

Employment and Community First CHOICES Quality Monitoring Overview

Updated February 20, 2017

Quality Monitoring in the Employment and Community First CHOICES will focus primarily on the level of quality with which services are rendered and the extent to which providers implement best practices.

Compliance with licensure and contracting requirements will be monitored separately by the Managed Care Organizations (MCO). All providers must meet the minimum compliance standards established for the Employment and Community First CHOICES program. The purpose of Quality Monitoring is to gauge a provider's performance above the minimum compliance requirements and determine a provider's preferred provider status on an on-going basis.

Certain services in the Employment and Community First CHOICES program will be monitored by the Department of Intellectual and Developmental Disabilities (DIDD) through a contract arrangement (Interagency Agreement) between TennCare and DIDD. All other services will be monitored by the MCOs with the exception of Adult Dental, which will be monitored by the Dental Benefits Manager, and Benefits Counseling which will be monitored by the national technical assistance center for benefits counseling, Virginia Commonwealth University. In addition, the "invoice/reimbursement" type services will be monitored by TennCare Audit & Compliance as indicated below.

The services to be monitored by the MCO:

- Assistive Technology, Adaptive Equipment and Supplies
- Minor Home Modifications
- Specialized Consultation and Training
- Family to Family Support
- Peer-to-Peer Self-Direction, Employment and Community Support and Navigation
- Community Support Development, Organization and Navigation
- Conservatorship and Alternatives to Conservatorship Counseling and Assistance
- Health Insurance Counseling/Forms Assistance

The services to be monitored by TennCare Audit and Compliance:

- Individual Education and Training
- Family Caregiver Stipend
- Family Caregiver Education and Training

The services to be monitored by DIDD:

- Employment services
 - Service Titles:
 - Exploration
 - Discovery
 - Situational Observation and Assessment
 - Job Development Plan or Self Employment **Plan**

- Job Development or Self Employment **Start Up**
- Job Coaching, Integrated, Competitive Employment
- Job Coaching, Self Employment
- Coworker Supports
- Career Advancement
- Supported Employment – Small Group Supports
- Integrated Employment Path Services
- Community Integration Support Services
- Independent Living Skills Training
- Personal Assistance
- Respite (this service monitored in conjunction with Personal Assistance and Supportive Home Care; not as a separate service)
- Supportive Home Care (Essential Family Supports group, only)
- Community Transportation (agency-provided only)
- Community Living Supports and Community Living Supports-Family Model

All ECF CHOICES providers will be contracted with MCOs and ultimately accountable to the MCOs. DIDD will conduct quality monitoring reviews on behalf of the MCOs for Employment and Community First CHOICES providers upon initial service provision and annually.

Below is an overview of the process for MCO credentialing of new providers who will provide services in the ECF CHOICES program.

MCO credentialing of new Employment and Community First CHOICES providers

Step 1. Informational sessions: These are sessions that will be held on a rolling basis via web-based webinar for providers interested in becoming Employment and Community First CHOICES providers. This is first introduction to program, services and expectations of providers. The process for submitting an application and becoming an approved Employment and Community First CHOICES provider is also explained during the informational session.

Step 2. Provider Application process: Provider submits an application to MCO for providing an Employment and Community First CHOICES service or services.

Step 3. MCO Credentialing Process: MCO completes the provider credentialing process (including application of preferred contracting criteria established by TennCare). This step includes an on-site visit from the MCO to the provider. Provider credentialing ensures potential providers meet minimum compliance standards/requirements, understand the services in the Employment and Community First CHOICES program, and can demonstrate readiness to provide services for which the agency is seeking a contract.

Step 4. Provider Contract Approved/Executed: Upon approval by the MCO, the provider agency receives a contract with the MCO for an Employment and Community First CHOICES service(s). The MCO notifies DIDD of providers that have been added to the network for which DIDD will conduct quality monitoring via agreed upon data exchange process.

Step 5. Provider Orientation and Training: MCO conducts MCO-specific onboarding, orientation and training on the specified Employment and Community First CHOICES service(s) that the provider is contracted to offer. This step includes in-depth training about the expectations for each service.

The provider orientation also includes a web-based, pre-recorded New Provider Orientation, approved by TennCare, that will serve as an introduction to the QM process that DIDD will conduct with providers when members begin receiving the specified services DIDD will survey for quality assurance purposes. This pre-recorded information session will be created and maintained by DIDD.

Step 6. Provision of Employment and Community First CHOICES Service(s) Begins: Within no more than two business days of the initiation of services (per CRA 2.11.9.5.2) by the provider to a referred member, the MCO notifies DIDD that the provider is now serving at least one member. This step prompts the Consultative Survey date to be scheduled by DIDD.

Consultative Surveys of Employment and Community First CHOICES providers

Step 1. Consultative Survey scheduled: DIDD will conduct the Consultative Survey between 90 days and six months of notification of provision of services to at least one member. DIDD will notify the provider and all three MCOs of the provider's scheduled Consultative Survey date and the date/time for the provider's Exit Meeting. DIDD will notify providers in advance of information they need to submit to DIDD and give the providers at least ten (10) business days to provide this information. DIDD will also give providers at least ten (10) business days' notice of documents, including specific member records that will be reviewed, to have ready for review during the survey, individuals who may need to be interviewed and any other accommodations needed.

Note: If, during a consultative survey, the DIDD survey team identifies a Reportable Event, as defined in the Employment and Community First CHOICES Critical Incident Management System policy, DIDD shall follow the requirements in the Employment and Community First CHOICES Critical Incident Management System policy and shall, while still on-site, notify the MCO(s) that have members involved in or impacted by the Reportable Event with the provider and collaborate with the MCO(s) to determine whether it is appropriate for the MCO(s) to send staff on site until the situation can be resolved. The provider is expected to resolve the issue immediately.

Step 2. The Consultative Survey concludes, and DIDD shares the survey results with the MCO(s) that contract with the provider, via email of written results and through a conference call or in-person meeting scheduled at a mutually convenient time, prior to the Exit Meeting. This is not a data exchange item; it is to be accomplished through direct communication between the DIDD Survey team and the MCO(s) that contract with the provider.

Additionally, should the MCO(s) express having a different experience with the provider than

what is reflected in the initial results, the MCO(s) and DIDD will develop a process for discussing and resolving discrepancies of results prior to the final Consultative Survey report being sent to the provider.

Step 3. DIDD electronically shares the draft Consultative Survey report with the provider at least one (1) business day prior to the Exit Meeting.

The “Exit Meeting” is an in person meeting between DIDD, the MCO(s) that contract with the provider, and the provider to explain the draft results of the survey and share a copy of the draft survey report.

For Consultative Surveys, the Exit Meetings will occur on the Friday morning of the week after the week the Consultative Survey begins unless DIDD notifies the provider and the MCO(s), at least five (5) business days in advance, of a different date and time. At a minimum, MCO staff from each MCO *contracted with that provider* meet with DIDD Survey Staff to review the Consultative Survey results with the provider. This is not a data exchange item; it is to be accomplished through a face-to-face meeting and direct communication between the DIDD, the MCO(s) and the provider. Following the exit meeting, within three (3) business days, the survey team will distribute the final survey report to the provider and the MCOs.

Step 4: MCO(s) (all MCOs contracted with the provider will participate in order to collaborate with the provider on any needed technical assistance) **and the provider receive and act upon Consultative Survey results.**

- Consultative Survey results will include a numeric score that equates to a “rating”. Ratings are as follows:
 - Best: Score 76 or higher
 - Better than Good: Score 51-75
 - Good: Score 26-50
 - OK: Score 0-25
- Providers with a Consultative Survey score of 25 or less must submit a Quality Improvement Plan (QIP) to the MCO(s) which will be monitored by the MCO(s). The MCOs will collaborate on review and acceptance of the provider’s QIP. Training and technical assistance will be provided as needed by the MCO(s).
- Consultative Survey Scores will not be published as part of MCO provider scorecards or on MCO websites.

Upon completion of the Consultative Survey, providers will be placed on the Annual Quality Monitoring Survey Schedule. DIDD will conduct annual surveys via the process outlined below.

Annual Quality Monitoring by DIDD

No more than 365 days from the Consultative Survey, DIDD will conduct an annual quality monitoring visit known as the “Annual Survey”.

Step 1: Annual Survey is preliminarily scheduled. By November 30th of each year, DIDD notifies all providers and the three MCOs of the providers’ scheduled Annual Survey weeks

and Exit Meeting dates/times.

Step 2: Annual Survey is scheduled: At least eight (8) weeks in advance, DIDD notifies the provider and all three MCOs of the provider's scheduled Annual Survey on-site dates and reconfirms Exit Meeting date/time.

Step 3: DIDD conducts the Annual Quality Monitoring Survey. Annual surveys are conducted utilizing the prescribed Quality Monitoring Tool (the same tool utilized for Consultative Surveys, with any updates approved by TennCare after the first forty (40) Consultative Surveys are completed). DIDD will notify providers in advance of information they need to submit to DIDD and give the providers at least ten (10) business days to provide this information. DIDD will also give providers at least ten (10) business days' notice of documents to have ready for review during the survey, individuals who may need to be interviewed and any other accommodations needed.

Note: If, during an Annual Survey, the DIDD survey team identifies a Reportable Event, as defined in the Employment and Community First CHOICES Critical Incident Management System policy, DIDD shall follow the requirements in the Employment and Community First CHOICES Critical Incident Management System policy and shall, while still on-site, notify the MCO(s) that have members involved in or impacted by the Reportable Event with the provider and collaborate with the MCO(s) to determine whether it is appropriate for the MCO(s) to send staff on site until the situation can be resolved. The provider is expected to resolve the issue immediately.

Step 4. The Annual Survey concludes, and DIDD prepares the draft survey results report. DIDD shares the draft survey results with the MCO(s) that contract with the provider, via email of written results and through a conference call or in-person meeting scheduled at a mutually convenient time, at least three (3) business days before the Exit Meeting is scheduled to occur. This is not a data exchange item; it is to be accomplished through direct communication between the DIDD Survey team and the MCO(s) that contract with the provider.

Step 5. DIDD electronically shares the draft Annual Survey report with the provider at least one (1) business day prior to the Exit Meeting.

The "Exit Meeting" is an in-person meeting between the DIDD survey staff, the MCO(s) that contract with the provider, and the provider to explain the results of the survey and share a copy of the survey report. For Annual Surveys, the Exit Meetings will occur on the Friday morning of the week after the week the Annual Survey begins unless DIDD notifies the provider and the MCO(s), at least five (5) business days in advance, of a different date and time. At a minimum, MCO staff from each MCO *contracted with that provider* meet with DIDD Survey Staff to review the Annual Survey results with the provider. This is not a data exchange item; it is to be accomplished through a face-to-face meeting and direct communication between the DIDD Survey team, the MCO(s) and the provider. Following the exit meeting, within three (3) business days, the survey team will distribute the final survey report to the provider and the MCOs.

Step 6: MCO(s) (all MCOs contracted with the provider will participate in order to collaborate with the provider on any needed technical assistance) **and the provider receive and act upon Annual Survey results.**

- Annual Survey results will include a numeric score that equates to a “rating” and a preferred provider designation. Ratings and designations are as follows:
 - Score 81 or higher: Best rating and Most Preferred Provider designation
 - Score 61-80: Better than Good rating and Highly Preferred Provider designation
 - Score 31-60: Good rating and Preferred Provider designation
 - Score 0-30: Ok rating and no Preferred Provider designation
- Providers with a score of 80 or less will be expected to submit a Quality Improvement Plan (QIP) addressing issues in their survey and implementing specific strategies to move the provider to a Best rating on next Annual Survey. The MCOs will collaborate on review and acceptance of the provider’s QIP. QIP implementation will be monitored by the MCO(s).
- Scores will be published as part of MCO provider scorecards and on MCO websites.