



Date: July 3, 2017

To: Local Intellectual and Developmental Disability Authorities (LIDDAs)
Medicaid-certified Nursing Facilities (NFs)
Home and Community-based Services (HCS) Providers
Texas Home Living (TxHmL) Providers
Community Living Assistance and Support Services (CLASS) Providers
Deaf Blind and Multiple Disabilities (DBMD) Providers
STAR+PLUS Providers
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)

Subject: Provider Letter No. 17-22 / Information Letter No. 17-14 —
Pre-admission Screening and Resident Review – Quality Service
Reviews (Replaces Provider Letter No. 14-33 and Information Letter
No. 14-80)

In 2015, the Texas Department of Aging and Disability Services (DADS) contracted with Kathryn du Pree, an expert in services for individuals with intellectual and developmental disabilities (IDD), with Crosswinds Consulting to conduct quality service reviews (QSRs) of the implementation of policies, procedures, and improvements relating to the Pre-admission Screening and Resident Review Process (PASRR).

This process will continue with Texas Health and Human Services (HHS) staff. HHS QSR staff will continue to conduct QSRs of nursing facilities, community-based Medicaid service providers, and Local IDD Authorities (LIDDAs) that provide service coordination and other services for individuals with IDD who:

- reside in a nursing facility; or
- have been diverted from admission to a nursing facility into a community-based Medicaid services program; or
- have transitioned from a nursing facility into a community-based Medicaid services program.

The QSRs are not part of the DADS/HHS regulatory survey process. The purpose of the QSR process is to ensure individuals with IDD are receiving:

- the federally-required PASRR screening and evaluation; and
- services in the most integrated residential settings consistent with their choice; and if residing in a nursing facility, the services, including specialized services, needed to maintain their level of functioning and increase their independence.

The purpose of this letter is to inform LIDDAs, Medicaid-certified nursing facilities (NFs), and community-based Medicaid program providers of their requirements related to the QSR process being conducted by HHS QSR staff.

The QSR Process

Each year, HHS will identify a random sample of approximately 300 Medicaid-eligible individuals age 21 and older throughout the state who have had a PASRR Level II evaluation indicating an IDD diagnosis and:

- currently reside in an NF;
- have spent one or more days in an NF within the past year before transferring into a community-based Medicaid program; or
- have sought admission into an NF within the past year but were instead diverted into a community-based Medicaid program.

A QSR will be conducted for each individual in the sample described above. The QSR includes:

- a review of elements of the individual's record and related documents;
- interviews with the individual and the individual's legally authorized representative (LAR);
- interviews with the service coordinator and providers of services; and
- observations of the individual engaged in activities or receiving necessary services and supports as specified in the Individual Service Plan (ISP), NF Comprehensive Care Plan, or community-based Medicaid program service plan, such as the HCS person-directed plan.

One month prior to the review, HHS QSR staff will notify the LIDDA, NF, and community providers of an individual chosen for a review and the documents the provider will need to make available to the QSR reviewers when they are onsite. The QSR reviewer will contact providers individually to schedule the review dates and interviews.

LIDDA Expectations

- For each identified individual, 7-10 calendar days before the scheduled review, the LIDDA must upload copies of the documents listed below to the PASRR Individual Review Monitoring folder that has been added to the existing DADS-Local Authority SFTP site.
 - PASRR Level II Evaluation.
 - Form 1014: PASRR Evaluation Report.
 - Current service plan (including Individual Service Plan (ISP) and NF comprehensive care plan or community-based Medicaid program service plan, such as the HCS person-directed plan). An ISP for NF residents includes the NF comprehensive care plan.

- For individuals who transitioned from a NF to the community, the most recent ISP and transition plan while the individual resided in the NF.
 - Clinical assessments for NF specialized services including the original and any updated assessments.
 - Documentation of specialized service delivery since specialized services were initiated.
 - Service coordinator's (SC) monthly notes for the 12 months prior to the QSR date.
 - SC's review of critical incidents and health-related incidents for the 12 months prior to the QSR date.
 - Contact information (name, telephone number, and email address) for the individual's:
 - Current community services provider or the NF, as applicable;
 - LAR and/or family members; and
 - Current service coordinator.
 - The current address for the individual.
- The LIDDA must ensure that the service coordinator for each identified individual will be available to participate in an interview conducted by a QSR reviewer. The QSR reviewer will contact the service coordinator to schedule the interview.

NF and Community-based Medicaid Service Provider Expectations¹

For each identified individual scheduled for a QSR, the NF or community-based Medicaid service provider will be required to provide the reviewers access to:

- the individual's onsite records;
- the individual, staff, and any contractors who provide services to the individual so that interviews may be conducted;
- contact information for any staff person(s) whom the reviewers should contact with questions; and
- contact information for the individual's LAR and/or family members.

¹ For Nursing facilities, these expectations are supported by requirements in the Texas Administrative Code (TAC) at 40 TAC §19.2002 (h) and Code of Federal Regulation (CFR) at 42 CFR §483.10(j) (1) (ii).

For HCS program providers these expectations are supported by 40 TAC §9.178 (g).

For TxHmL program providers these expectations are supported by 40 TAC § 9.580 (b).

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If you have questions or require additional information about the QSR process, please contact Martha Diase at martha.diase@hhsc.state.tx.us or (512) 438-4294. Thank you for your assistance in this QSR process.

Sincerely,

[signature on file]

Mary Taylor Henderson
Associate Commissioner
Regulatory Services
Texas Department of Aging Disability
Services

[signature on file]

Haley Turner
Deputy Associate Commissioner
IDD & BH Services
Medical and Social Services

[signature on file]

Andy Vasquez
Deputy Associate Commissioner
Quality and Program Improvement
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