HCBS Waiver Reporting Activities During COVID Emergency

- Request submitted to CMS to allow blanket approval for relief from HCBS reporting requirements;
- CMS did not agree with request for blanket approval, but did suggest states can use Appendix K and affirmed the intention to approve such requests.
- Several states have approved Appendix K inclusive of changes in reporting requirements.
- NASDDDS continues dialogue with CMS on options for states that have not yet requested changes, including request to minimize administrative burden when Appendix K has already been submitted and approved.
Appendix K Emergency Preparedness and Response
Waiver Performance Measure Changes
Questions Sent to State Agencies

• What changes, if any, has your state instituted in data collection, reporting or other structures within HCBS 1915 C Waiver Assurances?

• If your state has changed SOME data collection protocols, but not ALL, for which Performance Measures/sub-assurances has your state maintained steady data collection protocols?

• Has your state begun collecting any NEW data related to activities currently underway, for example health surveillance, COVID-19 related surveillance, staffing capacity for providers, staff exposure or confirmation of COVID_19, etc.?
Flexibility in Performance of Required Activities

The Department requests flexibility with respect to deadlines and timetables for performance of required activities conducted by the Department, providers, and contracted entities. These reports and activities include but are not limited to quarterly and annual quality reports, CMS 372, and Evidentiary reports. The Department proposes to extend the deadline for submission of evidence based reports for 90 days past the original due date.
Maryland

• The DDA’s highest priority is the health, safety, and wellbeing of people with intellectual and developmental disabilities, their families, staff, and providers

• Performance Measure Data and Reporting

• Appendix K - quarterly and annual reports, CMS 372, and Evidentiary Reports
<table>
<thead>
<tr>
<th>Waiver(s)</th>
<th>PM#</th>
<th>Current Performance Measure</th>
<th>Assessment Tool</th>
<th>Appendix K/1135 Request COVID-19 Impact on Data Collection</th>
<th>State will continue data collection without changes or delay (Y/N)</th>
<th>State formally paused/delayed or changed data collection or reporting. (Y/N)</th>
<th>Documentation</th>
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<tbody>
<tr>
<td>B.c.2</td>
<td></td>
<td>Number and percent of new waiver participants in which the Level of Care (LOC) assessment and determination was applied appropriately according to Dept regulations</td>
<td>Data Source: Program Review Tool</td>
<td>Updated Authorization Timelines and Documentation:</td>
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<td>Responsible Party for Data Collection: State Medicaid Agency</td>
<td>• Initial and Continued Stay Review assessments completed by phone or other electronic modality are authorized for up to 1 year.</td>
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<td>Other: QIO Frequency of Data Collection: Annually</td>
<td>• The CMA will document how the assessment was completed in the Benefits Utilization System (BUS) log note section and the 100.2 assessment demographic section (via phone or another electronic modality).</td>
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<td>Sampling Approach: 100% of INAS</td>
<td>• The member or their legal representative may sign the assessment paperwork by electronic signature, as outlined in Operational Memo 20-027: Changes to Signature Requirements for Member Paperwork in Response to COVID-19 for Case Management Agencies, or through postal mail.</td>
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<td>Sampling Approach: 100% Review (CLLI, CMHS)</td>
<td>• For SIS and ICAP Assessments completed by telephone or other electronic modality, the CMA will document details regarding the administration of the assessment in the Benefits Utilization System (BUS) log note section. The case manager should complete an in-person review at the next scheduled six-month contact. The Department will exclude the Patient Medical Information Page (PMIP) from the initial LOC process for the length of the State Disaster Plan to prevent a portion of the LOC process from occurring after services are rendered. CMA will document in the Log Notes and the assessment this information.</td>
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Sub-assurance (c): The processes and instruments described in the approved waiver are applied appropriately to the approved description to determine initial participant level of care.

Updated Authorization Timelines and Documentation:
- Initial and Continued Stay Review assessments completed by phone or other electronic modality are authorized for up to 1 year.
- The CMA will document how the assessment was completed in the Benefits Utilization System (BUS) log note section and the 100.2 assessment demographic section (via phone or another electronic modality).
- The member or their legal representative may sign the assessment paperwork by electronic signature, as outlined in Operational Memo 20-027: Changes to Signature Requirements for Member Paperwork in Response to COVID-19 for Case Management Agencies, or through postal mail.
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N- Data collection methods may require modification for processes effective pre-COVID and also for the process effective during the emergency.
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<td><strong>Sub-assurance (a): The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.</strong></td>
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**Number and percent of waiver providers, by type, that met licensing standards or certification requirements at time of scheduled or periodic recertification survey.**

- **Data Source:** Reports to State Medicaid Agency on delegated Administrative functions
- **Other:** CDPHE Survey Reports
- **Responsible Party for Data Collection:** State Medicaid Agency
- **Other:** CDPHE (BI, CHCBS, CLLI, SCI)
- **Frequency of Data Collection:** Continuously and Ongoing Annually (BI)
- **Sampling Approach:** 100% Review, Less than 100% Review (CHRP)
- **Other:** Denominator limited to total number of CDPHE surveys conducted in the performance periods (CHRP)

- **State certification survey staff are, on a case-by-case basis, postponing agency certification and licensure reviews for services that are surveyed by the Department of Public Health and Environment, Health Facilities and Emergency Section Division until the area is no longer in a state of emergency. This is for the safety of the survey staff and individuals who are utilizing these services. Certification and licensure surveys will be conducted for abuse and neglect complaints, immediate jeopardy concerns, as well as new licensure and certification requests for new providers.**

- **Data collection methods may require modification for processes effective pre-COVID and also for the process effective during the emergency.**

- **N-**
- **Y-**

Appendix K
Appendix K Emergency Preparedness and Response
Waiver Performance Measure Changes

All State Discussion

What concerns/questions/challenges is your state facing (now or anticipated in the future) with reporting or data collection for any of your HCBS Medicaid Authorities?
Appendix K Emergency Preparedness and Response
Waiver Performance Measure Changes

All State Discussion

Has your state distributed and *operationalized specific guidance* on data collection and reporting for HCBS 1915 C waivers during the pandemic emergency declaration?
All State Discussion

Has you state thus far seen any changes— increase or decrease— in frequency of other report types?
Thank you

Check out our podcasts on SoundCloud!

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www.nasddds.org