146/10428	2%
Total	9611/9611	100%	11989/11989	100%	10428/10428	100%
Numerator: Number of direct care staff who met CPR certification for review period						
Denominator: Total number of personnel files reviewed (SFY 2012 reflects total number of direct care staff)						
Data Source: Operating Agency – Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #16.						

Discovery and Remediation

2011 Remediation: Data reported in 2011 spanned time frame into 2012 due to previous reporting system. Technical assistance provided at exit review. Required repayment for any services provided by an unqualified employee.

2012 Remediation: Data reported in 2011 spanned time frame into 2012 due to previous reporting system. Technical assistance provided at exit review. Required repayment for any services provided by an unqualified employee.

2013 Remediation: Developed new web-based provider recertification system as a tool for continuing certification reporting and provider tracking of employee training. Implemented a new CPR policy requiring Direct Care Workers obtain training through specific qualified CPR providers. New Continuing Certification system implemented that requires providers to report on all employees that served ADW members during the fiscal year. Any provider employee who did not meet this requirement was immediately removed from providing services. Required repayment for any services provided by an unqualified employee.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure, but CMS requested additional information regarding why there was no data to report during SFY 2013.

Documentation submitted by West Virginia indicates that the manner in which this Continuing Certification report data is reported by providers to the Operating Agency creates a lag report. At the time that evidence was reported to CMS, the Operating Agency did not yet have the SFY 2013 data. This data was formerly reported on the provider reporting period and not the SFY. Reporting has been modified to align with the SFY and all data for each SFY has been provided in the above chart. The Continuing Certification reports will continue to be reported on the SFY in July for the preceding year.

<i>Performance Measure: Number and percent of direct care staff who met First Aid training for the review period.</i>						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	9345/9611	97%	11776/11989	98%	10198/10428	98%
Non-Compliant	266/9611	3%	213/11989	2%	230/10428	2%
Total	9611/9611	100%	11989/11989	100%	10428/10428	100%
Numerator: Number of direct care staff who met the First Aid training for the review period						
Denominator: Total number of personnel files reviewed (SFY 2012 reflects total number of direct care staff)						
Data Source: Operating Agency – Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #17. See Attachment 7.						

Discovery and Remediation

2011: Data reported in 2011 spanned time frame into 2012 due to previous reporting system. Technical assistance provided at exit review. Required repayment for any services provided by an unqualified employee.

2012 Remediation: Data reported in 2011 spanned time frame into 2012 due to previous reporting system. Technical assistance provided at exit review. Required repayment for any services provided by an unqualified employee.

2013 Remediation: Developed new web-based provider recertification system as a tool for continuing certification reporting and provider tracking of employee training. Implemented new first aid policy requiring Direct Care Workers obtain training through specific qualified first aid providers. Any provider employee who did not meet this requirement was immediately removed from providing services. Required repayment for any services provided by an unqualified employee.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure, but CMS requested additional information regarding why there was no data to report during SFY 2013.

Documentation submitted by West Virginia indicates that the manner in which this Continuing Certification report data is reported by providers to the Operating Agency creates a lag report. At the time that evidence was reported to CMS, the Operating Agency did not yet have the SFY 2013 data. This data was formerly reported on the provider reporting period and not the SFY. Reporting has been modified to align with the SFY and all data for each SFY has been provided in the above chart. The Continuing Certification reports will continue to be reported on the SFY in July for the preceding year.

IV. Health and Welfare

The State must demonstrate, on an ongoing basis, that it identifies, addresses, and seeks to prevent instances of abuse, neglect and exploitation. Authority: 42 CFR 441.302; CFR 441.303; SMM 4442.4; SMM 4442.9

The State demonstrates the assurance, but CMS recommends improvements.

Background

A brochure that defines abuse, neglect and exploitation and how to notify the appropriate authorities is provided by the Administrative Services Organization to all applicants (or legal representatives) at their initial medical assessment, as well as, to all members (or legal representatives) at their annual medical re-evaluation. In addition, members are provided the Waiver Handbook which contains the Adult Protective Services toll free hotline. A Member User Guide was developed by the Quality Improvement Council in 2012 and was distributed to providers in 2012. The Guide is a problem solving question and answer booklet that advises members on real-life scenarios.

A key Case Management function is to oversee the implementation of ADW members' services as outlined in the members' Service Plan. If an ADW member experiences a change in condition or circumstances that places the member's health and welfare at risk, the Case Manager must make appropriate referrals to other available resources in the community.

All ADW members, whether they choose the Traditional Model or Participant-Directed Model of service delivery, have access to Case Management services from qualified providers. Any Waiver member who chooses to serve as their own Case Manager will be supported by the Operating Agency in fulfilling the Case Management responsibilities.

The Service Plan and the Participant-Directed Service Plan requires a detailed description of emergency backup plans/arrangements that are to be implemented if a direct-care worker is unable to fulfill their duties. Strategies may include the utilization of an identified back up worker(s), an identified back up agency, family members, other informal supports, etc. As part of the QIS, staff of the Operating Agency review files and conduct Participant Experience Surveys to monitor the effectiveness of risk assessment and backup planning.

Aged and Disabled Waiver Providers must have policies and procedures for thoroughly reviewing, investigating, and tracking all incidents involving the risk or potential risk to the health and safety of the members they serve. Providers are responsible for taking appropriate action on both an individual and systemic basis. All providers are required to report and track incidents using the web-based West Virginia Incident Management System (IMS). Providers shall classify all incidents as:

- Allegation of abuse, neglect, or exploitation - must be reported to Adult Protective Services (APS) per W.Va. Code 9-6-1.
- Critical incident - a high likelihood of producing real or potential harm to the health and welfare of the members.
- Simple incident - unusual events occurring to a member that cannot be characterized as a critical incident and does not meet the level of abuse or neglect.

The provider Director or designated staff will immediately review each Incident Report and determine whether the incident warrants a thorough investigation. Investigations must be initiated within twenty-four (24) hours of learning of the incident. An Incident Report must be entered in the West Virginia Incident Management System within twenty four (24) hours and investigated within fourteen (14) calendar days of the incident occurrence. A nurse or social worker conducts the investigation.

At any time during the course of an investigation should an allegation or concern of abuse, neglect, or exploitation arise, the provider shall immediately notify APS as mandated by State Code. A provider is responsible to investigate all incidents, including those reported to APS. For any incident involving an allegation of illegal activity, the provider would report to the appropriate legal authorities. The Operating Agency reviews incidents and provides technical assistance to providers regarding specific incidents.

Providers are required to regularly review and analyze Incident Reports to identify health and safety trends. Identified health and safety concerns and remediation strategies must be incorporated into the provider's Quality Management Plan.

Sub-Assurance IV-A: On an ongoing basis the State identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation.

Performance Measures: Number and percent of members or legal representatives who received information about how to report abuse, neglect, exploitation or other critical incidents.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	972	99%	1453	100%	287	100%
Non-Compliant	4	1%	0	0%	0	0%
Total	976	100%	1453	100%	287	100%
Numerator: Number and percent of members or legal representatives who received information about how to report abuse, neglect, exploitation or other critical incidents						
Denominator: Number of enrolled members						
Data Source: ASO Discovery and Remediation Report Item #11						

Discovery and Remediation

2011 Remediation: The RN marks in the information technology (IT) system whether or not information was given to the member and/or legal representative. In March and April of 2011, a "bug" was detected in the IT system, which was subsequently corrected. The system would then not allow the RN to proceed with the assessment until/unless they indicated this information was shared during the assessment.

2012 Remediation: 100% compliance.

2013 Remediation: 100% compliance.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as members or their legal representatives received information about how to report abuse, neglect, exploitation, or other critical incidents.

Performance Measure: Number and percent of members or legal representatives reporting they received information on how to report abuse, neglect, exploitation or other critical incidents						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	27/35	77%	115/141	82%	72/83	87%
Non-Compliant	8/35	23%	26/141	18%	11/83	13%
Total	35/35	100%	141/141	100%	83/83	100%
Numerator: Number and percent of members or legal representatives reporting they received information on how to report abuse, neglect, exploitation or other critical incidents						
Denominator: Number of participant experience surveys conducted						
Data Source: Operating Agency – Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #31. West Virginia Participant Experience Surveys (WV PES) See Attachments 9 & 10.						

Discover and Remediation

2011 Remediation: The question for this indicator at this time did not accurately capture the data for this performance measure. Implemented new review process for the next review period to capture needed data. New Member Handbook developed and distributed to members annually

by Case Managers which included information on how to report. Abuse/Neglect/Exploitation brochure is distributed annually to all members and all new applicants.

2012 Remediation: Abuse/Neglect/Exploitation brochure is distributed annually to all members and all new applicants. The member handbook was updated by the Quality Improvement Council, posted to the Operating Agency's website, and distributed to all providers.

2013 Remediation: Abuse/Neglect/Exploitation brochure is distributed annually to all members and all new applicants. Implemented the mini handbook and resource guide for all ADW applicants. Wrist bands ordered to distribute to ADW members with Abuse and Neglect toll free hotline number. Sponsored the 4th Annual West Virginia World Elder Abuse Awareness Day. Two hundred and seventy five Elder Abuse posters were distributed State wide. Provided training on abuse, neglect, and exploitation to ADW Personal Options staff. Quality Improvement Advisory Council developed a Member User Guide that was distributed in 2013.

CMS Findings and Recommendations

The evidence submitted demonstrates that compliance was achieved in SFY 2013 for this performance measure. However, CMS requested additional information on the State's provider remediation activities.

Documentation submitted by West Virginia indicates that abuse, neglect, and exploitation materials are given to each member and/or their legal representative by the ASO at the initial medical eligibility evaluation and also at the annual re-evaluation. The preceding performance measure that the member or their legal representative received information on how to report abuse, neglect, exploitation or other critical incidents indicates 100% compliance in SFY 2012 and SFY 2013. This performance measure data is collected by the Operating Agency RN monitors who contacted a sample of ADW members to inquire if they received information on how to report abuse, neglect, exploitation, or other critical incidents. The data from the Participant Experience Survey implies that they do not recall receiving the information because the other performance measure (Number and percent of members, or legal representatives who received information about how to report abuse, neglect, exploitation or other critical incidents, Data Source: ASO Discovery and Remediation Report Item #11) verifies that it in fact did occur based on 100% compliance for both 2012 and 2013. This may occur because there may have been a lengthy amount of time between the time the ASO gave them the materials and the time at which the Operating Agency inquires about the receipt of these materials. The Operating Agency RNs do provide individual remediation with the members during their phone contact by providing information on how to report. This performance measure is being evaluated for the renewal. The Participant Experience Survey is currently being conducted for SFY 2014. When a member states they did not receive these materials, the Operating Agency RN will contact the member's Case Management Agency and request that they provide these materials again to the member.

Performance Measure: Number and percent of abuse, neglect and exploitation allegations reported to the Operating Agency within required time frames						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	151/178	85%	353/390	91%	317/373	85%
Non-Compliant	27/178	15%	37/390	9%	56/373	15%
Total	178/178	100%	390/390	100%	373/373	100%
Numerator: Number and percent of abuse, neglect and exploitations reported to the Operating Agency within required time frames						
Denominator: Number of abuse, neglect and exploitation allegations reported						
Data Source: Operating Agency – Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #32.– Incident Management System See Attachments 11 & 12.						

Discovery and Remediation

2011 Remediation: Information reported did not include the date the provider became aware of the incident. The process was changed to collect the data and the Incident Management System was updated. Technical assistance provided to all providers. State agency staff conducts follow up on all issues.

2012 Remediation: New Incident Management System being developed. Technical assistance provided to all providers. State agency staff conducts follow up on all issues. A face-to-face training was provided on incident reporting during the new manual training sessions and the Operating Agency developed and conducted an Incident Management webinar for providers and posted it on the West Virginia Learning Management System. The Risk Management Committee, a subcommittee of the Quality Improvement Council, developed the Mental Health Toolkit, the Unsafe Environment Toolkit, and conducted a Mental Health and unsafe environment webinar. This webinar was also posted to the West Virginia Learning Management System. The Risk Management Committee also identified a mental health curriculum for direct-care workers and behavioral health resources for providers.

2013 Remediation: Incident Management System updated. New Incident Management System continues to be developed. Technical assistance provided to all providers. State agency staff conducts follow up on all issues.

CMS Findings and Recommendations

The evidence provided does not demonstrate compliance with this performance measure and CMS requested additional information regarding the reporting of abuse, neglect, and exploitation allegations. CMS recommends the continued monitoring of this performance measure to ensure that the State has an effective system to ensure that providers report, and follow up, on incidents within required timeframes.

Documentation submitted by West Virginia indicates that the Operating Agency provides individual provider remediation with each agency that did not report within the required time frames. The Operating Agency makes contact with providers regarding incidents that are not reported or that need additional information. The State has identified a trend that the RN has refrained from submitting the report in the Incident Management System until the entire investigation has been completed. This can result in an incident that has not been entered within the required time frame, yet the entire report and investigation has been completed. The providers have been advised that the incident must be reported within time frames, regardless of completion of the investigation at the time of reporting. Providers have also been educated regarding a feature in the IMS system where the provider can add additional information when

the investigation in not completed. Providers are to also maintain an administrative file at the agency for incident reports and the provider Agency Directors are to review and sign off on the incident report following completion of the report. Operating Agency RN monitors also review the administrative file during their validation reviews.

Performance Measure: Number and percent of abuse, neglect and exploitation allegations reported per required timelines to Adult Protective Services (APS)						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	0/0	0/0	255/279	91%	398/440	91%
Non-Compliant	0/0	0/0	24/279	9%	42/440	9%
Total	0/0	0/0	279/279	100%	440/440	100%
Numerator: Number of abuse, neglect and exploitation allegations reported within required time frames to Adult Protective Services						
Denominator: Number of abuse, neglect and exploitation allegations reported						
Data Source: Operating Agency – Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #33. Incident Management System						

Discovery and Remediation

2011 Remediation: Current IMS system is not providing accurate data reports for this area due to problems with computer programming. Developing a new IMS system. The Operating Agency does verify that the APS report was made by each provider.

2012 Remediation: Current IMS system is not providing accurate data reports for this area due to problems with computer programming. Developing a new IMS system. The Operating Agency does verify that the APS report was made by each provider.

2013 Remediation: Current IMS system is not providing accurate data reports for this area due to problems with computer programming. Developing a new IMS system. The Operating Agency does verify that the APS report was made by each provider.

CMS Findings and Recommendations

The evidence submitted demonstrates compliance with this performance measure, but CMS was initially unable to determine if the State was in compliance and requested that the State verify the number of allegations reported and provide CMS with accurate data.

Documentation submitted by West Virginia indicated that at the time this data was reported, this data could not be retrieved from the Incident Management System. The Operating Agency requested the data be retrieved by the State information technology experts. After this report was submitted, it was discovered that the State IT staff had retrieved members from other Medicaid provider types. The Operating Agency has worked with the IT staff to assure that the correct data has been retrieved. This data element was not added and operational in the Incident Management System for SFY 2011. In SFY 2011, 148 APS referrals were made, but staff were unable to determine if they were reported within required timelines due to that feature not being part of the IMS system at that time. This data has been provided for SFY 2012 and SFY2013. Operating Agency staff also review incidents reported in the Incident Management System. For any incidents that the provider indicates that an APS referral has not been made, the Operating Agency contacts the provider and requests the APS referral be made immediately. In addition to this, all providers are required to maintain an administrative file on all incidents reported. The

administrative file on all abuse, neglect, and exploitation allegations must include the documentation of the APS referral and verified with signature and date by the Agency Director. Operating Agency RN monitors also review the administrative file during their validation reviews.

Performance Measure: Number and percent of critical incidents reported to the Operating Agency within required time frames						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	719/938	77%	1503/1678	90%	1652/1797	92%
Non-Compliant	219/938	23%	175/1678	10%	145/1797	8%
Total	938/938	100%	1678/1678	100%	1797/1797	100%
Numerator: Number of critical incidents reported to the operating agency within required timeframes						
Denominator: Number of critical incidents reported						
Data Source: Operating Agency – Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #34. Incident Management System						

Discovery and Remediation

2011 Remediation: Operating Agency determined non-compliance was due to one large statewide provider. Operating Agency contacted this provider and they made changes in their internal processes to rectify the problem. A face-to-face training was provided on incident reporting during the new manual training sessions, and an Incident Management webinar training was developed and provided and placed on the West Virginia Learning Management System.

2012 Remediation: New Incident Management System being developed. Technical assistance provided to all providers. State agency staff conducts follow up on all issues.

2013 Remediation: Incident Management System updated. New Incident Management System continues to be developed. Technical assistance provided to all providers. State agency staff conducts follow up on all issues.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure, but CMS requested additional information on the State’s individual provider remediation activities regarding the reporting, and follow up, on incidents within required timeframes.

Documentation submitted by West Virginia indicated that the Operating Agency provides individual provider remediation with each agency that did not report within the required time frames. The Operating Agency makes contact with providers regarding incidents that are not reported or that need additional information. The State has identified a trend that the provider RN has refrained from submitting the report in the Incident Management System until the entire investigation has been completed. This can result in an incident that has not been entered within the required time frame, yet the entire report and investigation has been completed. Providers have been advised that the incident must be reported within time frames, regardless of completion of the investigation at the time of reporting. Providers have also been educated regarding a feature in the Incident Management System which allows the provider to add additional information when the investigation is not completed. Providers are also required to

maintain an administrative file for all incident reports and the provider agency directors are to review and sign off on the incident report following completion of the report. Operating Agency RN monitors also review the administrative file during their validation reviews.

Performance Measure: Number and percent of critical incident investigations that were completed within required timeframes.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	864/938	92%	1651/1678	98%	1754/1794	98%
Non-Compliant	74/938	8%	27/1678	2%	40/1794	2%
Total	938/938	100%	1678/1678	100%	1794/1794	100%
Numerator: Number of critical incident investigations that were completed within required timeframes						
Denominator: Number of critical incident investigations						
Data Source: Operating Agency – Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #35: Incident Management System See Attachments 11 & 12.						

Discovery and Remediation

2011 Remediation: Technical assistance provided to all providers. State agency staff conducts follow up on all issues. A face-to-face training was provided on incident reporting during the new manual training sessions and an Incident Management webinar training was developed and provided and placed on the West Virginia Learning Management System.

2012 Remediation: New Incident Management System being developed. Technical assistance provided to all providers. State agency staff conducts follow up on all issues. The Risk Management Committee, a subcommittee of the Quality Improvement Council, developed the Mental Health Toolkit, the Unsafe Environment Toolkit, and conducted a Mental Health and unsafe environment webinar. This webinar was also posted to the West Virginia Learning Management System. The Risk Management Committee also identified a mental health curriculum for direct-care workers and behavioral health resources for providers.

2013 Remediation: Incident Management System updated. New Incident Management System being developed. Technical assistance provided to all providers. State agency staff conducts follow up on all issues.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure, but CMS requested additional information on the State's individual provider remediation activities regarding critical incident investigations being completed within required timeframes.

Documentation submitted by West Virginia indicated that the Operating Agency provides individual provider remediation with each agency that did not report within the required time frames. The Operating Agency makes contact with providers regarding incidents that are not reported or that need additional information. The State has identified a trend that the provider RN has refrained from submitting the report in the Incident Management System until the entire investigation has been completed. This can result in an incident that has not been entered within the required time frame, yet the entire report and investigation has been completed. Providers have been advised that the incident must be reported within time frames, regardless of completion of the investigation at the time of reporting. Providers have also been educated regarding a feature in the Incident Management System where the provider can add additional

information when the investigation is not completed. Providers are to also maintain an administrative file at the agency for incident reports and the provider agency directors are to review and sign off on the incident report following completion of the report. Operating Agency RN monitors also review the administrative file during their validation reviews. SFY 2012 and 2013 compliance data of 98% indicate a high percentage of compliance.

Performance Measure: Number and percent of members not referred for physician examinations based on the RN assessment						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	0/0	0/0	0/0	0/0		
Non-Compliant	0/0	0/0	0/0	0/0	294/303	97%
Total	0/0	0/0	0/0	0/0	9/303	3%
Numerator: Number of members referred to physician examinations based on RN Assessment					303/303	100%
Denominator: Number of member charts reviewed						
Data Source: Operating Agency – Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #36.						

Discovery and Remediation

2011 Remediation: New performance measure added to evaluate members who were referred to a physician based on an RN Assessment and was added to the new review process. Data is to be reported when new process implemented. Written as number and percent of members not referred for physician examinations based on the RN assessment; should read Number and percent of members not requiring a physician referral based on the RN assessment.

2012 Remediation: New performance measure added to evaluate members who were referred to a physician based on an RN Assessment and was added to the new review process. Data is to be reported when new process implemented. Written as number and percent of members not referred for physician examinations based on the RN assessment; should read Number and percent of members not requiring a physician referral based on the RN assessment.

2013: Of 303 member records reviewed, 9 members required a physician referral during the PA/HM RN visit and all referrals were made. The 9 members that required referrals were completed for 100% compliance.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure, as the members requiring a physician referral were referred.

Documentation submitted by West Virginia indicates that the Operating Agency RN monitors meet with provider administrators and clinical staff during the review exit conference to review any findings. Members found to require a physician examination based on the RN assessment were referred.

Administrative Authority

The State must demonstrate that it retains ultimate administrative authority over the waiver program and that its administration of the waiver program is consistent with the approved waiver application. Authority: 42 CFR 441.303; 42 CFR 431; SMM 4442.6; SMM 4442.7.

The State demonstrates the assurance, but CMS recommends improvements.

Background

BMS participates in monthly contract management meetings with the ASO, the Medical Eligibility Contract Agency (MECA), and the Fiscal/Employer Agent (F/EA). All policy clarifications, provider training material, and communications to stakeholders receive BMS approval before dissemination.

Sub-assurance V-A - 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.

<i>Performance Measure: Number and percent of Medicaid oversight meetings where Waiver functions are discussed</i>						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	9/12	75%	12/12	100%	8/12	67%
Non-Compliant	3/12	25%	0/12	0%	4/12	33%
Total	12/12	100%	12/12	100%	12/12	100%
Numerator: Number of Medicaid oversight meetings where functions are discussed						
Denominator: Number of Waiver meetings						
Data Source: Operating Agency – Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #6. See Attachment 13						

State Discovery and Remediation

2011 Remediation: Missed meetings were due to staff illnesses. Reports were generated every month and distributed. Staff was always available by phone as needed.

2012 Remediation: 100% compliance

2013 Remediation: Missed meetings were due to staff and staff family member illnesses. Reports were generated every month and distributed. Staff was always available by phone as needed.

CMS Findings and Recommendations

The evidence submitted demonstrates compliance with this performance measure for SFY 2012. CMS recommends ensuring staff participation in Medicaid oversight meetings where Waiver functions are discussed. The CMS also recommends the State conduct further analysis and

quality improvement strategies to ensure compliance with this assurance. The following are some examples of questions that could be considered when developing performance measures:

- Has the contractor/agency complied with all terms and conditions of the contract during the period of this evaluation?
- Have deliverables required by the contract been delivered on a timely basis?
- Has the quality of services required by the contract been satisfactory during the evaluation period?
- From an overall standpoint, are you satisfied with the contractor's/agency's performance?
- Where applicable, have all of the required Business Associate Agreement forms been completed and forwarded to the Office of Contract Management?

Additionally, some examples of evidence that could be provided include a description of the State's quality management program with evidence of activity such as monitoring and review reports; a record of actions taken; record of service denials and appeal requests; and copies of issued notices of appeal.

West Virginia indicates that they will incorporate the recommendations from CMS into their waiver application.

Performance Measure: Number and percent of annual nursing home level of care re-evaluations that were completed in the time specified in the agreement with the ASO.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Annual re-evaluations completed in the time specified						
Compliant	4702	84%	4814	82%	4962	88%
Non-Compliant	894	16%	1087	18%	680	12%
Total	5596	100%	5901	100%	5642	100%
Numerator: Number of annual nursing home level of care re-evaluations that were completed in the time specified in the agreement with the ASO.						
Denominator: Number of requests for re-evaluations received in a timely manner per policy						
Data Source: ASO Discovery and Remediation Report Item #1						

Discovery and Remediation

The Cyrus Court Order requires a minimum of 2 weeks' notice for every initial and re-evaluation (annual) PAS assessment. This order substantially reduces the amount of time in which the assessors can schedule within timeline and still give 2 weeks' notice. It is recommended that for the next iteration of CMS Quality Reporting, the timeline does not begin to be tracked until the 2 weeks requirement has elapsed.

2011 Remediation: Two primary factors contributed to re-evaluations being completed within the time specified: 1) the increased volumes of those needing assessed and 2) scheduling conflicts. Increased personnel hours were assigned to the ADW program and new nurses were recruited.

2012 Remediation: Two primary factors contributed to re-evaluations being completed within the time specified: 1) the increased volumes of those needing assessed and 2) scheduling conflicts. Increased personnel hours were assigned to the ADW program and new nurses were recruited.

2013 Remediation: Two primary factors contributed to re-evaluations being completed within the time specified: 1) the increased volumes of those needing assessed and 2) scheduling conflicts. Increased personnel hours were assigned to the ADW program and new nurses were recruited.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure for SFY 2013, but CMS requested additional information regarding remediation activities that have been implemented to ensure that the State has developed a process for monitoring re-evaluations. CMS recommends the continued monitoring of the annual nursing home level of care re-evaluations to ensure timely completion.

Documentation submitted by West Virginia indicated that the ASO has 30 days to complete an annual assessment once the agency submits a request for it to be conducted. Every effort is made to insure assessments are completed within 12 months of the member's last evaluation. A challenge to meeting the established timelines is the Cyrus decree requirement of two weeks' formal notice of the scheduled assessment appointment, which limits the amount of time available to schedule the evaluations within the established timelines.

The ASO tracks standardized reasons for cancellations and extensions to determine which are under ASO's control and can be remediated. These reasons include: member/representative cancellation; member/representative refused/unavailable for visit; assessment coordinator (ASO staff) no show/cancel/illness; assessment coordinator scheduling conflict/hearing, inclement weather, and other. The ASO has attempted to remediate the issues of assessment coordinator availability by insuring they are fully staffed, with a float staff available to cover assessments when the original assessment coordinator is not available as planned. For issues not directly under ASO's control, such as member/representative cancellations or refusals, ASO staff makes efforts to encourage the member to participate. This includes a minimum of three contacts to schedule the evaluation, reminder letters, and follow up when the member is not available at the scheduled time. In addition to the actions noted above, the State has contracted with the ASO to build an integrated data collection system that will be able to show direct correlation between the number of assessments not completed and the reason. The system was available in July 2014.

Performance Measure: Number and percent of initial nursing home level of care determinations that were completed in the timeframe specified in the agreement with the ASO.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	2753	44%	2687	46%	1972	55%
Non-Compliant	3488	56%	3167	54%	1623	45%
Total	6241	100%	5854	100%	3595	100%
Numerator: Number and percent of initial nursing home level of care determinations that were completed in the timeframe specified in the agreement with the ASO.						
Denominator: Number of requests for initial evaluation						
Data Source: ASO Discovery and Remediation Report Item #2						

Discovery and Remediation

The Cyrus Court Order requires a minimum of 2 weeks' notice for every initial and re-evaluation (annual) PAS assessment. This order substantially reduces the amount of time in which the

assessors can schedule within timeline and still give 2 weeks' notice. It is recommended that for the next iteration of CMS Quality Reporting, the timeline does not begin to be tracked until the 2 weeks requirement has elapsed.

2011 Remediation: Several factors contribute to the untimely level of care determinations including the explanation included in the previous performance measure, as well as, delays by the member and/or legal representative due to cancelling appointments, and the need to reschedule. The State notes slight improvement from previous year.

2012 Remediation: Several factors contribute to the untimely level of care determinations including the explanation included in the previous performance measure, as well as, delays by the member and/or legal representative due to cancelling appointments, and the need to reschedule. The State notes slight improvement from previous year.

2013 Remediation: Several factors contribute to the untimely level of care determinations including the explanation included in the previous performance measure, as well as, delays by the member and/or legal representative due to cancelling appointments, and the need to reschedule. The State notes slight improvement from previous year.

CMS Findings and Recommendations

The evidence provided does not demonstrate compliance with this performance measure. The State has developed a process for monitoring timely nursing home level of care determinations, but issues with non-compliance have been identified for all three years of reporting. CMS requested information about any additional remediation activities taken by the State. CMS recommends the continued monitoring of initial nursing home level of care determinations.

Documentation submitted by West Virginia indicates that the ASO has 30 days to complete an initial assessment once the applicant submits a request for it to be conducted. A challenge to meeting the established timelines is the Cyrus decree requirement of two weeks' formal notice of the scheduled assessment appointment, which limits the amount of time available to schedule the evaluations within the established timelines.

The ASO tracks standardized reasons for cancellations and extensions to determine which are under ASO's control and can be remediated. These reasons include: member/representative cancellation; member/representative refused/unavailable for visit; assessment coordinator (ASO staff) no show/cancel/illness; assessment coordinator scheduling conflict/hearing, inclement weather, and other. The ASO has attempted to remediate the issues of assessment coordinator availability by insuring they are fully staffed, with a float staff available to cover assessments when the original assessment coordinator is not available as planned. For issues not directly under ASO's control, such as member/representative cancellations or refusals, ASO staff makes efforts to encourage the member to participate. This includes a minimum of three contacts to schedule the evaluation, reminder letters, and follow up when the member is not available at the scheduled time. In addition to the actions noted above, the State has contracted with the ASO to build an integrated data collection system that will be able to show direct correlation between the number of assessments not completed and the reason. This system was available in July 2014.

Performance Measure: Number and percent on service level change requests that were processed by the ASO in the specified timeframe per policy.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	386	100%	471	100%	406	100%
Non-Compliant	0	0%	0	0%	0	0%
Total	386	100%	471	100%	406	100%
Numerator: Number and percent on service level change requests that were processed by the ASO in the specified timeframe per policy.						
Denominator: Number of service level change requests.						
Data Source: ASO Discovery and Remediation Report Item #3						

Discovery and Remediation

Due to 100% compliance, no remediation was required.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as service level change requests were processed within required timeframes.

Performance Measure: Number and percent of members enrolled by the Operating Agency who meet all eligibility criteria						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	3189/3189	100%	1791/1791	100%	108/108	100%
Non-Compliant	0/3189	0%	0/1791	0%	0/108	0%
Total	3189/3189	100%	1791/1791	100%	108/108	100%
Numerator: Number of members enrolled by the Operating Agency who meet all eligibility criteria.						
Denominator: Number of members enrolled by the Operating Agency.						
Data Source: Operating Agency – Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #1.						

Discovery and Remediation

Due to 100% compliance, no remediation was required.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as the members enrolled by the Operating Agency met all eligibility criteria.

Performance Measure: Number and percent of prior authorizations conducted by the ASO with enrollment confirmed by the Operating Agency.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent
Compliant	2784	100%	1532	100%	95	100%
Non-Compliant	0	0%	0	0%	0	0%
Total	2784	100%	1532	100%	95	100%
Numerator: Number of prior authorizations conducted by the ASO with enrollment confirmed by the Operating Agency.						
Denominator: Number of prior authorizations conducted by the ASO						
Data Source: ASO Discovery and Remediation Report Item #4						

Note: SFY 2012 and 2013 had fewer enrollees due to managed enrollment

Discovery and Remediation

Due to 100% compliance, no remediation was required.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as the prior authorizations conducted by the ASO had enrollment confirmed by the Operating Agency.

Performance Measure: Number and Percent of provider initial certifications conducted by the Operating Agency in compliance with provider certification standards						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	13/13	100%	10/10	100%	3/3	100%
Non-Compliant	0/13	0%	0/10	0%	0/3	0%
Total	13/13	100%	10/10	100%	3/3	100%
Numerator: Number of provider initial certification conducted by the Operating Agency in compliance with certification standards.						
Denominator: Number of provider initial certifications conducted by the Operating Agency						
Data Source: Operating Agency – Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #2.						

Discovery and Remediation

Due to 100% compliance, no remediation was required.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as the provider initial certifications conducted by the Operating Agency were in compliance with certification standards.

Performance Measure: Number and percent of member chart reviews conducted annually by the Operating Agency as specified in the agreement with BMS.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	733/728	101%	643/650	99%	664/664	100%
Non-Compliant	0/728	0%	7/650	1%	0/0	0%
Total	733/728	101%	650/650	100%	664/664	100%
Numerator: Number of member chart reviews conducted annually by the Operating Agency as specified in the agreement with BMS						
Denominator: Representative sample established by BMS						
Data Source: Operating Agency – Provider Monitoring - Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #3.						

Discovery and Remediation

Due to 100% compliance, no remediation was required.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as the member chart reviews conducted annually by the Operating Agency as specified in the agreement with BMS.

Performance Measure: Number and percent of provider re-certifications conducted by the Operating Agency as specified in the agreement with BMS.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	0	0	145/145	100%	157/157	100%
Non-Compliant	0	0	0/145	0%	0/0	0%
Total	0	0	145/145	100%	157/157	100%
Numerator: Number of provider re-certifications conducted by the Operating Agency as specified in the agreement with BMS.						
Denominator: Number of required meetings						
Data Source: Operating Agency - Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 - Performance Measure #4.						

Discovery and Remediation

2011 Remediation: No data to report.

2012 Remediation: 100% compliance

2013 Remediation: 100% compliance

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as the provider re-certifications were conducted by the Operating Agency as specified in the agreement with BMS.

Performance Measure: Number and percent of Quality Improvement Council meetings held quarterly by the Operating Agency as specified in the agreement with BMS						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	4/4	100%	4/4	100%	4/4	100%
Non-Compliant	0/4	0%	0/4	0%	0/4	0%
Total	4/4	100%	4/4	100%	4/4	100%
Numerator: Number of Quality Improvement Council meeting held quarterly meetings as specified in the agreement with BMS						
Denominator: Number of required meetings						
Data Source: Operating Agency - Provider Monitoring - Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 - Performance Measure #5. See Attachment 14						

Discovery and Remediation

Due to 100% compliance, no remediation was required.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as Quality Improvement Council meetings were held quarterly as specified in the agreement with BMS.

Performance Measure: Number and percent of Quality Management Reports developed by the Operating Agency per agreement with BMS that are reviewed and discussed at contract meetings with BMS.						
DIVISION Data	SFY 2011 Totals	SFY 2011 Percent	SFY 2012 Totals	SFY 2012 Percent	SFY 2013 Totals	SFY 2013 Percent
Compliant	12/12	100%	12/12	100%	11/11	100%
Non-Compliant	0/12	0%	0/12	0%	0/11	0%
Total	12/12	100%	12/12	100%	11/11	100%
Numerator: Number of Quality Management Reports developed by the Operating Agency per agreement with BMS that are reviewed and discussed at contract meetings with BMS.						
Denominator: Number of Quality Management Reports developed by the Operating Agency.						
Data Source: Operating Agency –Operating Agency Discovery & Remediation Report FY 2011, 2012, 2013 – Performance Measure #6.						

Discovery and Remediation

Due to 100% compliance, no remediation was required.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure as Quality Management Reports developed by the Operating Agency were reviewed and discussed at contract meetings with BMS.

VI. Financial Accountability

The State must demonstrate that it has designed and implemented an adequate system for assuring financial accountability of the waiver program. Authority: 42 CFR 441.302; 42 CFR 441.303; 42 CFR 441.308; 45 CFR 74; SMM 4442.8; SMM 4442.10

The State demonstrates the assurance, but CMS recommends improvements.

Background

The ASO performs a review of service requests prior to granting service authorizations. Services authorized are tied directly to the corresponding procedure code of the Aged and Disabled Waiver covered service, the enrolled member, and selected provider agency. Also, during provider on-site reviews, the ASO completes a comprehensive review of member records in the identified sample to determine if services, as specified in the Service Plan, were received. The review tool captures whether supporting documentation is present in the file for every service delivered (according to claims data) to the member in at least a three month period. Services that have been provided and have claims data, but have no supporting documentation are disallowed. Further, technical assistance is provided and the agency is required to address the deficiency(s) via a Plan of Correction.

Sub assurance VI-A: State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.

Performance Measure: Number and percent of processed claims that were denied per MMIS system.						
DIVISION	SFY 2011	SFY 2011	SFY 2012	SFY 2012	SFY 2013	SFY 2013
Data	Totals	Percent	Totals	Percent	Totals	Percent
Processed claims denied per MMIS system	155958	14%	180990	15%	147797	14%
Number of claims processed	930075	86%	1015593	85%	921438	86%
Numerator: Number of processed claims that were denied per MMIS system edits						
Denominator: Number of processed claims						
Data Source: Claims processing entity						

Discovery and Remediation

2011 Remediation: Edits are in place to catch claims that are not appropriate. A new system is being developed that will require pre-authorization for all services and will reduce the number of claims denied.

2012 Remediation: Edits are in place to catch claims that are not appropriate. A new system is being developed that will require pre-authorization for all services and will reduce the number of claims denied.

2013 Remediation: Edits are in place to catch claims that are not appropriate. A new system is being developed that will require pre-authorization for all services and will reduce the number of claims denied.

CMS Findings and Recommendations

The evidence provided demonstrates compliance with this performance measure, but CMS requested additional information regarding the State's process for monitoring claims processing. CMS recommends that interviews with State staff and providers are periodically conducted to verify that any identified financial irregularities are addressed. The State should also conduct site visits with providers to verify that they maintain financial records according to provider agreements/contracts.

Documentation submitted by West Virginia indicates that the system edits are in place to catch claims that do not meet the criteria for payment. The data reported verifies that the system is working.

Performance Measure: Number and percent of claims paid with appropriate supporting documentation						
DIVISION	SFY 2011	SFY 2011	SFY 2012	SFY 2012	SFY 2013	SFY 2013
Data	Totals	Percent	Totals	Percent	Totals	Percent
Compliant	5436/6372	85%	5539/6604	84%	5386/6588	82%
Non-Compliant	936/6372	15%	1065/6604	16%	1202/6588	18%
Total	6372/6372	100%	6604/6604	100%	6588/6588	100%
Numerator: Number of claims paid with appropriate documentation						

Denominator: Number of claims paid during review period
Data Source: Operating Agency – Provider Monitoring - Operating Agency Discovery & Remediation
Report FY 2011, 2012, 2013 – Performance Measure #37.

Discovery and Remediation

2011 Remediation: Provided technical assistance to providers at the review exit conference.

2012 Remediation: Provided technical assistance to providers at the review exit conference.

2013: *Data not complete yet.

CMS Findings and Recommendations

The evidence submitted by the State did not match the performance measure. Monetary figures were provided instead of the number of claims paid. CMS requested that the State verify the data and resubmit to CMS, but the additional data provided by the State did not demonstrate compliance with this performance measure. CMS recommends that the State monitor to ensure that claims are paid with appropriate documentation.

Documentation submitted by West Virginia indicates that they provided the data requested based on the number of claims paid with appropriate documentation. The State chose to report previously with monetary figures because it more accurately reflected the providers utilizing appropriate supporting documentation than the claims based on provider billing practices. The monetary figures show compliance percentages of 90% for SFY 2011 and 89% for SFY 2012. The State is considering changing this performance measure at the time of application renewal to report the monetary data.