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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 is 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 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. At the time of this report, OHA has addressed these challenges as described below.

The IQA Contract Audit Progress Report below reflects the progress OHA has made through February 2024. The next report OHA will provide will be May 1, 2024, and will be the 2024 Quarter 1 IQA Contract Administration Progress Report with Quality Assurance Plans and metrics.

IQA Contract Administration Audit Management Progress Dashboard 2023-2024

Improvement Area	Recommendation	Goal	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Level of Service Determination Processes (LSI, LOCUS)	Update the IQA LSI manual & forms to including 27 elements.	100%	25%	50%	100%					
	IQA to conduct face-to-face interviews as part of the LSI process and documented as such in the medical record.	100%	50%	75%	100%					
	IQA weighing individual & provider responses appropriately for LSI	100%	50%	75%	100%					
	Develop Documentation Standards to ensure consistent/comprehensive decision making.	100%	90%	100%						
	Ensure alignment between the LSI manual and the IQA forms	100%	90%	100%						
	Establish process LSI reconsideration (rate)	100%				100%				
	OHA to document collective plan with OSH and IQA regarding LOCUS	100%	10%	50%	100%					
	Q1 Quality Assurance Audit Processes/OHA determination internal processes	100%	5%	15%	25%	50%	75%			
Secure Residential Treatment Facilities (SRTF) Processes	Clearly written process ensuring SRTF requests are medically appropriate.	100%	50%	75%	80%	100%				
	Establish process to ensure that SRTF admissions & continued stay decisions are reviewed and decisioned and documented by the IQA	100%	25%	50%	100%					
	Quarterly reports & monthly monitoring reflecting accurate SRTF billing practices	100%	15%	50%	75%	100%				
	Metrics reflecting accurate Medicaid & General Fund SRTF payments	100%	15%	25%	70%	100%				
	Q1 Quality Assurance Audit Processes/OHA determination internal processes	100%	5%	15%	25%	50%	75%			
Contract Administration & Oversight	Clarify when each of the services in the contract can be billed. Esp. standalone & bundled services.	100%	100%							
	Clarify & update guidance on POC entry in MMIS to ensure notices of action are sent to consumers- automated process in the late spring/early summer of 2024.	100%	20%	50%	60%	60%	60%			
	Develop a monitoring & QA process to ensure that PCSP progress is monitored by the IQA quarterly.	100%	5%	15%	25%	50%	75%			
	Require IQA reporting on unduplicated individual count per service category on a calendar year basis	100%	5%	15%	25%	50%	75%			
Personal Care Attendant (PCA)	Establish a monitoring and QA process to ensure Notices of Planned Action (NOA) contain clear and comprehensive justification for decisions.	100%	100%							
	Establish a tool that ensures that determinations are consistent & objective.	100%	50%	100%						
	Require the IQA to align work with OAR's.	100%	100%							
Appeal Processes	Establish Provider appeal processes / Written appeal rights	100%	100%							
	Establish Rate Review Committee (RRC) Committee Charter	100%	100%							
	Establish on-going QA of appeals processes	100%	5%	15%	25%	50%	75%			
Home & Community-Based Services Outreach	Establish outreach programs to promote home and community-based services to all communities.	100%	100%							
	Set up the QA process to monitor on-going meeting progress for ERC and DRO	100%	5%	15%	25%	50%	75%			
	Set up the QA process to monitor webpage updates	100%	5%	15%	20%	20%	25%			

Level of Service Determination Processes (LSI - LOCUS)

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. (p. 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.
Finding 4: LSI reconsideration requests’ lack an Independent Review.
Finding 10: LOCUS assessment is not consistently completed for OSH forensic patients (pp. 10)

Recommendations	Progress	Deadline	Status	Quality Assurance Process
1.1 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.	11/1/23 OHA communicated to the IQA to review each of the 27 services elements with each individual and others of their choosing as part of the assessment meeting and review process.	1/1/24	Complete	The IQA provided OHA with additional question to address all services elements of the assessment. OHA approved the questions provided by the IQA.
	12/23/23 OHA met with the IQA and reviewed questions that have been added to the tool. OHA to confirm with the IQA regarding an implementation date. There is no pilot planned.	1/30/24	Complete	The IQA implemented the use of the additional questions as part of the assessment process.
	02/01/24 OHA to create internal quality monitoring process for monthly audit of IQA compliance. Define what tools will be used, the metrics that will be measured, how feedback will be provided, and continuous improvement will be tracked.	04/01/24	In-process	The OHA QA Team comprised of QA team members, clinicians, behavioral health, and Medicaid are determining metrics to be monitored, how they will be monitored and how continued improvement will be tracked. All of this will be reported in the Q1 report end of April 2024.
1.2 Require the IQA to conduct LSI administration during face-to-face interviews and document in individual’s electronic health records, clearly.	10/19/23 OHA directed the IQA to require face- to-face interviews as part of the LSI administration process.	1/1/23	Complete	The OHA QA Team comprised of QA team members, clinicians, behavioral health, and Medicaid are determining metrics to be monitored, how they will be monitored and how continued improvement will be tracked. All of this will be reported in the Q1 report end of April 2024.

	11/16/23 The IQA submitted their internal policies and procedures related to LSI administration to OHA for review.	11/1/23	Complete	OHA has confirmed the IQA has internal processes for all existing processes related to LSI administration.
	(12/4/23) OHA confirmed IQA implementation and use of the face-to-face interview requirement as part of LSI rating determination process.	11/1/23	Complete	The OHA QA Team comprised of QA team members, clinicians, behavioral health, and Medicaid are determining metrics to be monitored, how they will be monitored and how continued improvement will be tracked. All of this will be reported in the Q1 report end of April 2024.
1.3 Provide clear direction on weighing the individual and provider responses in LSI ratings.	(10/19/23) OHA directed the IQA to determine LSI ratings based by appropriate individual, provider & support service responses for each of the 27 service areas	1/1/24	Complete	*See finding 1.1 The IQA provided OHA with additional questions to address all services elements of the assessment. OHA approved the questions provided by the IQA.
1.4 Establish a monitoring and quality assurance process to ensure consistency and accuracy of LSI administration and rating.	(10/19/23) 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.	11/1/23	In-process	Quality will be monitored as described in 4.2, random chart reviews.
	11/16/23 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.	11/1/23		OHA has confirmed the IQA has internal processes for all existing processes related to LSI administration.

3.1 Develop a set of documentation standards to be used for LSI assessment to ensure consistent and comprehensive decision making.	11/01/23 OHS Completed internal review of OARs 410-120- 1320, 410-172-0620, and 410-173-0045.	11/1/24	Complete	OHA has completed this process.
	11/01/24 OHA Created and delivered training to providers to a group of Adult Foster Home Providers (AFH) that are based upon the rules listed above and relevant to the documentation required when setting rates.	11/1/24	Complete	OHA presented this training to AFH providers in November of 2023.
	Q2 2024 OHA plans to create documentation standards trainings for broader provider groups.	Q2-24	In-process	Medicaid and BH Teams are working to identify the various provider groups who will benefit from Documentation Standards training. Tentative date for trainings is end of June 2024.
3.2 Ensure alignment between the LSI manual and the IQA forms for supporting clinical documentation requirements.	11/16/23 OHA completed a review of the LSI manuals and IQA forms through a crosswalk exercise, identifying items as compliant or not compliant	12/1/23	Complete	Verified as completed by OHA.
	11/16/23 OHA provided updated recommendations for the LSI manual & IQA forms to be updated by the IQA & displayed on the IQA website	12/1/23	Complete	Verified as completed by OHA.
4.1 Require IQA to establish a process for an independent review of LSI reconsideration requests when payment rate does not change after the reconsideration request is processed.	11/16/23 The IQA developed a process for an independent reviews of LSI reconsideration request	12/1/23	Complete	OHA verified the IQA has a weekly process for reviewing LSI reconsideration requests.
	1/1/2024 OHA will complete the review of the IQA process for an independent review of LSI reconsideration requests & disseminate the updated process to the IQA, individuals & providers for implementation.	2/1/24	Complete	The IQA and OHA have implemented and communicated the process to request a review of LSI reconsideration to individuals and providers.
4.2 Establish a monitoring and quality assurance process to ensure compliance with the new process.	For the quarterly LSI reconsideration review process, OHA shared plans with the IQA to randomly select ten (10) IQA reconsideration reviews and supporting documentation.	4/15/24	In-process	OHA will complete the Q1 QA Audit Report by 4/30/24. The Q1 Audit review of the 10 randomly selected cases from the IQA for LSI reconsideration reviews will include:

				<ul style="list-style-type: none"> ▪ Review of the documentation for consistency with OHA provided Documentation Standards training and performance expectations. ▪ Dependent on audit findings, OHA will provide TA to the IQA when LSI scores do not meet documentation that is provided. <p>If OHA determines there are gaps in expectations that have been set, OHA will reset expectations with monthly follow-up reviews to include OHA auditing a random selection of LSI reconsiderations until compliance is satisfied.</p>
<p>10 OHA to document collective plan regarding LOCUS Assessments and work with OSH to determine the best way to support their patients.</p>	<p>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.</p> <p>This action will provide patients with the most accurate assessment of their needs by qualified clinicians who have daily contact with the Individuals.</p>	01/29/24	Complete	<p>When completing 1915(i) assessments for Individuals at the Oregon State Hospital, the IQA was instructed to request and review the LOCUS assessment completed by OSH as a basis for developing comprehensive Person-centered services plans (PCSP).</p> <p>Effectively overriding the current IQA service contract terms.</p>

Secure Residential Facilities

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 (p. 11-12)

Finding 5: Variance in the number of SRTF reviews completed in quarterly and annual reports suggests the IQA reporting is unreliable. (p. 12)

Finding 12: Improper use of Medicaid funds, unnecessary stay of Individual's in restrictive residential settings, and potential duplicate payments to providers due to the lack of an SRTF denial process. (p. 13-16)

Recommendation	Progress	Deadline	Status	Quality Assurance Process
2.1 Clearly communicate expectations around documentation requirements to the IQA for medical appropriateness reviews.	10/30/23 OHA developed denial language to be sent to individuals, their representatives, and providers when individuals do not meet criteria for medical necessity. Language for the denial notices has been vetted and approved by DOJ.	2/1/24	Complete	SRTF Denial Letters went live on 2/1/24.
	11/13/23 OHA provided the IQA with a process map designed for use by the IQA to determine medical necessity for individuals in SRTF placements.			OHA provided the IQA with the process for the determination for medical necessity for SRTF placements. OHA and IQA clinical teams meet weekly and as needed to discuss medical necessity determinations.
	Effective 2/1/24 , a full medical necessity determination by the IQA will be required for all individual SRTF placements.			The IQA and OHA clinical teams meet weekly to discuss medical necessity determinations for individuals prior to admission into or assessed to need a continued stay.
	Effective 2/1/24 , the IQA will be required to document all SRTF medical necessity determination decisions in IQA emergency medical records.			There is a documented determination process, the IQA is ensuring that documentation decisions are in the Individual's emergency medical records. This will be a metric that is reviewed as part of OHA's Quarterly Audit review.
2.2 Establish a monitoring and quality assurance process to ensure SRTF admission	11/13/23 OHA requested from the IQA they provide policies, procedures, etc., they have for completing medical necessity reviews, transition planning,	1/1/24	Complete	No further action.

and continue stay requests are reviewed, decisioned and documented by the IQA for medical appropriateness	and 60-day transitions to access lower, medically appropriate levels of care.			
	12/28/23 The IQA provided OHA with requested documentation, the IQA is complying with the audit recommendation.	1/1/24	Complete	There is a documented determination process, the IQA is ensuring that documentation decisions are in the Individual's emergency medical records. This will be a metric that is reviewed as part of OHA's Quarterly Audit review.
	Effective 2/1/24 , As noted in 2.1, the process of the IQA staffing all SRTF admissions and request for continued stays is worked each week with OHA.			The IQA and OHA clinical teams meet weekly to discuss medical necessity determinations for individuals prior to admission into or assessed to need a continued stay
5 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.	OHA receives reports monthly from the IQA that provide information necessary to ensure the monthly invoice is accurate.	1/15/24		Completed
12.1 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.	Effective 2/1/24 , OHA and the IQA implemented full medical necessity documentation requirements for individuals in SRTF admission and continuation of stays. Effective 2/1/24 , The denial process for Individuals not meeting medical necessity or appropriateness was implemented.	2/1/24	Complete	Effective 2/1/24 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. OHA meets with the IQA weekly to review all admission and continues stay requests.
12.2 Establish funding structures to pay for SRTF	The OHA Medicaid Program communicated to the OHA Office of Behavioral Health (OBH) the medical	4/30/24		In-process

individuals with aid and assist orders from the General Fund when they do not meet criteria for Medicaid billing.	necessity & documentation requirements for Medicaid billing for SRTF individuals with aid & assist.			
12.3 Communicate when providers need to submit an invoice instead of a Medicaid claim for SRTF services that do not meet criteria for Medicaid billing	OHA to work with the IQA and billing to determine how providers are aware when to submit an invoice for payment rather than submit a claim through MMIS and how the processes are different.	11/15/23	Complete	OHA Fiscal Operations has created guidance for providers on how to bill when an individual does not meet criteria for Medicaid billing.
12.4 Ensure adequate preventive and detective internal controls are in place for duplicate payments (Medicaid and general fund paying for the same service).	OHA identified that current Health Systems Division (HSD) processes in place to detect dual payments (Medicaid & General Fund paying for the same service).	11/15/23	Complete	No further work needed.
	During the process of responding to the IQA contract audit, OHA identified deeper challenges including the lack of OBH quality assurance processes to ensure counties aren't supplementing Medicaid payment for both Choice and Aid & Assist clients.	5/1/24	In-process	
12.5 Ensure the newly developed processes and practices align with Medicaid laws, OARs, and the IQA contract terms.	OHA is currently reviewing OHA processes and practices to align with existing Oregon Administrative Rules (OAR's), Centers for Medicare & Medicaid (CMS) requirements) & the IQA services.	1/1/24		The IQA/OHA process are in alignment with OAR's, and CMS.

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. (p. 18)
Finding 9: Person-Centered Service Plan Progress is not monitored by the IQA quarterly (p. 19)
Finding 11: Inconsistencies in reporting requirements between the State Plan Option and the IQA services contract makes it difficult to monitor performance. (p. 19-20)

Recommendations	Progress	Deadline	Status	Quality Assurance Processes
6.1 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.	11/29/23 OHA communicated with the IQA verbally and via email communication when each service listed in the IQA contract can be billed.	11/15/23	Complete	The Contract Administrator will review the monthly invoice prior to approving for payment each month for billing accuracy.
6.2 Establish a monitoring and quality assurance process to ensure services are billed using correct payment rated and supported by relevant evidence.	11/16/23 OHA discussed with the IQA the process OHA will be using to verify correct billing for services.	11/16/23	Complete	Part of on-going QA
	12/15/23 OHA and IQA discussed the reports that are provided by the IQA that contain the information needed to verify the accuracy of the monthly invoice.	12/15/23	Complete	Part of on-going QA
	OHA to create documented internal process for monthly/quarterly QA audit review and how to report gaps.	3/31/24	In-process	OHA to create documented internal process for monthly/quarterly QA audit review and how to report gaps.

<p>8.1 Clarify and update guidance on the POC entry in MMIS to ensure notices can be sent to consumers.</p>	<p>11/16/23 OHA communicated with the IQA that each individual plan of care must be accurately entered into MMIS. Also, for each plan of care entered in MMIS, a corresponding notice must be sent to individual's accessing 1915(i) services.</p>	<p>06/30/24 (See below)</p>	<p>In-process</p>	<p>Plans of Care are being entered by the IQA into MMIS and manual notices are being sent to individuals and being uploaded into MMIS. "In process" until process is no longer manual</p>
	<p>In Q2 2024, OHA will pilot a letter generator designed to automatically notify all individuals accessing 1915(i) services of all updates to their plan of care. Until the letter generator system is implemented, the plan of care notices will remain a manual process.</p>	<p>06/30/24 (See above)</p>	<p>In-process</p>	<p>The letter generator is almost ready to pilot- looking for an end of April go live!</p>
<p>8.2 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><i>Same as 8.1</i> 11/16/23 OHA communicated with the IQA that each individual plan of care such be accurately entered into MMIS. Also, for each plan of care entered in MMIS, a corresponding notice must be sent to all individual's accessing 1915(i) services.</p>	<p>4/30/24</p>	<p>In-process</p>	<p>Plans of Care are being entered by the IQA into MMIS and manual notices are being sent to individuals and being uploaded into MMIS. "In process" until process is no longer manual</p>
	<p>In Q2 2024, OHA will pilot a letter generator designed to automatically notify all individuals accessing 1915(i) services of all updates to their plan of care. Until the letter generator system is implemented, the plan of care notices will remain a manual process.</p>	<p>4/30/24</p>	<p>In-process</p>	<p>The letter generator is almost ready to pilot- looking for an end of April go live! Part of the QA audit process will include checking a random sampling of IQA files against MMIS to ensure notices are being sent out.</p>
<p>9 Develop a monitoring and quality assurance process to ensure PCSP progress is consistently monitored by the IQA quarterly.</p>	<p>The IQA will demonstrate to OHA that an Individuals progress towards PSCP outcomes is monitored by the IQA quarterly.</p>	<p>4/30/24</p>	<p>In-process</p>	<p>OHA will complete the Q1 QA Audit Report by 4/30/24. The Q1 Audit review of the 10 randomly selected cases from the IQA this audit will review the frequency at which PSCP's are being reviewed. Any gaps will be documented and reviewed with the IQA.</p>

<p>11.1 Require IQA reporting on unduplicated individual count per service category on a calendar year basis.</p>	<p>OHA has reviewed the reports provided by the IQA monthly- information is provided in the reports at a per person/per encounter which will satisfy this audit requirement.</p>	<p>3/30/24</p>	<p>In-process</p>	<p>OHA will complete the Q1-QA Audit Report by 4/30/24. Part of this report will include ensure that individual counts are not duplicated.</p>
<p>11.2 Establish a monitoring and quality assurance process to ensure alignment between IQA reporting, contract terms and the State Plan Option.</p>	<p>OHA has compared the reports the IQA provides weekly/monthly/quarterly and yearly, they are as required in the contract and as written in the state plan.</p>	<p>3/30/24</p>	<p>In-process</p>	<p>The weekly/monthly and quarterly reports will be utilized to build the QA processes, the reports will be monitored for gaps and requests will be made to the IQA for changes that are needed to meet contract reporting expectations.</p>

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 objective criterion for Personal Care Attendant (PCA) Exceptional Needs determinations and whether supplemental documentation is consistently requested by the IQA and submitted to OHA. (p. 21-23)

Recommendation	Progress	Deadline	Status	Quality Assurance Processes
7 Establish a monitoring and quality assurance process to ensure Notices of Planned Action for adverse determinations contain clear and comprehensive justification for the decision	11/6/23 OHA established a quality and monitoring quality assurance process for Notices of Planned Action. (NOA)	11/15/23	Complete	Notices of Planned Action are sent to Consumers when a reassessment determines that the number of services a consumer needs for assistance with ADL's and IADL'S has decreased.
				The IQA will send each NOA to OHA for review and approval prior to sending to a Consumer. OHA will review the NOA to ensure for the use of clear, comprehensive justification for the decrease in services.
				If OHA determines a NOA does not meet the quality assurance guidelines, the IQA Contract Administrator will communicate the gaps in the process to the IQA for immediate improvement.
13.1 Establish documentation requirements for PCA determinations and 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.	8-23/10-23 OHA created the PCAPS tool, modeled after the APD CAPS tool.	11/15/23	Complete	<i>The PCAPS tool is being used by the IQA to complete assessments for consumers with Exceptional Needs.</i> <i>OHA reviews each PCAPS assessment for consistency in documentation that supports the type of and level of assistance that is needed by a consumer.</i> OHA provides weekly TA session for the IQA to answer questions and provide timely feedback.
	10/23 OHA Provided PCAPS tool training to 4-IQA leaders and 9 IQA service contract coordinators before implementation of the PCAPS pilot. <i>(In</i>	10/23/23	Complete	The PCAPS tool is being used by the IQA to complete assessments for consumers with Exceptional Needs.

	4/24 (6) additional IQA team members will attend PCAPS training)			OHA reviews each PCAPS assessment for consistency in the documentation that supports the type of and level of assistance that is needed by a consumer. If upon review there is a gap according to OAR in what is being requested and what is being documented, OHA will request verification/clarification from the IQA.
	11/13/23 OHA implemented the Personal Care Assessment & Planning System (PCAPS) tool pilot. This tool is designed to assess PCA exceptional hours requests & to establish documentation requirements to ensure consistent determinations. The pilot launched 11/13/23 and will continue for 6 months.	11/23/23	Complete	OHA communicates any corrections that are necessary to process an exceptional hour's request to IQA leadership in bimonthly meetings and in weekly TA sessions with the IQA coordinators who are completing the assessments.
	11/23/23-1/15/24 OHA hosted 2x weekly Technical Assistance (TA) sessions, with IQA team members to answer questions regarding the PCAPS tool.	11/15/24	On-going	These TA sessions moved from 2x's weekly to 1x weekly as requested by the IQA.
	3/2024 3 IQA 3 new managers and 3 new IQA Coordinators are attending PCAPS training.	3/18/24	Complete	Initial PCAPS Training for new IQA Coordinators and Managers,
	1/15/24-present OHA hosts 1x weekly TA session with the IQA to answer questions regarding the PCAPS tool.	On-Going	On-going	On-Going TA-Medicaid Policy
13.2 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.	11/13/23 The implementation of the PCAPS assessment tool, provided alignment with the IQA and OHA with procedures, practices in accordance with OARS as they pertain to direct supervision, and cueing.	11/15/23	Complete	OHA reviews each PCAPS assessment for consistency in the documentation that supports the type of and level of assistance that is needed by a consumer. If upon review there is a gap according to OAR in what is being requested and what is being documented, OHA will request verification/clarification from the IQA.

Appeal Processes

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

Recommendation	Progress	Deadline	Status	Quality Assurance Processes
14.1 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.	12/6/23 An appeal process for providers has been vetted and approved. The IQA and the RRC understand the appeal process that is followed when a provider wishes to appeal agency and IQA decisions.	11/01/23	Complete	On going quarterly review of a random sampling of appeal requests to determine if the appeal process was followed beginning Q2-24.
14.2 Establish a charter for the Rate Review Committee describing its function, membership, meeting frequency, how cases are selected for a review, and how review decisions are made, documented, and communicated.	OHA developed a charter for the Rate Review Committee (RRC) in October of 2023, it was approved by leadership in January of 2024.	1/1/24	Complete	The charter for the RRC will be reviewed at least annually and when there are changes to the RRC structure including membership, type of positions, purpose and areas represented. OHA QA will be responsible for overseeing the annual review of the RRC charter for accuracy.
14.3 Establish a monitoring and quality assurance process to ensure new processes are implemented	12/6/23 An appeal process for providers has been vetted and approved. The IQA and the RRC understand the appeal process that is followed when a provider wishes to appeal agency and IQA decisions.	1/1/24	In-process	On going quarterly review of a random sampling of appeal requests to determine if the appeal process was followed beginning Q2-24.

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 health system and target underserved populations. (p. 25-26)

Recommendation	Progress	Deadline	Status	Quality Assurance Process
<p>15.1 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>	For the replacement functional needs assessment tool (LSI replacement), OHA provided contractor Optamus with a completed statement of work (SOW) and shared plan to integrate internal and external stakeholder feedback into tool development process.	12/15/23	Complete	
	OHA completed the 1915(i) HCBS Communication Plan on 12/15/23. The plan is considered “complete” though will remain working/dynamic document continue guiding communications.	12/15/23	Complete	
	OHA completed the 1915(i) 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 workstream to address specific engagement for an LSI replacement tool.	12/15/23	Complete	
	OHA developed a public-facing webpage to inform individual’s, their representatives and providers about Home and Community Based Services and Adult Mental Health Residential Services.	12/15/23	Complete	

	Set up QA process to monitor and track updates to the Webpage	6/30/24	In-process	To begin Q2
	Quarterly meetings with Disability Rights Oregon have been scheduled. for ongoing collaboration.	1/1/24	On-going	On-going
	Set up QA process to monitor ongoing meeting progress	4/30/24	In-process	To begin Q1
	Bimonthly Meetings are scheduled with Employee Resource Consultants for ongoing information sharing about Personal Care Attendants.	12/1/23	Complete	Meetings occur bimonthly and include members from ERC (Employer Resource Connections), OHA, and the IQA.
	Set up QA process to monitor ongoing meeting progress	4/30/24	In-process	QA monitoring for record of on-going meeting occurrences.