

## QUALITY ASSURANCE

### ElderChoice Compliance Work Plan 2017

ElderChoice is dedicated to preventing and detecting fraudulent, abusive and wasteful practices while promoting high quality patient care. ElderChoice has developed and maintains a Compliance Work Plan to assist the agency with achieving this goal.

The Compliance Work Plan has been designed to detect and prevent violations of the law, as well as the likelihood of unethical and/or fraudulent activity, to stop any such behavior as soon as possible, to address (through disciplinary action) the offending employee, and to address and recognize trends and changes needed in policy.

The enclosed work plan will provide a roadmap for the agency to follow regarding specific activities targeted by OMIG and the agency's Compliance Officer to further improve the integrity and quality of services provided by ElderChoice.

The Office of the Medicaid Inspector General (OMIG) has identified via their annual work plan (2017-2018) that they will 'conduct reviews of Personal Care Services, Traumatic Brain Injury, Nursing Home Transition and Diversion, and Private Duty Nursing services that will include the following components:

- *Provision of Services*: OMIG will analyze claims to verify that 'services were provided, that services billed were included in the service plan, that service plans were updated in a timely manner, and that services were provided by qualified staff.
- *Consistency with Patient Care Plans/Service Plans*: Since plans of care form the basis of authorized services, such plans must be created and approved by designated professional staff for home care programs. OMIG will analyze claims to determine if an approved patient care plan exists, plan services were deemed necessary, services were rendered consistent with the patient care plan, and hours billed were authorized by the care plan.'
- *Wage Parity*: OMIG will audit contracted network providers' records and reports to ensure that funds provided for employee wage increased are properly distributed to health care works in accordance with statutory requirements and the procedures established by DOH.

#### **Patients**

To ensure the agency remains in satisfactory standing with OMIG and maintains compliance, ElderChoice, through quarterly audits, will ensure all Patient Files include:

- Physician's Orders
- Care Plans
- Physician Verifications
- Assessments
- Authorizations
- Review of HIPAA/Grievance/Rights & Responsibilities

- Discharge Summary

Through random audits of RN Patient Notes as well as PCA daily service notes, ElderChoice will ensure that:

- Services are justified
- Services being delivered are consistent with Care Plan

To maintain compliance with specific regulations from the NYS Department of Health the agency will audit all TBI/NHTD Waiver participant files annually with attention to:

- Current NOD
- Current and accurate PRI/UAS
- Current RSP/ISP
- Complete Enrollment Packet
- Notice of Discontinuance/Change of Provider

The agency will ensure that all the above documents are current, accurate, and consistent with all other documents as well as the authorization for services. To ensure the provision and consistency of services being delivered, the Agency will manage the following administrative processes as listed below:

*Policy Manual:* To ensure the consistency of services being delivered, all policies relating to referral/intake, admission, ongoing processes, and discharge are included in the agency's LHCSA Policy manual. The LHCSA Policy Manual is maintained by the Quality Assurance (QA) department and any new policies are reviewed by the Quality Improvement Committee (QIC) and the QA department prior to distribution via encrypted files to Direct Care Management (DCM) teams. An up-to-date Policy Manual is maintained at each of ElderChoice's operational sites, as well as available in digital form.

*Quality Assurance (QA) Department:* To ensure the overall quality and consistency of services and programming, the QA Department meetings are conducted on a monthly basis to discuss and review regional and agency-wide issues, recordable event trends, policies, and regulatory updates as needed.

*Quality Improvement Committee (QIC):* To ensure consistency of services and programming, as well as comply with NYS DOH LHCSA regulation, the QIC meetings are conducted on a quarterly basis. This committee reviews and discuss new policies and/or proposed program additions or expansion of services, the agency's emergency readiness plan, current and discharged patient files, patient complaints and any notable trends of medical concerns for patients being served by ElderChoice.

*Quality Management Program (QMP):* To ensure the provision and consistency of services, QMP reports are reviewed on a quarterly basis to review departmental reports which include data on current participants, pending participants, and discharged patients as well as department employee demographics. These departmental reports also note percentage of service provided (vs. approved) and length of time from approval date vs. start of services. Reports also include discussion of areas of improvement or concern in the specific department.

*Serious Reportable Incidents (SRI):* To ensure the safety and well-being of patients and employees of the agency as well as provide a tool for reviewing, assessing and identifying trends and implementing the necessary changes in agency policy and procedures, the agency will report and investigate all those incidents required by DOH for all patients served, regardless of payer source.

*Recordable Events:* To ensure the safety and well-being of patients and employees of the agency as well as provide a tool for reviewing, assessing and identifying trends and implementing the necessary changes in

agency policy and procedures, the agency will report and investigate all minor events and occurrences which do not qualify, per agency policy, as Serious Reportable Incidents.

*Serious Incident Review Committee (SIRC):* This Committee reviews all Serious Incident Reports (SRI) as defined by DOH, as well as all Recordable Events (or internally reported situations), and subsequent investigations/recommendations for improvements of both. SIRC meetings are conducted on a monthly basis and, in addition to reviewing incidents, also consider any emerging trends and make recommendations for agency wide policy change and improvements.

*Participant Focused Reviews:* To ensure the provision of services, the agency's Quality Assurance Department conducts unscheduled patient home visits to a minimum of 10% of all patients served annually. Visits are made throughout all scheduled shifts, to ensure contact with all staff working with each patient. These visits are conducted on a rotating schedule throughout all regions. Included as part of these reviews are patient quality assurance review checklists, final reports, review of all service notes completed and a reconciliation of Medicaid billing. This final report is submitted to the Programs Director for review and any follow-up or corrective action as needed. These final reports are also submitted and reviewed by the QIC.

*Safety Committee:* To ensure the health and safety of all patients, patients' families, and employees of ElderChoice, the Safety Committee conducts meetings on a monthly basis to review Corporate and satellite office inspections, OSHA workplace injury reporting, disability and medical leave reporting, staff training updates, and other specialized topics as needed.

*Registered Nurse Meetings:* To maintain compliance with specific nursing regulations as outlined by the NYS Department of Health, the agency conducts RN meetings on a quarterly basis to review policies and processes with all Direct Care Management (DCM) teams.

*Grievance Policy:* To ensure the provision of services, the agency has an established Grievance Officer whose contact information (as well as the Grievance Policy) is reviewed with all patients at admission and each six months thereafter. The information is also made available in all patient home binders. The Grievance Officer is available via mail, email, fax, or confidential drop box to receive and respond to, any complaints made by any entity associated with the agency, including patients, their families, and advocates.

*Corporate Compliance Plan:* To ensure the provision and consistency of services, the agency has established an extensive Corporate Compliance Plan, based on the agency's day to day operations and high risk areas. As part of this plan, Corporate Compliance Committee meetings are held biannually to review the Corporate Compliance Plan as well as review all Corporate Compliance investigations and complaints. The Committee also reviews and makes recommendations for the overall quality assurance and improvement of the agency's compliance program. The agency has assigned a Corporate Compliance Officer to ensure all aspects of the agency's Corporate Compliance Plan are current and meaningful to the agency's operations. A summary of the Corporate Compliance Plan is in patient home binders and includes high risk areas as well as name and contact information for the Corporate Compliance Officer.

*Participant Satisfaction Surveys:* To ensure the provision of services, Participant Satisfaction Surveys are conducted on an annual basis every fall to receive feedback on overall satisfaction with staff, service coordinators, and other providers, as well as any suggestions for improvement to services.

## **Personnel**

Through quarterly audits of all Personnel Records, ElderChoice will verify that employees are:

- Qualified
- Up to date with required:
  - In services
  - Annual Health Assessments
  - Supervision
  - Annual Performance Evaluation Documentation
  - MediSked Dates for ElderChoice and Waiver Trainings, In-home RN Orientations, and PCA Skill Competencies

To ensure qualification of all direct care staff, the agency will manage the following personnel data processes as listed below:

PPDs: PPD testing results are collected as a pre-hire requirement for all employees at the agency. Expiration dates are queried monthly by a member of the HR department and distributed to the Direct Care Administrator for each region. Staff receive notification via mail prior to expiration as reminder to complete PPD testing.

Annual Performance Evaluations: Agency employees are provided with an annual performance evaluation conducted by their supervisor in correspondence with their anniversary date of hire. At the evaluation, employees receive feedback on their performance during the previous year and based on scored criteria, have the opportunity to earn a performance-based raise. Employees receive notification and a copy of their wage acknowledgement upon hire and any time that there is a change in pay rate.

Criminal History Records Check (CHRC): All direct care staff New Hires are subject to a background check review via NYDOH Criminal History Record Check to determine eligibility to provide direct patient services. On-going CHRC review for all existing employees will be monitored by HR Dept. for action, as deemed necessary.

OMIG Exclusionary Checks: Prior to hire, OMIG Exclusionary Checks, per the agency's Corporate Compliance Plan, are conducted for each employee. After initial onboarding, subsequent OMIG checks are completed on a monthly basis by the HR Department, for each employee.

Electronic Health Recordkeeping: ElderChoice promotes the use of a secure Electronic Health Records (EHR) system which encompasses access, storage and transmission of digital patient and employee records. The agency not only acknowledges the importance of a secure and safe EHR, but recognized the need for policies to ensure all portable and/or off site use of the EHR and other digital files/transmissions comply with all HIPAA standards. Each employee will be assigned an access level to the EHRs, dependent on position with the agency and need. Employees will only have access to services and patient's schedules specific to the employee. A member of the HR Department enters training and skill competency dates into MediSked (ElderChoice's EHR platform) for all New Hires upon completion of applicable trainings.

In-Services: The DCM teams are responsible for tracking In-Service dates for current staff, with oversight provided by QA via quarterly audits. As a member of the QA department, the Executive Director will ensure that acceptable, completed packets are uploaded into the Employee's digital personnel file, with updates made in the employee's EHR profile on MediSked.

*Health Assessments:* All agency employees are required to have a completed Pre-Employment Health Assessment, prior to hire, which includes a 'non-habitation' clause signed by a medical professional (as defined by DOH). During the Pre-hire process, employees are also required to submit proof of inoculations (MMRs) and/or titers. Post hire, Annual Health Assessment documentation is completed on the day of In-Service, as a best practice for the agency. The completed Annual Health Assessments will be submitted to the Executive Director, who will ensure the completed form is scanned/uploaded into the employee's digital personnel file. The Executive Director will ensure the Annual Health Assessment date is modified in the employee's MediSked demographic profile.

*RN Annual Staff Supervisions:* The DCM teams are responsible for querying annual supervision dates for direct care staff and setting up the visits with the Regional RN. The RN will follow the agency's policy regarding staff supervision visits and document in MediSked. The RN will print the specific documentation block from MediSked and submit to the DCA. The DCA will include in the annual In Service packet and submit to the Executive Director. Documentation of these visits are also included with the completed In-Service packet. The date of the RN staff supervisory visit will be reviewed and entered into the employee's MediSked profile.

*Communication:* To ensure the provision of services as outlined by NYDOH and LHCSA regulations, Agency-wide employee communication is distributed via the ADP Self-Service Portal, scheduled in-services/trainings, patient in-home binders, and postal mail, as deemed appropriate.

*Grievance Policy:* To ensure the provision of services, the agency has an established Grievance Officer whose contact information is made available to all employees, upon hire and annually, at the agency's Annual Training. This policy, contact information and a picture of the Grievance Officer is also posted on the ADP Portal for current staff. The Grievance Officer is available via mail, email, fax, or confidential drop box to receive and respond to, any complaints made by any entity associated with the agency, including patients, their families, and current staff.

*Corporate Compliance Plan:* To ensure the provision and consistency of services, the agency has established an extensive Corporate Compliance Plan, based on the agency's day to day operations and high risk areas. As part of this plan, Corporate Compliance Committee meetings are held biannually to review the Corporate Compliance Plan as well as review all Corporate Compliance investigations and complaints. The Committee also reviews and makes recommendations for the overall quality assurance and improvement of the agency's compliance program. The agency has assigned a Corporate Compliance Officer to ensure all aspects of the agency's Corporate Compliance Plan are current and meaningful to the agency's operations. The Corporate Compliance Plan is reviewed with all employees at New Hire Orientation, as well as annually at the agency's Annual Training, and a copy of the plan is provided in its entirety. Contact information for the Corporate Compliance Officer, as well as a picture of the officer and the plan, are posted on the agency's ADP Portal, assessable to all employees.

## **DSRIP**

According to the OMIG work plan, 'The Medicaid Redesign Team (MRT) Waiver Amendment required DOH to submit a multi-year roadmap for comprehensive Medicaid payment reform with payouts based upon Performing Provider Systems (PPS), which are networks of providers created under Delivery System Reform Incentive Payment (DSRIP).'

ElderChoice is a participating safety-net provider in two PPS, Central New York Care Collaborative and Care Compass Network. ElderChoice is actively participant in these PPS in pursuit of the DSRIP program goal for provider collectives to reduce re-admissions by 25% over the course of five years by 2020.

OMIG work plan notes that the 'roadmap outlines a path towards a value-based payment (VBP), ElderChoice has not entered into such MCO-PPS payment arrangements at this time.

### **Social Day Program**

The Office of the Medicaid Inspector General (OMIG) has identified via their annual work plan (2017-2018) that:

'OMIG will continue to independently investigate social adult day care centers (SADCs), and will work jointly with MFCU, DOH, the New York City Buildings Department, the New York City Department for the Aging, (DFTA), and the State Office for the Aging (SOFA). OMIG will continue to meet bimonthly with MLTC plans, DOH, DFTA, and SOFA to review complaints, and discuss investigations and new initiatives.

To ensure the agency remains in satisfactory standing with OMIG and maintains compliance, ElderChoice will ensure the Social Day Program Files contain:

To ensure the agency remains in satisfactory standing with OMIG and maintains compliance, ElderChoice, through quarterly audits, will ensure all SADC participant files include the following:

- a) Patients
  - Authorization
  - Assessment
  - Admission/Intake
  - Detailed/Service Plan
  - Service Notes
  - Review of HIPAA/Grievance/Rights & Responsibilities
  
- b) Personnel
  - Employee qualifications (including SADC Director) and verifications
    - PPD, Annual Health Assessment
  - Employee Training
    - 20 hour initial training
    - CPR Certification
    - Annual Emergency Preparedness/Fire Extinguisher Training
    - Annual In Services
  
- c) Other
  - Certificate of Occupancy
  - Policy and Procedure Manual
  - Bi Annual Fire Drills
  - SADC Certification

### **Work Plan Goals**

The agency has established three goals for the 2017 work plan which include:

- 100% compliance in all areas of the organization.
- No Self-Disclosures within 12-month period.
- 100% accuracy in Medicaid billing.

As outlined in the Compliance Plan all concerns will be thoroughly investigated and reviewed with the Executive Director for follow up and appropriate action. In addition, the resolution and/or results of the investigations will be reviewed with appropriate Department Head, for further corrective action and/or follow up, as deemed by the investigation.