GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES (DDS)
DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

PROVIDER CERTIFICATION REVIEW (PCR) GUIDE

FISCAL YEAR 2019

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PROVIDER CERTIFICATION REVIEW (PCR) GUIDE

I. PURPOSE OF THE REVIEW

The Provider Certification Review (PCR) is the mechanism for determining if a Medicaid Home and Community-Based Services (HCBS) waiver provider is qualified and continues to remain so to deliver the HCBS for which it has been enrolled. The following are key purposes of the PCR:

- Determine that the provider has the overall organizational strength, vision and capacity to ensure services and supports are delivered consistent with person centered discovery of what is important to and for the person, and are identified in the Individual Support Plan (ISP) and Person Centered Plan(PCP);
- Identify positive practices and areas for improvement in providers' services and supports;
- Ensure that providers' Quality Assurance/Improvement Plan evaluates the quality and appropriateness of services delivered to people as determined by DDA waiver and DDS/DDA policy requirements, and identifies the process and frequency of implementation of the plan for identifying, evaluating, and resolving any problem related to their waiver service(s);
- Aggregate, analyze, and compare data from various sources including, but not limited to; the Incident Management and Enforcement Unit (IMEU), DDS/DDA monitoring, Mortality and Fatality Review Committee results, Human Rights and Restrictive Control Review Committee's recommendations, and compliance with DDS Human Care Agreement requirements;
- Provide evidence that providers are operating in accordance with the HCBS waiver regulations, D.C. Rules and Regulations, and DDS/DDA approved policies and procedures (www.dds.dc.gov/DC/DDS), including:
  - Waiver Application, 1915c HCBS Waiver: DC.0307.R04.00–November 20, 2017, or its successor.
  - The published DHCF Approved DC Rules Chapter 19 (www.dds.gov)
    - General Provisions
    - Covered Services
    - Eligibility Requirements
    - Level of Care and Freedom of Choice
    - Provider Qualifications
    - Provider Enrollment
    - Requirements for Persons Providing Direct Services
    - Individual Support Plan (ISP)
    - Reporting Requirements

- Records and Confidentiality of Information
- HCBS Requirements
- Definitions
- Companion Services
- Day Habilitation Services
- Individualized Day Supports
- Host Home Services
- In-Home Supports Services
- Employment Readiness Services
- Residential Habilitation
- Respite Services
- Supported Employment Services
- Supported Living Services

- Inform the people we support, families and other stakeholders about the quality of community waiver service providers by posting the results of the PCR on the DDS web site and sharing with relevant DDS staff; and
- Generate system-wide trends and, in conjunction with information from other quality management processes, develop strategies for improvement across all services and supports.
- Provide a means to determine providers' initial and continued compliance with the Centers for Medicare and Medicaid Services' HCBS settings requirements.

II. PROVIDER CERTIFICATION REVIEW DOMAINS AND OUTCOMES

DDA uses the following domains and outcomes to measure performance across all of its quality management processes:

PERSON-CENTERED OUTCOMES:

Domain C1: Rights & Dignity
- Outcome C1.1 People have the same rights and protections as others in the community.
- Outcome C1.2 People are treated with respect and dignity.

Domain C2: Safety and Security

- Outcome C2.1 People are safe from abuse, neglect and injury.
- Outcome C2.2 People live and work in safe environments.
- Outcome C2.3 People's funds are secure and used appropriately.

Domain C3: Health
- Outcome C3.1 People are supported to have the best possible health and health care services.
- Outcome C3.2 People's medications are prescribed and administered appropriately.

Domain C4: Choice and Decision Making
- Outcome C4.1 People make life choices.

Domain C5: Community Inclusion
- Outcome C5.1 People use integrated community services and participate in everyday community activities.

Domain C6: Relationships
- Outcome C6.1 People maintain connections with family members/guardians.
- Outcome C6.2 People gain/maintain friendships and relationships.

Domain C7: Service Planning and Delivery
- Outcome C7.1 Services are provided according to people's Individual Support Plans.
- Outcome C7.2 Services maximize people's autonomy and independence.

Domain C8: Satisfaction
- Outcome C8.1 People are satisfied with their living arrangements and supports.
- Outcome C8.2 People are satisfied with their job or day program and supports.

PROVIDER ORGANIZATIONAL OUTCOMES:

Domain S1: Provider Capabilities
- Outcome S1.1 The provider has systems to protect individual rights.
- Outcome S1.2 The provider has a system to respond to emergencies and risk prevention.

- Outcome S1.3 The provider ensures that staff possess the needed skills, competencies and qualifications to support people.
- Outcome S1.4 The provider has a system to improve Provider Certification results over time.
- Outcome S1.5 The provider has a system to ensure that people have the opportunity to develop and maintain skills in their home and community.
- Outcome S1.6 The provider will ensure people are safe and receive continuity of services when receiving respite services.

III. APPLICABLE SERVICES

All organizations that hold a Medicaid Provider Agreement through the Department of Health Care Finance (DHCF) to provide day or residential DDA HCBS waiver services will be subject to the PCR process. The following is a listing of services subject to PCR:

Residential

Residential Habilitation
Supported Living
Supported Living with Transportation
Supported Living Periodic
Supported Living Periodic with Transportation
Host Home without Transportation
Respite Care-Daily
Respite Care-Hourly
In-Home Supports

Work/Day Supports

Companion Services
Supported Employment Intake & Assessment
Supported Employment Job Placement
Supported Employment Job Training and Support
Supported Employment Long Term Follow Along
Employment Readiness
Employment Readiness 1:1

Day Habilitation
Day Habilitation 1:1
Day Habilitation Small Group
Individualized Day Supports

IV. THE PCR TOOL AND INDICATOR DESIGNATION SYSTEM

The Provider Certification is reviewed utilizing a tool based on person-centered and organizational outcomes. Each outcome in the tool consists of measurable *indicators*. Each indicator has a rating of *yes* and *no.* Most indicators have an additional rating of *not applicable (N/A)*. There are interpretative guides under most of the indicators that are intended to be helpful to both the provider whose services are being reviewed and to the Quality Reviewers conducting the review. These guides do not limit the Quality Reviewer from asking other questions or using other information gathering activities that may be necessary due to circumstances that occur during a review.

Situations may arise where the provider will correct a condition that led to a *no* designation for an indicator before the review was finished. Although fixing problems identified during the review should be encouraged (and in some instances required), a *no* designation still must be given to reflect the situation as it existed when first identified. Issues corrected during the review will be noted as such in the narrative of the final PCR Report. All *no* designations require a written evidence statement by the Quality Reviewer explaining the rationale for the designation. This evidence statement will be placed in the Provider PCR Report sent to the provider. Indicators have two main classifications. An indicator can be marked as Quality Assurance (QA) or Quality Improvement (QI) for all indicators in both the Person Centered Outcomes and Organizational Outcomes of the PCR. QI indicators reflect practices that meet community standards for best practices. When a *no* designation is identified, the provider will be encouraged to improve in the area. QA indicators reflect a minimum standard of quality interactions. They are based on policy, regulations, and/or waiver assurances. A corrective action plan for all *not met* QA indicators will be expected from the provider within seven business days after the PCR report is issued. The satisfaction indicators do not have QA/QI designations. Additionally Q/A Person Centered and Organizational indicators have been weighted according to their importance and/or impact on people's health, safety, and programmatic needs and desires. Each of these indicators is given one, three or five points. Indicators with five points are deemed critical indicators and are scored separately in addition to the overall indicator scores for person centered indicators of a service and the organizational indicator score.

Another classification identifies which indicators are designated as HCBS settings indicators. This classification allows for reporting providers' status in meeting the settings requirements.

The PCR tool is divided into two sections:

Section I: Person Centered Outcomes – This section measures outcomes experienced by people for the services listed above, and people's level of satisfaction for each service.

Section II: Organizational Outcomes – This section measures the effectiveness of providers' systems and practices to ensure people receiving their approved waiver services are receiving safe, effective, and necessary services. All indicators in this section apply to for-profit and non-profit provider agencies.

V. THE PROVIDER CERTIFICATION REVIEW MONITORING PROCESS

The PCR processes are as follows:

New Provider Sixty (60) day PCR: This review is for a provider that commences services as a new waiver provider for one or more people. A one-time sixty (60) day PCR is completed after sixty (60) days of providing the service(s) using a modified PCR tool. PCR indicators have been selected that are appropriate to a service that has been in operation for sixty (60) days for both a person centered and organizational review. The review consists of person centered reviews that are conducted for a sample of individuals in each service, and an organizational review to establish if systems are in place to support people in a provider's service(s). Any indicators that are not met require a corrective action by the provider. If a provider did not achieve satisfactory on the initial review, a follow-up review will be conducted. The provider will receive certification upon passing and will receive a full annual PCR review within six months from the start of providing services.

PCR Annual Review: For established providers, annual PCR reviews will be conducted for all services that are authorized at the time of the review. Annual Reviews are conducted within thirty (30) days of the last annual review. The review consists of person centered reviews that are conducted for a sample of individuals in each service, and an organizational review to establish if systems are in place to support people in a provider's service(s). Information is collected from the date the report was issued from the last review to the current review. A satisfaction component and an environmental component on provider operated homes/facilities also are conducted. Any indicators that are not met require a corrective action by the provider. When a provider is able to achieve satisfactory or greater on initial or follow-up review, a certification level is awarded for each service based

on scores achieved on the initial review.

PCR 6 Month Review: When a provider receives a provisional certification after an annual review, a six-month review will be conducted for the services receiving provisional certification. The review consists of person centered reviews that are conducted for a sample of individuals in each service, and an organizational review to establish if systems are in place to support people in a provider's service(s). Information is collected from the date the report was issued from the last review to the current review. A satisfaction component and an environmental component on provider operated homes/facilities also are conducted. Any indicators that are not met require a corrective action by the provider. When a provider is able to achieve satisfactory or greater on initial or follow-up review, six months certification is awarded.

HCBS Assessment: This assessment is conducted on an annual basis for all services that are part of the HCBS setting requirements. When the provider has an annual or six month review, this assessment is part of the PCR. When a provider has received a biannual certification, this assessment is conducted as a separate process at the annual date from the last PCR. The tool that is used is composed of indicators that measure the HCBS setting rule only and is conducted for the services that come under the rule, as well as organizational indicators that measure the HCBS requirements. There is no satisfaction or environmental components to this assessment. Any indicators that are not met require a corrective action by the provider.

Post Failure Assessment: When a provider has failed their six month review, or annual review for any or all services, they will receive a post failure assessment for the affected service(s) during the interim period between failure and decision to end the Medicaid agreement or decision to grant the provider a satisfactory though any of the steps in the appeal process. The post failure assessment indicators measure the provider's ability to keep people safe and healthy and ensure that the person's ISP is being implemented. No score is given for this assessment, and the report is sent to the DDS Deputy Director of Quality Assurance and Performance Management Administration (QAPMA) for review and dissemination. The post failure assessment will occur every six months until a final determination is made in the appeal process, or at the time the provider indicates via written notification to DDS/DDA that they no longer will be providing the service(s).

REVIEW PROCESS FOR CERTIFICATION

A. REVIEW TEAM

The review team for a certification review is composed of Quality Reviewers from the PCR Unit in the QAPMA. In general, the review team consists of two or more reviewers, except if the sample is very small, the provider delivers one or two waiver services, and all the services are provided in one location. One Quality Reviewer serves as team leader for the review. Quality Reviewers who may have a conflict of interest (e.g., family member in organization, past employment within the last 2 years, or consultant relationship) may not be considered as a member of the team for that provider. Quality Reviewers must maintain inter rater reliability at 85% to conduct a PCR review.

- Team leader responsibilities include:
  - Coordinating all activities for the review process;
  - Completing the Provider Certification Review Report;
  - Coordinating all post- review processes; and
  - Sending final results to the Director of the PCR team for review and dissemination to the provider and designated DDA staff.

B. SAMPLING

The sample of people to be included in the review will be both representative of and proportional to a duplicated count of people receiving residential, work/day supports and supported employment services. The sample is designed so as not to exclude people who were included in the previous PCR of the provider.

Within these parameters the sample will be selected. The selection will ensure that at least 10% of the people in each provider's service are selected. A sample number greater than 10% will be required for those services that have fewer than ten people. The formula applied for these groups will be 10% of the total plus one. The numbers will be rounded up to create a sample number. For example, when there are five people in a service, the sample will be two, which is 40% of all people served (5 x 1+1). Once the sample size is determined, a representative sample will be selected, unless extenuating circumstances require modifications to sharpen the review focus. Some examples of extenuating circumstances are:

- People with specific needs, such as people who have a behavioral support plan and/or take psychotropic

medications, and need specialized medical supports.
- At least one person in any location where there has been a pattern of serious reportable incidents and/or issues during the past year.

The sample may be expanded when, during the course of the review, findings dictate the need for an expanded review.

C. NOTIFYING THE PROVIDER

The team leader will notify the provider at least ten business days in advance of the on-site review. This notification will be done verbally and in writing. The provider will be informed of the start and anticipated end dates of the review, the process to be used, and the expectations of the provider during the review process, and the dates inclusive of the review period. The team leader will also inquire if the provider has any questions or concerns about the review, and will respond in a timely manner. The team leader will request that the provider assign a staff person to be a liaison for the review. The team will also reserve the right to conduct an unannounced visit.

The team leader will request a list of all people who receive services, and a list of all employees with their dates of hire, from the provider upon their notification of the review. From the lists, the sample of people and employees will be selected. Names of the people who will be in the sample will be given to the provider on the first day of the on-site review. If there are extenuating circumstances preventing a person from being included in the review, the team leader will select another person.

D. PRE-REVIEW PREPARATION

- A number of activities take place before the actual on-site review, including:
  - Selecting the provider and notification of PCR date
  - Selecting a sample
  - Distributing the sample to individual team members
  - Collecting and reviewing the following documentation about the provider since the last review including:
    - Issues occurring within the past 6/12 months (e.g. from all DDA monitoring reviews, Disability Rights DC at University Legal Services, Quality Trust for Individuals with a Disability, DOH/HRLA reports)

- Serious Reportable Incidents and Recommendations from the past 6/12 months
- Reportable Incidents from the past 6/12 months
- Human Care Agreements (Administrative Services Administration)
- Individual Profiles, Level of Need and Risk Screening Assessment Reports, and Individual Support Plans
- Mortality Review Committee (MRC)/Fatality Review Committee (FRC) Recommendations
- Human Rights Advisory Committee (HRAC)/Restrictive Control Review Committee (RCRC) Recommendations
- Sanctions History and Status
- Provider Performance Review Reports (including the Continuous Improvement Plans).

- Gathering Additional Information:
  - DDA Service Planning and Coordination Division (specific information about the people in the sample)
  - Quality Resource Unit
  - Incident Management and Enforcement Unit
  - Health and Wellness Unit
  - Any Court Orders (listed by provider in MCIS)
  - Other units and personnel as needed

E. ON-SITE REVIEW

The on-site review begins with the PCR Team Lead facilitating an initial meeting with the provider liaison to discuss the purpose of the review, schedule of review activities, materials needed to complete the review, and persons who should be present at the certification review. Other provider staff may also participate in the initial meeting as determined by the liaison or by request of the PCR Team Lead. The provider is asked to give the PCR team an overview of the services and supports, relevant policies and procedures, and any other information that they think will be helpful to the PCR team. After the discussion, the PCR team members will commence the review, which consists of two parts: I) Person Centered; and II) Organization.

I) Person Centered:

1. Observation: PCR team members will visit people in their home and/or where they work or receive day supports. Visits should include time for the PCR team member to observe the person at his or her residence and/or work/day support. Visits should be as least disruptive as possible; people should not cancel scheduled activities during the on-site visit. Visits can be conducted in the morning, evening and on weekends so that observations can be made during regular service delivery times.

2. Site Visits:

   With Permission:
   PCR team members will visit people upon receipt of their permission when they are receiving Supported Employment Services.

   Required:
   PCR team members must visit people in their home, when they are receiving Host Home, Supported Living, or Residential Habilitation services. Permission is not required for these visits. If a person is receiving Daily Respite at a provider-managed Respite location the PCR team members must visit the person at that location. PCR team members must visit people at the site of their Day Services, or Employment Readiness Services. Permission is not required for these visits. If a person is receiving In Home Supports or Respite Hourly services in their own home, efforts will be made to coordinate the best time for a visit, but a visit will be necessary to evaluate services, at the site these services are being offered during the PCR review.

3. Interviewing: PCR team members will interview the person at the location where services are being provided whenever possible and appropriate. PCR team members should facilitate conversations that ensure privacy. PCR team members may interview the court- appointed guardian or involved family member, lawyers and advocates and direct care support staff and program managers who know the person well. People receiving services may refuse to be interviewed, but their services and supports will continue to be reviewed through a documentation review and/or through interviewing other people. PCR team members may also interview relevant clinicians and DDA staff in the Health & Wellness Unit, or other DDS units if needed. DDA Service Coordinators may also be interviewed for each person in the sample.

4. Documentation review: PCR team members will review the person's record (e.g., Individual Support Plan, Behavior Support Plan, health and medication records, goal implementation and documentation, progress notes, person-centered thinking and discovery tools) and other documentation about services the person receives at the location (e.g., staff training records, communication logs). In general, the record review will encompass information for the applicable review period. Documents should be present for the PCR team members to review. When a document appears to be missing the PCR team member will ask the provider to obtain the document with a stated time specification, for the document to be considered for review. Documents presented outside the time specification may not be considered due to time constraints of the review schedule.

II) Organizational:

PCR team members will meet with the Executive Director (or designee) and other key management staff. Members of the PCR team may interview staff or people who perform specialized functions within the organization that are related to the PCR. For example, the PCR team member may interview the Provider's Human Rights Committee Chairperson, Incident Management Coordinator, Human Resources Manager, and/or other administrative/clinical staff and review documentation regarding these functions.

F. Environmental Requirements

The review process will consist of an environmental check of the physical premises. This will be completed using the Environmental Requirements Checklist, and will be completed for each site visited by the Quality Reviewer during the review process. Environmental checks will not be completed for In-Home Support Services, Respite Services in the person's home, and Supported Employment Services. However, when a serious environmental concern (such as broken steps or nonfunctioning smoke alarm) is identified in one of these services, the Quality Reviewer will enter that concern as an issue in DDA's information system. Any environmental issue identified from the checklist that is a serious concern, or represents a situation seen multiple times in the provider's setting(s) will result in a *not met* indicator designation within the Provider Organization Outcomes of the review, and will require corrective action by the provider. This corrective action will be reviewed through follow-up and verification at a subsequent follow up review, by the designated DDA staff.

G. Serious Health and Safety Issues

Quality Reviewers are required to report all Serious Reportable Incidents in accordance with the DDA Incident

Management policy and procedures.

When serious health and safety issues have been identified by a Quality Reviewer at a PCR review, in addition to making any necessary notifications (*e.g.,* for team members who are mandated reporters), the Quality Reviewer will notify the PCR Project Director. The PCR Project Director will send a memo to the Deputy Director for QAPMA detailing the health and safety issues and concerns. In addition, during the review, the team member will ensure the provider takes protective action at the time of discovery.

The review may be expanded to include additional people receiving services, locations, and/or staff records at the discretion of the PCR team, when there are serious issues such as health and safety issues. This action also may be necessary when, during the course of the review, unsatisfactory findings dictate the need for an expanded review.

H. POST-Initial REVIEW

Post Initial Review Process: After an initial review is completed, each team member will enter his or her statement(s) into the PCR database, where they will be reviewed by a PCR senior manager. Once approved by the senior manager, the team leader will prepare a report of the findings. This report will provide results of indicators, and summarize best practices in each of the Person Centered, and Organizational Domains. For all *not met* indicators, a detailed explanation of why the indicators were *not met* will be provided. The PCR senior manager will review the report for completeness and accuracy. The report will detail the scores for each service, organizational outcomes and satisfaction results. Once approved, the report will be sent to the provider within ten business days of the last day of the review.[1]

Excellent Results: Scores for Q/A Person Centered indicators and Organizational Outcome indicators are at least 90% for both critical (five point) indicators and total indicators. Score 100% on all HCBS settings indicators. A score of 80% or greater is achieved on Satisfaction. An excellent rating can only be achieved by reaching this level of performance at the initial annual review.

[1] Certification results for providers operating in Maryland will be sent to the Maryland Department of Health and Mental Hygiene: Office of Community Licensure Program.

When there are Quality Assurance Indicators that are *not met*, the provider will be required to complete a Corrective Action Plan (CAP) for each of these indicators and return the CAP to the designated member of the PCR team within seven business days from receipt of the PCR results report. All *not met* indicators and the corrective actions will be entered into the MCIS Issue Resolution system by a designated PCR team member within ten business days after the end of the review process. The follow-up of indicators will be under the guidance of the assigned Quality Resource Specialist/or Service Coordinator and followed through the MCIS system, until resolved. The provider will receive annual certification, effective from the first date of the initial PCR review date.

Satisfactory Results: Scores for Q/A Person Centered indicators and/or Organizational Outcomes indicators are at least 80% for both critical (five point) indicators and total indicators. A provider scores 90% or greater, but does not score 100% on all HCBS settings indicators.

All Quality Assurance (Q/A) Indicators that are *not met* will require a CAP by the provider for each of these indicators identified. The CAP must be returned to the designated member of the PCR team within seven business days from receipt of the PCR results report. All *not met* indicators and the corrective actions will be entered into the MCIS Issue Resolution system by a designated PCR team member within ten business days after the end of the review process. Follow-up of indicators will be under the guidance of the assigned Quality Improvement Specialist/ or Service Coordinator and followed through the MCIS system until resolved. The provider will receive annual certification, effective from the date of the PCR review date.

Needs Improvement Result: Scores for Q/A Person Centered indicators and/or Organizational Outcomes indicators range between 70-79% for either critical (five point) indicators and/or total indicators. The provider will be notified of its placement on the DDS/DDA Do Not Refer list. A follow up review will be required by the PCR team.

All Quality Assurance (Q/A) Indicators that are *not met* will require a CAP by the provider for each of these indicators identified. The Corrective Action Plan must be returned to the designated member of the PCR team within seven business days from receipt of the PCR results report.

The PCR team will conduct a follow-up (F/U) review thirty (30) to sixty (60) calendar days from the issuance of the PCR initial report. This review will include follow up of all *not met* Q/A Indicators in the CAP, and all outstanding issues as stated above. Providers' CAPs should be applied to all people in their service where applicable, not just to the person(s) cited in the initial review. To determine this systemic corrective action, the

PCR team will select a sample of additional people to review in addition to the persons in the initial review sample. The PCR reviewers will review all people selected in the total sample for evidence that a *not met* indicator has been met for each person in the expanded sample as well as for the people in the original sample. When a person in the sample is no longer receiving services at the time of follow up, the indicator(s) that were *not met* on initial review will still be evaluated by the PCR team. This evaluation may take the form of reviewing the indicator for other persons receiving services in the organization with similar circumstances to determine that the provider has corrected the *not met* indicator when it affects other people. If no one is receiving the service measured by the *not met* indicator at the time of F/U, the provider will need to present a written plan for how to ensure the indicator will be met in the future. This response will be recorded in the F/U section of the Corrective Action Plan response by the reviewer. The score for the F/U review will be calculated, and when a provider has achieved a score that places the provider in the satisfactory range, the provider will be removed from the associated sanction, and will receive certification, effective from the first date of the initial PCR review.

Unsatisfactory Results: Scores for Q/A Person Centered indicators and/or Organizational Outcome indicators range between 51-69% for either critical (5 point) indicators and/or total indicators. The provider will be notified of its placement on the DDS/DDA Do Not Refer list.

All Quality Assurance Indicators that are *not met* will require a CAP by the provider for each of these indicators identified. The CAP must be returned to the designated member of the PCR team within seven business days from receipt of the PCR results report.

The PCR team will conduct a follow-up review thirty (30) to sixty (60) calendar days from the issuance of the PCR initial report. This review will include follow up of all *not met* Q/A indicators in the CAP, and all outstanding issues as identified in Section V of this guide. Providers' CAPs should be applied to all effected people in their service where applicable, not just the person(s) cited in the initial review. To determine this systemic corrective action, the PCR team will select a sample of people to review in addition to the people in the initial review. The PCR reviewers will review all persons selected in the total sample for evidence that a *not met* indicator has been met for all sampled people. When a person in the sample is no longer receiving services at the time of follow up, the indicator(s) that were *not met* on initial review will still be evaluated by the PCR team. This evaluation may take the form of reviewing the indicator for other people in the organization with similar circumstances to determine that the provider has corrected the *not met* indicator when it affects other people.

If there are no persons receiving the service measured by the *not met* indicator at the time of F/U, the provider

will need to present a written plan for how to ensure the indicator will be met in the future. This response will be recorded in the F/U section of the CAP response by the reviewer. The score for the F/U review will be calculated, and when a provider has achieved a score that places them in the satisfactory range, the provider will be removed from the associated sanction, and will receive a six month provisional certification, effective from the first date of the initial PCR.

Failed Results: Scores of 50% or less in all Q/A Person Centered indicators (in a service) and/or Organizational Outcomes indicators will result is a Fail rating. The provider will be notified of its placement on the DDS/DDA Do Not Refer List and Enhanced Monitoring.

A provider will be referred to the QAPMA for review by the Certification Review Panel, which will review all available evidence including indicator results and other quality measures relevant to the provider and recommend a follow up PCR or termination. If a decision by the panel is to move to a follow up Provider Certification Review, and the provider achieves satisfactory scores, the provider will be removed from the associated sanction, and will receive a six month provisional certification effective from the first date of the initial PCR.

I. FOLLOW-UP FOR LESS THAN SATISFACTORY INITIAL REVIEWS

Feedback to the Provider: The provider is asked to submit a CAP seven business days from receipt of the report. The team will review the plan and provide feedback to the provider. Feedback will indicate the degree to which the plan corrects the indicator(s) *not met*. This feedback will occur within five business days of the receipt of the plan.

All corrective actions must be completed or substantially initiated within thirty (30) calendar days from when the provider receives the initial PCR report. When a person in the sample corrective action is not present at F/U and no other person is receiving the service that the *not met* indicator measured, the provider will need to present a written plan for how to ensure the indicator will be met in the future by the time of the F/U review. When the provider does not present a written plan, the indicator will be marked as not met.

The PCR team will conduct a follow up visit for all providers who receive a rating in the Needs Improvement or Unsatisfactory range on initial review for any not met indicator designations to determine that the corrective actions have been implemented.

Follow-Up Visit: will occur thirty (30) to sixty (60) calendar days from the date the provider receives the initial PCR report. The team will evaluate the provider's efforts to correct the *not met* indicators identified in the PCR report. The team leader will score the results from the follow-up visit and determine if the provider has now moved to a Satisfactory designation. The team leader will prepare a follow-up report within seven business days of the review. This report will outline which corrective actions have *met* or have *not met* the indicators. This report will be sent to a senior manager, who will review and approve the report within two business days of the review. Once approved, the report will be sent to the provider within ten business days from the completion of the review. If the provider has achieved Satisfactory in all services reviewed and has no outstanding/overdue corrective actions, recommendations or issues as described in the preceding paragraph, the provider will be removed from the associated sanction, and will receive a certification for each service. At the completion of the F/U review, the PCR team member will enter any unmet indicators into the MCIS's Issue Resolution system as detailed in section H: Timing of Entry of Issues/Incidents into MCIS.

J. Quality Assurance and Performance Management Administration Certification Review Panel

The Certification Review Panel is chaired by the DDS Deputy Director of QAPMA. The members of the panel will be DDS QAPMA managers and will be informed by the assigned Quality Resource Specialist, Nurse Consultant, DDS Office of Rights and Advocacy, and others who have experience with the provider's performance. Members of the PCR team will not serve on this panel. The size of the panel membership will be determined by the DDS Deputy Director of QAPMA. The purpose of the Certification Review Panel is to review a provider who has failed a service either during the annual/ six month PCR or when successive reviews has established a pattern of unsatisfactory results over time (see section O), The panel will look at PCR results, and other quality measurements. The panel with determine if the provider will be recommended for a follow up review, a provisional certification, or a recommendation for termination. The Panel will be convened within ten business days of notification of the PCR results. The report of the determination of the Certification Review Panel will be sent to the provider and the PCR Director within five business days of the meeting. When the determination for continuing with the PCR process, i.e., conducting a follow up review, is made, the Director of the Provider Certification Review team will initiate continuance of the process within five business days of the receipt of notification.

K. Provider Certification Review Monitoring Decisions

Provider Certification Level of Quality Criteria 1. PCR Results criteria:

Ratings	**Scoring Criteria for Ratings**
Excellent	Overall-90 or above in PC and Organizational Indicators. 90 or above in PC and Organizational-5 point indicators. 100% in HCBS PC and Organizational indicators
Satisfactory	Overall- 80-89 in PC and/or Organizational. 80-89 in PC and/or Organizational-5 point indicators
	Overall-80-89 in PC and 90-100 in Organizational. 80-89 in PC or Organizational-5 point indicators
	Overall- 90 or above in PC and 80-89 in Organizational. 80-89 in PC or Organizational-5 point indicators
Needs Improvement	Overall- 70- 79 in PC and 70-79 in Organizational. Below 80 in PC or Organizational-5 point indicators
	Overall 70-79 in PC and 80 or above in Organizational. Below 80 in PC or Organizational-5 point indicators
	Overall- 80 or above in PC and 70-79 in Organizational. Below 70-79 in PC or Organizational-5 point indicators
Unsatisfactory	Overall-51-69 in PC and Organizational. Below 70 in PC or Organizational-5 point indicators
	Overall-51-69 in PC and 70 or above in Organizational. Below 70 in PC or Organizational-5 point indicators
	Overall- 70 or above in PC and 51-69 in Organizational
	Below 70 in PC or Organizational-5 point indicators
Failed	Overall- 50 or below in PC and/or Organizational Indicators

The chart below describes how the criteria are applied in order to arrive at a level of quality for the provider:

Level of Quality	**Criteria**	**Outcomes**

Excellent	Meets all applicable scoring criteria as described in J., above (90 or above), scores 100% on all designated HCBS indicators for the service	• Corrective Action for Q/A indicators • Certification Issued • Reviewed in 1-2 years.
Satisfactory	Meets applicable scoring criteria as described in J., above (80-89), scores less than 100% on all designated HCBS indicators for the service	• Corrective Action for Q/A indicators • Certification Issued • Reviewed in 1 year

Needs Improvement	Meets applicable scoring criteria as described in J., above (70-79)	• Do Not Refer list applies when any scores are below 80% at initial review • Corrective Action for Q/A indicators • F/U review of plan implementation to follow at 30-60 days from receiving report • When scores are at or above 80% on F/U receives annual certification • Receives 6 months certification if on Enhanced Monitoring, • Consecutive Needs Improvement ratings for a service result in different outcomes as delineated in section M. • When scores are below 80% at F/U, provider referred to DDA for sanctions (See section K)
Unsatisfactory	Meets applicable scoring criteria as described in J., above (51-69)	• Do Not Refer list applies when any scores are below 80% at initial review • Corrective Action for Q/A indicators • F/U review of plan implementation to follow at 30-60 days from receiving report • When scores are at or above 80% on F/U, receives 6 month certification. • Consecutive Unsatisfactory ratings for a service result in different outcomes as delineated in section M. • When scores are below 80% at F/U, provider referred to DDA for sanctions (See section K).

Failed	Meets the applicable scoring criteria: as described in J., above (50 or below).	• Provider is referred to the Certification Review Panel • Provider is referred for Sanctions • Based on Certification Review Panel provider may be recommended for termination or to continue with PCR certification • Not Met indicators are entered as issues in MCIS

L. CERTIFICATION

A provider's certification is valid from the first day of the review once a passing score has been achieved for the service(s). Subsequent PCRs are scheduled during the Recertification Period defined as the thirty (30) calendar days prior to, and up to thirty (30) calendar days after the expiration date. During this Recertification Period, which includes the initial through follow up reviews, the provider's previous certification will be valid until the results of the PCR are published.

M. SANCTIONS

1. When a provider fails to achieve scores on initial review of 80% or higher (Satisfactory or Excellent) for all designations of indicators (Person Centered domains and Organization indicators) for a service:
   a. The provider will be placed on the Do Not Refer list for the affected service(s) until a Satisfactory score has been achieved at the time of the F/U review;
   b. If a transition is in process, DDA may hold the transition;
   c. When a provider has an initial designation of Unsatisfactory, the provider can only receive a six month Provisional Certification, if successful in achieving a satisfactory rating at the follow up visit.
   d. And other available sanctions as may be appropriate per DDA/DDS policy.
2. When a provider fails to achieve at least a Satisfactory rating for a service(s), by the end of the PCR review period, or, when a provider has not achieved satisfactory outcomes upon initial review from one certification review to the next (see Section O: PCR Results Over Time for detail of the criteria of successive review results that do not meet satisfactory standards), the following actions will be taken at the end of the review period:
   a. The provider will be placed or remain on Enhanced Monitoring related to the service(s), and the provider status will be published on the DDS website. Certification will not be issued or renewed.
   b. If a transition is in process, DDA may hold the transition.
   c. The results of the PCR will be sent to the DDS Director of QAPMA, who will call a Certification Review Panel to review these results, to determine if provisional certification (up to a one year) should be granted, or a recommendation made to DHCF to terminate the failed service. When termination is recommended, the following will occur:
      i. DDS will share the final PCR report for the failed service(s) with the person, family members as appropriate, guardians, court-appointed attorney and other substitute decision-makers.
      ii. DDS will send a letter to the person and members of his/her support team detailing the final results of the PCR with information to contact DDS if any of the parties would like a new

provider.

iii. DDS will arrange for a team meeting when a desire for a new provider is requested.

d. All PCR provider scores are posted on the DDS website.

N. RECONSIDERATIONS/APPEALS

1. The first step in the appeal process is to the Provider Certification Review Team:

   Initial review/F/U review.

   a. When a provider disputes any of the facts specific to the findings at the initial review, or the F/U review, the provider must submit documentation via electronic mail to the PCR Project Director within five business days, from the receipt of the written report. The documentation should identify:
      - the indicator(s) under dispute;
      - the reason the provider believes the indicator should not have received the rating;
      - any documentation to support the provider's claim(s).
   b. The Project Director will review the appeal statements and documentation presented and will determine if changes need to be made in the results of the initial or F/U review. This will be completed within ten (10) business days of receipt of the provider's documentation.
   c. The Project Director will issue a report detailing the rationale for the decision to change or keep the original designation of the indicators under appeal to the provider and DDS/DDA personnel within ten (10) business days of receipt of the appeal.
   d. If the Project Director finds that the documentation supports the provider's argument for changing a rating of an indicator, the review will be rescored, and the results will be issued with the amended score. The previous scores will be considered null and void.
   e. When the appeal is related to the initial review, the appeal does not delay the PCR process. The Corrective Action Plan should be submitted as required. Once a determination is made and reported by the PCR Project Director, in which the appeal results change the outcome of the review, the PCR process will be followed based on the amended scores. When sanctions no longer apply, the DDS Deputy Director of QAPMA will take immediate actions to rescind any applicable sanctions.
   f. When the appeal is related to the F/U review, the appeal does not delay sanctions. Once a determination is made and reported by the PCR Project Director, in which the appeal results change the outcome of the review, the PCR process will be followed based on the amended scores. When sanctions no longer apply, the DDS Deputy Director of QAPMA will take immediate actions to rescind any applicable sanctions.

2. The second step in the appeal process is to QAPMA:
    a. When the provider disputes the decision by the PCR Project Director the provider can appeal to the DDS Deputy Director of QAPMA at the end of the PCR process, which can be:
        i. after the initial PCR when scores are at least Satisfactory and there is no need for a F/U review. The provider will have five business days upon receipt of the decision by the Project Director to submit a written appeal to the DDS Deputy Director of QAPMA.
        ii. after the initial PCR when scores result in a Failed designation and there will be no F/U review. The provider will have five business days upon receipt of the decision by the Project Director to submit a written appeal to the DDS Deputy Director of QAPMA.
        iii. when a F/U review is required, the provider will have five business days upon receipt of the F/U review report to appeal to the DDS Deputy Director of QAPMA, any decision by the Project Director in dispute.
    b. The written appeal must include documentation that details which indicators and documentation the provider is disputing, the reason(s) why the provider is disputing the decision, and any documentation that supports the provider's claim(s).
    c. The DDS Deputy Director of QAPMA may appoint a reviewer to review the appeal. If appointed, the reviewer will evaluate the appeal and may request more information from the provider and/or the PCR team or schedule a meeting with the involved parties to gather facts. The reviewer will make a recommendation to the DDS Deputy Director of QAPMA.
    d. Within ten business days of receipt of the written appeal, the DDS Deputy Director of QAPMA will issue a final determination in writing to the provider and PCR team. If the results of the PCR are changed, an amended report will be issued by the PCR Project Director to all parties.
    e. The appeal does not delay sanctions. If the provider received an Unsatisfactory rating at the end of the PCR for any service, the provider will be placed on sanctions, including Enhanced Monitoring. DDS/DDA will make notifications to people receiving services and their support teams (per section L. Sanctions). Once the DDS Deputy Director of QAPMA has reviewed the PCR findings and appeal, and determines the appeal will not change final outcomes of the PCR results, DDS/DDA will call a meeting of the Provider Certification Review panel to determine whether to make a recommendation to DHCF to terminate the Medicaid Provider Agreement or to issue up to a one year provisional certification.
    f. If the appeal determination results in a change in the rating and the provider is determined to be certified, the DDS Deputy Director of QAPMA will take immediate actions to rescind any applicable sanctions.
    g. Appeals determinations will serve as notice and include information about the right to appeal to DHCF.

O. PCR Results Over Time

1. The past ratings that providers receive will affect the outcome a provider receives on the current review. The following situations will apply to a current review when results are not at least Satisfactory on initial review:

   a. Two consecutive Unsatisfactory results on initial review for a service:
      i. Provider is placed on the Do Not Refer list
      ii. PCR review results from all past unsatisfactory results are sent to a Certification Review Panel
      iii. Panel will review results and other quality measures relevant to the provider
      iv. Recommend F/U or termination
      v. If F/U recommended and results satisfactory, six month provisional certification given
      vi. If F/U recommended, provider fails to achieve a satisfactory rating, termination recommended.

   b. If after the six month provisional certification as described in A.v. above, the provider again receives an unsatisfactory result (a third consecutive unsatisfactory result) on initial review for a service:
      i. Provider is placed on the Do Not Refer List
      ii. Provider will be referred to the Certification Review Plan for determination of continuing of services or termination.
      iii. No F/U review will be scheduled until after the decision of the Certification Review Panel.

   c. Three Consecutive Needs Improvement results or lower on initial reviews for a service:
      i. Provider is placed on the Do Not Refer List until F/U
      ii. Receive six month provisional certification.

   d. Four Consecutive Needs Improvement results or lower on initial review for a service:
      i. Provider is placed on the Do Not Refer List until F/U
      ii. PCR review results from all past Unsatisfactory results are sent to a Certification Review Panel
      iii. Panel will review results and other quality measures relevant to the provider
      iv. Recommend F/U or termination
      v. If F/U recommended and results Satisfactory, six month provisional certification given
      vi. If Unsatisfactory results at F/U, refer to the Certification Review Panel for sanctions.

   e. If after the six month provisional certification as described in D.v. above, the provider again receives a Needs Improvement result or lower on initial review for a service:
      i. Provider is placed on the Do Not Refer List
      ii. Provider will be referred to the Certification Review Plan for determination of continuing of

services or termination.

iii. No F/U review will be scheduled until after the decision of the Certification Review Panel.

f. When a provider has earned a rating of excellent for two consecutive annual reviews in a service, the provider is given a twenty-four (24) month certification from the date of their annual review.