

Independent and Qualified Agent (IQA) Contract Audit Progress Report, December 2023

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Executive Summary

If someone needs mental health care and seeks treatment, they should be confident they will get the help they need. The Oregon Health Authority (OHA) Medicaid program requested the Independent and Qualified Agent (IQA) Contract Administration internal audit resulting in 15 audit findings to improve access to care. Audit findings, published on October 19, 2023, showed that OHA was not adequately administering the IQA contract responsible for delivering Medicaid 1915i Home and Community-Based Services (HCBS) to Oregonians. Services and supports delivered through 1915(i) HCBS state plan option are intended to meet the needs and choices of qualifying individuals experiencing chronic mental illness in the HCBS setting of their choice in accordance with federal Medicaid regulations. In response to the fifteen IQA Contract Administration Audit findings, OHA developed an IQA Contract Audit Management Plan, and the report below reflects the first two months of progress on that plan. The Audit Management Plan is designed to improve access to and quality, amount, duration, and scope of 1915(i) HCBS services for qualifying individuals, and the report below groups the fifteen findings and actions into six (6) major workstreams of IQA contract administration improvement.

In four (4) of the six (6) identified workstreams, OHA is making progress consistent with timelines established in the Audit Management Plan and that progress is supported by the documentation included within this report.

In responding to Audit Recommendations related to Secure Residential Treatment Facilities (SRTF) Processes and Contract Administration and Oversight, OHA identified additional challenges not addressed by the audit and related to the establishment of SRTF medical appropriateness criteria and payment processes (using Medicaid and/or General Funds) for cases not meeting medical appropriateness criteria. OHA will provide a comprehensive plan for addressing these challenges in the second monthly Audit Progress Report (January 2024).

In two (2) of the identified areas of improvement, OHA has completed the auditors' recommendations (Level of service determination processes; Personal Care Attendant support) and is working on additional changes to improve access to care. To improve the quality and consistency of community-based services provided to Medicaid members receiving 1915i HCBS services, OHA developed and implemented the Personal Care Assessment & Planning System (PCAPS) tool pilot (effective November 13, 2023), designed to assess PCA exceptional hours requests and establish documentation requirements to ensure consistent determinations. Furthermore, OHA is making progress on plans to replace the current Level of Service (LSI) inventory tool; developed from Medicaid member and provider feedback and designed to improve documentation standards and the consistency of level of service determinations.

The IQA Contract Audit Progress Report reported below reflects the first two (2) months of progress, and the second Progress Report will be made available in January 2024. OHA will develop a Quality Assurance (QA) Plan for the IQA contract (January 2024), implement monthly quality assurance reviews with the IQA (effective 1/30/24), and begin a quarterly QA evaluation process starting in March 2024, including results that will be reflected in the April 2024 monthly Audit Progress Report.

IQA Contract Administration Audit Management Progress Dashboard, 2023-2024

Improvement Areas	Recommendation	Goal	Nov	Dec	Jan	Feb	Mar	Apr
Level of service determination processes	Updated LSI Manual & IQA forms including 27 service elements	100%	%25	%50				
	IQA policies & practice requiring face-to-face interviews for LSI score	100%	%50	%75				
	IQA weighing individual & provider responses appropriately for LSI	100%	%50	%75				
	IQA fidelity to LSI scoring criteria & use of independent LSI scoring review process	100%	%50	%75				
Secure Residential Treatment Facilities (SRTF) processes	Clearly written process ensuring SRTF requests are medically appropriate	100%	%50	%75				
	Metrics reflecting medically appropriate SRTF admissions & continued stay decisions	100%	%15	%25				
	Quarterly reports & monthly monitoring reflecting accurate SRTF billing practices	100%	%15	%25				
	Metrics reflecting accurate Medicaid & General Fund SRTF payments	100%	%15	%25				
Contract Administration & Oversight	Quality Assurance (QA) metrics reflecting accurate IQA service payments	100%	%15	%25				
	QA metrics reflecting correct documentation is consistently entered into MMIS	100%	%25	%50				
	QA metrics reflecting Notices of Planned Action are consistently sent to members	100%	%25	%50				
	QA metrics reflecting Person-Centered Service Plan progress by IQA	100%	%15	%25				
	QA metrics reflecting unduplicated annual individual count per service category	100%	%25	%50				
	QA metrics reflecting clear justifications for adverse Notices of Planned Action	100%	%25	%50				
Personal Care Attendant (PCA)	QA metrics reflecting documented, objective & consistent PCA determinations	100%	%50	%75				
Appeal Processes	Process sent to all providers & IQA regarding provider administrative review rights	100%	%50	%75				
	Charter established for Rate Review Committee (RRC)	100%	%50	%75				
	QA metrics reflecting effective appeal process implementation & utilization	100%	%50	%75				
Home & Community-Based Services Outreach	QA metrics reflecting progress on outreach program	100%	%50	%75				
% Complete	<i>Progress is measured by "percentage of completion; "in progress" red means anything less than 25% completed, as distinct from "in progress" green</i>							
Green	In progress/on schedule							
Red	Behind schedule							

Level of Service Determination Processes (LSI, LOCUS tools)

Finding 1: The IQA's administration of the Level of Service Inventory (LSI) is not compliant with the LSI manual and lacks documentation controls necessary to support the rating (pp. 4-7)

Finding 3: Conflicting examples of supporting clinical documentation in the IQA Plan of Care Request form and the LSI Manual causes confusion among residential providers (pp. 7-8)

Finding 4: LSI reconsideration requests lack an independent review (pp. 8-10)

Finding 10: LOCUS assessments are not consistently completed for OSH forensic patients (p. 10)

Recommendation	Progress	Deadline	Status	Quality Assurance Processes
<p><u>1.1:</u></p> <p>Update the LSI manual and the IQA's LSI form to include a standard question for each of the 27 service elements to ensure consistent administration of the LSI assessment.</p>	<ul style="list-style-type: none"> OHA communicated to the IQA to review each of the 27 service elements with each individual and others of their choosing as part of the assessment meeting and review process (11/1/23). 12/11/23 OHA met with IQA and reviewed questions that have been added to the tool that will be used by the IQA. OHA will confirm with the IQA on 12/13/23 regarding an implementation date. There is no pilot planned. OHA will need to establish internal processes to complete audits, what tools are used to complete the audit, and how feedback will be provided to the IQA. 	1/1/24	In Progress	<p><i>-OHA will review updated LSI manual, the IQA's corresponding LSI form & the IQA's use of a standard question for each of the 27 service elements on 1/30/24 @ monthly in-person OHA-IQA Quality Assurance (QA) review.</i></p> <p><i>-Starting in March 2024 (Q1), OHA will review use of IQA LSI policies and procedures through a new quarterly QA review process designed to ensure IQA implementation of all Audit recommendations.</i></p>

	<ul style="list-style-type: none"> Exceeding the auditors' recommendations, OHA has also engaged an external actuarial firm to help identify a new functional needs assessment tool to replace the LSI. Currently, OHA has identified 3 potential assessment tool options and will work with both the tool developers and the Medicaid Community Engagement team to develop stakeholder feedback opportunities for the new functional needs assessment tool, ensuring the selected tool will meet the specific needs of Oregonians. Additionally, OHA is partnering with ODHS to collaborate on the development of an additional tool that will meet eligibility and service determination needs for both agencies target populations. 			
<p><u>1.2:</u> Require the IQA to conduct LSI administration during face-to-face interviews and document in individual's electronic health records, clearly</p>	<ul style="list-style-type: none"> OHA directed the IQA to require face-to-face interviews as part of the LSI administration process (10/19/23). The IQA submitted their internal policies and procedures related to LSI administration to OHA for review (11/16/23). OHA confirmed IQA implementation and use of the face-to-face interview 	11/1/23	Complete	<p><i>-OHA will review the IQA face-to-face interview & LSI administration on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p> <p><i>- Starting in March 2024 (Q1), OHA will review the standardization of IQA practices for conducting LSI administration face-to-face interviews through a new IQA contract quarterly QA review process.</i></p>

<p>identifying the respondent (individual or provider) and response provided.</p>	<p>requirement as part of LSI rating determination process (12/4/23).</p>			
<p><u>1.3:</u> Provide clear direction on weighing the individual and provider responses in LSI ratings.</p>	<ul style="list-style-type: none"> OHA directed the IQA to determine LSI ratings based by appropriate individual, provider & support service responses for each of the 27 service areas (10/19/23). 	<p>11/1/23</p>	<p>Complete</p>	<p><i>-OHA will review IQA LSI determination processes on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p> <p><i>-Starting in March 2024 (Q1), OHA will review IQA evidence for balanced LSI rating determination processes through a new IQA contract quarterly QA review process.</i></p>
<p><u>1.4:</u> Establish a monitoring and quality assurance process to ensure consistency and accuracy of LSI administration and rating.</p>	<ul style="list-style-type: none"> OHA directed the IQA to include all required documentation (including previous LSI scores and evidence of relevant technical assistance [TA] offered to providers) as part of LSI rating determination process (10/19/23). The IQA submitted their internal agency policies and procedures related to LSI rating determination processes, including processes based on the review of all required supporting documentation for the determination of LSI ratings (11/16/23). 		<p>Complete</p>	<p><i>-OHA will review IQA LSI ratings determination processes, including the practice of IQA review of previous LSI scores & evidence of relevant TA offered to providers, on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p> <p><i>- Starting in March 2024 (Q1), OHA will review evidence for the IQA's development and use of new processes related to LSI rating reliability practices, including the submission of 10 case files, which provides an appropriate sample size for determining IQA fidelity to LSI scoring criteria & and evidence of the development and use of an independent LSI scoring review process.</i></p>

<p><u>3.1:</u></p> <p>Develop a set of documentation standards to be used for LSI assessment to ensure consistent and comprehensive decision making.</p>	<ul style="list-style-type: none"> • Documentation standards are complete and are identified in OAR 410-120-1320, 410-172-0620, and 410-173-0045. • OHA delivered a training on Medicaid documentation standards to a group of Adult Foster Home (AFH) providers (9/27/23), which was based on Oregon state Medicaid Rules (Division 410). • Trainings designed for a broader range of providers are in development for 2024 (Q1). 		Complete	<p><i>-By January 1, 2024, OHA will provide an IQA Services Contract Quality Assurance (QA) Plan directly addressing documentation standards, and OHA will review the IQA Services Contract QA Plan with the IQA on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p> <p><i>-By the end of March 2024 (Q1), OHA will provide evidence of an expanded number of trainings provided to a broader range of providers, designed to improve Medicaid billing documentation standards.</i></p>
<p><u>3.2</u></p> <p>Ensure alignment between the LSI manual and the IQA forms for supporting clinical documentation requirements.</p>	<ul style="list-style-type: none"> • OHA completed a review of the LSI manuals and IQA forms through a crosswalk exercise, identifying items as compliant or not compliant (11/16/23). • OHA provided updated recommendations for the LSI manual & IQA forms to be updated by the IQA & displayed on the IQA website (11/16/23). 	12/1/23	Complete	<p><i>-OHA will review evidence for the display of the updated LSI manual & IQA forms on the IQA website to ensure the documents are clearly displayed on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p> <p><i>-Starting in March 2024 (Q1), OHA will review use of IQA display of the LSI manual & IQA forms for supporting clinical documentation requirements on the IQA website through a new IQA contract quarterly QA review process.</i></p>
<p><u>4.1</u></p> <p>Require IQA to establish a process for an independent review of LSI</p>	<ul style="list-style-type: none"> • The IQA developed a process for an independent reviews of LSI reconsideration request (11/16/23). • OHA will complete the review of the IQA process for an independent review of LSI reconsideration requests & 	12/1/23	Complete	<p><i>-OHA will review the IQA process for an independent review of LSI reconsideration requests on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p>

<p>reconsideration requests when payment rate does not change after the reconsideration request is processed.</p>	<p>disseminate the updated process to the IQA, individuals & providers for implementation by 1/1/2024.</p>			<p><i>-Starting in March 2024 (Q1), OHA will review the IQA process for independent review of LSI reconsideration requests as part of a new IQA contract quarterly QA review process.</i></p>
<p><u>4.2</u> Establish a monitoring and quality assurance process to ensure compliance with the new process.</p>	<ul style="list-style-type: none"> • For the quarterly LSI reconsideration review process, OHA shared plans with the IQA to randomly select ten (10) IQA reconsideration reviews and supporting documentation starting in March 2024 (Q1) as part of a quarterly IQA contract quality assurance review process (12/12/23). OHA will review the IQA assessments and documentation for consistency with OHA-provided training and expectations. OHA will identify a select number of assessments where the IQA and OHA clinical staff differ and host a collaborative conversation to determine differences in scoring, including observations and qualitative information. OHA will offer feedback and expectation settings based on conversation. • Additionally, OHA will capture data identifying significant differences in IQA LSI reconsideration request scoring and the corrective action steps to address, which will become part of the established IQA quarterly contract quality assurance/Quality improvement 	<p>4/1/24</p>	<p>In Progress</p>	<p><i>-By March 2024 (Q1), the IQA will begin the quarterly submission of a random sample of LSI reconsideration reviews (not to exceed 10 files) in a new QA process designed to ensure a continuous improvement cycle for the LSI reconsideration process and adherence to IQA file submission and reporting requirements.</i></p>

	evaluation process starting in 2024 (Q1).			
<p><u>10:</u></p> <p>OHA to document collective plan regarding LOCUS Assessments and work with OSH to determine the best way to support their patients.</p>	<ul style="list-style-type: none"> After meeting with Oregon State Hospital (OSH) leadership and clinicians, OHA determined it will send a memo to the IQA and OSH requiring the IQA to request and review the LOCUS assessment completed for patients by OSH as a basis for developing comprehensive Person-Centered Service Plans (PCSP), effectively overriding the current terms of the IQA Services Contract. This action will provide patients with the most accurate assessment of their needs by qualified clinicians who have daily contact with the patients. 	12/29/23	In Progress	<p><i>-OHA will provide an update on the memo to IQA and OSH leadership in the January 2024 monthly Audit Report.</i></p> <p><i>-Starting in March 2024 (Q1), OHA will include the new process requiring the IQA to request and review the LOCUS assessment as part of the new IQA contract quarterly quality assurance review process.</i></p>

Secure Residential Treatment Facilities (SRTF) Processes

Finding 2: Medical appropriateness determinations for admission and continued stay of individuals in Secure Residential Treatment Facilities (SRTF) are not consistently documented by the IQA in the individual’s electronic health records (pp. 11-12)
Finding 5: Variance in the number of SRTF reviews completed in quarterly and annual reports suggests that IQA reporting is unreliable (p. 12)
Finding 12: Improper use of Medicaid funds, unnecessary stay of individuals in restrictive residential settings, and potential duplicate payments to providers due to the lack of a SRTF denial process (pp. 13-16)

Recommendation	Progress	Deadline	Status	Quality Assurance Processes
<p><u>2.1:</u></p> <p>Clearly communicate expectations around documentation requirements to the IQA for medical appropriateness reviews.</p>	<ul style="list-style-type: none"> OHA has developed denial language to be sent to individuals, their representatives, and providers when individuals do not meet criteria for Medical Necessity. This language has been vetted by DOJ. OHA provided the IQA with a process map document designed for use by the IQA to determine medical necessity for individuals in SRTF placements (11/13/23). Effective 2/1/2024, a full medical necessity determination by the IQA will be required for all individual SRTF placements. Effective 2/1/2024, the IQA will be required to document all SRTF medical necessity determination decisions in 	11/15/23	Complete	<p><i>-OHA will review the IQA use of the OHA medical necessity process map for determining SRTF placements on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p> <p><i>-Starting in March 2024 (Q1), OHA will review IQA EMR related to all SRTF placement decisions to ensure decisions are supported by full medical necessity determination, part of a new quarterly IQA contract QA review process.</i></p>

	IQA agency Emergency Medical Records (EMR).			
<p><u>2.2:</u></p> <p>Establish a monitoring and quality assurance process to ensure SRTF admission and continue stay requests are reviewed, decided and documented by the IQA for medical appropriateness.</p>	<ul style="list-style-type: none"> OHA has communicated to IQA, indicating their need to develop policies and procedures for completing medical necessity review, transition planning, and 60-day transitions to access lower, medically appropriate, levels of care. OHA communicated the IQA contract audit management plan to the IQA on 11/16/23, including the IQA documentation review process scheduled to start in March 2024 (Q1). 	11/15/23	Complete	<p><i>-OHA will review the IQA Contract Quality Assurance Plan with the IQA on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p> <p><i>-Starting in March 2024 (Q1), OHA will review IQA SRTF admission and continued stay requests, ensuring all decisions are documented by the IQA for medical appropriateness, part of a new quarterly IQA contract QA review process.</i></p>
<p><u>5:</u></p> <p>Establish a monitoring and quality assurance process to ensure data presented in the quarterly and annual reports are consistent and accurate and services are billed based on accurately reported numbers.</p>	<ul style="list-style-type: none"> OHA developed an IQA Data & Reporting QA process—including monitoring steps—to ensure data presented in IQA quarterly & annual reports are accurate & services billed are based on accurately reported data (11/29/23). 	11/15/23	Complete	<p><i>-OHA will review the IQA Data & Reporting QA Plan with the IQA on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p> <p><i>-Starting in March 2024 (Q1), OHA will review IQA SRTF admission and continued stay requests, ensuring all decisions are documented by the IQA for medical appropriateness, part of a new quarterly IQA contract QA review process.</i></p>

<p><u>12.1:</u></p> <p>Track determinations that do not meet medical appropriateness criteria to ensure they are also not paid by Medicaid and that timely discharge of voluntary individuals without a legal hold requiring stay in a restrictive facility occurs.</p>	<ul style="list-style-type: none"> • Effective 2/1/2024, OHA will implement full medical necessity documentation requirements for individual SRTF admission and continued stay. • OHA confirmed agency processes in place to prevent dual payments (the use of Medicaid & General Funds to pay for the same service) and will provide a plan to prevent dual payments for SRTF. 	<p>11/15/23</p>	<p>Complete</p>	<p><i>-OHA will review implementation of full medical necessity SRTF admission requirements on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p> <p><i>-Starting in March 2024 (Q1), OHA will review IQA SRTF admission and continued stay requests, ensuring all decisions are documented by the IQA for medical appropriateness, part of a new quarterly IQA contract QA review process.</i></p>
<p><u>12.2:</u></p> <p>Establish funding structures to pay for SRTF individuals with aid and assist orders from the General Fund when they do not meet criteria for Medicaid billing.</p>	<ul style="list-style-type: none"> • The OHA Medicaid Program communicated to the OHA Office of Behavioral Health (OBH) the medical necessity & documentation requirements for Medicaid billing for SRTF individuals with aid & assist orders. • In the process of responding to the IQA Contract Administration Audit recommendations, OHA identified deeper challenges not addressed by the audit and related to SRTF payment processes (using Medicaid and/or General Funds). 	<p>11/15/23</p>	<p>In Progress</p>	<p><i>-OHA will review payments made for SRTF individuals with aid and assist orders from the General Fund with the IQA on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p> <p><i>-Starting in March 2024 (Q1), OHA & IQA will review payments made for SRTF individuals with aid and assist orders from the General Fund during Q1, part of a new quarterly IQA contract QA review process.</i></p>

	<ul style="list-style-type: none"> • The OHA team, including members of the Fee-for-Service (FFS) Operations team, the Office of Behavioral Health (OBH) & the Health Systems Division Business Operations team are working to develop and strengthen Medicaid-General Fund SRTF payment pathways & related quality assurance processes and will provide a progress update in the January audit monthly report. • OHA will work with OBH to develop funding pathways for payments outside of Medicaid scope. 			
<p><u>12.3:</u> Communicate when providers need to submit an invoice instead of a Medicaid claim for SRTF services that do not meet criteria for Medicaid billing.</p>	<ul style="list-style-type: none"> • Effective 2/1/2024, OHA will implement full medical necessity documentation requirements for individual SRTF admission and continued stay. • OHA will respond to the Audit recommendation and deliver updated direction to providers regarding required billing submission practices. • OHA will also provide updates in the Audit monthly report on the further work needed between the Medicaid Program and the OBH to develop Medicaid-General Funds payment pathways and corresponding quality assurance processes to ensure the sustainable development of an accurate 	11/15/23	In Progress	<p><i>-OHA & IQA will review implementation of full medical necessity SRTF admission requirements on 1/30/24 @ monthly in-person OHA-IQA QA review. The IQA will be required to review medical necessity and issue denials based on non-medical necessity beginning 2/1/24.</i></p> <p><i>-Starting in March 2024 (Q1), OHA & IQA will review provider billing submission records against and Medicaid claims criteria as part of a new quarterly IQA contract QA review process.</i></p>

	Medicaid behavioral health billing system.			
<p><u>12.4:</u></p> <p>Ensure adequate preventive and detective internal controls are in place for duplicate payments (Medicaid and general fund paying for the same service).</p>	<ul style="list-style-type: none"> OHA identified current Health Systems Division (HSD) processes in place to detect dual payments (Medicaid & General Fund paying for the same service). In the process of responding to the IQA Contract Administration Audit recommendations, OHA identified deeper challenges beyond the Medicaid program that could cause dual payments (Medicaid & General Funds used to pay for the same service), including lack of OBH quality assurance processes to ensure counties aren't supplementing Medicaid payment for both Choice and Aid & Assist clients. OHA will respond to the Audit recommendation and deliver updated direction to provider regarding required billing submission practices, and OHA will also provide a further update on the work needed between the Medicaid Program and the OBH to develop Medicaid-General Funds payment pathways and corresponding quality assurance processes in the monthly Audit reports. 	11/15/23	In Progress	<p><i>-OHA & IQA will review SRTF payments made to providers using HSD processes designed to detect dual payments on requirements on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p> <p><i>- OHA & IQA will review SRTF payments made to providers using HSD processes to prevent dual payments in March 2024 (Q1), part of a new quarterly IQA contract QA review process.</i></p>

<p><u>12.5:</u></p> <p>Ensure the newly developed processes and practices align with Medicaid laws, OARs, and the IQA contract terms.</p>	<ul style="list-style-type: none"> OHA is currently reviewing OHA processes and IQA agency policies & procedures to ensure all processes are in alignment with existing Oregon Administrative Rules (OARs), Centers for Medicare & Medicaid (CMS) requirements) & the IQA Services Contract to be completed by 4/1/24. 	<p>11/15/23</p>	<p>Complete</p>	<p><i>-OHA & the IQA will review newly developed processes & practices against Medicaid laws, OARs & IQA contract terms on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p> <p><i>-OHA & the IQA will review newly developed processes & practices against Medicaid laws, OARs & IQA contract terms, part of a new quarterly IQA contract QA review process.</i></p>
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Contract Administration & Oversight

Finding 6: The IQA is billing more than the contracted rate for medical appropriateness reviews (p. 17)
Finding 8: IQA assessments and supporting documentation are not consistently stored in the Medicaid Management Information System (MMIS) and Notices of Planned Action regarding 1915(i) residential stays are not consistently sent to the consumers (pp. 18-19)
Finding 9: Person-Centered Service Plan progress is not consistently monitored by the IQA quarterly (p. 19)
Finding 11: Inconsistencies in reporting requirements between the State Plan Option and the IQA service contract makes it difficult to monitor performance (p. 19-20)

Recommendation	Progress	Deadline	Status	Quality Assurance Processes
<p><u>6.1:</u></p> <p>Clarify to the IQA when each of the services listed in the service contract can be billed. Especially for services that can be standalone or bundled with other services such as medical appropriateness reviews.</p>	<ul style="list-style-type: none"> OHA emailed to the IQA when each service listed in the IQA services contract can be billed (11/29/23). 	11/15/23	Complete	<p>-OHA & the IQA will review all monthly IQA service billed to ensure accurate billing practices for IQA services on 1/30/24 @ monthly in-person OHA-IQA QA review.</p> <p>-OHA & the IQA will review all quarterly IQA services billing in March 2024 (Q1), part of a new quarterly IQA contract QA review process.</p>
<p><u>6.2:</u></p>	<ul style="list-style-type: none"> OHA communicated plans for a new OHA billing QA process to IQA, clarifying to the IQA appropriate 	11/15/23	In Progress	<p>-OHA & the IQA will review all monthly IQA billed services to ensure accurate billing practices for IQA</p>

<p>Establish a monitoring and quality assurance process to ensure service are billed using correct payment rates and supported by relevant evidence.</p>	<p>documentation for all billed services (11/6/23).</p> <ul style="list-style-type: none"> • OHA will include IQA quality assurance processes to ensure accurate Medicaid billing practices in the IQA Contract Quality Assurance Plan (January 2024). • Monthly monitoring for newly implemented quality assurance billing processes will start in January (1/30/24). 			<p>services on 1/30/24 @ monthly in-person OHA-IQA QA review.</p> <p>-OHA & the IQA will review all quarterly IQA services billed in March 2024 (Q1), part of a new quarterly IQA contract QA review process.</p>
<p><u>8.1:</u> Clarify and update guidance on the POC entry in MMIS to ensure notices can be sent to consumers.</p>	<ul style="list-style-type: none"> • OHA communicated to the IQA the expectation that each individual Plan of Care must be accurately entered into MMIS, and for each Place of Care entered in MMIS, a corresponding notice must be sent to each individual accessing 1915i services. • In Q1 2024, OHA will pilot a letter generator, designed to automatically notify all individuals accessing 1915 (i) service of all updates to their Plan of Care. Until the letter generator system is implemented, Plan of Care notices sent to individuals accessing 1915 (i) service will remain a manual process. 	<p>3/29/24</p>	<p>In Progress</p>	<p>-OHA will provide an update on progress on the process for entering each individual Plan of Care into MMIS, including processes for sending corresponding notices to each individual accessing 1915i services on 1/30/24 @ IQA-OHA monthly in-person review.</p> <p>-OHA & the IQA will review implementation progress for the new MMIS/Plan of Care/Notices to Individuals receiving 1915i services in March 2024 (Q1), part of a new quarterly IQA contract QA review process.</p> <p>OHA will report on the status of automated letter generator pilot, monthly beginning 5/1/24, with the intent that successful pilot will expand to other 1915(i) services.</p>
<p><u>8.2:</u></p>	<ul style="list-style-type: none"> • OHA is working to establish a quality improvement process for accurate IQA assessment entry in MMIS and 	<p>3/29/24</p>	<p>In Progress</p>	<p>-Starting in March 2024 (Q1), OHA will require the IQA to submit 10 randomly selected IQA 1915 (i)</p>

<p>Establish a monitoring and quality assurance process to ensure IQA assessments and supporting documentation and information is consistently entered in MMIS and Notices of Planned Action regarding 1915(i) residential stays are consistently sent to the consumers.</p>	<p>consistent distribution of Notices of Planned Action regarding 1915 (i) residential to members.</p>			<p><i>assessment files as part of the new quarterly IQA contract quality improvement process. OHA will review the 10 IQA assessment required supporting documentation for consistency with OHA-provided training and expectations.</i></p> <p><i>-OHA is working to establish a quality improvement process for accurate IQA assessment entry in MMIS and consistent distribution of Notices of Planned Action regarding 1915 (i) residential to members.</i></p> <p><i>-As part of the quarterly IQA contract quality improvement process, OHA will identify a select number of assessments where the IQA and OHA clinical staff differ in assessment scoring and host a collaborative review session with the IQA to determine the differences in scoring.</i></p> <p><i>-To drive quality improvement through the OHA-IQA quarterly assessment review practice, OHA will solicit qualitative observations from IQA clinicians to better IQA assessment practices, strengthen OHA-IQA alignment of assessment scoring and provide the IQA with updated expectations as needed.</i></p>
<p><u>9</u>: Develop a monitoring and quality assurance process to ensure PCSP progress</p>	<ul style="list-style-type: none"> OHA communicated to the IQA plans provide an IQA Contract Quality Assurance Plan in January 2024, which will be supported by monthly monitoring (starting 1/30/24) and quarterly quality assurance review processes (starting March 2024). 	<p>12/1/23</p>	<p>In Progress</p>	<p><i>-OHA & the IQA will review IQA quarterly PCSP progress monitoring in March 2024 (Q1), part of a new quarterly IQA contract QA review process.</i></p>

is consistently monitored by the IQA quarterly.				
<u>11.1:</u> Require IQA reporting on unduplicated individual count per service category on a calendar year basis.	<ul style="list-style-type: none"> OHA will provide the IQA with unduplicated individual count reporting requirements in the IQA Contract Quality Assurance Plan (January 2024). 	3/29/24	In Progress	<i>-OHA will provide the IQA with an unduplicated individual count reporting template in March 2024 (Q1) as part of the new quarterly IQA contract quality assurance review process.</i>
<u>11.2:</u> Establish a monitoring and quality assurance process to ensure alignment between IQA reporting, contract terms and the State Plan Option.	<ul style="list-style-type: none"> OHA will provide the IQA with IQA Contract Quality Assurance Plan in January 2024, including processes to ensure alignment between IQA reporting, contract terms and the State Plan Option. 	3/29/24	In Progress	<i>-OHA will establish a monthly IQA contract monitoring and quality assurance process, starting in January 2024 (1/30/24).</i> <i>-OHA and the IQA will establish a quarterly quality assurance evaluation process starting in March 2024 (Q1).</i>

Personal Care Attendant

Finding 7: The Notices of Planned Action for Personal Care Attendant (PCA) services do not include a clear and comprehensive justification for adverse determination (p. 21)

Finding 13: Documentation does not demonstrate that the IQA and OHA used an objective criterion for Personal Care Attendant (PCA) exceptional needs determinations and whether supplemental documentation is consistently requested by the IQA and submitted to OHA (pp. 21-23)

Recommendation	Progress	Deadline	Status	Quality Assurance Processes
<p><u>7:</u></p> <p>Establish a monitoring and quality assurance process to ensure Notices of Planned Action for adverse determinations contain clear and comprehensive justification for the decision.</p>	<ul style="list-style-type: none"> OHA established a monitoring & Quality Assurance process for Notices of Planned Action (11/6/23). 	11/15/23	Complete	<p><i>-OHA & the IQA will review all Notices of Planned Action issued on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p> <p><i>-OHA & the IQA will review all quarterly Notices of Planned Action issued in March 2024 (Q1), part of a new quarterly IQA contract QA review process.</i></p>
<p><u>13.1:</u></p> <p>Establish documentation requirements for PCA determinations and</p>	<ul style="list-style-type: none"> OHA implemented the Personal Care Assessment & Planning System (PCAPS) tool pilot, designed to assess PCA exceptional hours requests & establish documentation requirements to ensure consistent determinations; Pilot launched 11/13/23 for 6 months. 	11/15/23	Complete	<p><i>-OHA & the IQA will review all Notices of Planned Action issued on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p> <p><i>-OHA & the IQA will review implementation of the PCAPS tool pilot</i></p>

<p>monitor to make sure determinations are consistent, objective and adequately supported by evidence. Also, ensure there is a requirement to document the specific reason for OHA modifying the IQA decision.</p>	<ul style="list-style-type: none"> • OHA provided PCAPS tool training to 4-IQA leaders and 9-IQA services contract coordinators before implementation of PCAPS pilot program. • Starting the week of 11/13/23, on an ongoing basis, OHA will host 2x weekly Technical Assistance sessions for IQA team members to ask questions for clarification of the new process. IQA leadership and coordinators attend these sessions. • Based upon questions that are asked by the IQA in the 2x weekly Technical Assistance sessions, OHA updates the PCAPS guide and/or tool to reflect requested clarity that is requested by the IQA. The updated guide and/or tools are then shared with the IQA same day. • OHA reviews each completed PCAPS assessment that is received from the IQA. OHA reviews the document for language, complete documentation, and also reviews the level of care indicated in each ADL/IADL to ensure the tool is being used according to the PCAPS guide. • If there is a discrepancy with the PCAPS assessment that has been submitted 			<p><i>in March 2024 (Q1), part of a new quarterly IQA contract QA review process.</i></p>
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	for approval, OHA provides immediate feedback to IQA leadership and the coordinator. If corrections are needed, OHA returns the PCAPS assessment to the IQA who makes the corrections and resubmits to OHA for approval.			
<p><u>13.2:</u></p> <p>Require the IQA to align their written work procedures and practices with the OAR for exceptional needs to ensure due consideration is given to the tasks that require direct supervision and cueing.</p>	<ul style="list-style-type: none"> Effective 11/13/23, OHA implemented the Personal Care Assessment & Planning System (PCAPS) tool pilot, designed to standardize exceptional service hours requests & approve processes, ensuring consistency. 	11/15/23	Complete	<p><i>-The IQA will provide feedback on the implementation of the PCAPS tool pilot at ongoing bi-weekly PCA/IQA meetings.</i></p> <p><i>-OHA & the IQA will review all quarterly Notices of Planned Action issued in March 2024 (Q1), part of a new quarterly IQA contract QA review process.</i></p>

Appeal Processes

Finding 14: Appeal processes for providers are not sufficiently developed, not clearly communicated, and lack transparency (pp. 23-25)

Recommendation	Progress	Deadline	Status	Quality Assurance Processes
<p><u>14.1:</u></p> <p>Establish provider appeal processes and update provider notices to ensure they contain written appeal rights/opportunities and the process to contest agency and IQA decisions.</p>	<ul style="list-style-type: none"> OHA developed a provider appeal process (11/6/23), which is currently under internal review. The IQA is developing a plan to communicate the appeals process to providers, and OHA will provide an update on the communication to providers in the January 2024 monthly Audit Report. 	11/1/23	Complete	<p><i>-OHA will review monthly IQA adverse action notices sent to providers to ensure the inclusion of appropriate appeal process on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p> <p><i>-OHA will review quarterly IQA adverse action notices in March 2024 (Q1), part of a new quarterly IQA contract QA review process.</i></p>
<p><u>14.2:</u></p> <p>Establish a charter for the Rate Review Committee describing its function, membership, meeting frequency, how cases are selected for a review, and how review</p>	<ul style="list-style-type: none"> OHA developed a charter for the Rate Review Committee (RRC) on 10/31/23. The new RRC charter is under further internal review by the Office of Behavioral Health with an anticipated final revised version available by June 2024. 	11/1/23	Complete	<p><i>-OHA will review RRC charter on a quarterly basis (starting in March 2024), to determine modifications needed, part of a new quarterly IQA contract QA review process.</i></p>

<p>decisions are made, documented, and communicated.</p>				
<p><u>14.3:</u> Establish a monitoring and quality assurance process to ensure new processes are implemented.</p>	<ul style="list-style-type: none"> OHA developed a monitoring and QA process for appeals processes, which will be implemented starting in March 2024 (Q1). 	<p>11/1/23</p>	<p>Complete</p>	<p><i>-OHA will review monitoring & QA appeals process with IQA on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p> <p><i>-OHA will review IQA practice of new appeals QA process in March 2024 (Q1), part of a new quarterly IQA contract QA review process.</i></p>

Home and Community-Based Services Outreach

Finding 15: Outreach efforts promoting long-term services* and supports are not sufficient and formally established to help reduce the pressure on the behavioral health residential system and target underserved populations (pp. 25-26)

Recommendation	Progress	Deadline	Status	Quality Assurance Processes
<p><u>15:</u></p> <p>Establish an outreach program to promote home and community-based services to all communities, especially those that disproportionately struggle with mental illness or barriers to care. Additionally, develop measures to track progress and outcomes of the outreach program.</p>	<ul style="list-style-type: none"> For the replacement functional needs assessment tool (LSI replacement), OHA provided contractor Optumas with a completed Statement of Work (SOW) and shared plan to integrate internal and external stakeholder feedback into the tool development process. OHA completed the 1915i HCBS Communications Plan on 12/15/23. The plan is considered 'complete' – though will remain a working/dynamic document to continue guiding communications. OHA completed the 1915i Community Engagement Plan on 12/15/23. The plan is considered 'complete' – though will remain a working/dynamic document to continue guiding community engagement. There is a current, ongoing workstream to address specific engagement for LSI replacement tool. 	<p>12/15/23</p>	<p>Complete</p>	<p><i>-OHA will review HCBS Outreach progress with IQA on 1/30/24 @ monthly in-person OHA-IQA QA review.</i></p> <p><i>-OHA will review HCBS Outreach progress with IQA in March 2024 (Q1), part of a new quarterly IQA contract QA review process.</i></p>

	<ul style="list-style-type: none">• OHA developed a public-facing webpage to inform individuals, their representatives, and providers about Home and Community Based Services and Adult Mental Health Residential services. The webpage is operational as of 12/15/23 and additional updates will be reoccurring.• OHA will develop member and provider communications materials to be accessible on the public-facing webpage.• Quarterly meetings with Disability Rights Oregon have been scheduled for ongoing collaboration.• Bimonthly meetings with Employee Resource Consultants for ongoing information sharing.			
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