Pennsylvania Office of Long-Term Living
HCBS Waiver Programs: Global Corrective Action Plan

No.		Crosswalk to Global Workplan	Actual Completion Date	Targeted Completion Date	Actual Completion Date	Applicable Waiver(s)	Status	Comments
A	**Corrective Action Summary: Revise procedures to strengthen financial accountability and oversight.**							
A.1	**Action Item: Implement a consistent rate setting methodology for services across HCBS waiver programs.**							
1	Develop standardized service definitions							
2	Solicit stakeholder input							
3	Develop rate methodology across all core services							
4	Submit proposed rate methodologies to CMS for review							
5	Receive comments from CMS							
6	Revise methodology as needed							

7	Communicate revised rate methodology and rates with providers, consumers and stakeholders							
8	Train providers and stakeholders on new rate structure and rates							
9	Load new rates into Promise/SAMS HCSIS							
10	Implement consistent rate methodology							
A.2	**Action Item: Establish a rate setting methodology and rates for residential habilitation service and structured day services.**							
1	Develop standardized service definitions approved by CMS							
2	Set qualifications for providers based upon CMS approved service definitions of residential habilitation and structured day services							
3	Develop rate methodology associated with approved service definitions							
4	Solicit stakeholder input							
5	Gain CMS approval on rate methodology							

6	Publish public notice in the PA Bulletin regarding rate change for residential habilitation and structured day services based on approved rate methodology							
7	Load new rates into Promise/SAMS/ HCSIS							
8	Provide training to providers on service definition and rate changes							
9	Rates effective for providers							
B	**Corrective Action Summary: Develop more specific requirements for training and oversight of HCBS waiver providers to ensure providers meet qualifications and perform services appropriately.**							
B.1	**Action Item: Amend MA provider agreements to include an HCBS addendum to include waiver standards.**							

1	Develop language for the HCBS addendum for the MA agreements							
2	Gain necessary approvals on the addendum language							
3	Communicate addendum to providers							
4	Obtain necessary signatures from MA providers							
5	Complete signature process and put addendum into place							
6	Determine new monitoring standards based on requirements in addendum							
7	Begin to monitor against new standards outlined in the MA Waiver agreement addendum							
B.2	**Action Item: Require trainings for service coordinators and care managers.**							
1	Involve stakeholders to determine training needs of service coordinators and care managers							
2	Create governance structure for training requirements							

3	Determine who needs to be trained							
4	Identify what trainings may be necessary							
5	Determine cost/impact of the trainings							
6	Create/Determine format for the trainings							
7	Determine any ramifications of provider non-compliance with training requirements							
8	Involve stakeholders to provide feedback on the trainings							
9	Determine how training will be presented and rolled out to providers							
10	Communicate training requirements to providers							
11	Implement trainings							
B.3	**Action Item: Develop and distribute an HCBS waiver provider handbook outlining policies and procedures for HCBS waiver providers.**							
1	Draft chapters of the manual							
2	Issue draft chapters for public comment							

3	Review old directives to make necessary changes to draft manuals as conflicts are discovered							
4	Review comments from stakeholders							
5	Crosswalk with regulations, waivers, laws, etc.							
6	Revise draft chapters and finalize							
7	Gain internal approval for manual							
8	Release to providers/stakeholders							
B.4.	**Action Item: Work to qualify residential habilitation providers and structured day providers or transition individuals into qualified settings.**							
1	Provide training to providers on new service definition requirements							
2	Schedule trainings with CARF on accreditation requirements							

3	Set up time frames by when providers need to meet certain criteria to qualify as residential habilitation or structured day providers							
4	Determine which providers will or will not be able to meet the new provider qualifications for structured day and residential habilitation services							
5	Assess capacity in different residential habilitation programs and plan for individuals to move out of settings which will not qualify under new service definitions or where the waiver they receive services from does not provide residential habilitation services							
6	Identify individuals to be moved into new settings							
7	Determine if separate provider agreement addendum is needed for providers providing structured day and residential rehabilitation							

8	Provide ongoing technical assistance to providers as they work toward new service definition qualifications							
9	Work with Service Coordinators and Care Managers to move those who may reside in non-qualified settings to qualified settings							
B.5.	**Action Item: Transition individuals served in the Independence waiver who are currently residing in licensed settings to other waivers as appropriate or a qualified living arrangement.**							
1	Identify individuals residing in licensed settings who are receiving Independence waiver services							
2	Assess the individual's needs and assess for the appropriate waiver and service needs.							

3	Work with the current residential provider to investigate other qualified living arrangements available through the current provider.							
4	Contact the service coordinator and the individual to make them aware of the change in the individual's service plan, if necessary.							
5	Identify/find apartments or homes for those who need to move out of the licensed setting they currently reside in - for the individual to continue to receive Independence Waiver services.							
C	**Corrective Action Summary: Develop more specific processes for development and oversight of service plans.**							

C.1	**Action Item: Standardize process for how service authorizations/service orders and care plans for providers are conveyed.**							
1	Determine what standard information should be included in a service authorization/service order.							
2	Determine what IT changes need to be made to standardize the service authorization/service order.							
3	Set policy on the use of the standardized service order/service authorization; including amending ISP bulletin to include direction.							
4	Train SC/CM to use standardized service orders/service authorizations.							

C.2	**Action Item: Implement a Service Plan Review Database that allows for improved data collection and reporting on the service plan sub-assurances to identify issues for remediation, trend and track data, and bring issues to Quality Management and Quality Council.**							
1	Design and develop Service Plan Business Requirements.							
2	Complete testing and revisions.							
3	Pilot the database.							
4	Go-live for all users.							
5	Begin providing quarterly reports to the Quality Management Meeting and at the Quality Council regarding service plans.							
D	**Corrective Action Summary: Revise policies and procedures that improve the health and welfare of HCBS waiver participants.**							

D.1	**Action Item: Continue to improve incident management reporting, including implementation of a revised policy for standardized reporting.**							
1	Release revised policy for incident management reporting.							
2	Train providers on the use of the Enterprise Incident Management (EIM) system via webinars.							
3	Roll out Enterprise Incident Management (EIM) statewide.							
4	Begin collection of reports after roll out.							
5	Begin providing quarterly reports to the Quality Management Meeting and at the Quality Council regarding EIM incident and complaint data.							
D.2	**Action Item: Determine how to acquire incident management data from MCO providers and waiver providers.**							

1	Determine incident management structure and how different MCO provider and waiver provides will provide incident data to QMMA.							
2	Communicate policy to providers and MCOs concerning incident reporting.							
3	Provide Enterprise Incident Management policies and access to reporting system to agencies who will report using EIM.							
4	Provide training on incident reporting to agencies reporting information through EIM.							
5	Begin collecting information for quarterly reports based on incident reports received from MCOs and EIM.							
6	Begin providing quarterly reports to Quality Management Meetings and the Quality Council.							

D.3	**Action Item: Develop, implement and monitor the Medication Management Policy.**							
1	Review policy from ODP							
2	Develop Medication Management Policy and gain approval.							
3	Communicate Policy to providers and provide training.							
4	Implement Policy.							
5	Revise monitoring protocols per new Policy.							
6	Begin collecting information for quarterly reports based on new medication management policy.							
7	Begin providing quarterly reports to Quality Management Meetings and the Quality Council.							
E	**Corrective Action Summary: Strengthen and enforce the existing administrative authority within the Office of Long Term Living**							

E.1	**Action Item: Standardize and enforce existing hearing and appeals process across all waivers.**							
1	Review the current hearing and appeals process/issues							
2	Standardize the hearing and appeals process across all waivers							
3	Develop standardized forms and update existing materials providing education on the hearing and appeals process for stakeholders across all waivers							
4	Issue bulletin outlining new hearing and appeals process							
5	Train SCs/CMs on new procedures and forms							
E.2	**Action Item: Develop standardized informational materials for distribution to the public.**							
1	Determine what informational materials need to be developed for all waivers							

2	Develop and gain approval for the materials							
3	Vet materials with stakeholders							
4	Release materials to waiver enrollment and service coordination agencies and AAAs for use							
5	Provide communication and training to service coordination agencies and AAAs regarding required use of standardized materials							
6	Add performance standards to QMET monitoring tools to confirm use meets expectations							
7	Begin monitoring for use							
E.3	**Action Item: Reissue AAA contracts to ensure consistent operation of Aging Waiver.**							
1	Develop language for new contracts							
2	Receive approval of new contracts from Secretaries, Legal, Attorney General (pre-approval)							

3	Communicate new language to AAAs							
4	Send out new AAA contracts for signature							
5	Receive signed contracts from AAAs							
6	New contracts effective							
7	Update AAA monitoring procedures and forms							
8	Begin monitoring for contract requirements							
F	**Corrective Action Summary: Develop protocols to increase Administrative Authority specific to participant enrollment processes.**							
F.1	**Action Item: Implement a process to track and manage waiver enrollment volumes against approved limits set forth in waivers.**							
1	Review current requirements							
2	Determine mechanism to review approved waiver numbers against numbers enrolled in the waivers							
3	Develop a process for addressing concerns with waiver capacity							

4	Develop a process **to resolve** concerns regarding waiver capacity							
G	**G. Corrective Action Summary: Develop policies and procedures to enhance the existing administrative oversight for the AIDS waiver.**							
G.1	**Action Item: Assess participants in the AIDS waiver and the services they receive to determine if the participants needs can be met in a different program.**							
1	Develop data analysis plan for AIDS waiver participants							
2	Conduct data analyses (e.g., service utilization)							
G.2	**Action Item: Standardize Level of Care determinations, including physician certifications, plan of care and reassessment process.**							

1	Amend the current Level of Care Assessment (LOCA) instrument used for the waiver							
2	Automate use of revised LOCA tool including documentation regarding LOCA specifications (Who completed, timeliness, etc.)							
3	Educate providers on new Level of Care determination process, identify and train assessors							
4	Initiate new Level of Care determination process							
5	Develop process for QMMA to track and trend data from monthly reports							
6	Initiate process for tracking and trending data from monthly reports							
7	Begin providing quarterly reports to the Quarterly Quality Management Meeting and at the Quality Council							

G.3	**Action Item: Delegate service coordination to agency(ies) and delegate a uniform monitoring process of providers, including monitoring that services are delivered in accordance to the service plan.**							
1	Review Current Case Management/Service Coordination process for non-managed care recipients							
2	Explore opportunities to engage targeted case managers more effectively to provide service coordination functions							
3	Determine functions provided by service coordination entities and which functions will be provided by targeted case managers							
4	Delegate appropriate functions relating to service coordination to chosen agencies							

5	Ensure agencies are provided access to needed IT systems to record service plans (SAMS/HCSIS)							
6	Train agency to develop services plans per established process and enter plans into SAMS/HCSIS							
7	Determine monitoring process based on service plans in SAMS/HCSIS							
8	Implement agencies recording service plans in SAMS/HCSIS							
9	Implement monitoring process							
10	Begin providing quarterly reports to the Quarterly Quality Management Meeting and at the Quality Council							
G.4	**Establish a system to review MCOs against their contractual obligations related to the AIDS Waiver**							
1	Identify data to be gathered from MCO's, in accordance to each item as specified in their contracts related to the AIDS waiver							

2	Initiate regularly scheduled meetings between QMMA and BMCO to discuss ongoing monitoring							
3	Initiate process for QMMA to review the results of BMCO monitoring of MCOs							
4	Begin producing quarterly reports outlining items MCOs met or missed							
5	Begin sharing the quarterly MCO report with QMMA							
6	Begin sharing quarterly reports to the Quality Management Meeting and at the Quality Council							
H	**H. Corrective Action Summary: Assure Level of Care Assessments are completed annually.**							
H.1	**Action Item: Verify annual recertification is conducted for individuals in the physical disability HCBS waiver programs.**							

1	Determine how to best collect information to verify recertification is done annually by service coordination agencies.							
2	Determine new source of data collection to verifying recertification is done annually.							
3	Communicate and train providers to enter data into identified data collection tool verifying recertification is done annually.							
4	Begin to collect information for the quality assurance measure.							
5	Begin to provide quality reports to Quality Management Meeting and the Quality Council.							