



OFFICE OF THE STATE AUDITOR



DIANNE E. RAY, CPA
—
STATE AUDITOR

September 24, 2019

COMMUNITY-CENTERED BOARDS (NOVEMBER 2018) – STATUS REPORT: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Members of the Legislative Audit Committee:

Attached is the status report from the Department of Health Care Policy and Financing (Department) on the implementation of recommendations contained in the Office of the State Auditor's *Community-Centered Boards* (CCBs) performance audit.

We reviewed supporting documentation for each recommendation that the Department reported as implemented or partially implemented, including:

- The revised regulations 10 CCR 2505-10 8.500.
- The revised template used to execute new contracts with each CCB.
- The form used by CCBs to demonstrate their need for additional funding, and Department spreadsheets showing the funding reallocations for Fiscal Year 2020.

Based on our review, the supporting documentation substantiates the Department's reported implementation statuses.

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COLORADO
Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

August 27, 2019

Dianne E. Ray, CPA
State Auditor
Colorado Office of the State Auditor
1525 Sherman St., 7th Floor

Dear State Auditor Ray:

In response to your request, we have prepared the attached status report on the implementation status of audit recommendations that were contained in the Community-Centered Board performance audit and that were not included in the Statewide Single Audit, Fiscal Year Ended 2018 report. Our status report provides a brief explanation of the actions taken by the Department of Health Care Policy and Financing to implement the recommendations.

If you have any questions about this status report and the Department's efforts to implement the audit recommendations, please contact Dan Krug at 303-866-4770 or Daniel.Krug@state.co.us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bonnie Silva', with a stylized, cursive script.

Bonnie Silva
Office Director
Office of Community Living



AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards, Performance Audit, November 2018
AUDIT NUMBER	1745P
DEPARTMENT	Department of Health Care Policy and Financing
DATE OF STATUS REPORT	September 3, 2019

SECTION I: SUMMARY

REC. NUMBER	DEPARTMENT'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
1A	Agree	July 2020	Partially Implemented	July 2020
1B	Agree	July 2020	Partially Implemented	July 2020
1C	Agree	July 2020	Partially Implemented	July 2020
4	Agree	July 2020	Partially Implemented	July 2020

NOTE: Recommendations 6, 8, 10, 12, and 13 that were made to the Department were included in the *Statewide Single Audit, Fiscal Year Ended 2018* report, released in February 2019, because they related to federal compliance. The results of the OSA's test work on the implementation of those recommendations will be included in the *Statewide Single Audit, Fiscal Year Ended 2019* report, to be released in early 2020.

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 1A

The Department of Health Care Policy and Financing (Department) should improve its allocation of funding to the State Supported Living Services (State SLS) program to reduce the number of individuals on program waitlists or address unmet needs of enrolled recipients by: Implementing an allocation methodology that uses relevant data on State SLS program recipients, waitlisted individuals, and the historical use of the program funds to better align allocations with the needs of individuals served by the Community-Centered Boards (CCBs).

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	July 2020
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DEPARTMENT'S UPDATE

The Department is developing a new State SLS allocation methodology. Initial drafting of the allocation methodology is tentatively scheduled for September 2019. CCB engagement is tentatively scheduled for early 2020. To develop the allocation methodology, the Department first had to establish regulations, begin the rate-setting process, ensure the accuracy of waitlist data, and begin drafting contract amendments to ensure necessary data is being collected from the CCBs. Effective June 2019, the Department released State SLS regulations (10 CCR 2505 10 8.501) that include programmatic, case management, financial management, and waitlist management requirements. Additionally, the Department is currently working to establish State SLS-specific administrative, case management, and service rates that are anticipated to be released for CCB feedback in November 2019.

RECOMMENDATION 1B

The Department should improve its allocation of funding to the State SLS program to reduce the number of individuals on program waitlists or address unmet needs of enrolled recipients by: Implementing a written policy or process to reevaluate the methodology implemented in response to PART A, and modifying it in accordance with the trends shown in the collected data to ensure that the methodology continues to align with individuals' needs. The written policy or procedure should specify the frequency at which the methodology will be reevaluated, such as every few years.

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	July 2020
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DEPARTMENT'S UPDATE

All necessary contract requirement changes, deliverables for data collection, formalized rates, and new allocation methodology are scheduled to go into effect July 1, 2020. The Fiscal Year (FY) 2019-2020 CCB Contract was amended to include more specific requirements for the State SLS program and more specific deliverables for data collection. Additional revisions are being drafted for the FY 2020-21 contracts to align with the new payment structure. The Department will write a formal procedure to reevaluate the methodology based on relevant data and set a frequency for review once the allocation methodology is developed and prior to July 2020.

RECOMMENDATION 1C

The Department should improve its allocation of funding to the State SLS program to reduce the number of individuals on program waitlists or address unmet needs of enrolled recipients by: Implementing a written policy or process to reallocate reverted State SLS program funds amongst the CCBs during the year, whenever possible, so that the funds the Department has allocated to the program each year are used to address unmet needs of recipients or serve individuals on the program waitlist, rather than being reverted. The policy or process should include ongoing Department monitoring of State SLS program spending and individual needs at each CCB, including reviewing waitlist and program recipient data.

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	July 2020
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DEPARTMENT'S UPDATE

Until the new allocation methodology is developed, the Department is working closely with the CCBs to ensure the State SLS waitlist is accurate and redistributing funding where possible to enroll additional individuals into the program and fund unmet needs of individuals currently enrolled. During FY 2018-2019, the Department reduced certain individual CCB allocations by a total of over \$573k in projected reversions and redistributed over \$455k of that funding to CCBs with waitlists and unmet needs of existing members. Effective FY 2019-2020, the Department implemented a form for CCBs to submit to request additional funding as individuals are added to the waitlist or as funding needs change. Prior to July 2020, after the new allocation methodology is developed, the Department will write a formal procedure to reallocate funds among the CCBs.

RECOMMENDATION 4

The Department should improve its oversight over the State SLS program by implementing program-specific policies and procedures, and by conducting oversight activities such as periodically reviewing samples of recipient files and case note documentation to ensure compliance with State SLS program requirements.

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	July 2020
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DEPARTMENT’S UPDATE

The Department developed regulations governing the State SLS program, which went into effect June 30, 2019. The regulations include eligibility requirements and specific case management requirements. The Department conducted a State SLS training for CCBs on August 27, 2019. With new regulatory requirements and clear contractual requirements, the Department can develop a Program and Quality Review tool to conduct oversight activities of the State SLS program. However, the Department must use the regular budget process to obtain the necessary staff to conduct these reviews. Current Department staff are providing the CCBs daily oversight and technical assistance for the State SLS program.



OFFICE OF THE STATE AUDITOR



We Set the Standard for Good Government

September 24, 2019

DIANNE E. RAY, CPA

STATE AUDITOR

COMMUNITY-CENTERED BOARDS (NOVEMBER 2018) – STATUS REPORT

Members of the Legislative Audit Committee:

Attached are the status reports from each of the 20 Community-Centered Boards (CCBs) on the implementation of recommendations contained in the Office of the State Auditor's *Community-Centered Boards* performance audit.

We reviewed supporting documentation for each recommendation that the CCBs reported as implemented or partially implemented. Key documentation that we reviewed included:

- Revised policies, procedures, guidance, and training materials related to case management and billing.
- Forms and tools, such as spreadsheets and information system reports, used to schedule and document face-to-face contacts with recipients.
- Supervisory oversight checklists and quality assurance logs for monitoring case management activities.

Based on our review, the supporting documentation substantiates the CCBs' reported implementation statuses.

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**IMPLEMENTATION STATUSES OF PERFORMANCE AUDIT RECOMMENDATIONS
FOR EACH COMMUNITY-CENTERED BOARD**

COMMUNITY-CENTERED BOARD	COUNTIES/AREAS SERVED	CASE MANAGEMENT FOR STATE SLS PROGRAM		IN-PERSON CASE MANAGEMENT	UNSUPPORTED CLAIMS	PAYMENTS EXCEEDING CAP	UNREASONABLE BILLING
		REC. NO.		REC. NO.	REC. NO.	REC. NO.	REC. NO.
		2	3	5	7	9	11
Blue Peaks Developmental Services	Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache		✓	✓	✓		
Colorado Bluesky Enterprises, Inc.	Pueblo	NI	✓	✓	✓	✓	PI
Community Connections, Inc.	Archuleta, Dolores, La Plata, Montezuma, San Juan		✓	✓	✓		
Community Options, Inc.	Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel		PI	✓	✓		✓
Developmental Disabilities Resource Center (DDRC)	Clear Creek, Gilpin, Jefferson, Summit		✓	✓	✓	✓	✓
Developmental Pathways	Arapahoe, Douglas, City of Aurora		PI	PI	✓		PI
Eastern Colorado Services	Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Philips, Sedgwick, Washington, Yuma		NI	PI	NI		
Envision	Weld		PI	PI	✓		✓
Foothills Gateway	Larimer			✓	✓		
Horizons Specialized Services	Grand, Jackson, Moffat, Rio Blanco, Routt	PI		✓	✓		
Imagine!	Boulder, Broomfield	NI	✓	PI	✓		✓
Inspiration Field	Crowley, Otero, Bent	✓	✓	✓	✓		✓
Mesa Developmental Services (STRiVE)	Mesa	✓	✓	✓	✓		✓
Mountain Valley Developmental Services	Eagle, Garfield, Lake, Pitkin	✓	✓	✓	✓		✓
North Metro Community Services, Inc.	Adams	✓	PI	✓	PI		PI
Rocky Mountain Human Services	Denver	✓	✓	✓	✓		✓
Southeastern Developmental Services	Baca, Bent, Kiowa, Prowers	✓	✓	✓	✓		
Southern Colorado Developmental Disabilities Services	Huerfano, Las Animas		NI	PI	✓		
Starpoint	Chaffee, Custer, Fremont		✓	PI	✓		
The Resource Exchange	El Paso, Park, Teller		✓	✓	✓		

✓ = Implemented PI = Partially Implemented NI = Not Implemented

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards, Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	Blue Peaks Developmental Services
DATE OF STATUS REPORT	August 14, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
3	Agree	April 2019	Implemented	January 2019
5A	Agree	April 2019	Implemented	January 2019
5B	Agree	November 2018	Implemented	September 2018
5C	Agree	April 2019	Implemented	September 2018
7	Agree	April 2019	Implemented	January 2019

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 3

The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements, including requirements regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	January 2019
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CCB UPDATE

A tracking tool to document the completion of face-to-face monitoring activities for State SLS and waiver clients was developed and implemented in January 2019, and is utilized by the Case Management Director. At the beginning of each month, the Case Management Director reviews the case files for each State SLS client to ensure case notes are being documented and service plans are being updated to reflect client needs, changes, goals, and utilization of services. The agency's case management monitoring policy was updated in July 2019 to specify the Case Management Director's supervisory responsibilities for State SLS monitoring in addition to policy language that specifies the same monitoring activities as for other waiver participants.

RECOMMENDATION 5A

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management

documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	January 2019
CCB UPDATE			
Both case managers were provided with training, created by the Department of Health Care Policy and Financing (Department), specifically regarding monitoring requirements put forth by the Department and upheld by Blue Peaks. The Case Management Director administered this training on January 9, 2019. Both case managers signed a training agreement stating that they would utilize the appropriate Summary Report log note label for ‘monthly contact’ when entering monitoring logs into the BUS.			

RECOMMENDATION 5B			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	September 2018
CCB UPDATE			
A spreadsheet was implemented in September 2018 to improve the tracking process for required quarterly face-to-face monitoring activities. Previously, case managers were responsible for their own tracking of monitoring needs. This new spreadsheet identifies monitoring frequency by case manager and client, and cues the Case Management Director to prompt a case manager in advance if monitoring is needed. The spreadsheet is reviewed by the Case Management Director at a minimum of once per month as stated in the Case Management Monitoring policy.			

RECOMMENDATION 5C			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	September 2018
CCB UPDATE			
A monitoring spreadsheet was implemented in September 2018. This spreadsheet identifies face-to-face monitoring frequency by case manager and client, and cues the Case Management Director to prompt a case manager if monitoring needs are overdue. The spreadsheet is reviewed at a minimum of once per month. In times of high staff workload or turnover, the Case Management Director may rely on this spreadsheet to work with the team, and redistribute workloads and ensure completion of face-to-face monitoring as required.			

RECOMMENDATION 7

The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	January 2019
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CCB UPDATE

Blue Peaks requires that case managers independently track unit numbers as they enter log notes in order to avoid duplicate billing. Case managers will notify the Case Management Director as needed to make appropriate corrections if a log note was created in error or duplicated by accident, either by the system or the case manager. Blue Peaks has implemented a supervisory review procedure in order to detect and prevent erroneous or duplicate claims, in which, on a monthly basis, the Case Management Director compares final Targeted Case Management unit numbers to the final unit numbers recorded in the BUS for additional accuracy.

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards, Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	Colorado Bluesky Enterprises
DATE OF STATUS REPORT	August 15, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
2	Agree	March 2019	Not Implemented	December 2019
3	Agree	November 2018	Implemented	November 2018
5A	Agree	November 2018	Implemented	November 2018
5B	Agree	November 2018	Implemented	November 2018
5C	Agree	January 2019	Implemented	January 2019
7	Agree	May 2019	Implemented	May 2019
9	Agree	November 2018	Implemented	November 2018
11	Agree	January 2019	Partially Implemented	December 2019

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 2

The nine Community-Centered Boards (CCBs) should improve case management provided to State Supported Living Services (State SLS) program recipients by implementing comprehensive written policies and procedures for all required case management activities. The policies and procedures should include specific requirements to ensure adequate contact with the recipient, case note documentation, monitoring of the units used, and management of the Individualized Service Plans (Service Plans), such as specifying expectations for annual updates, capturing specific needs and preferences, and obtaining recipient or guardian signatures when Service Plans are revised.

CURRENT IMPLEMENTATION STATUS	Not Implemented	CURRENT IMPLEMENTATION DATE	December 2019
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CCB UPDATE

Colorado Bluesky Enterprises (Bluesky) is developing new policies and procedures for the State Supported Living Services (State SLS) program related to required contacts, case note documentation, and management of Service Plans, including expectations for annual updates, capturing program recipients' specific needs and preferences, and ensuring required signatures. Bluesky will use the new State SLS rules issued by the Department of Health Care Policy and Financing as a guideline in developing these new policies and procedures, which Bluesky anticipates to be approved and implemented by December 2019.

RECOMMENDATION 3

The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements, including requirements regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	November 2018
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CCB UPDATE

In November 2018, Colorado Bluesky Enterprises developed a supervisory oversight tool to monitor case managers who have individuals in Home and Community-Based Services on their caseload. This tool was updated and implemented in March 2019 for monitoring case managers who have State Supported Living Services program individuals. The tool ensures compliance with all applicable requirements by establishing a process for regularly-conducted supervisory reviews of contacts with recipient, case notes, monitoring, and individual plan management. Additionally, supervisors meet with case managers monthly to review caseloads regarding the elements listed here.

RECOMMENDATION 5A

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	November 2018
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CCB UPDATE

Colorado Bluesky Enterprises (Bluesky) developed and implemented a monitoring spreadsheet that tracks all face-to-face monitoring visits with Home and Community-Based Services waiver program recipients. This spreadsheet is completed and reviewed monthly by the supervisors to ensure that case managers are conducting and documenting face-to-face visits as required. In addition, unsuccessful attempts are tracked and reviewed in the Benefit Utilization System (BUS). Bluesky also worked with the Department of Health Care Policy and Financing in standardizing the use of labels and log notes, and provided the Department feedback on its experiences in using the BUS through the technical assistance calls that are regularly scheduled by the Department.

RECOMMENDATION 5B			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	November 2018
CCB UPDATE			
As part of improving existing processes, Colorado Bluesky Enterprises (Bluesky) developed and implemented a monitoring spreadsheet that tracks the scheduling of all face-to-face monitoring visits with Home and Community-Based Services waiver program recipients at the frequency required by the state and federal laws and regulations. Case managers enter their caseloads into the spreadsheet along with the month that each required activity is to be completed. Supervisors review the spreadsheet monthly, in addition to using the supervisory oversight tool, to ensure quarterly face-to-face visits are scheduled as required.			

RECOMMENDATION 5C			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	January 2019
CCB UPDATE			
To ensure that face-to-face monitoring visits are conducted as required with all Home and Community-Based Services waiver program recipients, Colorado Bluesky Enterprises (Bluesky) developed a process for covering caseloads during periods of turnover and high workload. This process involves utilizing the case manager trainer, other case managers, and case management supervisors to cover caseloads in the event of vacancies. In addition, Bluesky developed and implemented a monitoring spreadsheet that tracks all face-to-face monitoring visits to ensure these activities are carried out even during times of high staff workload and turnover.			

RECOMMENDATION 7			
The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	May 2019
CCB UPDATE			
Colorado Bluesky Enterprises (Bluesky) developed procedures that help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. The procedures consist of monthly log note reviews in order to capture and review problematic log notes that			

are, for example, system-generated by the Benefits Utilization System (BUS) or erroneously entered twice by case managers. To conduct this review, case management supervisors use a log note review form that was implemented in May 2019.

RECOMMENDATION 9

The two Community-Centered Boards should implement or strengthen internal controls, as appropriate, to prevent the submission of Medicaid waiver claims for Targeted Case Management to the Department of Health Care Policy and Financing in excess of the established cap.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	November 2018
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CCB UPDATE

Colorado Bluesky Enterprises (Bluesky) established a new process whereby the finance department and case management review Targeted Case Management billing to prevent case managers from billing over the cap established by the Department of Health Care Policy and Financing. The finance department maintains a spreadsheet of all units billed per case manager and unit cap. When an individual has reached 140 units, the finance department will monitor that individual closely. If an individual is approaching the established unit cap of 240, the finance department notifies the case management team, so that the applicable case managers cease billable units and switch to using non-billable units.

RECOMMENDATION 11

The 12 Community-Centered Boards should implement written guidance and controls for Targeted Case Management billing that conform with the intent of federal and state billing guidance by ensuring that they bill for time that is reasonable, feasible, and does not exceed the total amount of time the person worked. This could include implementing processes to monitor the units claimed in a given time period by each case manager, establishing and monitoring practices for logging and billing for small time increments, and/or establishing limits on the number of Targeted Case Management units billed per case manager.

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	December 2019
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CCB UPDATE

Colorado Bluesky Enterprises (Bluesky) completes monthly log note reviews to ensure that units documented are reasonable for the activity that was completed and do not exceed the amount of allowable billable hours. Bluesky is working on developing written policies and procedures regarding Targeted Case Management billing that conforms with the intent of federal and state billing guidance by ensuring that case managers bill for time that is reasonable, feasible, and does not exceed the total amount of time the person worked. The policies and procedures will include requirements for logging and billing for small time increments. Bluesky anticipates implementing the policies and procedures by December 2019.

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	Community Connections, Inc.
DATE OF STATUS REPORT	July 2, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
3	Agree	January 2019	Implemented	January 2019
5A	Agree	November 2018	Implemented	November 2018
5B	Agree	December 2018	Implemented	December 2018
5C	Agree	November 2018	Implemented	November 2018
7	Agree	November 2018	Implemented	November 2018

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 3

The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements, including requirements regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	January 2019
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CCB UPDATE

In order to improve case management for the State Supported Living Services program, the following process to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements was created: 1) the new Quality Assurance (QA) Case Manager Position conducts supervisory reviews of case manager activities every month to ensure compliance with all applicable requirements; 2) a monitoring checklist and QA tracking sheet have been created in order to track compliance, and is used to review and confirm the following are completed: contact with the recipient, case note documentation, monitoring, Individualized Service Plan management and utilization review; 3) a quarterly report that identifies who is out of compliance is sent to the Vice President of Case Management, who then provides a coaching session to increase compliance, and if the same mistake continues to happen, corrective action occurs. In November of 2018, the monitoring checklist, QA tracking sheet, and this new process was written in to the case management training manual. All case managers were trained on this new process. Commencing January 1st, 2019 all case managers document case notes for the State Supported Living Services program by using Google Forms within Google Suite.

RECOMMENDATION 5A

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	November 2018
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CCB UPDATE

To create consistent methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits, the case management department was instructed by the Department of Health Care Policy and Financing to use the summary report labels when documenting type of contact for all monitoring activities, including face-to-face visits, when entering log notes into the Benefit Utilization System. In order to standardize case management documentation, Community Connections agreed on the standard use of these labels to make it easier to demonstrate compliance. Commencing November 16th, 2018, the new Quality Assurance (QA) Case Manager Position started to perform monthly audits to ensure that case managers are conducting and documenting all face-to-face monitoring visits as well as unsuccessful attempts of such meetings. A monitoring checklist was created for case managers to use that contains all of the required elements of a face-to-face visit, including the use of the summary report label. A quarterly report that identifies who is out of compliance is provided to the Vice President of Case Management. The Vice President of Case Management then provides a coaching session to increase compliance. If the same mistake continues to happen, corrective action occurs.

RECOMMENDATION 5B

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	December 2018
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CCB UPDATE

In order to ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, the following process has been implemented: a monitoring tracking sheet was created that tracks the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations. Commencing December of 2018, the Quality Assurance (QA) Case Manager uses the monitoring tracking sheet to determine what monitoring is required for each case manager in the upcoming month and she then notifies each case manager of the due dates of all required monitoring, including face-to-face visits. All information regarding who is out of compliance is recorded on the QA tracking sheet, which generates a quarterly report to the Vice President of Case Management. The Vice President of Case

Management then provides a coaching session to every case manager who was out of compliance with frequency of face-to-face monitoring visits. If the same mistake continues to happen, corrective action occurs.

RECOMMENDATION 5C

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	November 2018
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CCB UPDATE

The Quality Assurance (QA) Case Manager Position has been created to ensure that all activities required by regulations, including face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover. The QA Case Manager proactively notifies case managers of what monitoring requirements are due in the upcoming month. If the case manager is not able to fulfill these requirements due to high workload, the QA Case Manager assists the case manager in completing the requirements. Additionally, as soon as staff turnover occurs, the QA Case Manager Position covers the monitoring requirements for the caseload of the absent case manager until a new replacement is found and sufficiently trained. The QA Case Manager does not carry a caseload so that she/he is available to complete this task. Due to the high turnover rate of case managers, the Vice President of Case Management assists with completing all required case management activities if the QA Case Manager is overloaded with responsibilities.

RECOMMENDATION 7

The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	November 2018
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CCB UPDATE

To help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims, we formalized and implemented the following procedure: At the beginning of every month, the log note detailed report is pulled for the previous month, exported to Excel and reviewed by the Quality Assurance (QA) Case Manager. On the report, the QA Case Manager deletes all duplicate log notes and reviews all log notes to ensure accuracy, to ensure that the log note describes the nature of the case management activity, to ensure that it is billable and to prevent erroneous claims. Once the report has been verified, the QA Case Manager enters it on to the Targeted Case Management Billing Spreadsheet. This spreadsheet is then forwarded to finance for submission of claims.

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards, Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	Community Options, Inc.
DATE OF STATUS REPORT	August 4, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
3	Agree	November 2018	Partially Implemented	October 2019
5A	Agree	October 2018	Implemented	January 2019
5B	Agree	October 2018	Implemented	January 2019
5C	Agree	October 2018	Implemented	January 2019
7	Agree	October 2018	Implemented	January 2019
11	Agree	March 2019	Implemented	March 2019

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 3

The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements, including requirements regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	October 2019
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CCB UPDATE

Community Options implemented processes to conduct supervisory reviews of Case Manager activities. This is to ensure that there is compliance with all applicable requirements. As of January 2019, Community Options supervisors review service plans to confirm that the following are completed: the case manager met with the person face-to-face to complete the service plan; the service plan is signed by the individual; the individual's rights are reviewed; the individual is informed of grievance/complaint procedures; the individual receives disclosure of potential conflict of interest; information about provider choice is given; that satisfaction, utilization and services provided per frequency are monitored. Case managers use a monitoring form to confirm this information and supervisors review those monitoring forms on a monthly basis. Using this form, the case managers verify that quarterly reviews have been completed; that utilization of services for the quarter that they are reviewing is accurate; and that this information is logged in the BUS. Effective July 1, 2019, the Department of Health Care Policy and Financing released the new State SLS rules. The Community Options case management team is reviewing the rules and is in process of developing new processes for implementation based on those rules.

RECOMMENDATION 5A			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	January 2019
CCB UPDATE			
The Department of Health Care Policy and Financing provided training regarding the standard labels to be used in BUS for documenting face-to-face contacts. As of January 2019, Community Options documents face-to-face visits by using the label “face-to-face” and the multiple “summary report” labels/options available in the BUS.			

RECOMMENDATION 5B			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	January 2019
CCB UPDATE			
Community Options implemented a process to confirm that case managers are performing face-to-face visits and ensuring that there is compliance with all applicable requirements. As of January 2019, the Case Management Director provides to each case manager a monthly face-to-face report generated from the BUS. Using this report, the case managers verify that the face-to-face frequency requirements are being met and the case managers confirm that they have logged in the BUS any unsuccessful attempts for face-to-face contacts.			

RECOMMENDATION 5C			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	January 2019
CCB UPDATE			
Community Options has implemented a process to address coverage when there is high staff workload or turnover. As of January 2019, that process includes formally meeting with the			

case management team to identify duties, deadlines, face-to-face monitoring, and documentation activities for which each case manager will be responsible during the time of needed coverage.

RECOMMENDATION 7

The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	January 2019
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CCB UPDATE

Community Options has implemented a process whereby each month the case managers turn in a verification form to the Case Management Director. This verification form requires the case manager to confirm that they have checked for the following: there are no duplicate log notes in the BUS and that targeted case management requirements are met. Using this form, the case managers verify that quarterly reviews have been completed; that utilization of services for the quarter that they are reviewing is accurate; and that this information is logged in the BUS. In addition, the Case Management Director uses this form to confirm that case managers have logged their activities in the BUS within 5 days.

RECOMMENDATION 11

The 12 Community-Centered Boards should implement written guidance and controls for Targeted Case Management billing that conform with the intent of federal and state billing guidance by ensuring that they bill for time that is reasonable, feasible, and does not exceed the total amount of time the person worked. This could include implementing processes to monitor the units claimed in a given time period by each case manager, establishing and monitoring practices for logging and billing for small time increments, and/or establishing limits on the number of Targeted Case Management units billed per case manager.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	March 2019
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CCB UPDATE

Community Options has implemented a process whereby each month the case managers turn in a verification form to the Case Management Director. This verification form requires the case manager to confirm that their billing has not exceeded time worked and that the time they claim is reasonable, feasible and accurate for the Targeted Case Management activities. The case management team uses the Case Management Processes for Log Notes as direction and guidance on Targeted Case Management. The Case Management Director reviews each case managers' log note billing claims each month.

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards, Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	Developmental Disabilities Resource Center
DATE OF STATUS REPORT	August 15, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
3	Agree	April 2019	Implemented	April 2019
5A	Agree	April 2019	Implemented	April 2019
5B	Agree	April 2019	Implemented	April 2019
5C	Agree	April 2019	Implemented	April 2019
7	Agree	April 2019	Implemented	April 2019
9	Agree	April 2019	Implemented	January 2019
11	Agree	April 2019	Implemented	April 2019

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 3

The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements, including requirements regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	April 2019
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CCB UPDATE

Supervisory review of State SLS service plans has been incorporated into the Developmental Disabilities Resource Center (DDRC) Resource Coordination's Administrative Review process. Quarterly monitoring activities are documented in Dynamo, DDRC's internal database. Contact notes are labeled "Quarterly Monitoring" and Type of Contact is designated as "face-to-face". To monitor quarterly face-to-face monitoring compliance, there are two separate reports that can be generated through Dynamo that shows when each monitoring visit was completed. One report is caseload specific (which is used by the Resource Coordinator) and the other one includes all individuals currently enrolled in State SLS (which is used by the management to track compliance). Additionally, Resource Coordinators and management now have access to individual and caseload specific utilization reports in Dynamo in order to track service plan utilization.

RECOMMENDATION 5A

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	April 2019
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CCB UPDATE

All contact notes related to quarterly monitoring visits for individuals enrolled in waiver services are entered into the BUS (State Database) and Type of Contact is designated as Summary Report-Quarterly Contact as required by the Department of Health Care Policy and Financing. This allows management and Resource Coordinators to generate a face-to-face Log Notes Monthly Summary report from the BUS, which is used to demonstrate compliance with quarterly monitoring activities.

RECOMMENDATION 5B

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	April 2019
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CCB UPDATE

All contact notes related to quarterly monitoring visits for individuals enrolled in waiver services are entered into the Business Utilization System (BUS) and Type of Contact is designated as Summary Report-Quarterly Contact as required by the Department of Health Care Policy and Financing. This allows management and Resource Coordinators to generate a face-to-face Log Notes Monthly Summary report from the BUS, which is used to monitor and track compliance with quarterly monitoring activities. Supervisors track scheduling and completion of all required face-to-face quarterly monitoring activities on a monthly basis to ensure compliance with state and federal laws and regulations. Additionally, by the 5th day of the 3rd month of the quarter, all supervisors complete a thorough review of each Resource Coordinator's caseload to identify which monitoring visits have already been completed and ensure that any outstanding visits have been scheduled prior to the end of the quarter.

RECOMMENDATION 5C

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	April 2019
CCB UPDATE			
<p>Developmental Disabilities Resource Center (DDRC) has three designated Senior Resource Coordinators (Senior RCs) that are responsible for providing caseload coverage during times of high staff turnover, etc. When a caseload is vacated or the assigned RC is going to be on extended leave, their caseload is assigned to a specific Senior RC who is responsible for ensuring that required activities are completed. To assist with this, a Caseload Coverage spreadsheet has been developed to identify all outstanding tasks that need to be completed on a caseload that needs coverage. The assigned Team Leader is responsible for ensuring that this spreadsheet is completed by the assigned RC prior to them leaving DDRC or going on leave so that the covering Senior RC knows what needs to be completed.</p>			

RECOMMENDATION 7			
<p>The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.</p>			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	April 2019
CCB UPDATE			
<p>Developmental Disabilities Resource Center (DDRC) is entering all contact notes for waiver participants into the Business Utilization System (BUS) and utilizing the Log Notes Detailed Report for billing of Targeted Case Management (TCM). This report includes the waiver participant's Medicaid Identification Number to ensure that claims are billed to the correct case, especially when there are recipients with the same first and last name.</p> <p>DDRC receives monthly duplicate log note reports from the Department of Health Care Policy and Financing and uses them to identify and backout any duplicate log notes prior to processing TCM billing for the associated month. Note: Almost all duplicate log notes identified so far have been generated by the BUS (entered within seconds of each other) as opposed to duplicate entry by the Resource Coordinator. DDRC Resource Coordination continues to use its internal Administrative Review process to monitor the appropriateness of TCM billing, quality of log notes, and reasonableness of units billed per activity.</p>			

RECOMMENDATION 9			
<p>The two Community-Centered Boards should implement or strengthen internal controls, as appropriate, to prevent the submission of Medicaid waiver claims for Targeted Case Management to the Department of Health Care Policy and Financing in excess of the established cap.</p>			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	January 2019
CCB UPDATE			
<p>Developmental Disabilities Resource Center's (DDRC) billing system had a programming change to prevent Targeted Case Management billing from exceeding the fiscal year cap of 240 units per individual.</p>			

RECOMMENDATION 11

The 12 Community-Centered Boards should implement written guidance and controls for Targeted Case Management billing that conform with the intent of federal and state billing guidance by ensuring that they bill for time that is reasonable, feasible, and does not exceed the total amount of time the person worked. This could include implementing processes to monitor the units claimed in a given time period by each case manager, establishing and monitoring practices for logging and billing for small time increments, and/or establishing limits on the number of Targeted Case Management units billed per case manager.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	April 2019
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CCB UPDATE

Developmental Disabilities Resource Center (DDRC) continually provides training and guidance to Resource Coordinators on appropriate documentation and billing of Targeted Case Management activities. Additionally, DDRC’s Resource Coordination management team utilizes the Log Notes Detailed Report that is generated through the BUS to identify and disallow excessive Targeted Case Management billing (more than total time worked) in a given day by an individual Resource Coordinator. DDRC’s Resource Coordination continues to use its internal Administrative Review process to monitor the appropriateness of billing, quality of log notes, and reasonableness of units billed per activity.

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards, Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	Developmental Pathways
DATE OF STATUS REPORT	July 9, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
3	Agree	January 2019	Partially Implemented	January 2020
5A	Agree	January 2019	Implemented	June 2019
5B	Agree	January 2019	Partially Implemented	July 2020
5C	Agree	January 2019	Partially Implemented	July 2020
7	Agree	January 2019	Implemented	January 2019
11	Partially Agree	January 2019	Partially Implemented	July 2020

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 3

The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements, including requirements regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	January 2020
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CCB UPDATE

For many years, Developmental Pathways has utilized fairly robust service plan packet review procedures intended to ensure compliance with applicable statutory, regulatory, contractual, and procedural requirements; during the audit, the Office of the State Auditor found a few instances in which the individual in service's signature was missing from their State SLS Service Plan. A component of our service plan packet review process is to verify signatures are in place and, if not, to conduct outreach to the Case Manager and/or individual in service, or family/guardian as appropriate to obtain the signature. As a result of the audit outcomes, we instructed staff supporting the packet review process and the primary supervisor for the State SLS program on expectations related to signatures for State SLS, including involving supervisors in trends related to missing signatures.

To be implemented: Developmental Pathways will more formally retrain staff on best approaches for obtaining signatures on service plan documentation and develop revised tools, such as monitoring and oversight tools designed to better support the collection of signatures on an ongoing basis, including providing better supports to supervisors to identify and rectify trends related to service plan reviews/missing signatures.

RECOMMENDATION 5A

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	June 2019
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CCB UPDATE

As of June 2019, Developmental Pathways: 1) Implemented changes related to log note documentation of face-to face visits implemented by the Colorado Department of Health Care Policy and Financing in Fall 2019; 2) Our internal Quality Assurance team, in partnership with our Monitoring Workgroup, created and implemented a reporting mechanism to use the Summary Log Note function in the BUS to ensure log notes reflect completed face-to-face monitoring activities; and 3) We also revised monitoring forms and technical assistance guides (materials that provide examples and coaching on monitoring activities) and retrained staff on monitoring requirements to improve quality, content, and consistency in monitoring documentation.

RECOMMENDATION 5B

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	July 2020
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CCB UPDATE

Developmental Pathways improved its existing processes to track and schedule required face-to-face monitoring activities by creating and implementing an aggregate reporting mechanism, which uses the Summary Log Note function/report in the BUS as a core data source, to ensure log notes reflect completed monitoring activities. We also implemented regular reviews of the summary log note reporting tool and provide both supervisors and case managers access to the aforementioned aggregate face-to-face monitoring tracking tools to identify pending/to-be-completed monitoring activities.

To be implemented: Developmental Pathways is working on upgrading its internal technology supports with the goal of improving the ability to track and automate core case management work such as automating workflows, providing action items/tickers for staff for items due, and providing automated reporting for supervisors; we have not yet identified the specific software solution(s) but have completed robust workflow documentation using “Case Complete” software. Further, the Department of Health Care Policy and Financing is working to replace the BUS system with a new statewide database. Developmental Pathways’ full implementation of this recommendation is dependent on the Department’s implementation of its new system. Developmental Pathways expects to fully implement this recommendation in July 2020.

RECOMMENDATION 5C			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.			
CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	July 2020
CCB UPDATE			
Developmental Pathways implemented a reporting mechanism to monitor face-to-face monitoring activities based on the Summary Log Note function in the BUS to ensure log notes reflect completed monitoring activities. We also implemented regular reviews of the aggregate reporting mechanism, (based on the Summary Log Note function/report in the BUS as a core data source) by the Quality Assurance team and provide reports to supervisors on face-to-face monitoring activities not yet completed. We also provide both supervisors and case managers access to monitoring tracking tools to identify pending/to-be-completed face-to-face monitoring activities. We also provided training/guidance to both supervisors and case managers covering open caseloads that monitoring activities are considered core work for all individuals and must be prioritized as such. To be implemented: 1) As cited under 5B, Developmental Pathways is working on new technology solutions to improve tracking and automate core case management work (such as automating workflows, providing action items/tickers for staff for items due, and providing automated reporting for supervisors)—implementing what we can as early as we can to support this crucial work.			

RECOMMENDATION 7			
The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	January 2019
CCB UPDATE			
As of January 2019, Developmental Pathways: 1) Has made repayment in full (\$16,377.84) for the identified unsupported claims; 2) Created a Targeted Case Management workgroup to improve Targeted Case Management billing practices; 3) Refined internal log note tracking using revised BUS reports from the Department of Health Care Policy and Financing (Department); 4) Implemented internal duplicate log note controls, significantly reducing the risk of billing duplicate log notes; 5) Retrained staff on Targeted Case Management deadlines and documentation requirements; and 6) Also provided reports to the Department on unbilled Targeted Case Management supports due to the current 240-unit/year cap.			

RECOMMENDATION 11

The 12 Community-Centered Boards should implement written guidance and controls for Targeted Case Management billing that conform with the intent of federal and state billing guidance by ensuring that they bill for time that is reasonable, feasible, and does not exceed the total amount of time the person worked. This could include implementing processes to monitor the units claimed in a given time period by each case manager, establishing and monitoring practices for logging and billing for small time increments, and/or establishing limits on the number of Targeted Case Management units billed per case manager.

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	July 2020
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CCB UPDATE

Developmental Pathways revised internal Targeted Case Management tracking and reporting to identify trends related to reasonableness (e.g., flagging more than 24 hours/day for case managers with dedicated caseloads). Our Quality Assurance team also developed and began providing ongoing technical assistance to staff on documentation requirements--targeting trends based on reports and analysis; and the Quality Assurance team provides trends analysis on Targeted Case Management activities to leadership.

To be implemented: Developmental Pathways sought Department of Health Care Policy and Financing (Department) operational guidance for billing Targeted Case Management that is completed by case managers but documented by other staff members. Developmental Pathways is currently working with the Department to provide input on redesigning case management billing procedures and will fully implement this recommendation by July 2020.

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards, Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	Eastern Colorado Services
DATE OF STATUS REPORT	September 3, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB's RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
3	Agree	February 2019	Not Implemented	October 2019
5A	Agree	February 2019	Partially Implemented	October 2019
5B	Agree	February 2019	Partially Implemented	October 2019
5C	Agree	February 2019	Not Implemented	October 2019
7	Agree	February 2019	Not Implemented	October 2019

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 3

The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements, including requirements regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.

CURRENT IMPLEMENTATION STATUS	Not Implemented	CURRENT IMPLEMENTATION DATE	October 2019
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CCB UPDATE

The Case Management Director resigned at the end of May and we have just recently hired for the position. The new Case Management Director is reviewing the recommend process to identify and make any modifications necessary to our process to ensure regular supervisory review of case management activities. To help ensure compliance, training was completed in February 2019 with all case managers to review all applicable requirements. A supervisory review process will be implemented by October 2019.

RECOMMENDATION 5A

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	October 2019
CCB UPDATE			
Training was completed by all case managers on April 5, 2019 regarding case management, face-to-face monitoring, and tracking visits as well as unsuccessful attempts, in the Benefits Utilization System. The newly hired Case Management Director will review our documentation process for face-to-face monitoring visits and make the recommended modifications. A standardized case management documentation process will be implemented by October 2019.			

RECOMMENDATION 5B			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.			
CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	October 2019
CCB UPDATE			
Case managers completed training in April 2019 regarding tracking face-to-face monitoring visits and unsuccessful attempts. The new Case Management Director will review our process to track the scheduling of all required face-to-face monitoring visits and make the further improvements as recommended. An improved process to track the scheduling of face-to-face visits and log notes will be implemented by October 2019.			

RECOMMENDATION 5C			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.			
CURRENT IMPLEMENTATION STATUS	Not Implemented	CURRENT IMPLEMENTATION DATE	October 2019
CCB UPDATE			
The new Case Management Director will review our process to ensure that activities required by state and federal laws, including quarterly face-to-face visits with clients and required monitoring, are carried out even during times of high staff workload and turnover. A process will be implemented by October 2019.			

RECOMMENDATION 7			
The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.			

CURRENT IMPLEMENTATION STATUS	Not Implemented	CURRENT IMPLEMENTATION DATE	October 2019
CCB UPDATE			
<p>The new Case Management Director will review our process to make sure claims are supported by log notes that describe the nature of case management activity performed. An internal process identifying and preventing duplicate and inaccurate billing will be implemented by October 2019.</p>			

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	Envision
DATE OF STATUS REPORT	August 14, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
3	Agree	March 2019	Partially Implemented	December 2019
5A	Agree	March 2019	Partially Implemented	December 2019
5B	Agree	March 2019	Partially Implemented	December 2019
5C	Agree	March 2019	Not Implemented	December 2019
7	Agree	March 2019	Implemented	January 2019
11	Agree	March 2019	Implemented	January 2019

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 3

The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements, including requirements regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	December 2019
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CCB UPDATE

Envision has been working to develop new State Supported Living Services (State SLS) processes regarding case manager activities. The processes will include requirements regarding type and frequency of contact with individuals, case note documentation, monitoring, Individualized Service Plan management, and utilization review to ensure compliance with all applicable requirements. Per the monitoring requirements, supervisors will review case manager activity monthly to ensure that all required activity has been conducted. In addition, supervisors will choose a sample of two to four sets of case manager log notes to review monthly, and will review monitoring log notes from each case manager at least twice yearly, to verify the required information is included. As Envision completes the development of this process, before implementation, it will review the State SLS rules issued by the Department of Health Care Policy and Financing to verify that the requirements in Envision's processes match.

RECOMMENDATION 5A

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	December 2019
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CCB UPDATE

Envision has improved its methods for documenting contacts with Home and Community-Based Services waiver program recipients by following the Department of Health Care Policy and Financing's changes to standardize case management documentation for waiver programs. Envision conducted training for case managers on requirements for detailed documentation of quarterly contacts, attempts, and monitoring. The training included review of the Department's Targeted Case Management (TCM) training, TCM documentation requirements, and frequency of contacts to assure that case managers conduct and document all required face-to-face monitoring visits with waiver program recipients, as well as all unsuccessful attempts, to comply with regulatory requirements. Envision is still working on implementing the use of Outlook calendar reminders and tracking spreadsheets, which it anticipates having completed by December 2019.

RECOMMENDATION 5B

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	December 2019
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CCB UPDATE

To track scheduling of all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, Envision is in the process of developing improvements in these ways: case managers will be given written guidance and trained on the requirement for documenting visits and attempts, and reporting monthly to a supervisor. Envision is still working on implementing the use of Outlook calendar reminders and tracking spreadsheets to schedule and track monitoring visits at the required frequency. Envision has created spreadsheets for case managers to report monthly and is developing guidance for supervisors to review the reports; Envision plans to have this process completed and implemented by December 2019.

RECOMMENDATION 5C

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.

CURRENT IMPLEMENTATION STATUS	Not Implemented	CURRENT IMPLEMENTATION DATE	December 2019
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CCB UPDATE

Envision will be adding a lead case manager position who will be responsible for covering whenever there is turnover and high staff workload, assuring that all individuals' needs are being met and documented, and required activities being carried out in the interim. In addition, supervisors will step in to assist with coverage when needed, especially when there is more than one staff vacancy. New procedures will be written and implemented, along with the new lead case manager position being filled by December 2019.

RECOMMENDATION 7

The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	January 2019
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CCB UPDATE

Envision has implemented new procedures to prevent and detect erroneous and unsupported Targeted Case Management claims by working with the Department of Health Care Policy and Financing, who produces a monthly report of duplicate log notes, which the Case Management Quality Assurance Director (CMQAD) reviews. The CMQAD addresses and eliminates any confirmed duplicate entries. The Department has updated the Benefits Utilization System (BUS) to allow the log notes report to be downloaded to an Excel file. Monthly, the CMQAD downloads the report, then filters, sorts and analyzes the data using pivot tables to review entries for inappropriate or unsupported billing. The CMQAD reviews noted issues with the responsible case manager and, when appropriate, removes them from the billing prior to submission. Any noted issues are brought to the attention of supervisory staff for ongoing monitoring.

RECOMMENDATION 11

The 12 Community-Centered Boards should implement written guidance and controls for Targeted Case Management billing that conform with the intent of federal and state billing guidance by ensuring that they bill for time that is reasonable, feasible, and does not exceed the total amount of time the person worked. This could include implementing processes to monitor the units claimed in a given time period by each case manager, establishing and monitoring practices for logging and billing for small time increments, and/or establishing limits on the number of Targeted Case Management units billed per case manager.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	January 2019
CCB UPDATE			
<p>Envision has implemented procedures to provide guidance to case managers regarding the documentation of Targeted Case Management (TCM) activities, including allowable billing, that conforms with the intent of federal and state billing guidance. The Case Management Quality Assurance Director (CMQAD) conducts a review and spreadsheet analysis of units billed by each case manager, following the generating of the TCM monthly billing report. Any instance of over-billing determined by a reasonableness analysis is addressed with the case manager and supervisor. The CMQAD seeks to identify multiple single unit billings for individuals within a single timeframe and addresses any issues with the responsible case manager. As needed, case managers are directed to repeat the Department's TCM training.</p>			

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards, Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	Foothills Gateway, Inc.
DATE OF STATUS REPORT	August 9, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
5A	Agree	September 2018	Implemented	January 2019
5B	Agree	September 2018	Implemented	January 2019
5C	Agree	November 2018	Implemented	January 2019
7	Agree	November 2018	Implemented	January 2019

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 5A

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	January 2019
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CCB UPDATE

Case Managers were retrained by retaking the Department of Health Care Policy and Financing's trainings: ULTC 100.2, Service Plan Development & Targeted Case Management. Foothills Gateway, Inc. has developed a "Face-to-Face Contacts" procedure to help case managers be in compliance, and this specifies that face-to-face contacts should be documented in the Benefits Utilization System as a Summary Report Quarterly Contact. There is also a Quality Assurance Specialist who will review the internally generated face-to-face tracking report at the end of each quarter and assure there is a Benefits Utilization System log note matching each face-to-face quarterly monitoring log note. This information is shared with the supervisor, the Case Management Directors, and the Chief Operating Officer for the Division of Case Management. These supervisors will meet with employees to review face-to-face contacts and assure expectations are being met.

RECOMMENDATION 5B

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	January 2019
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CCB UPDATE

Foothills Gateway developed a procedure, “Face-to-Face Contacts Case Management,” which requires case managers to use an internal dashboard to assist in scheduling visits that are upcoming and ones that need to occur in the current month. Foothills Gateway also mandates Department of Health Care Policy and Financing’s trainings and has hired a Quality Assurance Specialist to assist in monitoring the requirements for face-to-face contacts. The Case Management supervisors will use the quarterly face-to-face tracking report to monitor that face-to-face contacts are meeting expectations. That report is available on our internal timesheet reports application. The supervisor will review the report with the Case Manager at their regularly scheduled individual supervision meetings. The Quality Assurance Specialist will review the face-to-face tracking report at the end of each quarter, assure there is a Benefits Utilization System log note matching the report. This information will be forwarded to the Supervisor of the Case Manager, the Case Management Directors, and the Chief Operating Officer for the Division of Case Management, who will then meet with Case Managers to review and assure expectations are being met.

RECOMMENDATION 5C

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	January 2019
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CCB UPDATE

Foothills Gateway has a “Case Management Monitoring Policy (HCBS-DD, SLS, CES)” that requires all case managers to execute case management services according to the Department of Health Care Policy and Financing’s rules and regulations. A Quality Assurance Specialist was hired to support the implementation, evaluation, and refinement of the Division of Case Management. Ensuring positive communications and promoting the importance of ongoing quality improvement efforts are core functions of the position. The Quality Assurance Specialist has developed templates for Case Managers to assist in monitoring. The Quality Assurance Specialist reviews data on log notes, face-to-face contacts, the 100.2 long term care eligibility assessment, service plans, critical incidents, and other data generated from the Benefits Utilization System in order to pass along information to the Supervisor of the Case Manager, the Case Management Directors, and the Chief Operating Officer for the Division of Case Management. This allows supervisors, directors, and the Chief Operating Officer for

the Division of Case Management to ensure state and federal laws and regulations are adhered to even during times of high staff workload and turnover.

RECOMMENDATION 7

The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	January 2019
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CCB UPDATE

Foothills Gateway has developed two procedures to ensure accuracy of log notes, “Quality Log Notes” and “Duplicate Log Notes”. Case Managers are responsible for ensuring that documentation provides enough information to substantiate any billing associated with that activity. Supervisors review samples of log notes as part of the supervision process and are responsible for providing training to Case Managers in order to assure Case Managers’ understanding and implementation. The Quality Assurance Specialist reviews log note samples in order to gauge the quality of the notes. Also, the Quality Assurance Specialist uses reports generated by the Benefits Utilization System to determine whether there are any notes that are less than 15 characters and if there are duplicate log notes. Per the “Duplicate Log Notes” procedure, steps have been put into place to eliminate any duplicate log notes prior to billing Targeted Case Management units.

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards, Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	Horizons Specialized Services
DATE OF STATUS REPORT	August 12, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
2	Agree	March 2019	Partially Implemented	November 2019
5A	Agree	April 2019	Implemented	August 2019
5B	Agree	April 2019	Implemented	August 2019
5C	Agree	April 2019	Implemented	August 2019
7	Agree	April 2019	Implemented	August 2019

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 2

The nine Community-Centered Boards (CCBs) should improve case management provided to State Supported Living Services (State SLS) program recipients by implementing comprehensive written policies and procedures for all required case management activities. The policies and procedures should include specific requirements to ensure adequate contact with the recipient, case note documentation, monitoring of the units used, and management of the Individualized Service Plans (Service Plans), such as specifying expectations for annual updates, capturing specific needs and preferences, and obtaining recipient or guardian signatures when Service Plans are revised.

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	November 2019
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CCB UPDATE

Horizons is developing policies and procedures for all required State Supported Living Services case management activities. These policies and procedures will include requirements for adequate contact with the recipient, case note documentation, monitoring of units used, and management of the Individualized Service Plans. In August 2019, case managers began using a quarterly monitoring calendar that was developed to track the completion of all required case management activities. Use of the calendar will be part of the written policies and procedures that will be presented to the board of directors for approval in September 2019. After approval, the policies and procedures will be fully implemented with all State Supported Living Services case managers receiving training by November 2019.

RECOMMENDATION 5A

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by:

Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	August 2019
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CCB UPDATE

Horizons ensures that case managers conduct and document all required face-to-face monitoring visits and attempts with Home and Community Based Services waiver program recipients. Horizons developed written requirements for case managers that list detailed examples of Targeted Case Management log notes and how the log notes should be entered. Case managers’ performance is monitored monthly by the supervisor, who prepares the Targeted Case Management billing. In addition, the case management supervisor has implemented the process of comparing and cross-checking the quarterly face-to-face monitoring report from the Business Utilization System to the supervisor’s monitoring master calendar to identify any missing face-to-face visits or attempted visits within a quarter. If missing visits or attempted visits are identified, the supervisor will meet immediately with the individual case manager to ensure the face-to-face visit is scheduled within 10 working days.

RECOMMENDATION 5B

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	August 2019
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CCB UPDATE

Horizons ensures that case managers conduct and document all required face-to-face monitoring visits and attempts with Home and Community Based Services waiver program recipients through the use of an electronic calendar. The calendar is used to develop a work plan for the month for individual case managers that ensures compliance with scheduling requirements. The calendar prompts case managers to complete a monitoring checklist tool for each recipient, which ensures consistent monitoring across programs. Case managers submit their calendars to their supervisor on a monthly basis and their monitoring checklist tool on a quarterly basis in order to verify the scheduling of required activities. The supervisor takes corrective action if the supervisor identifies areas needing improvement. The monitoring checklist addresses adequate contact with the recipient, case note documentation, fiscal compliance through monitoring units used, documentation of areas of self-determination, health and safety, and management of the Individualized Service Plans.

RECOMMENDATION 5C

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	August 2019
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CCB UPDATE

In addition to the process in which case managers submit their calendars and monitoring checklists to their supervisor for regular review, Horizons has implemented a new case manager review process to ensure that activities are carried out as required. The process involves the monthly use of a supervisory monitoring tool that will help ensure that Home and Community Based Services waiver program case managers conduct and document all required face-to-face monitoring visits or attempted visits even during times of high staff workload and turnover.

RECOMMENDATION 7

The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	August 2019
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CCB UPDATE

To help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims, a supervisor conducts a monthly review of every log note entered by every case manager. In addition, Home and Community Based Services case managers have been trained in the use of a written procedure that sets out the requirements for how Targeted Case Management log notes should be entered, with detailed examples. Supervisors review case manager performance monthly through the use of a monitoring tool.

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards, Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	Imagine!
DATE OF STATUS REPORT	July 12, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
2	Agree	July 2019	Not Implemented	September 2019
3	Agree	July 2019	Implemented	July 2019
5A	Agree	July 2019	Implemented	October 2018
5B	Agree	July 2019	Implemented	July 2019
5C	Agree	July 2019	Partially Implemented	January 2020
7	Agree	July 2019	Implemented	July 2019
11	Agree	July 2019	Implemented	July 2019

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 2

The nine Community-Centered Boards (CCBs) should improve case management provided to State Supported Living Services (State SLS) program recipients by implementing comprehensive written policies and procedures for all required case management activities. The policies and procedures should include specific requirements to ensure adequate contact with the recipient, case note documentation, monitoring of the units used, and management of the Individualized Service Plans (Service Plans), such as specifying expectations for annual updates, capturing specific needs and preferences, and obtaining recipient or guardian signatures when Service Plans are revised.

CURRENT IMPLEMENTATION STATUS	Not Implemented	CURRENT IMPLEMENTATION DATE	September 2019
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CCB UPDATE

Imagine! has not begun developing a written policy and procedure for Case Management activities in the State SLS program. We will include expectations for contact, case notes, monitoring of services, and Individualized Plans (both annual and revisions) such as specifying expectations for annual updates, capturing specific needs and preferences, and obtaining recipient or guardian signatures when Service Plans are revised. It has taken longer than expected due to the State's new State SLS rules, approved by the Medical Services Board on June 14, 2019, and which were effective July 1, 2019.

RECOMMENDATION 3

The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements, including requirements regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	July 2019
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CCB UPDATE

Imagine! has implemented a process to conduct regular monthly supervisory reviews of Case Manager activities for State SLS program participants. Case Management supervisors are monitoring contact, case notes, monitoring of services, and Individualized Plans (both annual and revisions) to ensure compliance with all applicable requirements.

RECOMMENDATION 5A

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	October 2018
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CCB UPDATE

The Department of Health Care Policy and Financing gave the CCBs guidance on which log note category to choose for documenting quarterly face-to-face visits in an Operational Memo dated September 17, 2018. We discussed the changed expectations for documenting face-to-face visits in the BUS with Case Management staff in October 2018.

RECOMMENDATION 5B

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	July 2019
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CCB UPDATE

Imagine! will ensure that Case Managers are documenting all required face-to-face monitoring visits for HCBS waiver participants as well as unsuccessful attempts by tracking all face-to-face visits. Historically, Case Management Supervisors have tracked the occurrence of face-to-face visits by collecting Monitoring Checklists for each visit completed by the Case Managers they supervise. Additionally, Case Managers keep track of their own face-to-face requirements on

spreadsheets. These spreadsheets allow a Case Manager to track when a visit is scheduled, completed, or if they have attempted to schedule a visit. These spreadsheets are now currently shared in a shared folder on the Imagine! network for Supervisors so Case Managers are accountable for the tracking and completion of their visits. Supervisors generally meet with their direct reports (Case Managers) once per month. At these meetings, they review quarterly face-to-face monitoring visits to ensure the Case Manager is on track for the quarter.

RECOMMENDATION 5C

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	January 2020
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CCB UPDATE

Imagine! will ensure that Case Managers are conducting and documenting face-to-face monitoring visits with HCBS waiver participants as well as unsuccessful attempts by implementing a process to ensure activities are carried out even with high turnover. With several staff members on FMLA in Spring of 2019, other Case Managers tracked which visits they were able to complete. We were able to accomplish almost all the required quarterly face-to-face visits using a shared spreadsheet with access by multiple users to see which visits they could complete while the ongoing Case Manager was on FMLA. This was very successful.

The Case Management Supervisors and Program Manager have recognized that in times of turnover, face-to-face documentation was not always passed along to the incoming Case Manager in an organized fashion. With the addition of putting monitoring tracking in a shared folder that everyone has access to, we have been able to improve in the tracking of face-to-face visits, and ensure the incoming Case Manager knows what visits have/have not been done. In April 2019, three ongoing Case Managers began a Group Monitoring Pilot. The purpose of this pilot is to see if with a group effort, a small team of Case Managers can complete 100 percent of quarterly face-to-face visits for 3 caseloads. This is to ensure coverage when a Case Manager is on FMLA, vacation, or sick. We expect to discuss results of this pilot in late September.

Lastly, some Case Managers were under the impression that quarterly face-to-face visits should be completed based on a Service Plan year. Leadership in the Case Management department reiterated the requirement for a quarterly face-to-face visit in each Fiscal Year quarter at the staff meeting on October 2018.

RECOMMENDATION 7

The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	July 2019
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CCB UPDATE

Case Management Supervisors monitor their staff's caseloads monthly. Included in these audits, Case Management Supervisors are reviewing that log notes in the BUS are supported, accurate, and complete. This process started in April 2018.

Additionally, once per month, the Director of Information Technology at Imagine! pulls a log note report from the BUS with all Targeted Case Management notes for the previous month. The Case Management Program Manager and Case Management Supervisors are sent this in order to monitor the case notes written by the individuals they supervise to ensure they are billing for activities that are supported.

RECOMMENDATION 11

The 12 Community-Centered Boards should implement written guidance and controls for Targeted Case Management billing that conform with the intent of federal and state billing guidance by ensuring that they bill for time that is reasonable, feasible, and does not exceed the total amount of time the person worked. This could include implementing processes to monitor the units claimed in a given time period by each case manager, establishing and monitoring practices for logging and billing for small time increments, and/or establishing limits on the number of Targeted Case Management units billed per case manager.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	July 2019
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CCB UPDATE

Imagine! Case Management held a training on log notes in June 2019. We reviewed the expectation that log notes entered within one business day are reasonable. We trained them to not bill for more hours than were worked in one day. Case Managers are hourly employees and work 30-40 hours per week with 6-8 hour days. For example, during monthly monitoring of case notes, if a Case Management Supervisor sees that a Case Manager billed 14 hours of Targeted Case Management in one day, for example, they would have a conversation with the Case Manager about that not being reasonable or appropriate to ensure it will not happen again. The log notes would be edited so that we are not billing TCM for more than the hours the Case Manager worked that day. Additionally, Case Management Supervisors are reviewing log notes monthly and ensuring a Case Manager is not billing an amount of log notes that is unreasonable for the time period in review. This process began in April 2018.

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards, Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	Inspiration Field
DATE OF STATUS REPORT	July 15, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
2	Agree	June 2018	Implemented	June 2018
3	Agree	June 2018	Implemented	February 2019
5A	Agree	December 2018	Implemented	February 2019
5B	Agree	June 2018	Implemented	June 2018
5C	Agree	June 2018	Implemented	June 2018
7	Agree	June 2018	Implemented	June 2018
11	Agree	June 2018	Implemented	June 2018

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 2

The nine Community-Centered Boards (CCBs) should improve case management provided to State Supported Living Services (State SLS) program recipients by implementing comprehensive written policies and procedures for all required case management activities. The policies and procedures should include specific requirements to ensure adequate contact with the recipient, case note documentation, monitoring of the units used, and management of the Individualized Service Plans (Service Plans), such as specifying expectations for annual updates, capturing specific needs and preferences, and obtaining recipient or guardian signatures when Service Plans are revised.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	June 2018
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CCB UPDATE

Inspiration Field updated the Board approved policy (May 2018) to include comprehensive written policies and procedures for all required case management activities. The policy update included requirements for case management activities per state statute. Inspiration Field Case Managers completed additional training approved by the Department of Health Care Policy and Financing in March 2018, which addressed requirements to ensure adequate contact with the recipient, case note documentation, monitoring, and Service Plan requirements.

RECOMMENDATION 3

The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements, including requirements

regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	February 2019
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CCB UPDATE

In order to improve case management specific to individuals enrolled in State SLS programs, Inspiration Field terminated the employment of the case manager that held the State SLS caseload in January 2018. Inspiration Field also updated the Board approved policy (May 2018) to outline case management requirements and activities. Additionally, Inspiration Field implemented an “Activity Schedule” that outlines all case management activities needed to meet applicable statutory, regulatory, contractual, and procedural requirements for all programs (both State-funded and HCBS). This Activity Schedule was key to ensuring case managers have a visual reminder of when case management activities need to be completed. Inspiration Field also cross-trained all case managers for State-funded and HCBS programs in March 2018. Case managers now have a combination of State and HCBS case management caseload. Additionally, Inspiration Field implemented a full monitoring plan that included supervisory review of State SLS case notes and activities to ensure compliance. Review includes Service Plans and revisions, face-to-face monitoring, and case documentation. Further, in February 2019, Inspiration Field created and implemented standard operating procedures for supervisor review of log notes, assessments, and quarterly face-to-face monitoring to outline supervisory review expectations.

RECOMMENDATION 5A

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	February 2019
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CCB UPDATE

Inspiration Field updated the Board approved policy (May 2018) which includes requirements for face-to-face monitoring and developed a new required face-to-face monitoring form that all case managers must use to complete this required activity. As of June 2018, this form is also used as a template to complete log notes in the BUS. Additionally, Inspiration Field conducted training for case managers about face-to-face monitoring in June 2018. After the Department of Health Care Policy and Financing updated the BUS with an indicator to specify activity for required quarterly face-to-face monitoring, Inspiration Field case managers began using that indicator on all quarterly face-to-face monitoring (December 2018). Inspiration Field also created and implemented standard operating procedures for supervisor review of log notes and face-to-face monitoring (February 2019).

RECOMMENDATION 5B			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	June 2018
CCB UPDATE			
To give case managers a clear visual tool to help ensure case management activities are completed timely, Inspiration Field implemented the Activity Schedule, discussed above. To ensure face-to-face monitoring is completed timely and documented correctly, Inspiration Field implemented a full monitoring plan and the procedures for supervisor review. Furthermore, since the Department of Health Care Policy and Financing has updated the Business Utilization System (BUS) to include a report to identify if face-to-face monitoring is being conducted, Inspiration Field’s Case Management Director reviews this report to track if quarterly face-to-face monitoring is documented in the BUS for all individuals receiving case management.			

RECOMMENDATION 5C			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	June 2018
CCB UPDATE			
To ensure that required quarterly face-to-face monitoring is completed during times of case manager turnover, Inspiration Field’s Case Management Director will reassign caseloads to other case managers who will use the Activity Schedule to schedule all required case management activities including face-to-face monitoring. To ensure face-to-face monitoring is timely and documented correctly, Inspiration Field implemented a monitoring plan in June 2018), as discussed above. Inspiration Field conducted an internal review of all quarterly face-to-face monitoring for Fiscal Year 2018-2019 to track completion of required monitoring. This internal review will be conducted annually going forward.			

RECOMMENDATION 7			
The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	June 2018

CCB UPDATE

In January 2018, Inspiration Field terminated the employment of one staff member that was found to have inappropriate Targeted Case Management billing during the scope of this audit. To prevent any further unsupported Targeted Case Management billing by case managers, Inspiration Field had all case managers complete additional training approved by the Department of Health Care Policy and Financing in March 2018. This training specifically addresses what activities can and should be documented as billable Targeted Case Management, is used for any new staff, and is reviewed periodically as needed to guide case managers in how to complete appropriate Targeted Case Management billing. In order to detect incorrect, erroneous, and unsupported Targeted Case Management billing, Inspiration Field implemented supervisory reviews of log notes.

RECOMMENDATION 11

The 12 Community-Centered Boards should implement written guidance and controls for Targeted Case Management billing that conform to the intent of federal and state billing guidance by ensuring that they bill for time that is reasonable, feasible, and does not exceed the total amount of time the person worked. This could include implementing processes to monitor the units claimed in a given time period by each case manager, establishing and monitoring practices for logging and billing for small time increments, and/or establishing limits on the number of Targeted Case Management units billed per case manager.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	June 2018
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CCB UPDATE

To ensure all case managers understand and are trained to document appropriately for Targeted Case Management activities, Inspiration Field had all case managers complete additional training approved by the Department of Health Care Policy and Financing. Inspiration Field's Case Management Department now uses these training materials for guidance on all Targeted Case Management questions. Inspiration Field implemented supervisory reviews to identify any log notes that are entered incorrectly, are not billed appropriately, or do not meet the definitions for Targeted Case Management per the Department's training (March 2018).

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards, Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	Mountain Valley Developmental Services
DATE OF STATUS REPORT	August 16, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
2	Agree	February 2019	Implemented	February 2019
3	Agree	February 2019	Implemented	February 2019
5A	Agree	February 2019	Implemented	February 2019
5B	Agree	February 2019	Implemented	February 2019
5C	Agree	February 2019	Implemented	February 2019
7	Agree	February 2019	Implemented	February 2019
11	Agree	June 2019	Implemented	August 2019

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 2

The nine Community-Centered Boards (CCBs) should improve case management provided to State Supported Living Services (State SLS) program recipients by implementing comprehensive written policies and procedures for all required case management activities. The policies and procedures should include specific requirements to ensure adequate contact with the recipient, case note documentation, monitoring of the units used, and management of the Individualized Service Plans (Service Plans), such as specifying expectations for annual updates, capturing specific needs and preferences, and obtaining recipient or guardian signatures when Service Plans are revised.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	February 2019
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CCB UPDATE

Mountain Valley Developmental Services amended two policies, Individual Plan Development and Monitoring of Program Effectiveness-Case Management, in order to specify case management requirements for the State Supported Living Services program. Requirements were added regarding adequate contact between the recipient and the case manager; timely entry and appropriate content of log notes, monitoring narratives and checklists; and correct documentation of case management activity. In addition, the case management supervisor must review the Benefits Utilization System (BUS) weekly in order to monitor log notes and service plan units used.

RECOMMENDATION 3			
The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements, including requirements regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	February 2019
CCB UPDATE			
Mountain Valley Developmental Services created a new Quality Assurance in Case Management policy and amended two other policies, Individual Plan Development and Monitoring of Program Effectiveness-Case Management, in order to improve case management for the State Supported Living Services (State SLS) program. Together, these three policies establish the review processes related to all case manager activities, including contact, case note documentation, monitoring, Service Plan management, and utilization review. The new Quality Assurance policy implements monthly supervisory reviews of case management activities, mandates adequate contact with the recipient, identifies required communication with families and guardians, and addresses case manager training.			

RECOMMENDATION 5A			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	February 2019
CCB UPDATE			
Mountain Valley Developmental Services (Mountain Valley) has updated its case management policies to ensure that case managers conduct and document required face-to-face contacts with Home and Community-Based Services (HCBS) waiver program recipients. Additionally, Mountain Valley case managers have participated in training provided by the Department of Health Care Policy and Financing (Department) related to standardized methods of case management activity documentation and HCBS waiver services. Mountain Valley has also committed to using the standardized labels for log notes, as determined by the Department.			

RECOMMENDATION 5B			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.			

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	February 2019
CCB UPDATE			
<p>As stated above, Mountain Valley Developmental Services (Mountain Valley) created a new policy and amended two others, which together establish the processes for scheduling all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients at the frequency dictated in laws and regulations. Specifically, the policies define when and where monitoring is to be conducted and who is responsible for ensuring visits are conducted and documented accordingly. The Quality Assurance policy also requires that case management supervisors review monitoring frequency to track whether scheduling expectations are being met. Additionally, Mountain Valley case managers received training related to improved methods of case management activity documentation.</p>			

RECOMMENDATION 5C			
<p>The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.</p>			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	February 2019
CCB UPDATE			
<p>As stated above, Mountain Valley Developmental Services created a new policy and amended two others, which create the processes to ensure face-to-face monitoring visits occur as required, even during times of high staff workload and turnover. The Quality Assurance policy also defines who will be conducting the activities in periods of turnover, and what should be done to assure required activities are completed during times of high workload.</p>			

RECOMMENDATION 7			
<p>The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.</p>			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	February 2019
CCB UPDATE			
<p>Mountain Valley Developmental Services' (Mountain Valley's) new Quality Assurance in Case Management policy establishes procedures for preventing and detecting erroneous and unsupported Targeted Case Management claims by case managers, who also received training both from the Department of Health Care Policy and Financing (Department) and from a Mountain Valley case management supervisor. The case management supervisor reviews associated log notes and utilizes the reporting functions of the Benefits Utilization System to detect duplicated or erroneous claims. If such claims are discovered, they are addressed immediately with the appropriate case management staff. Additionally, Mountain Valley has</p>			

made a practice of notifying the Department when duplicate claims are detected, and problem-solving the reasons for these occurrences.

RECOMMENDATION 11

The 12 Community-Centered Boards should implement written guidance and controls for Targeted Case Management billing that conform with the intent of federal and state billing guidance by ensuring that they bill for time that is reasonable, feasible, and does not exceed the total amount of time the person worked. This could include implementing processes to monitor the units claimed in a given time period by each case manager, establishing and monitoring practices for logging and billing for small time increments, and/or establishing limits on the number of Targeted Case Management units billed per case manager.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	August 2019
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CCB UPDATE

Mountain Valley Developmental Services implemented written guidance in the form of the revised case management policies, and conducted training for all case managements on the requirements for Targeted Case Management (TCM) billing. The policies and training include requirements related to: billing for time that is reasonable, feasible and not exceeding the total amount of time worked; monitoring units claimed in a given time period; practices for logging and billing for small increments of time; and parameters around what to document as a billable TCM activity. Additionally, per the Quality Assurance policy, the case management supervisor conducts a weekly review of log notes and service plan units claimed to ensure that TCM billing conforms with the intent of federal and state billing guidance.

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	North Metro Community Services, Inc.
DATE OF STATUS REPORT	July 17, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
2	Agree	January 2019	Implemented	February 2019
3	Agree	February 2019	Partially Implemented	October 2019
5A	Agree	August 2018	Implemented	September 2018
5B	Agree	September 2018	Implemented	September 2018
5C	Agree	June 2019	Implemented	June 2019
7	Agree	February 2019	Partially Implemented	October 2019
11	Agree	September 2018	Partially Implemented	October 2019

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 2

The nine Community-Centered Boards (CCBs) should improve case management provided to State Supported Living Services (State SLS) program recipients by implementing comprehensive written policies and procedures for all required case management activities. The policies and procedures should include specific requirements to ensure adequate contact with the recipient, case note documentation, monitoring of the units used, and management of the Individualized Service Plans, such as specifying expectations for annual updates, capturing specific needs and preferences, and obtaining recipient or guardian signatures when Service Plans are revised.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	February 2019
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CCB UPDATE

We implemented written policies and procedures to clarify expectations of all required case management activities including adequate contact, case note documentation, monitoring of utilization (units) and overall management of State Service Plans including annual updates, prioritized needs and preferences, and obtaining signatures from individuals receiving services or legal guardian, as applicable for plan revisions. Training on the new policies and procedures was completed on 9/28/18 and included new procedure expectations, monitoring of utilization for all waivers and State SLS, and proper use of drop-down BUS options relevant to waivers. Additional training for Service Planning expectations included in the new policies and procedures for case managers to include obtaining signatures, was completed on 2/13/19.

RECOMMENDATION 3

The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly

conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements, including requirements regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	October 2019
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CCB UPDATE

In January 2019, we added a process to check for items applicable to enrollments and Continued Stay Reviews for waiver and State SLS plans to our existing basic compliance review conducted by our Case Management Specialist. These checks include dates, signature confirmations, other measures required. The basic compliance review is a component of the Quality Assurance Review Procedures that we developed to regularly monitor for and ensure compliance with requirements for contact with individuals receiving services, log note documentation, monitoring, Individualized Service Plan management, and utilization review. While we have fully implemented the enrollments and Continued Stay review portion of the Quarterly Supervisory Review component of the Quality Assurance Review Procedures, all components of the Quarterly Supervisory Review are only partially implemented due to supervisory changes. We anticipate the Quarterly Supervisory Review to be fully implemented by October 31, 2019.

RECOMMENDATION 5A

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	September 2018
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CCB UPDATE

We worked with the Department to standardize case management documentation by using the agreed-upon dropdown BUS options relevant to waiver case documentation and language for State SLS documentation. Training was provided by the Resource Coordination Training Specialist to all staff who document Targeted Case Management in the BUS to implement these changes, standardize case management documentation, and use consistent labels for log notes within the BUS. This training was completed on 9/18/2018, and is provided to all new Case Managers as a component of BUS and Targeted Case Management documentation training.

RECOMMENDATION 5B

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	September 2018
CCB UPDATE			
<p>We implemented a process (within Policy-Procedure Service and Support Monitoring) to standardize and track the required Individual Plan and face-to-face monitoring services due, as required by state and federal laws and regulations. The new process includes a monthly creation of caseload Service Plan and quarterly face-to-face monitoring visits due for each individual enrolled for services. The report is distributed to supervisors and each Case Manager to ensure face-to-face monitoring visits are scheduled at the frequency required by state and federal laws and regulations. Compliance is monitored as one item of the Quality Assurance Review Procedures.</p>			

RECOMMENDATION 5C			
<p>The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.</p>			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	June 2019
CCB UPDATE			
<p>We have created a process to ensure caseload coverage including conducting and documenting all required face-to-face monitoring even during times of high staff turnover. The Associate Director supervising vacated staff positions is in charge of determining coverage needs and assignment of coverage. We are currently using Lead Resource Coordination staff, Case Managers, and supervisors as needed, to cover planned and unplanned periods of leave and turnover, to ensure Service Planning, monitoring, and case management coverage needs are met. As of January 2019, we tripled the number of Bilingual (Spanish/English) Case Managers to better distribute active case management needs for Spanish-speaking caseloads and coverage as applicable. As of May 2019, we have reduced some enrollment responsibilities for Lead Resource Coordination staff to allow them the ability to assist more with covering open caseloads. The caseload needs worksheet (case managers complete this when leaving) was already in use. All new Resource Coordinators/Case Managers are now trained to use a Caseload Workbook that includes Monitoring and the months that Service Plans are due.</p>			

RECOMMENDATION 7			
<p>The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.</p>			
CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	October 2019
CCB UPDATE			

We implemented new formal Quality Assurance Review Procedures that help prevent and detect the submission of erroneous targeted Case Management claims. They ensure that claims are supported by log notes that describe the nature of case management activities performed, detect duplicate log notes, remove duplicates prior to Targeted Case Management claims submission, and provide supervisors an opportunity to routinely review log note quality and content and provide feedback and training as needed to Case Managers. The Quality Assurance Review Procedures are being implemented in two parts: The basic compliance review was implemented in December 2018, which includes monthly running of the new Log Note Data report in the BUS system, which is a report designed to help prevent and detect the submission of erroneous targeted Case Management claims. Our procedures ensure that claims are supported by log notes that describe the nature of case management activities performed, and that duplicates, either system-generated or duplicative entries, are removed. The Supervisor Quality Assurance file review component reviews quality and content, in addition to case manager duplication (i.e., entering same task twice). We anticipate the Supervisor Quality Assurance file review procedure to be fully implemented by October 31, 2019.

RECOMMENDATION 11

The 12 Community-Centered Boards should implement written guidance and controls for Targeted Case Management billing that conform with the intent of federal and state billing guidance by ensuring that they bill for time that is reasonable, feasible, and does not exceed the total amount of time the person worked. This could include implementing processes to monitor the units claimed in a given time period by each case manager, establishing and monitoring practices for logging and billing for small time increments, and/or establishing limits on the number of Targeted Case Management units billed per case manager.

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	October 2019
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CCB UPDATE

We implemented written processes for Targeted Case Management (TCM) log notes and units (including State Supported Living Services and Family Support Program case management tasks) to be entered within five business days of the work being done, in July 2018, per Contractual Requirements. All subsequent training of case managers for TCM requirements includes this timeline expectation and training dates are submitted via Contract Deliverable requirements to the Department. Beginning in June 2019, our Supervisors review a report created by our Case Management Specialist produced mid-month every month, that includes TCM log notes by Case Manager, the dates of case management provided, and dates the case management tasks are entered into the database. This report also reflects the new BUS database option created by the Department to identify billable vs non-billable TCM units as applicable. We are using the new BUS database options developed by the Department, for selecting billable vs non-billable TCM units as applicable. We have also implemented the basic compliance review portion of the Quality Assurance Review Procedures that include identifying duplicate log note entry, which can be deleted prior to billing claim submission. The Supervisor Quality Assurance review component establishes routine monitoring to ensure time log noted and billed for TCM tasks is reasonable, feasible, and does not exceed the time taken for the time worked on the task. We anticipate the supervisory quality assurance review process to be fully implemented by October 31, 2019.

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards, Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	Rocky Mountain Human Services
DATE OF STATUS REPORT	July 1, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
2	Agree	December 2018	Implemented	December 2018
3	Agree	December 2018	Implemented	December 2018
5A	Agree	December 2018	Implemented	December 2018
5B	Agree	December 2018	Implemented	December 2018
5C	Agree	December 2018	Implemented	December 2018
7	Agree	December 2018	Implemented	December 2018
11	Agree	March 2019	Implemented	March 2019

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 2

The nine Community-Centered Boards (CCBs) should improve case management provided to State Supported Living Services (State SLS) program recipients by implementing comprehensive written policies and procedures for all required case management activities. The policies and procedures should include specific requirements to ensure adequate contact with the recipient, case note documentation, monitoring of the units used, and management of the Individualized Service Plans (Service Plans), such as specifying expectations for annual updates, capturing specific needs and preferences, and obtaining recipient or guardian signatures when Service Plans are revised.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	December 2018
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CCB UPDATE

Rocky Mountain Human Services implemented policies and procedures that guide case managers to meet all required standards for State SLS.

RECOMMENDATION 3

The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements, including requirements regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	December 2018
CCB UPDATE			
Rocky Mountain Human Services developed and implemented a quarterly quality audit review process to look at case manager activities in a systematic way. Supervisors review State SLS case management activities to ensure compliance with all applicable requirements.			

RECOMMENDATION 5A			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	December 2018
CCB UPDATE			
Rocky Mountain Human Services moved all waiver documentation to be entered directly into the BUS on September 1, 2018. All missing notes found during the OSA audit were entered manually in December 2018. Rocky Mountain Human Services completed and adopted the Department of Health Care Policy and Financing’s standard labels for log notes in the BUS.			

RECOMMENDATION 5B			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	December 2018
CCB UPDATE			
Rocky Mountain Human Services developed and implemented a quarterly quality audit review process to look at case manager activities in a systematic way. Rocky Mountain Human Services also implemented an electronic tracking system to remind case managers what activities are due and when.			

RECOMMENDATION 5C			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.			

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	December 2018
CCB UPDATE			
A case manager was hired as a floater to cover vacant caseloads so that all clients receive required face-to-face contacts.			

RECOMMENDATION 7			
The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	December 2018
CCB UPDATE			
All case managers are now documenting directly into the BUS, which also means that all billing notes are pulled directly from the BUS. Rocky Mountain Human Services has new billing software that has additional controls to detect erroneous claims.			

RECOMMENDATION 11			
The 12 Community-Centered Boards should implement written guidance and controls for Targeted Case Management billing that conform with the intent of federal and state billing guidance by ensuring that they bill for time that is reasonable, feasible, and does not exceed the total amount of time the person worked. This could include implementing processes to monitor the units claimed in a given time period by each case manager, establishing and monitoring practices for logging and billing for small time increments, and/or establishing limits on the number of Targeted Case Management units billed per case manager.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	March 2019
CCB UPDATE			
Rocky Mountain Human Services has implemented an updated billing practice of mass project billing to only complete and bill reasonable units within a 24 hour time period by each staff. Supervisors are reviewing billable hours monthly and quarterly to ensure employees' billed units are reasonable, meaning an employee is not billing more hours than reasonable to work in a day, week, month, or quarter.			

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards, Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	Southeastern Developmental Services, Inc.
DATE OF STATUS REPORT	August 13, 2019

SECTION I: SUMMARY

REC. NUMBER	AGENCY'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
2	Agree	May 2019	Implemented	May 2019
3	Agree	May 2019	Implemented	May 2019
5A	Agree	May 2019	Implemented	May 2019
5B	Agree	May 2019	Implemented	May 2019
5C	Agree	May 2019	Implemented	May 2019
7	Agree	May 2019	Implemented	May 2019

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 2

The nine Community-Centered Boards (CCBs) should improve case management provided to State Supported Living Services (State SLS) program recipients by implementing comprehensive written policies and procedures for all required case management activities. The policies and procedures should include specific requirements to ensure adequate contact with the recipient, case note documentation, monitoring of the units used, and management of the Individualized Service Plans (Service Plans), such as specifying expectations for annual updates, capturing specific needs and preferences, and obtaining recipient or guardian signatures when Service Plans are revised.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	May 2019
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CCB UPDATE

Our Case Management Department implemented a new procedure that took effect May 1, 2019, which specifies how case notes will be documented, monitoring will occur and be documented, service plans will be managed, that unit utilization will be managed throughout the plan, and how all signatures are obtained. We developed this procedure to align our State SLS services with HCBS-DD and HCBS-SLS waiver services.

RECOMMENDATION 3

The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements, including requirements regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	May 2019
CCB UPDATE			
<p>The agency Case Management Director developed a spreadsheet for monitoring purposes for State SLS recipients. The purpose of this tool is to conduct supervisory reviews to ensure all recipients have received required monitoring from their Case Manager each month. This tool ensures all case note documentation, monitoring, service plan management, and utilization reviews have been completed as necessary.</p>			

RECOMMENDATION 5A			
<p>The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.</p>			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	May 2019
CCB UPDATE			
<p>The agency Case Management Director developed a spreadsheet to monitor the Case Management activities each month, to ensure all face-to-face monitoring is completed. The agency appreciates additional clarity provided by the Department of Health Care Policy and Financing in regard to monitoring options. All Case Managers in our Case Management Department attended a webinar on August 14, 2018 to be able to ensure they are documenting face-to-face monitoring correctly. Our agency’s Case Managers began full implementation on October 1, 2018 while documenting visits by using the “face-to-face” checkbox and “summary reports” options with in the Benefits Utilization System.</p>			

RECOMMENDATION 5B			
<p>The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.</p>			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	May 2019
CCB UPDATE			
<p>The agency Case Management Director developed a monitoring spreadsheet to track and ensure all face-to-face monitoring is completed by all Case Managers each month. Additionally, each Case Manager has a spreadsheet of their client caseload and dates associated within that month and what type of face-to-face monitoring needs to occur. These tools were implemented on May 1, 2019 as detailed in the Case Management monitoring procedure.</p>			

RECOMMENDATION 5C

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	May 2019
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CCB UPDATE

In our agency's initial response, it was noted that we have only four employees in the Case Management Department. However, if turnover or high workload became an issue, the agency would follow this plan: the Case Management Director would increase their own caseload and the agency Director of Operations would perform all monitoring and quality assurance duties to ensure continuity of monitoring required by state and federal laws and regulations.

RECOMMENDATION 7

The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	May 2019
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CCB UPDATE

The agency Case Management Director has developed a monitoring spreadsheet to ensure all monthly Targeted Case Management claims have been documented within the system. The Case Management Director then utilizes this tool to monitor and detect any unsupported claims that were documented by crosschecking all log notes to the spreadsheet monitoring tasks. This does include checking for erroneous and/or duplicated log notes.

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	Southern Colorado Developmental Disabilities Services
DATE OF STATUS REPORT	August 18, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
3	Agree	October 2018	Not Implemented	December 2019
5A	Agree	October 2018	Implemented	June 2019
5B	Agree	October 2018	Implemented	May 2019
5C	Agree	October 2018	Partially Implemented	December 2019
7	Agree	October 2018	Implemented	June 2019

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 3

The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements, including requirements regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.

CURRENT IMPLEMENTATION STATUS	Not Implemented	CURRENT IMPLEMENTATION DATE	December 2019
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CCB UPDATE

Southern Colorado Developmental Disabilities Services (Southern Colorado) will update its Monitoring Policy, Case and Client Notes Documentation Policy, Individualized Plan Policy, and Service Coordination Policy to include processes for supervisory reviews of State Supported Living Services (State SLS) case manager activities. This supervisory review will be completed by the Case Management Director and will ensure compliance with all requirements related to contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review. Southern Colorado will make sure that the policy updates reflect alignment with the State SLS policies issued by the Department of Health Care Policy and Financing in July 2019, and anticipates implementing the new processes by December 2019.

RECOMMENDATION 5A

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory

requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	June 2019
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CCB UPDATE

Southern Colorado Developmental Disabilities Services (Southern Colorado) improved its methods for documenting contacts with Home and Community-Based Services waiver program recipients by working with the Department of Health Care Policy and Financing (Department) to standardize case management documentation for both adult and children’s waiver programs. Southern Colorado began using the standardized labels in October 2018, and also provides written feedback to the Department about the Benefits Utilization System (BUS) documentation and reporting functionality. Additionally, Southern Colorado updated its Monitoring Policy to require monthly quality assurance monitoring by the Case Management Director, who provides written feedback to case managers on documenting required contacts, including all unsuccessful attempts.

RECOMMENDATION 5B

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	May 2019
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CCB UPDATE

To ensure case managers conduct and document all required face-to-face monitoring visits for Home and Community-Based Services waiver program recipients, Southern Colorado Developmental Disabilities Services (Southern Colorado) updated its Monitoring Policy and Case and Client Notes Documentation Policy. The updated policies require the Case Management Director to conduct quality assurance activities through the use of a spreadsheet that tracks the scheduling of face-to-face monitoring visits. The Case Management Director also completes a monthly review of log notes related to monitoring, and provides written feedback to case managers related to scheduling and completing required contacts.

RECOMMENDATION 5C

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.

CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	December 2019
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CCB UPDATE

Southern Colorado Developmental Disabilities Services (Southern Colorado) implemented its updated Monitoring Policy in October 2018. The updated process includes monthly quality assurance monitoring by the Case Management Director through review of log notes of face-to-face monitoring visits. To ensure that visits are completed and documented as required, Southern Colorado is making additional updates to this policy that address case management activities during times of high staff workload and turnover. Specifically, the Case Management Director will ensure completion of required face-to-face monitoring visits by assigning required visits to existing qualified staff. Southern Colorado anticipates completing these policy updates and training staff on the new processes by December 2019.

RECOMMENDATION 7

The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	June 2019
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CCB UPDATE

Southern Colorado Developmental Disabilities Services (Southern Colorado) implemented an updated Monitoring Policy to help ensure the prevention and detection of erroneous and unsupported Targeted Case Management (TCM) claims. The updated procedure requires that claims are supported by log notes that describe the nature of the case management activities performed. Additionally, the Case Management Director reviews the accuracy of units and content on a monthly basis and provides feedback to case managers with direction for any necessary corrections. The Case Management Director also updates a spreadsheet which tracks the number of units by individual per month to ensure no erroneous TCM claims are submitted. In addition, Southern Colorado has worked with the Department of Health Care Policy and Financing, who produces a monthly report on duplicate log notes, which the Case Management Director reviews and addresses by eliminating duplicates and correcting inaccuracies.

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards, Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	Starpoint
DATE OF STATUS REPORT	July 3, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB's RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
3	Agree	September 2018	Implemented	September 2018
5A	Agree	August 2018	Implemented	August 2018
5B	Agree	January 2019	Partially Implemented	December 2019
5C	Agree	January 2019	Partially Implemented	December 2019
7	Agree	February 2019	Implemented	November 2018

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 3

The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements, including requirements regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	September 2018
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CCB UPDATE

To improve case management for State Supported Living Services, additional training was provided to Case Managers in September 2018 and November 2018 regarding the State SLS program and the case management expectations. Starpoint Case Managers meet on a weekly basis at this time to allow for additional training and questions from the Case Managers for all areas on their caseloads including the State SLS program. A sample of State SLS plans are reviewed quarterly by the Case Manager Supervisor to monitor for adequate contact with the recipient of services, adequate case note documentation, monitoring, Individualized service plan management, and utilization review of the approved services.

RECOMMENDATION 5A

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management

documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	August 2018
CCB UPDATE			
To improve the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits, all Case Managers at Starpoint attended the webinar offered by the Department of Health Care Policy and Financing (Department) on 8/13/2018 regarding documenting face-to-face/quarterly contact in the Benefits Utilization System. To standardize case management documentation, Starpoint Case Managers immediately implemented the guidance received by the Department. This new method standardized the log note label that the Case Managers are using in the Benefits Utilization System when documenting all face-to-face monitoring visits to better identify if a contact is being made and ensures quarterly face-to-face visit compliance.			

RECOMMENDATION 5B			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.			
CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	December 2019
CCB UPDATE			
To ensure that Case Managers conduct and document all required face-to-face monitoring visits with Home and Community based services waiver program recipients, Starpoint will use an email system to notify Case Managers of face-to-face visits required for each month. The Case Management Assistant will send a monthly email to each Case Manager with the names of individuals on their caseload who require a face-to-face contact in that month. The Case Managers will then use that email to schedule the face-to-face visit with the waiver program recipient. The Case Manager will document all required face-to-face monitoring visits as well as all unsuccessful attempts of such meetings in the Benefits Utilization System. The Case Management Director will complete quarterly reviews of a random sample of waiver program recipients to ensure face-to-face contacts are occurring at the frequency required by state and federal laws and regulations. Current policies and procedures regarding face-to-face contacts will be updated by December 2019 to reflect these changes.			

RECOMMENDATION 5C			
The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.			
CURRENT IMPLEMENTATION STATUS	Partially Implemented	CURRENT IMPLEMENTATION DATE	December 2019

CCB UPDATE

To ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits are carried out, even during times of high staff workload and turnover, Starpoint has trained additional staff members to complete tasks for Case Managers during times of high turnover or high workload. The additional staff members will complete daily clerical tasks or case management follow up activities to allow the Case Managers the time to complete the activities required by state and federal laws and regulations such as quarterly face-to-face monitoring visits. The Case Managers can request additional assistance from the Case Management Assistant at any time that they require additional supports to maintain their workload. When the Case Management Director is notified of an expected absence of a Case Manager that may inhibit their ability to complete the activities required by state and federal laws and regulations, the additional staff will be assigned to that caseload until the Case Manager has returned. Though this practice is being implemented immediately, formal policies and procedures to outline this practice will be established by December 2019 to outline implementation of additional staff during times of high turnover and/or high workload.

RECOMMENDATION 7

The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	November 2018
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CCB UPDATE

In order to prevent and detect the submission of incorrect Targeted Case Management (TCM) claims, the Case Managers will review and compare their total TCM units inputted into the Benefits Utilization System with the log note report in the Benefits Utilization System to ensure that all billed claims are supported by log notes. This process will allow the Case Managers to determine if any log notes were duplicated or input into incorrect records. When discrepancies arise, these will be corrected by the Case Management Director so that they are not included in the monthly billing of TCM Services. The Case Management Director has also updated the case management monitoring tool to include monitoring of a random sample of log notes to review for quality and content as an additional measure to prevent erroneous claims.

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards, Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	STRiVE (formerly Mesa Developmental Services)
DATE OF STATUS REPORT	August 30, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
2	Agree	June 2019	Implemented	December 2018
3	Agree	June 2019	Implemented	July 2019
5A	Agree	January 2019	Implemented	August 2019
5B	Agree	January 2019	Implemented	August 2019
5C	Agree	January 2019	Implemented	August 2019
7	Agree	June 2019	Implemented	February 2019
11	Agree	June 2019	Implemented	February 2019

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 2

The nine Community-Centered Boards (CCBs) should improve case management provided to State Supported Living Services (State SLS) program recipients by implementing comprehensive written policies and procedures for all required case management activities. The policies and procedures should include specific requirements to ensure adequate contact with the recipient, case note documentation, monitoring of the units used, and management of the Individualized Service Plans (Service Plans), such as specifying expectations for annual updates, capturing specific needs and preferences, and obtaining recipient or guardian signatures when Service Plans are revised.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	December 2018
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CCB UPDATE

We updated our Standard Operating Procedure for State SLS that includes requirements to ensure adequate contact with the recipient, case note documentation, and monitoring of units used. We have a State SLS committee that meets every 30 days to review each recipient's services and utilization. Both the policy and Standard Operating Procedure include what the case manager should be monitoring and expectations for capturing the service plan needs and recipient's preferences.

RECOMMENDATION 3

The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable

statutory, regulatory, contractual, and procedural requirements, including requirements regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	July 2019
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CCB UPDATE

We updated a standard operating procedure for supervisory reviews for the State SLS Case Managers. The reviews include looking at all contact that the Case Manager has had with the individual recipients, assuring monitoring is completed adequately, and assuring that the service plan is completed to standards. Supervisors complete the review at least quarterly. Supervisors review documentation monthly prior to submitting it, which is a review of everything that the Case Manager has documented throughout the month. We also have the State SLS committee to review services and utilizations every 30 days.

RECOMMENDATION 5A

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	August 2019
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CCB UPDATE

We implemented a standard operating procedure regarding face-to-face monitoring occurring. We have hired a Case Management Monitoring Specialist. Their job is to complete all monitoring at least quarterly for all of the individuals that receive services through Mesa Developmental Services. In June 2019 we updated Home Visit Monitoring and Vocational Visit Monitoring forms to assure that all the needed documentation is obtained. Case Managers complete the Department of Health Care Policy and Financing’s log note training as well to assure that log notes are entered into the BUS correctly, including utilizing the dropdown boxes correctly, assuring there is detail to each log note, and that the correct amount of units is documented. Case managers select the “Face-to-Face” log note contact type for required face-to-face monitoring.

RECOMMENDATION 5B

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	August 2019
CCB UPDATE			
<p>We implemented a process to assure that face-to-face visits occur quarterly. We updated our Masterlist in December 2018 to include what month face-to-face visits are to occur along with 100.2 assessments, and service plan start dates. Each month the Case Management Monitoring Specialist pulls the Masterlist for their individual recipients and that is how they know with whom to schedule a visit. We complete quarterly reviews to assure that monitoring is occurring correctly. A standard operating procedure was created in August 2019 to outline the required process.</p>			

RECOMMENDATION 5C			
<p>The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.</p>			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	August 2019
CCB UPDATE			
<p>We implemented a process regarding face-to-face monitoring occurring and created a standard operating procedure to outline the required process in August 2019. In January 2018, we hired four Case Management Monitoring Specialists. We have since hired one additional Case Management Monitoring Specialist to help when there is high staff workload and turnover. Their job is to complete all monitoring at least quarterly for all of the individuals that receive services through Strive (formerly Mesa Developmental Services). Each individual has a Case Manager and a Case Manager Monitoring Specialist so if we are short staffed, the Case Manager completes monitoring tasks. Both Case Managers and the Case Manager Monitoring Specialist are trained on monitoring and log notes.</p>			

RECOMMENDATION 7			
<p>The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.</p>			
CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	February 2019
CCB UPDATE			
<p>Supervisors updated a procedure for monthly review of documentation for each Case Manager and Monitoring Specialist where we review random cases and the log notes, service plans, 100.2 assessments, home visits, vocational visits, guardian check ins, and any specific tasks that each Case Manager and Monitoring Specialist have. If there are concerns, we complete weekly reviews of the Case Manager's work. If there are no concerns, supervisors complete reviews at least quarterly. Prior to submitting the billing, supervisors review each Case</p>			

Manager and Monitoring Specialist’s log notes for the month to assure that the billing is supported by the log notes. Supervisors also check each log note to assure that all documentation has been entered by the Case Manager and Monitoring Specialist.

RECOMMENDATION 11

The 12 Community-Centered Boards should implement written guidance and controls for Targeted Case Management billing that conform with the intent of federal and state billing guidance by ensuring that they bill for time that is reasonable, feasible, and does not exceed the total amount of time the person worked. This could include implementing processes to monitor the units claimed in a given time period by each case manager, establishing and monitoring practices for logging and billing for small time increments, and/or establishing limits on the number of Targeted Case Management units billed per case manager.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	February 2019
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CCB UPDATE

We updated a log note Standard Operating Procedure that explains what is allowed for documenting log notes. It clearly states that employees are not allowed to bill excessive Targeted Case Management (TCM) and can only bill for the amount of time that spent on the activity. Each Case Manager and Case Manager Monitoring Specialist are trained on log notes and TCM billing. We also complete quarterly reviews to assure that the Case Managers and Monitoring Specialist are properly documenting.

AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME	Community-Centered Boards, Performance Audit, November 2018
AUDIT NUMBER	1745P
CCB	The Resource Exchange
DATE OF STATUS REPORT	July 5, 2019

SECTION I: SUMMARY

REC. NUMBER	CCB'S RESPONSE	ORIGINAL IMPLEMENTATION DATE	CURRENT IMPLEMENTATION STATUS	CURRENT IMPLEMENTATION DATE
3	Agree	October 2018	Implemented	October 2018
5A	Agree	August 2018	Implemented	August 2018
5B	Agree	September 2018	Implemented	September 2018
5C	Agree	October 2018	Implemented	October 2018
7	Agree	July 2018	Implemented	July 2018

SECTION II: NARRATIVE DETAIL

RECOMMENDATION 3

The 18 Community-Centered Boards (CCBs) should improve their case management for the State Supported Living Services (State SLS) program by implementing processes to regularly conduct supervisory reviews of case manager activities to ensure compliance with all applicable statutory, regulatory, contractual, and procedural requirements, including requirements regarding contact with the recipient, case note documentation, monitoring, Individualized Service Plan management, and utilization review.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	October 2018
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CCB UPDATE

The Resource Exchange updated its procedures, *Protocols for State SLS*, to include at least quarterly supervisory reviews and ensure compliance with all of the factors mentioned above. All employees providing support to those receiving these services were retrained no later than October 31, 2018.

RECOMMENDATION 5A

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Improving the methods for documenting contacts to demonstrate compliance with regulatory requirements for face-to-face monitoring visits. This could include working with the Department of Health Care Policy and Financing and other CCBs, as needed, to standardize case management documentation, such as by agreeing on the standard use of labels for log notes in the Benefits Utilization System (BUS) or its successor system.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	August 2018
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CCB UPDATE

The Resource Exchange implemented the use of Department Health Care Policy and Financing BUS updates for log notes as soon as they were available in August 2018. We retrained case managers on when and how to use standardized documentation options for monitoring so documenting face-to-face monitoring visits would be consistent.

RECOMMENDATION 5B

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing a process, or improving existing processes, to track the scheduling of all required face-to-face monitoring visits at the frequency required by state and federal laws and regulations.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	September 2018
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CCB UPDATE

With the new reporting options that the Department of Health Care Policy and Financing added to the BUS, The Resource Exchange is now able to run a monthly report and track the face-to-face and monitoring requirements that are needed for compliance for each person in services. This report is run monthly and shared with supervisors and case managers for scheduling purposes and oversight by supervisors to ensure compliance.

RECOMMENDATION 5C

The 20 Community-Centered Boards (CCBs) should ensure that case managers conduct and document all required face-to-face monitoring visits with Home and Community-Based Services waiver program recipients, as well as all unsuccessful attempts at such meetings by: Implementing processes to ensure that activities required by state and federal laws and regulations, such as quarterly face-to-face monitoring visits, are carried out, even during times of high staff workload and turnover.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	October 2018
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CCB UPDATE

Due to the Department of Health Care Policy and Financing updating BUS reporting options, we now generate a monthly report to track what face-to-face monitoring is required for each person in services, so regardless of the assigned staff member, supervisors work with the team to ensure completion of visits, as required.

RECOMMENDATION 7

The 20 Community-Centered Boards (CCBs) should implement procedures designed to help prevent and detect the submission of erroneous and unsupported Targeted Case Management claims. Procedures should ensure that claims are supported by log notes that describe the nature of case management activities performed.

CURRENT IMPLEMENTATION STATUS	Implemented	CURRENT IMPLEMENTATION DATE	July 2018
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CCB UPDATE

The Resource Exchange (TRE) purchased and implemented a billing software for use July 1, 2018, which includes reporting capabilities in real-time, and TRE requires that case managers use the new system to enter log notes no more than 5 days from service delivery to align with the new policies of the Department of Health Care Policy and Financing (Department). TRE asks all staff to reconcile billing no less than weekly. The reconciliation includes a review of log notes against billing to ensure they match. TRE supervisors review a sample of log notes at least quarterly for quality assurance and training purposes. TRE also uses the duplicate log note report now available in the BUS on a monthly basis. Any units that are unsupported or erroneous are immediately paid back to the Department.